State of California—Health and Human Services Agency

Department of Health Services

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California
Department of
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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 296

TO: ALL HOLDERS OF THE MEDI-CAL ELIGIBILITY PROCEDURES
         MANUAL

SUBJECT: ARTICLE 22C-6 ASSEMBLING AND SENDING STATE PROGRAMS-
           DISABILITY AND ADULT PROGRAMS DIVISION PACKETS

Enclosed is an update to Article 22C-6 regarding sending Limited Packets to State
Programs-Disability and Adult Programs Division (SP-DAPD). The changes and
additions are marked with a black line in the right hand margin

Filing Instructions:

Remove Pages	Insert Pages
Article 22	Article 22
Pages 22C-6.1 and 22C-6.2	Pages 22C-6.1 & 22C-6.2

All questions pertaining to packet referrals to SP-DAPD should be directed to
Mr. Terry Durham at (916) 552-9483.

Original signed by

Tameron Mitchell, R.D., M.P.H., Chief
Medi-Cal Eligibility Branch

Enclosures

22C-6 – ASSEMBLING AND SENDING SP-DAPD PACKETS

Disability packets containing forms filled out by client or CWD will initiate a disability referral. SP-DAPD uses these forms and other information in its disability evaluation process.

1.   **PREPARING THE PACKET**

    A.   <u>LIMITED REFERRAL</u>

    A limited referral packet contains
    The following forms·

MC 221	Disability Determination and Transmittal, and the reason for limited referral shown in "Remarks" section.
	1. Copy of prior MC 221, if available.
Submit Only Under These Circumstances.	1 When packet is sent within 30 days of SP-DAPD's decision for a reevaluation and no new treating sources are alleged.
	2. When·an earlier onset date on an approved case is needed, if within 12 months of application, and no new treating sources are alleged for earlier onset date.
	<u>NOTE:</u> If SP-DAPD is unable to establish an earlier onset date with information available, it may return the case as a Z56 to request additional information.
	3 When client is discontinued from Title XVI due to income or resources and not in receipt of Title II benefits. This includes those who were entitled to IHSS prior to being discontinued from SSI due to earnings.
	4. When application is made on behalf of deceased client and appropriate documentation of death is sent.
	<u>NOTE·</u> If death certificate is not available, MC 220 signed by appropriate next-of-kin should be sent.
	5. When after a diligent search attempt with SSA, MEDS or IEVS to obtain SSI case status, and the CWD still is unable to verify receipt of SSI benefits, CWD may request only verification of SSI benefits for IHSS purposes from SP-DAPD.

NOTE: Before sending packet to SP-DAPD, CWD must annotate on the MC 221 why information was unobtainable. Packets without this information will be returned as a Z56 to CWD.

B. FULL REFERRAL

*A full referral packet contains
The following forms:*

MC 179	90 Day Status Letter

1. For applicant: sent at 80 days after application date (SAWS 1), if packet has not yet been sent to SP-DAPD for any reason.

2. For beneficiary: sent at 80 days from date MC 223 was signed.

(MC 179 box on MC 221 must be checked, if applicable.)

MC 220	Authorization for Release of Medical information for each treating source (plus three extra releases with signatures and date.)
MC 221	Disability Determination and Transmittal
MC 223	Applicant's Supplemental Statement of Facts for Medi-Cal based on disability
Appointment of Representative, if Applicable	Allows SP-DAPD to discuss specific case issues with Authorized Representative.
SSA Documents, if Applicable	If client had an SSA decision made prior to (or during) SP-DAPD's processing of a claim, it is imperative that a copy of the SSA document regarding benefits or the SSA denial letter and personalized denial notice be sent to SP-DAPD.
Death Certificate, if Applicable	Include copy if client is deceased, but do not hold packet if unavailable. (If packet has already been sent to SP-DAPD, forward with MC 222)