

DEPARTMENT OF HEALTH SERVICES

4/744 P STREET
J. BOX 942732
SACRAMENTO, CA 94234-7320



July 1, 1992

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons

Letter No.: 92-43

SUBJECT: IMPLEMENTATION OF THE 1990 FEDERAL DISABILITY REGULATIONS AND FORM MC 223, APPLICANT'S SUPPLEMENTAL STATEMENT OF FACTS FOR MEDI-CAL (10/90)

REFERENCE: All County Welfare Directors Letter (ACWDL) 91-83

On October 3, 1991, the Department of Health Services (DHS) issued ACWDL 91-83, which set forth guidelines for implementation of the federal 1990 disability regulations. The federal disability regulations amended Parts 435 and 436, Title 42 of the Code of Federal Regulations (CFR). No new actions were required of a county welfare department as a result of that letter. This letter is a follow up to ACWDL 91-83. It instructs counties on what they will be required to do to implement the federal disability regulations and to utilize the revised MC 223, Applicant's Supplemental Statement of Facts for Medi-Cal (10/90).

Please **NOTE** that a task force has been formed to analyze the process for disability based applications. One of the results of this task force will be revised procedures for the disability section of the Medi-Cal Eligibility Manual, Procedures Section. The disability section will undergo a major revision and will be taken out of Article 4 and be given a separate article, Article 22. Enclosed is a draft of Article 22, Subsection 22A -- Disability Evaluation Forms. Subsection 22A replaces current Subsection 4A,V,D, MC223 --Applicant's Supplemental Statement of Facts for Medi-Cal. County staff must utilize the revised procedures. County staff should also continue to follow the remaining procedures in Article 4, Subsections 4A through 4I as it is currently written. Revised subsections will be issued as they are completed in the future. The "Table of Contents" for the disability section will also be provided at a later date.

Background

The federal disability regulations clarify the controlling nature of federal Social Security Administration (SSA) disability determinations. Under the regulations, the State Department of Social Services, State Programs Branch (SPB), Disability Evaluation Division (DED) is not allowed to make an independent disability determination if the applicant alleges the same disabling condition(s) which had been considered by SSA and no worsening, changes or additional allegations are claimed. In such circumstance, SSA's determination is binding until such time as SSA revises its disability

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons
Page 2

determination. Therefore, regardless of any other circumstances, if the applicant alleges the same disabling condition and alleges no worsening, changes or new allegations, county staff should not make a DED referral. (Hereafter, beneficiary shall be referred to as applicant.)

The disability regulations also specify when a denied SSA disability application should be reconsidered or reopened. The applicant MUST be referred to SSA by county staff via the special notice "Important Information Regarding Your Appeal Rights" MC Information Notice 13 (MC IN 13) (3/92) plus Notice of Action (NOA) letter MC 239 SD (3/92) (both enclosed), when appropriate, for a reconsideration, reopening or filing of a new application if the following have occurred:

- (1) SSA has denied a claim based on disability within 12 months of the disability based Medi-Cal application (information found in question 11 and 11A of revised MC 223)

AND

- (2) the applicant states on the MC 223 that the same disabling condition has worsened or changed (information found in question 11C of revised MC 223).

For a denied claim to be reconsidered by SSA, an applicant must file the reconsideration within sixty days after the date that the notice of the initial SSA determination is received.

An applicant with an SSA denied disability claim may also request to have his/her denied claim reopened. SSA may reopen an SSI determination made within one year for any reason and within two years for good cause. Good cause is defined as new and material evidence (evidence which is relevant to the previous decision but which was not available at the time of that decision), clerical error, or error on the face of the evidence. At times, it is advantageous to the applicant to pursue reopening of the case through SSA. If a case is processed as a reopening by SSA, it can result in an award of benefits as far back as the original date of application as opposed to the more recent date of a new application. Please NOTE, however, that a reopening is not a right nor generally a requirement. SSA is not obligated to reopen a claim; it is within the discretion of SSA whether there is cause to reopen. Per SSA, it is only under rare circumstances, i.e., blatant errors, that a reopening will occur. Also, under reopening, an applicant has no appeal rights; therefore, in most circumstances after the reconsideration period has expired, it would be advisable for the applicant to file a new application whereby he/she would have access to appeal rights.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons
Page 3

Lastly, the regulations specify when county staff must complete disability packets and refer the packets to DED for independent disability determinations. Circumstances under which DED is required to make independent disability determinations are as follows:

1. Applicant has not applied to SSA for either Title II or Supplemental Security Income/State Supplementary Payment (SSI/SSP), Title XVI, disability benefits or applicant has applied to SSA for disability benefits and is found ineligible for reasons other than disability.
2. Regardless of the date of any previous SSA determination, applicant applies for Medi-Cal and alleges a disabling condition that is different from or in addition to that considered by SSA.
3. Applicant applies for Medi-Cal more than 12 months after SSA last made a final determination that the individual was not disabled and alleges that his or her condition has changed or worsened since that final determination, and the individual has not reapplied for any SSA disability benefits on the basis of these allegations.
4. Applicant applies less than 12 months after receiving a denial determination on the SSA disability application, and the applicant has received a notice from SSA regarding the refusal to reconsider or reopen the claim. The applicant should furnish county staff with a copy of SSA's notice(s). The copy of the notice or other documentation must be attached to a complete DED referral packet.

