



California  
Department of  
Health Services

State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

March 16, 2004

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 04-08  
ALL COUNTY ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: MEDI-CAL DISABILITY PROGRAM REMINDERS THAT WILL ASSIST  
COUNTIES AND STATE-PROGRAMS DISABILITY AND ADULT  
PROGRAMS DIVISION IN REDUCING CASE ERRORS AND OVERALL  
DISABILITY CASE PROCESSING TIME

Due to budget constraints and staff resource limitations occurring in both County Welfare Departments (CWD) and Disability and Adult Programs Division (DAPD), it is imperative that disability case processing be as efficient as possible. The purpose of this letter is to identify and reiterate the CWD procedures for processing disability cases in key areas where errors occur most frequently. The Medi-Cal Eligibility Procedures Manual (MEPM) reference section for each topic has also been identified.

**PRESUMPTIVE DISABILITY (PD):**  
**(MEPM 22C-3)**

- Medi-Cal PD decisions allow certain applicants with the most severe medical conditions to immediately receive full-scope Medi-Cal coverage while their disability case continues through the disability evaluation process for a formal disability determination.

**WHEN COUNTY GRANTS PD:**  
**(MEPM 22C-3)**

- Ensure the applicant's medical condition matches the PD category list exactly as shown on pages 22C-3.6 and 6A in the MEPM and review the PD reminder check

list on page 22C-3.7A before sending cases to DAPD. The Social Security Administration (SSA) is charged with the development and issuance of the PD categories; therefore, the State and CWDs are not authorized to make any changes to the list.

**(PLEASE NOTE:** There is no PD category for psychiatric impairments (e.g., depression, anxiety and bi-polar disorders) so counties should never grant PD based on these medical conditions. As you may know, DAPD may grant PD on any case that meets their medical severity criteria and may grant PD outside the PD categories).

- Ensure that the PD approved box in Section No.10 on the MC 221(Disability Determination and Transmittal Form) is annotated. **(PLEASE NOTE:** This box should not be marked when counties are asking DAPD to consider PD on a case or if counties are sending an urgent case request.)
- Ensure that all information used to grant PD (e.g., medical documentation, etc.), is included in the disability packet before sending packet to DAPD.
- Do not fax packets to DAPD when the CWD has approved PD.

**WHEN COUNTY REQUESTS PD CONSIDERATION FROM DAPD**  
**(MEPM 22C-3)**

- CWDs are urged to make DAPD PD requests via fax rather than mail to expedite DAPD's consideration of a PD decision.
- Box No. 10 of the MC 221 should not be marked when counties are asking DAPD to consider PD on a case or if counties are sending an urgent case request.
- If a retroactive onset date is requested by CWD after DAPD has adopted a Supplemental Security Income (SSI)-PD decision, a limited packet should be sent to DAPD if the final federal decision is an allowance. Annotate in Box No.10 on the MC 221 that "a retro onset date is needed and that SSI has been allowed since PD decision." PD decisions are never granted retroactivity. The requirements for submitting a limited packet are outlined on pages 22C-6.1 and 2 in the MEPM.

