

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 654-0510

April 21, 1998



Medi-Cal Eligibility Procedures Manual Letter No: 196

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

Referring Disability Applications to the Social Security Administration (SSA) or State Programs-Disability Evaluation Division (SP-DED) ARTICLE 22 C-1

Enclosed is a minor clarification on when to refer the Omnibus Budget Reconciliation Act (OBRA) aliens to SP-DED for a disability evaluation.

CHANGES:

We are deleting the statement that OBRA "clients must meet all eligibility requirements, including linkage" from the procedures. This change is being made to eliminate possible confusion as to when counties should submit Medi-Cal disability packets to SP-DED on undocumented aliens who allege a disability. If the applicant has no Medi-Cal linkage and the individual alleges a disability, the case must be referred to SP-DED for a disability evaluation.

Please note we are also eliminating an outdated reference to Immigration Reform and Control Act of 1996, (IRCA). This change is necessary because all IRCA amnesty aliens have completed their individual five-year moratoriums as of December 31, 1994, and are now eligible for the same level of benefits as citizen applicants (if still otherwise eligible).

FILING INSTRUCTIONS :

Remove Page:

Article 22
Pages 22C-1.5 and 22C-1.6

Insert Page:

Article 22
Pages 22C-1.5 and 22C-1.6

If you have any questions regarding this issue, please direct them to Terry Durham of my staff (916) 657-2701.

Sincerely,

Original signed by

Tom Welch, Chief
Policy Section A
Medi-Cal Eligibility Branch

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SSA Discontinued Claim

SSA discontinued SSI benefits for reasons other than disability and client still has the medical condition which was the basis for the SSI decision.

SSA Refuses To Reopen Claim

SSA, at its discretion, refuses to accept a reopening request, and client returns to apply for Medi-Cal disability.

*Railroad Retirement Board
(RRB) Disability*

RRB determined Occupational Disability only.

Medi-Cal Denied Claim

Client was denied Disabled-MN benefits for failure to cooperate with SP-DED and good cause is established.

*Former SSI Recipient, 65 Years
Or Older*

An evaluation for former blind SSI/SSP recipients may be necessary even if client reached age 65 or has already been determined disabled. Under the Pickle Amendment to the Social Security Act, blind individuals are entitled to a higher SSI/SSP payment level than disabled or aged persons.

Indicate "Pickle Person" on the MC 221 under "Type of Referral" or packet may be rejected as unnecessary.

*In-Home Supportive Services
(IHSS)*

An applicant for IHSS who is NOT receiving SSI must have an independent evaluation of disability performed by SP-DED.

*Omnibus Budget Reconciliation
Act (OBRA)*

OBRA provides restricted Medi-Cal benefits to otherwise eligible aliens who are not in a satisfactory immigration status.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL -

SSA/SP-DED CLIENT REFERRAL CHART

Items 5 to 5D of the MC 223, Applicant's Supplemental Statement of Facts For Medi-Cal, identify whether client has applied for Social Security or SSI disability benefits in the past two years. Client's responses determine whether a disability claim is referred to SSA or SP-DED. The following chart helps to identify where the claim should be referred.

CLIENT STATUS	SITUATION	QUESTIONS AND ANSWERS	SSA	SP-DED
1. Did Not Apply		Q 5 = No		X
2. Applied	Application Status Unknown or Pending	Q 5 = Yes Q 5A = Unknown/Pending		X
3. Allowed/Denied	Decision On Appeal	Q 5 = Yes Q 5A = On Appeal	X	
4. Allowed	Has SSA award letter proving current receipt of benefits.	Q 5A = Approved	None	None
5. Allowed	Has SSA award letter proving current receipt of benefits. Needs retro Medi-Cal.	Q 5A = Approved		X
6. Denied	Has SSA letter proving denial based on income and/or resources.	Q 5A = Denied		X
7. Denied	Denial within previous 60 days. Did not ask SSA to reconsider the previous denial.	Q 5B = Date within 60 days.	X	
8. Denied	Denial within 12 months. Alleges worsening of same condition. (Provides proof, if condition now meets Presumptive Disability criteria.) Did not ask SSA to reopen previous denial.	Q 5B = Date within 12 months. Q 5C = Yes	X	
9. Denied	Denial within 12 months. Has SSA letter proving SSA refusal to reopen previous denial.	Q 5B = Date within 12 months.		X
10. Denied	Denial within 12 months. Alleges new condition not considered by SSA. Has not reapplied with SSA.	Q 5B = Date within 12 months. Q 5D = Yes		X
11. Denied	Denial within 12 months. Does not allege new condition or worsening of same condition.	Q 5B = Date within 12 months. Q 5C/D = No	X	
12. Denied	Denial over 12 months. Same condition worsened, or has new medical problem not considered by SSA. Has not reapplied or appealed with SSA.	Q 5B = Date over 12 months. Q 5C/D = Yes		X
13. Denied	Denial over 12 months. No worsening of same condition, or has no new medical problems.	Q 5B = Date over 12 months. Q 5C/D = No	X	

10/1/94