County Responsibilities Under the 1990 Federal Disability Regulations

Previously, counties were instructed to submit DED packets on all applicants who requested that a disability determination be made. DED would then query a case and if an SSA determination had been made within the last three months, adopt that determination and inform the county of an adoptable SSA denial or allowance. County staff would then inform the applicant as to the disability determination. If DED found that there had not been an SSA disability determination within the past three months, DED would initiate development of a disability determination. However, as a result of the federal disability regulations, counties will now be required to determine if an applicant requesting a disability determination has also filed for federal SSA Title II and/or SSI disability benefits within the last two years.

IF IT IS FOUND THAT THE APPLICANT HAS FILED FOR SSA DISABILITY BENEFITS WITHIN THE PAST TWO YEARS, COUNTIES WILL BE REQUIRED TO DETERMINE IF THE APPLICANT SHOULD STILL BE REFERRED TO DED. Two years is the period of time requested by the revised MC 223 because applicants may have applied more than 12 months

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons
Page 4

ago, however, the actual determination may have been made within the past 12 months. The MC 223 has been revised so that county staff will be able to obtain the necessary information to determine where to refer all disability based applications. County staff will NO longer submit a DED packet on every applicant who files for a disability based application.

There are now three options that counties may elect to utilize. The options are the following:

1. Prior to any formal application filed, at the time of a county's screening process, if it is determined that an applicant has had an SSA denied disability determination within the past 12 months, and the applicant's disabling condition(s) has not worsened or changed nor new allegations of additional conditions made, county staff may elect to inform the applicant that a DED packet cannot be submitted. This will help streamline the disability application process. County staff will inform the applicant that he/she must go back to SSA to have the prior disability determination reconsidered or reopened. He/she may also file a new claim through SSA. County staff must then issue the applicant the special notice, MC IN 13 (3/92). Since this will be accomplished before the SAWS 1 is completed (if county staff elects to use this procedure), the applicant will not have any hearing rights through the State. Therefore, if the applicant indicates that he/she may be otherwise eligible or feels that the decision to deny the right to file a DED packet is incorrect, county staff must have the applicant complete the entire application. If a SAWS 1 is completed and a denial decision is made, county staff must issue a formal denial NOA.
2. If it does not become evident that an SSA denial determination had been made within the past 12 months until the MC 223 is in the process of completion, county staff will be required to review the answers given in questions 11 and 11A through D of the MC 223 to determine where to refer disability based applications. The answers to questions 11 and 11A through D will be the determining factors as to whether the disability based application should be referred to DED or denied with the applicant given the special notice, MC IN 13 (3/92), plus denial NOA, MC 239 SD (3/92) and when appropriate, referred to SSA.

To facilitate the process, county staff may STOP after question 11D if the applicant answers on questions 11 and 11A through 11D that SSA has made a denial disability determination within the past 12 months and the applicant HAS a worsening OR a change of the same physical and/or mental condition(s) since the SSA denial determination. In addition, county staff may stop after question 11D if the applicant has had an SSA disability denial determination within or more than the past 12 months

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons
Page 5

and the applicant is alleging the same disabling condition(s) considered by SSA and there has been no worsening, changes or new allegation alleged.

If county staff elects to stop after question 11D, county staff MUST annotate in the right hand margin that the applicant was informed and understood that if there has been an SSA denial determination within the last 12 months and a worsening or a change in the same disabling condition(s) has occurred, the applicant cannot file a DED packet. This would also pertain to circumstances in which there has been an SSA denial determination within or more than the past 12 months and the applicant is alleging the same disabling condition(s) which was considered by SSA and no worsening, changes or new allegations(s) are made by the applicant. It is also IMPERATIVE that the applicant's signature and date be present on page 4 of 6 of the MC 223, as evidence that the applicant received this information. County staff must issue NOA, MC 239 SD (3/92) with an attached special notice, MC IN 13 (3/92).

Future revisions to the MC 223 (10/90) will incorporate, after question 11D, language stating the above information.

3. If the applicant is not sure if he/she received a denial determination from SSA within the past 12 months, county staff will submit a DED packet to DED. If DED determines that the applicant has had an SSA determination, DED will inform the county, via MC 221 (Disability Determination and Transmittal), that DED must adopt SSA's denial determination. County staff must then issue NOA, MC 239 SD (3/92) along with the special notice, MC IN 13 (3/92).

Please NOTE that regardless of the federal disability regulations, counties should continue to determine and process Medi-Cal applications if individuals and/or family members are eligible through other types of linkage (i.e., AFDC). In other words, if applicants are found eligible as medically indigent children or medically needy adults through linkage other than as being blind/disabled, county staff will process this Medi-Cal application and also refer the applicant to SSA if an SSA disability denial determination had been made within the past 12 months and the applicant claims a worsening or change from the condition which was considered by SSA.

