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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 271

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

ARTICLE 22C.3 - DETERMINING PRESUMPTIVE DISABILITY (PD)

Enclosed is the latest update to Article 22C.3 regarding changes in the PD categories used by the county welfare department (CWD). As a result of the recent revisions to the PD categories list by the Social Security Administration (SSA) in September 2002, the CWD should utilize the new list immediately.

The major changes to the PD categories list are as follows:

- PD categories No. 1 and 8 have been temporarily deleted. SSA will replace these categories at a future date.
- The PD numbering sequence for categories 8, 9, 10, 11, 12, 13, and 14 from the prior list have increased by one number (i.e., No. 8 will show as No. 9 on the new list, etc.)
- SSA expanded categories 11 and 13 to allow a PD finding for a low birth weight infant when an application is filed at any time up to the child's first birthday. Low birth weight infants who satisfy the weight criteria in categories 11 and 13 are considered disabled up to attainment of age 1.
- SSA expanded PD category 14 to include hospice services due to any terminal illness.
- SSA added a new PD category No. 16 for end stage renal disease with ongoing dialysis. The file must contain a completed HCFA-2728 Form (End Stage Renal Disease Medical Evidence Report). If applicant does not present this form at time of filing, CWD should request the completed form from the applicant's medical provider before granting PD.



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The new enclosed PD chart now has **16** categories. There have been no language changes to the other CWD PD categories at this time. Counties will be notified when SSA releases additional information on the deleted (**1 and 8**) PD categories.

As a reminder, State Programs-Disability and Adult Programs Division (SP-DAPD) is not limited to the PD chart and may grant PD on any disability case that meets their program criteria. If the CWD encounters an applicant that has a severe medical impairment but does not meet PD criteria, the CWD may annotate the MC 221 (Disability Determination and Transmittal Form) asking State Programs-Disability and Adult Programs Division to consider PD.

Filing Instructions:

Remove Pages:

Article 22
Pages 22C3.6 through 22C3.7A

Insert Pages:

Article 22
Pages 22C3.6 and 3.6A through 22C3.7A

All questions pertaining to PD should be directed to Mr. Terry Durham, of my staff, at (916) 657-2701.

Original signed by

Beth Fife, Chief
Medi-Cal Eligibility Branch

Enclosures .

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3. PD CATEGORIES

CWDs may grant PD when client meets any of the following conditions. SP-DAPD granted PDs are not limited to the categories shown below:

NO	IMPARIMENT CATEGORIES												
1	OBSOLETE – Reserved for future use												
2	Amputation of a leg at the hip												
3	Allegation of total deafness												
4	Allegation of total blindness												
5	Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, due to a longstanding condition—excluding recent accident and recent surgery												
6	Allegation of a stroke (cerebral vascular accident) more than three months in the past and continued marked difficulty in walking or using a hand or arm												
7	Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking, or coordination of the hands or arms												
8	OBSOLETE – Reserved for future use												
9	Allegation of Down Syndrome. NOTE: Down Syndrome may be characterized by some indication of mental retardation and by abnormal development of the skull (lateral upward slope of the eyes, small ears, protruded tongue, short nose with a flat ridge, small and frequently abnormally aligned teeth); short arms and legs; and hands and feet that tend to be broad and flat.												
10	Allegation of severe mental deficiency made by another individual filing on behalf of a claimant who is at least 7 years of age. For example, a mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school, because of mental deficiency, or is unable to attend any type of school (or if beyond school age, was unable to attend), and requires care and supervision of routine daily activities. NOTE: "Mental deficiency" means mental retardation. This PD category pertains to individuals whose dependence upon others for meeting personal care needs (e.g., hygiene) and doing other routine daily activities (e.g., fastening a seat belt) grossly exceeds age-appropriate dependence as a result of mental retardation.												
11	A child has not attained his or her first birthday and the birth certificate or other evidence (e.g., the hospital admission summary) shows a weight below 1200 grams (2 pounds, 10 ounces) at birth.												
12	Human Immunodeficiency Virus (HIV) infection. (See 22C-3.7 for details on PD.) Completed Forms DHS 7035A or DHS 7035C is needed.												
13	A child has not attained his or her first birthday and available evidence (e.g., in the hospital admission summary) shows a gestational age at birth with the corresponding birth-weight as indicated below: <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Gestational Age</u></th> <th style="text-align: center;"><u>Weight at Birth</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">37-40 weeks</td> <td style="text-align: center;">Less than 2000 grams (4 pounds, 6 ounces)</td> </tr> <tr> <td style="text-align: center;">36 weeks</td> <td style="text-align: center;">1875 grams or less (4 pounds, 2 ounces)</td> </tr> <tr> <td style="text-align: center;">35 weeks</td> <td style="text-align: center;">1700 grams or less (3 pounds, 12 ounces)</td> </tr> <tr> <td style="text-align: center;">34 weeks</td> <td style="text-align: center;">1500 grams or less (3 pounds, 5 ounces)</td> </tr> <tr> <td style="text-align: center;">33 weeks</td> <td style="text-align: center;">At least 1200 grams, but no more than 1325 grams</td> </tr> </tbody> </table> <p>For infants weighing under 1200 grams at birth, see PD category 11.</p> <p>NOTE: Gestational age(GA). The age at birth based on the date of conception, may be shown as "GA" as noted in the available evidence, the CWD forwards the case to SP for consideration of a PD finding.</p>	<u>Gestational Age</u>	<u>Weight at Birth</u>	37-40 weeks	Less than 2000 grams (4 pounds, 6 ounces)	36 weeks	1875 grams or less (4 pounds, 2 ounces)	35 weeks	1700 grams or less (3 pounds, 12 ounces)	34 weeks	1500 grams or less (3 pounds, 5 ounces)	33 weeks	At least 1200 grams, but no more than 1325 grams
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14	<p>A physician or knowledgeable hospice official confirms that an individual is receiving hospice services because of any terminal illness.</p> <p>NOTE: Knowledgeable hospice officials include hospice coordinators, staff nurses, social workers, and medical records custodians. The term hospice refers to a program of palliative and supportive care for terminally ill persons. Such services may be provided in the home or in inpatient facility. Under these guidelines, the hospice benefit is available to individuals who have been certified by a physician to be terminally ill. An individual is considered to be terminally ill if he or she has a medical prognosis that his or her life expectancy is six months or less.</p>
15	<p>Allegations of spinal cord injury producing inability to ambulate without the use of a walker or bilateral hand-held assistive devices for more than two weeks, with confirmation of such status from an appropriate medical professional.</p>
16	<p>End stage renal disease with ongoing dialysis and the file contains a completed HCFA -2728 (End Stage Renal Disease Medical Evidence Report-Medicare Entitlement and/or Patient Registration). CWDs should request the HCFA -2728 form from the applicant's medical provider. This form is necessary before PD can be granted.</p>