**REFERRING PACKETS TO DAPD:**  
**(MEPM 22C-6)**

- The CWD should screen all disability packets for any DAPD decisions which may be in effect (e.g., federal adoptions.)
- Since inter-county referrals require only a copy of the prior DAPD decision, a limited packet should be submitted with a notation in Box No.10 on the MC 221, requesting a copy of the prior decision. If the client presents a Social Security disability award letter to the CWD, a referral packet to DAPD is not necessary.
- To obtain earlier onset dates on a case with a prior DAPD decision, submit a copy of the prior decision with a notation in Box No.10 on the MC 221 that "a retro onset date is needed."
- Invalid or pseudo Social Security numbers (SSN) must be identified as an invalid SSN, or the number should not be included in the packet. This notation should be in Box No.10 on the MC 221. An unidentified invalid SSN becomes problematic for DAPD because invalid SSNs are not accepted by DAPD's computer system.
- CWD should clarify on the MC 221 in Box No.10 if the application date is not recent (within the last 90 days). The date of application should reflect the beginning date for the period Medi-Cal disability is needed, not an original date of application for Medi-Cal when linkage was made for non-disability reasons. DAPD uses the date of application or retro onset date (Box No. 5 or No. 6 on the MC 221) as the onset date for establishing disability. Any dates earlier than the date needed for Medi-Cal disability linkage results in unnecessary disability development for DAPD. (Please refer to Section 22C-4.5,b. in the MEPM for assistance in completing the MC 221, Box No.5).
- The CWD must use the latest version (April/03) of the MC 220 form (Authorization For Release of Medical Information) only. Prior versions of this form are obsolete. Packets will be returned to counties if proper form is not used. Please refer to ACWDL 03-32 if you have questions regarding the appropriate signatures needed.
- When an applicant requests Medi-Cal coverage prior to the month of application, CWDs should limit their request for a retroactive onset date sufficient to cover only the number of retroactive months requested by the applicant. Some beneficiaries may only request one or two months of retroactive coverage. Ensure that all medical sources are listed for the requested period, including packets with death certificates.

- When determining disability for a child, counties must include the name and address of all schools the child has attended on the MC 223 form (Applicant's Supplemental Statement of Facts). Include all services the child is receiving (e.g., special education, speech/language therapy, Regional Center services, etc.). If the applicant is seeing a social worker, psychologist or speech pathologist, include their names and telephone numbers. Attach any pertinent medical or school records. Records may include an Individual Educational Plan. This is an educational plan completed by the school wherein the teachers assess a child's functioning for the school year.

**REEXAMINATION (RE-EXAM) CASES:**  
**(MEPM 222C-9)**

- If DAPD had previously adopted a federal allowance and the re-exam is due, counties should contact SSA for re-exam status to determine whether the beneficiary continues to be eligible for federal disability benefits. Counties should not immediately refer these prior federal adoptions to DAPD as re-exam cases. If the beneficiary continues to be federally disabled, SSA has jurisdiction over the case.
- SSA will not perform a re-exam if a client is no longer in pay status and SSA's records show that client was discontinued for non-disability reasons (e.g., over income limits, failure to cooperate or client's whereabouts are unknown, etc.). In this instance, the CWD should refer these cases to DAPD as re-exam cases rather than an initial referral. Since the Department of Health Services (DHS) has the responsibility for purging re-exam cases identified by DAPD and notifies counties as to how these cases should be referred, DHS should be notified if frequent errors are occurring in this process. Please refer to Section 22C-9.II.A in the MEPM if additional information is needed regarding the re-exam process.

**PERSONALIZED DENIAL NOTICE (PDN):**  
**(MEPM 22C-8)**

- The PDN is attached to each disability case explaining why the case was denied by DAPD. Counties may send this notice to the applicant along with the standard denial Notice of Action.

**DISABILITY CASE STATUS INFORMATION:**  
**(MEPM 22C-7)**

- To determine the case status on disability cases, the CWD should refer to the Quarterly County Status Reports (pending and closed case list) that is sent to the Medi-Cal disability liaison for each county on a quarterly basis. The liaison is responsible for internal distribution of the list to appropriate staff. When information is needed regarding a particular case not identified on the status report, a staff person should be designated to call DAPD master files for the information. Master files only provides information on whether the case is open or closed, date case was received and closed, and name of the Disability Evaluation Analyst (DEA) assigned to the case. If more specific information is needed about the case, the DEA should be contacted.

**Medi-Cal Disability Policy Issues:**  
**(MEPM 22C-7.3)**

- If a policy issue arises during case processing and cannot be resolved between the CWD and DAPD, DHS should be contacted immediately for policy clarification and final resolution.

If you have questions or comments regarding the Medi-Cal disability issues discussed in this letter, please contact Mr. Terry Durham at (916) 552-9483.

Original signed by

Beth Fife, Chief  
Medi-Cal Eligibility Branch