In addition, an applicant who meets a presumptive disability (PD) criteria should not be treated differently. If the applicant has had an SSA denial disability determination within the past 12 months and his/her condition worsens or changes he/she must be referred back to SSA because SSA uses the same PD criteria that is used by the State.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons
Page 6

Summary

To summarize the above, county staff must now be aware of three circumstances which will prevent counties from submitting DED packets and will require counties to issue special notice, MC IN 13 (3/92), plus NOA, MC 239 SD (3/92). These circumstances are as follows:

1. When SSA gives a denial determination based on disability within the past 12 months and the applicant states that the same disabling condition has worsened or changed, county staff MUST now deny the request for a DED determination and refer the applicant to SSA to pursue his/her appeal rights. This information can be determined by asking the applicant during the screening process or by reviewing the answers given to questions 11B and C of the MC 223. The applicant MUST be informed about his/her appeal rights and what action(s) he/she must pursue. The information is provided through the special notice, MC IN 13 (3/92), which is issued at time of the screening process, or attached to the NOA, MC 239 SD (3/92), if an application was taken.
2. If an applicant has had an SSA disability denial determination within the past 12 months and he/she DOES NOT allege an additional or a new disabling condition, county staff will be required to deny the request to submit a DED packet. In this situation, county staff must issue special notice, MC IN 13 (3/92), plus NOA, MC 239 SD (3/92) to an applicant. The applicant may then: (1) file for a reconsideration (appeal) of the SSA determination if it is within the 60 day period; (2) submit a new application to SSA; (3) file for a reopening of the SSA initial determination (reopening is considered under rare instances); or (4) apply for Medi-Cal as a medically needy disabled/blind individual after 12 months from the last SSA denial if there is a worsening of a condition or after the date SSA refuses to reopen the SSA disability claim.
3. County staff must deny the request to submit a DED packet on those applicants who have had an SSA disability denial determination which was within OR more than 12 months from the Medi-Cal application based on disability under certain circumstances. Such circumstance would be if the applicant alleges the same disabling condition(s) considered by SSA and states that everything is exactly the same. There is no claim of worsening, changes or additional allegations. County staff must inform the applicant about appeal rights as stated in number 1 above.

IN ALL OTHER SITUATIONS, COUNTY STAFF WILL CONTINUE TO PROCESS THE MEDI-CAL DISABILITY APPLICATIONS AS INSTRUCTED IN THE PAST BY SUBMITTING A COMPLETED DISABILITY PACKET TO DED.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons
Page 7

Special Notice and Notice of Action (NOA) Letter

As a result of the federal disability regulations, a special notice, MC IN 13 (3/92), plus NOA, MC 239 SD (3/92) have been prepared.

Special notice "Important Information Regarding Your Appeal Rights", MC IN 13 (3/92), will inform the applicant of the controlling nature of SSA disability determinations which are made within 12 months of the Medi-Cal application based on disability. It will also give information as to when an applicant must go through an SSA appeal process. In addition, State hearing rights information will be given.

The NOA, MC 239 SD (3/92) will have two reasons why the applicant is not allowed to file a Medi-Cal application based on disability: (1) a WORSENING of a condition; or (2) NO new or additional disabling condition(s) are alleged. Under these circumstances, the applicant must go back to SSA before the time limit has expired for a reconsideration or reopening. The applicant should be referred to SSA as soon as possible.

County staff will also issue special notice, MC IN 13 (3/92), plus NOA, MC 239 SD (3/92) when DED informs the county that DED made a denial determination because of federal disability regulations which required the State to adopt SSA disability determination made within 12 months of a Medi-Cal disability application. If the applicant is dissatisfied with the determination, he/she will be required to appeal the disability determination through SSA since the State does not have the authority to hear appeals on the disability status of these cases.

State Hearing Change

Effective February 19, 1992, the Administrative Adjudications Division (AAD) implemented the federal disability regulations for all new appeals. However, the Administrative Law Judge will continue to determine the disability status for the "Pipeline" cases. These are the cases which were in process and AAD had obtained a time waiver and medical release forms from the applicant.

Documenting SSA Denial

If SSA has issued a denial on the reconsideration or reopening and/or the applicant no longer meets the income and resource requirements for SSI, SSA will provide the applicant with a notice as to the reason(s) the particular request is being denied. Under those circumstances, the applicant should provide county staff with a copy of SSA's denial notice and an application for Medi-Cal should be accepted.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons
Page 8

If the applicant is unable to provide SSA's denial notice, county staff should request the applicant to obtain a duplicate notice from SSA. If the applicant cannot return to SSA to obtain a duplicate notice, county staff should follow procedures set forth in Title 22, California Code of Regulations (CCR), Section 50167 (c) which specifies that the applicant or county staff should make a diligent search to obtain documentation. When county staff determines that the documentation cannot be obtained within the promptness requirements, county staff should do the following:

1. List and retain in the case record all actions taken to obtain documentation required for verification.
2. Obtain from the applicant and retain in case record an affidavit which has been dated and signed under penalty of perjury stating that he/she was given a denial notice from SSA regarding the reconsideration or the reopening or that the applicant no longer met the income and resource requirements for SSI.

County staff will then have the applicant complete a DED packet. A COPY OF THE SSA DENIAL NOTICE OR OTHER DOCUMENTATION VERIFYING THE DENIAL AND REASON FOR THE DENIAL DECISION MUST BE ATTACHED TO THE DED REFERRAL PACKET OR IT WILL RESULT IN A REJECTION OF THE PACKET.