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4. INSTRUCTIONS FOR CWD TO GRANT PD FOR HIV INFECTIONS

CWD may grant PD for a client with HIV infection whose medical source confirms, on an HIV form, that client has specific disease manifestations. If client has no medical source, CWD will forward packet to SP-DAPD in the usual manner without preparing an HIV form or granting PD.

If the required HIV criteria are not present, CWD should not grant PD, but should specify "EXPEDITE" in Item 10, "County Worker Comments" section of MC 221.

A. FORMS

Forms used to verify the presence of the HIV and its disease manifestations are:

1. DHS 7035A "Medical Report on **Adult** with Allegation of HIV Infection".
2. DHS 7035C "Medical Report on **Child** with Allegation of HIV Infection". (Client is considered an adult for the purpose of determining PD on the day of his/her 18th birthday.)

Instructional cover sheets attached to the forms contain instructions to the medical source on how to complete them. Copies of forms may be made available to physicians and others, upon request.

B. HANDLING OF FORMS

1. Appointment Of District Coordinator CWDs may wish to appoint a District Coordinator to receive the returned HIV forms to preserve confidentiality of information.
2. Form Provided To Medical Source For Completion And Return CWD generally mails the blank DHS 7035A/ DHS 7035C to the medical source for completion/return to the CWD. It may also be given to client to take to the medical source.
3. Client Brings Completed Form To CWD Client may directly request the medical source to complete the form and may bring it directly to CWD.
4. Telephone Or Other Direct Contact CWD may use telephone or other direct contact to verify presence of the disease manifestations.

CWD will indicate at signature block "Per telephone conversation of (date) with (medical source)".

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PRESUMPTIVE DISABILITY CHECKLIST

The use of this checklist will help to ensure accurate PD determinations made by counties.

A. MC 221 (1/00 revision) See the Medi-Cal Eligibility Procedures Manual Section 22C-3.

- () Does the client's impairment exactly match an impairment on the PD categories chart? CWD should PD only if there is a match.
- () Has there been a prior SSA/SSI denial within the past 12 months? If yes, do not PD unless client alleges a new medical condition that exactly matches the PD categories chart and SSA did not previously consider the new impairment.
- () Is there a signed and dated verification of the disability/impairment from the applicant's physician or medical source? Is a copy in the DAPD packet?
- () Is Item 10 on the MC 221 marked "PD approved" and is the basis for PD (i.e., impairments) documented using only the impairments listed on the PD categories chart?
- () Send the DAPD packet to SP-DAPD immediately if there is any doubt of the impairment or verification is lacking or will be delayed. SP-DAPD can initiate a PD determination if the medical evidence supports it.
- () Is the effective date of the PD the month in which the MC 221 is completed and PD medical verification is obtained?