There are further revisions throughout the remainder of the MC 223 which allow DED to obtain more accurate and complete information regarding the applicant's condition so that the disability determination can be made expeditiously. See enclosed draft of revision to Subsection 4A,V,D (MC 223--Applicant's Supplemental Statement of Facts for Medi-Cal) of the Medi-Cal Eligibility Procedure Manual.

DHS has coordinated with SSA prior to the release of this letter so, when appropriate, affected applicants can be referred back to SSA with as little inconvenience as possible. Prior to referring an applicant to them, SSA has requested that county staff make every effort to confirm that there has been an SSA disability denial determination within the past 12 months.

In the future, the process of determining whether to refer an applicant back to SSA will be easier. County staff will be able to access specific fields on the revised Income and Eligibility Verification System, Title XVI. The revised screen will have fields which will give information to determine if the applicant has had an SSA disability denial, if or when the applicant filed an SSA appeal and the status of the SSA appeal. Counties will receive more information regarding this revised screen at a later date.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Specialists/Liaisons
Page 9

Effective no later than October 1, 1992, the revised MC 223 (10/90) MUST be included as part of the disability evaluation referral packet and the modified procedures incorporated in this letter followed. On applications taken on or after the effective date, DED will return DED packets that do not include the revised MC 223 (10/90). Please destroy any old stock. You can order the MC 223 (10/90), special notice, MC IN 13 (3/92) or NOA, MC 239 SD (3/92) by completing the "Order Form" DHS 2031 (9/89). In order to request these forms from the State warehouse, the DHS 2031 must be submitted to Department of Health Services Warehouse, 1037 North Market Blvd., Suite 9, Sacramento, CA 95834.

If you have any questions regarding the information contained in this letter, please contact Marie Taketa of my staff at ATSS 437-1250/(916) 657-1250.

Sincerely,
ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

IMPORTANT INFORMATION REGARDING YOUR APPEAL RIGHTS SOCIAL SECURITY INFORMATION

Your Right To Appeal Through Social Security

If you disagree with the Social Security Administration (SSA) disability determination, you can ask that the determination be reviewed by either requesting a reconsideration or a reopening of your case. **If you want a reconsideration, you must ask for it within 60 days from the date you received the notice from Social Security that denied your application for SSI (Supplemental Security Income) or Disability Benefits. If more than 60 days have gone by from such date, you must give a good reason for the delay.** You may also file a new application at any time.

Your request must be made in writing through any SSA office. Be sure to tell them your name, Social Security number and why you disagree with the determination. Also tell them the date you were denied Medi-Cal by California. **If you have any questions as to how to file your request with Social Security, call your local SSA office immediately.** If you visit your Social Security office, please take this notice with you.

STATE OF CALIFORNIA INFORMATION

Regarding Your Medi-Cal Disability Status

The State has no authority to review your disability status if:

- (1) you are claiming the same disabling condition which SSA considered and your condition has **NOT** gotten worse, **NOT** changed or you have **NO** new disabling condition;
- (2) you are claiming the same disabling condition which SSA considered and your condition has changed or gotten worse; **AND**
- (3) there was an SSA disability determination made within 12 months of the disability based Medi-Cal application, and SSA has **NOT** refused to reopen your case.

If you feel that the decision to deny you the right to file a disability based Medi-Cal application was incorrect, you should contact your local welfare office. Listed in (1) and (2) below are possible reasons which may allow you to apply for Medi-Cal based on disability.

- (1) The disabling condition that you are reporting is new and different from the one considered by SSA.
- (2) Your Medi-Cal application is within 12 months of the date of the SSA disability denial and your condition has changed or gotten worse and either:
 - (a) SSA has refused to accept your request to reopen your case;

OR

 - (b) you no longer meet the income and resource requirements of SSI but you may meet the income and resource requirements of Medi-Cal.

State Hearing Right On Issues Other Than Your Disability

Though the State may not have the right or authority to give you a hearing on your disability status (**except see reasons under "If you feel that the decision..." above**), you do have a right to a state hearing regarding your eligibility for Medi-Cal if:

- (1) there are minor children who live in the home who are deprived of parental care and support;
- (2) you are under 21 years of age or 65 years of age or older;
- (3) you are pregnant;
- (4) you live in a nursing home, or;
- (5) you are a refugee.

If you wish to file a state hearing, you may do so on the back of a Notice of Action.

**MEDI-CAL
NOTICE OF ACTION
DENIAL OF
BENEFITS DUE TO A FEDERAL
SOCIAL SECURITY DISABILITY
DETERMINATION**

(County Stamp)

Case No.: _____

District: _____

Denial for: _____

(Names)

Your application for Medi-Cal dated _____ has been denied.

You have been denied because of the following reasons:

Federal disability rules do not allow us to make a separate disability determination if any of the conditions below apply to you. The State must use the Social Security Administration's (SSA) disability determination under the conditions listed below.

The State has no authority to review your disability status if SSA denied your SSA and/or SSI disability claim through the SSA medical review process.

AND

You claim the same disabling condition considered by SSA.

OR

Your Medi-Cal application based on disability is within 12 months of the date that SSA and/or SSI determined that you were not disabled, and you now claim that your condition has gotten worse or changed.

Because your disabling condition has worsen, you MUST contact your local SSA office for your case to be reconsidered or reopened. (SEE SSA APPEAL RIGHTS ON ADDITIONAL PAGE.)

(If SSA REFUSES to reconsider or reopen your case, you may come back to the county and reapply for Medi-Cal.)

(You may also apply for Medi-Cal if SSI denied/discontinued your claim for reasons other than disability.)

This section is required by Title 42 of the Code of Federal Regulations, Part 435 and California Code of Regulations, Title 22, Sections 50005, 50006, 50167 and 50223.

**IF YOU BELIEVE THAT THE DECISION TO DENY YOU THE RIGHT
TO FILE A MEDI-CAL APPLICATION WAS INCORRECTLY MADE, PLEASE SEE
THE BACK OF THIS NOTICE REGARDING YOUR RIGHTS TO APPEAL
THIS ACTION WITH THE STATE**

(Eligibility Worker)

(Phone)

(Dated)

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
 If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Services and the State Department of Social Services.

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

- Cash Aid Food Stamps Medi-Cal
 Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

22 - DISABILITY A - DISABILITY EVALUATION FORMS

SCOPE:

This procedure instructs counties how to complete the revised MC223 (10/90) -- Applicant's Supplemental Statement of Facts for Medi-Cal. The MC 223 is one of the three main forms which must be included in a Disability Evaluation Division (DED) packet. It is imperative that the MC 223 is completed in an accurate and precise manner. It is important that an applicant gives a clear picture of his/her disabling condition(s). An applicant should submit ALL pertinent medical and/or third party sources who can provide relevant information regarding the applicant's condition(s) including the exact address(es) and telephone number(s) where the source(s) can be located. It is extremely important that an applicant inform county staff if there has been a Social Security Administration (SSA) disability determination in the past or if the applicant has a current pending SSA disability claim.

BACKGROUND:

Counties should be aware of the federal disability regulations which amended Part 435, Title 42 of the Code of Federal Regulations (CFR). The revision to 42 CFR 435.541 clarifies the controlling nature of SSA's determination of disability when an applicant files with both SSA and the State for benefits based on disability. The revised federal regulations state when the applicant must be referred back to SSA or allowed to file a DED application through the State for an independent disability determination.

USAGE OF REVISED PROCEDURE:

The revised procedures state when DED is not allowed to make an independent disability determination. The following are circumstances which prevent DED from making independent disability determinations and inappropriate for an applicant to file a State DED packet:

- o Applicant has had a denied disability determination from SSA and the applicant claims no worsening, no changes or no additional allegations to those which were considered by SSA.
- o Applicant has had a denied disability determination by SSA within 12 months of the Medi-Cal application based on disability and the applicant alleges a worsening or a change in the same condition(s) which were considered by SSA.

The revised procedures also state when DED is required to make independent disability determinations. County staff must submit completed disability packets under the following circumstances:

- o Applicant has NOT applied to SSA for either Title II or Title XVI Supplemental Security Income (SSI) disability benefits OR applicant has applied to SSA for SSI benefits and is found ineligible for income and/or resource reason(s).
- o Applicant applies for Medi-Cal and alleges a disabling condition that is different from or in addition to that which was considered by SSA.
- o Applicant alleges that his/her condition has changed or worsened since SSA's last determination. It has been MORE than 12 months since SSA's last determination and the applicant has not reapplied to SSA.
- o Applicant applies within 12 months after receiving an SSA denial disability determination and the applicant has received a notice from SSA regarding the refusal to reconsider or reopen the claim. The applicant should furnish county staff with a copy of SSA's notice.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

PROCEDURE:

The Applicant's Supplemental Statement of Facts for Medi-Cal (MC 223, 10/90), includes questions which facilitate county staff to determine whether to deny an applicant the request to file for Medi-Cal based on disability and refer him/her to SSA or to submit a DED packet to DED for an independent disability determination.

Question 11 and 11A through 11D have specifically been added for the purposes of the federal disability regulations. County staff should do the following depending on how the applicant answers question 11 and 11A through 11D:

- o Applicant responds "no" to question 11. Submit a DED packet to State Programs DED (SP-DED).
- o Applicant responds "yes" to question 11. Determine the status of SSA's disability claim. Specifically, if SSA has denied the claim, determine if the denial was within or more than 12 months of the disability based Medi-Cal application and if the applicant has appealed SSA's denial determination.
- o Applicant answers "yes" to question 11C. Refer applicant to SSA if SSA's determination was within 12 months. If more than 12 months, have applicant complete a DED packet and submit to SP-DED.
- o Applicant answers "yes" to question 11D. Submit a DED packet regardless if an SSA disability determination was made within or more than 12 months from the disability based Medi-Cal application.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

A. MC 223 (10/90) -- Applicant's Supplemental Statement of Facts for Medi-Cal

o Completing the MC 223 (10/90)

- EW should assist the applicant for completeness or it may result in case delays.
- Available in English and Spanish.

Part I:

- Items 1 through 2B -- Basic information
- Item 3 -- Telephone number where applicant can be readily reached.
- Item 4 -- Complete date of birth, including year.
- Item 5 -- Social Security Number.
- Item 6 -- Current height and weight.
- Item 11 through 11B -- It is very important that applicants complete this item. Disability regulations clarify the controlling nature of SSA Title II and Title XVI (SSI) disability determinations. When an SSA disability application and disability based Medi-Cal only application are filed on or about the same time, DED must adopt the SSA federal disability determination which is rendered within 90 days of the Medi-Cal application date. If SSA is unable to make a determination within 90 days, DED will initiate independent development. However, if DED makes an independent determination and subsequently a different SSA disability determination is rendered, DED will reverse the previous determination to reflect the SSA determination. DED must also adopt an SSA disability determination made within 12 months of the Medi-Cal application date unless the applicant alleges additional and/or different disabling condition(s) from those originally claimed and considered by SSA.
- Item 11C -- Applicant is to indicate whether his medical condition has worsened. If the applicant's condition worsened and it has been less than 12 months, the applicant MUST be directed to SSA so that the SSA disability claim can be reconsidered or reopened. If it is has been MORE than 12 months and the applicant has not reapplied for SSA disability benefits, DED will be required to make an independent determination.
- Item 11D -- Applicant is to indicate if he/she has any new medical problem(s). If an applicant has a new medical problem(s), DED is required to make a determination.

STOP HERE if (1) the applicant has had an SSA denial determination regarding a disability within 12 months of the Medi-Cal application, AND (2) if the same disabling condition has worsened, or (3) the applicant has no new or additional disabling condition.

ANNOTATE in right hand margin that the applicant was told that DED has no authority to review a disability status if there was an SSA disability determination made within 12 months of the disability based Medi-Cal application and the applicant claims a worsening or change in the same disabling condition which was considered by SSA. This would also apply if the applicant states that there are no additional or new allegations present. It must also be documented that the applicant was issued the SSA/State Appeal Rights notice, MC Information Notice 13 (3/92). Additionally, the applicant must be issued the denial notice of action MC 239 SD (3/92).

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

- Item 12 -- Applicant is to indicate any physical or mental impairment(s) which prevents him/her from working or limits activities of daily living. Included would be any condition whether medical treatment is desired or has been received for that condition. Additional pages may be attached.
- Item 13 -- Applicant is to discuss how all his/her medical problem(s) affect the ability to work or do his/her customary daily activities. The combined effect of all impairments may render the applicant disabled. Example: An applicant completes the disability packet stating that the basis for disability is a back impairment. The applicant also wears glasses. DED evaluates the applicant and determines that the applicant's back impairment limits him/her to sedentary work which, considering age, education and past work skills, results in a finding that the applicant is not disabled. If DED has not been informed that the applicant wears glasses, the evaluation stops there and disability is denied. However, if DED has been informed of the visual impairment, they will also consider the effect of that impairment on the applicant's ability to work. Many persons who wear glasses have visual impairments which, when corrected (glasses), still do not have 20/20 vision. Therefore, an applicant restricted to sedentary work due to back problems who has a corrected visual acuity of 20/80, in each eye, for instance, may not be able to perform sedentary work because he/she cannot be expected to perform work requiring a lot of reading and writing. Therefore, the applicant may be found to be disabled based on the additional visual impairment.
- Item 15 -- Enter all testing performed. If purpose or name of test is unknown, enter "unknown test" in other and give name of testing facility and date.
- Item 16 -- Enter complete name(s) and address(es) of all doctor(s). Include ZIP codes when possible. Also, include complete addresses of any source(s) which are out of state or out of country. Current telephone numbers including area codes are essential.

NOTE: Allegation of AIDS requires the completion of one MC 220A for each provider who has treated the applicant.

- Item 17 -- Applicant is to indicate any hospital(s) or clinic(s) where treatment was received for any disabling medical condition(s) previously mentioned. (It is essential that the complete name, address and patient or client number is given.)
- Item 18 -- There are circumstances under which it is important for DED to clarify the functioning ability of an applicant. Therefore, it is necessary for an applicant to list third party sources who know the applicant well.
- Item 19A through 19D -- Applicant is to indicate what he/she does on a day to day basis, what interests and social functioning he/she possesses. This information is important in determining the extent of the impairment and its effects on the applicant's ability to function, particularly in cases involving mental or emotional disorders. If incomplete, DED may be unable to determine the extent of the applicant's restrictions which could result in ineligibility.
- Item 19E through 19G -- Applicant is to indicate highest grade completed or year GED test passed. If the applicant is unable to read or write despite the educational level stated, the notation "functional illiterate" should be entered next to the grade level. If the applicant's education was in special education classes due to a mental or physical impairment, note "special education" next to grade level.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

- Item 20 – Applicant is to indicate whether he/she has been employed within the last 15 years. If so, Part II of the form MUST be completed.

Part II:

- Item 6 – Applicants should enter job description as well as job title. The job he/she performed may differ from the job described in the Dictionary of Occupational Titles used by DED. If no description is provided, the applicant's case could be erroneously denied due to comparing the applicant's ability to function to an inappropriate past work standard. The description should include the frequency and weight of any lifting involved; hours spent standing, sitting and walking; and other exertional requirements. In addition, if alterations were made to the applicant's job functions to accommodate his/her impairment(s) (such as special equipment or changes in duties, etc.), these accommodations should be noted and described. If such accommodation was made, then the applicant may not have performed his/her job as it exists in the national economy and DED must evaluate disability accordingly. If an applicant has had more than two jobs in the last 15 years, be sure that he/she is given extra copies of "Part 2 -- Vocational Information" pages to be completed.

APPLICANT'S SUPPLEMENTAL STATEMENT OF FACTS FOR MEDI-CAL

COUNTY USE ONLY

County

Aid

Case Number

nd Original to DED

PART 1 - PERSONAL AND MEDICAL INFORMATION

1. First, Middle, and Last Name _____

2A. Home Address _____ City _____ ZIP Code _____

2B. Mailing Address _____ City _____ ZIP Code _____

3. Phone Number () _____ CHECK IF:
 no phone
 message phone

4. Date of Birth _____

5. Social Security Number _____

6. Height _____ Weight _____

7. Do you speak English? YES NO

8. If NO, what language do you speak? _____

9. Do you have a translator? _____

10. Translator's Name: _____ Translator's Phone Number: _____ Best time to call translator: _____

11. Have you applied for Social Security or Supplemental Security Income (SSI) disability benefits in the past 2 years? YES NO

IF YES, PLEASE ANSWER THE FOLLOWING:

A. Was your Social Security or SSI application allowed or denied? Allowed Denied Unknown/pending

B. Date of most recent decision on your Social Security or SSI application: _____

C. Has your medical problem(s) worsened since your last decision? YES NO

IF YES, please explain _____

D. Do you have any new medical problem(s) which you did not have when the last decision on your Social Security/SSI application was made? YES NO

IF YES, what medical problem(s) _____

12. List all medical problems (physical or mental) that keep you from working or limit your daily activities, and give the date that each of these problems first began to bother you:

Type of medical problem:	Beginning Date (month/year)

13. Describe how your medical problem(s) affect your ability to work or limit your activities (such as sitting, standing, walking, lifting, bending, reaching, etc.) _____

14. Did you have to stop working because of your medical problem(s)? YES NO

IF YES, what is the date you had to stop working? _____

15. Have you had any of the following tests in the last 12 months:

Test	Check Appropriate Block or Blocks		If "Yes", Show	
	Yes	No	WHERE DONE: (clinic, lab, hospital, doctor)	WHEN DONE: month-year
Electrocardiogram (EKG)				
Treadmill (exercise heart test)				
Chest X-ray				
Other X-ray (Name the body part here: _____)				
Breathing Tests (PFT)				
Blood Tests				
Other (Specify: _____)				

NOTE: Be sure to include the names and addresses of any offices, clinics, labs, or hospitals noted above in Section 16 or 17 of this form.

16A. IDENTIFY BELOW ALL DOCTORS WHO HAVE SEEN OR TREATED YOU FOR YOUR MEDICAL PROBLEM(S) IN THE PAST 12 MONTHS:

If you have not been treated in the past 12 months, check here:

NAME:		ADDRESS		
		number	street	suite
TELEPHONE NUMBER (include area code)		city	state	zip code
()				
HOW OFTEN DO YOU SEE THIS DOCTOR?	DATE FIRST SEEN?	DATE LAST SEEN?		

REASONS FOR VISITS (show illness or injury for which you had an examination/treatment)

TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, write "NONE".)

B. IDENTIFY BELOW ANY OTHER doctor you have seen since your illness or injury began:

NAME:		ADDRESS		
		number	street	suite
TELEPHONE NUMBER (include area code)		city	state	zip code
()				
HOW OFTEN DO YOU SEE THIS DOCTOR?	DATE FIRST SEEN?	DATE LAST SEEN?		

REASONS FOR VISITS (show illness or injury for which you had an examination/treatment)

TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, write "NONE".)

16C. IDENTIFY BELOW ANY OTHER DOCTOR YOU HAVE SEEN SINCE YOUR ILLNESS OR INJURY BEGAN.

NAME:	ADDRESS		
	number	street	suite#
PHONE NUMBER (include area code)	city	state	zip code
	HOW OFTEN DO YOU SEE THIS DOCTOR?	DATE FIRST SEEN?	DATE LAST SEEN?

REASONS FOR VISITS (show illness or injury for which you had an examination/treatment)

TYPE OF TREATMENT OR MEDICINES RECEIVED (such as surgery, chemotherapy, radiation, and the medicines you take for your illness or injury, if known. If no treatment or medicines, write "NONE".)

NOTE: IF YOU HAVE SEEN OTHER DOCTORS SINCE YOUR ILLNESS OR INJURY BEGAN, LIST THEIR NAMES, ADDRESSES, DATES AND REASONS FOR VISITS ON AN ATTACHED SHEET OF PAPER.

17. Have you been hospitalized or treated at a clinic for your illness or injury? YES NO
 If YES, show the following:

A. Name of hospital or clinic:	Address	
Patient or clinic number:	number	street
	city	state
Were you an inpatient (stayed overnight)? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", SHOW DATES _____ →	Dates of Admissions	Dates of Discharges
	Were you an outpatient? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", SHOW DATES _____ →	
Reason for hospitalization or clinic visits:		

Type of treatment received:

B. Name of hospital or clinic:	Address	
Patient or clinic number:	number	street
	city	state
Were you an inpatient (stayed overnight)? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", SHOW DATES _____ →	Dates of Admissions	Dates of Discharges
	Were you an outpatient? YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES", SHOW DATES _____ →	
Reason for hospitalization or clinic visits:		

Reason for hospitalization or clinic visits:

Type of treatment received:

18. IS THERE ANYONE ELSE (a friend, relative, social worker, etc.) we may contact for more information about your illness or injury and how it limits your daily activities or keeps you from working?

If so, please list below:

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP TO YOU

19. Social and Educational Information:

Describe your daily activities in the following areas and state how much you do and how often.

A. HOUSEWORK (including cooking, cleaning, shopping, and odd jobs around the house and other similar activities):

B. RECREATION AND HOBBIES (gardening, hiking, sewing, bowling, reading, fishing, musical interests, etc.):

C. SOCIAL ACTIVITIES (visits with relatives, friends, neighbors, etc. Include phone contacts as well as personal visits.):

D. MEANS OF TRANSPORTATION (drive car, ride bus, motorcycle, walk, ride with someone else, etc.):

E. What is the highest grade you completed in school? _____

F. I completed school in 19_____.

G. I passed the GED in 19_____.

20. I have NOT worked in the last 15 years. Sign below.
 I have worked in the last 15 years. Sign below AND COMPLETE PART 2 OF THIS FORM.

I have completed this form correctly and truthfully to the best of my knowledge and abilities.

_____ SIGNATURE	_____ DATE	
_____ AUTHORIZED REPRESENTATIVE (if applicable)	_____ TITLE	_____ TELEPHONE
COMPLETED WITH ASSISTANCE OF: _____ NAME	_____ TITLE OR RELATIONSHIP	_____ TELEPHONE

PART 2 – VOCATIONAL INFORMATION

APPLICANT'S SUPPLEMENTAL STATEMENT OF FACTS FOR MEDICAL

*Send Original to DED

1. First, Middle, and Last Name _____

2. Social Security Number _____

6. I have worked in the last 15 years. This is a description of all the jobs I have done for at least 30 days during the last 15 years. I have started with my most recent job. (If you had more than two jobs, complete additional pages of this form.)

a. Job Title _____ Type of Business _____

Dates Worked (Month and Year) From _____ To _____

Hours Per Week _____ Rate of Pay _____ Per _____

DESCRIPTION OF THE JOB

This is what I did and how I did it.

These are the tools, machines, and equipment I used.

I took this long to learn the job _____ days or _____ months

I wrote, completed reports, or performed similar duties. Yes No

I had supervisory responsibilities. Yes No

PHYSICAL ACTIVITY

Circle One

I walked this many hours a day at work: 0 1 2 3 4 5 6 7 8

I stood this many hours a day at work: 0 1 2 3 4 5 6 7 8

I sat this many hours a day at work: 0 1 2 3 4 5 6 7 8

I climbed this much: never occasionally frequently constantly

I bent over this much: never occasionally frequently constantly

Heaviest weight I lifted:

- 10 lbs. 50 lbs.
- 20 lbs. Over 100 lbs.

Weight I often lifted/carried:

- Up to 10 lbs. Up to 50 lbs.
- Up to 25 lbs. Over 50 lbs.

Did you have any of your current medical problems when you performed this job? Yes No

If yes, name of medical problem(s) _____

If yes, did your employer make special arrangements (such as extra breaks, special equipment, change in job duties, etc.) so you could continue to work? Yes No

If yes, describe the special arrangements made _____

PLEASE COMPLETE REVERSE SIDE OF THIS PAGE.

b. Job Title _____ Type of Business _____

Dates Worked (Month and Year) From _____ To _____

Hours Per Week _____ Rate of Pay _____ Per _____

DESCRIPTION OF THE JOB

This is what I did and how I did it.

These are the tools, machines, and equipment I used.

I took this long to learn the job _____ days or _____ months

I wrote, completed reports, or performed similar duties. Yes No

I had supervisory responsibilities. Yes No

PHYSICAL ACTIVITY

Circle One

I walked this many hours a day at work: 0 1 2 3 4 5 6 7 8

I stood this many hours a day at work: 0 1 2 3 4 5 6 7 8

I sat this many hours a day at work: 0 1 2 3 4 5 6 7 8

I climbed this much: never occasionally frequently constantly

I bent over this much: never occasionally frequently constantly

Heaviest weight I lifted:

Weight I often lifted/carried:

10 lbs. 50 lbs.

Up to 10 lbs. Up to 50 lbs.

20 lbs. Over 100 lbs.

Up to 25 lbs. Over 50 lbs.

Did you have any of your current medical problems when you performed this job? Yes No

If yes, name of medical problem(s) _____

If yes, did your employer make special arrangements (such as extra breaks, special equipment, change in job duties, etc.) so you could continue to work? Yes No

If yes, describe: _____

CHECK ONE OF THE FOLLOWING:

I have had other jobs in the last 15 years and have completed another page of vocational history.

I have not had any other jobs in the last 15 years.

I have completed this form correctly and truthfully to the best of my knowledge and abilities.

Signature

Date