STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
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Sacramento, CA 94234-7320
(916) 657-0258

August 31, 2000

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County MEDS Coordinators
All County Public Health Directors
All County Mental Health Directors

Letter No.: 00-46

MC 221 – DISABILITY DETERMINATION AND TRANSMITTAL FORM

Ref.: EMC2 No. 20048 dated May 26, 2000

The purpose of this letter is to inform counties that the form MC 221 has been revised. A major revision to the MC 221 is that there are now two versions of this form. There is now an MC 221 OAK (1/00) with the address of Oakland State Programs Branch preprinted in the Disability and Adult Programs Division (DAPD) address box, and an MC 221 LA (1/00) with the preprinted address of Los Angeles State Programs Branch. The revised forms are dated January 2000 and are currently available in the Department of Health Services' Warehouse, 1037 North Market Boulevard, Suite 9, Sacramento, California 95834.

The MC 221 dated November 1995 and all those that have preceded that revision are now obsolete. Upon receipt of this letter, all counties must order the revised MC 221 OAK or LA (1/00) and begin using them upon receipt of the forms.

County welfare departments (CWDs) that normally refer cases to Oakland State Programs Branch should order and use the MC 221 OAK (1/00) and CWDs who refer cases to Los Angeles State Programs Branch should order and use the MC 221 LA (1/00).

Specific Revisions

For purposes of clearly identifying words and numbers, and to ensure that the correct amount of numbers is identified in each category, boxes have been added to the MC 221. In order to facilitate the processing of the case, CWDs are requested to CLEARLY PRINT all information given on the MC 221. The State Programs-Disability

and Adult Programs Division (SP-DAPD) are especially experiencing problems with deciphering names and addresses.

The following are specific items on the MC 221 OAK/LA that have been revised (the remainder of this letter will refer to the MC 221 OAK/LA only as the MC 221):

Item 1: Instead of middle initial, the full middle name is now requested. This assists SP-DAPD to resolve any discrepancies that they may encounter.

Item 2: A box for pending and none have been added. Only a verified valid Social Security number (SSN) is to be entered in the boxes in Item 2. Otherwise, it should be left blank and the box for pending or none should be checked (appropriate in cases of undocumented applicants). DO NOT enter a county-assigned pseudo number.

Item 7: Boxes are now present to enter the telephone number. This was done to clearly separate that information from the applicant's address.

Item 8: The referral categories for the Omnibus Budget Reconciliation Act and the Immigration and Reform Control Act have been eliminated because these programs are no longer relevant.

Three categories have been added to Item 8.

(1) "CAPI" (Cash Assistance Program for Immigrants) is a new cash assistance program for the aged, blind, and disabled legal immigrants who meet the Supplemental Security Income (SSI) immigration status requirements effective August 21, 1996, and all other current SSI eligibility requirements. Disability and blindness must be determined by SP-DAPD on CAPI applicants who are not 65 years of age or older.

(2) "Limited referral" is appropriate in certain circumstances. Certain reevaluation and redetermination referrals may only require a limited packet. A limited packet is usually appropriate where an SSI disabled recipient is discontinued from SSI due to income or resources and no Social Security Administration Title II disability benefits

are received. A limited packet is also allowed where an application is made in behalf of a deceased individual and a death certificate is included.

(3) The "Other" category has been added for circumstances where a situation does not exactly relate to the rest of the other categories. CWDs can check this category as long as there is an explanation in Item 10 (county worker comment(s)). An example where the "Other" category can be utilized is for a referral on an applicant applying for the 250 Percent Working Disabled Program.

Item 13: The disability determination has been removed from the revised MC 221. This section now informs CWDs to see the enclosed DAPD documents. The reason for this is because DAPD is on a system which allows much of their function to be automated. When cases come into SP-DAPD, they are logged into the system and tracking, processing, and input of the determinations are fully automated. Therefore, a disability decision is required to be logged into their system and printed out in the document produced by that system.

Frequently Encountered Problems With Completing the MC 221

1. All disability referrals must be initiated on the MC 221. The only exception is when there is an active case still pending at SP-DAPD, the additional information must be submitted on the MC 222 OAK or MC 222 LA and not the MC 221 (the remainder of this letter will refer to the MC 222 OAK or LA only as the MC 222). SP-DAPD has informed us that there have been instances where no MC 221 has been submitted with a disability packet.

2. There have been many instances where multiple boxes are checked in Item 8. When this occurs, SP-DAPD is unable to determine the reason for the referral. Where there are multiple boxes checked in Item 8, the Eligibility Worker (EW) should put an explanation in Item 10. If the EW is unsure what the different types of referrals mean, the explanations are on the back of copy 4.

3. When submitting the MC 221 for purposes of referring a reexamination, reevaluation, resubmission, or redetermination, a copy of the previous MC 221 and DAPD 221R must be attached to the MC 221. If a copy of the previous documents are not available, then an explanation must be made in Item 10. Also, DO NOT write in the name of the previous disability analyst in Item 14.

4. The CWD's current address must be stamped on **ALL** copies of the MC 221. At times, SP-DAPD have experienced 30 referrals during a single day where only the top copy of the MC 221 was stamped with the CWD's address. This requires SP-DAPD's staff to manually write the CWD address on the other copies of each MC 221. Since SP-DAPD has a staff shortage, this additional task has created a problem.

5. The county case number is necessary because SP-DAPD staff use this number to look for information on MEDS especially in situations where no SSN is given and the applicant's name and date of birth are not legible.

6. In Item 1, there must be only one applicant's name on each MC 221. The name of the applicant is the individual who is applying for Medi-Cal as a disabled individual. Do not put the disabled applicant's parent or spouse's name on the MC 221.

7. There are many instances where SP-DAPD staff must contact the EW as soon as possible. SP-DAPD requests that when the CWD submits the MC 221, the name of the continuing EW instead of the intake EW's name be identified on the MC 221. If this is not possible, then as soon as the continuing EW is known, the CWD needs to submit a MC 222 to SP-DAPD informing them of the change in EW and the new EW's telephone and fax number.

8. There continues to be a problem with Item 5 (Date Applied). The month, day, and year must be included. If any part of the date is missing, SP-DAPD cannot input the case into their system. Also, the retroactive months requested must be clearly stated. For purposes of completing the MC 221, the application date is the date an applicant applies for Medi-Cal-only based on disability. For a continuing Medi-Cal beneficiary, the application date is the date that the

beneficiary declares that he or she has become disabled. This could be, e.g., the date that the beneficiary verbally informed the EW or stated on the quarterly status report that he or she has become disabled.

9. More than one disability packet can be referred to SP-DAPD in an envelope. When multiple packets are in one envelope, CWDs should ensure that the correct MC 221 is attached to each packet and that multiple packets are not stapled or taped together. SP-DAPD suggests that ample sized envelopes be used to send the packets so that no part of the packet is destroyed before arriving at SP-DAPD.

10. If the information given in the MC 223 does not match the information on the MC 221, the EW must explain the reason for the discrepant information in Item 10 of the MC 221.

11. SP-DAPD suggests that EWs utilize Item 10 for explaining or commenting on the following:

    - When a case is returned as a Z56 (no determination), the CWD should note in Item 10 how the case was resolved and list the address and name(s) of any additional persons who may be contacted for additional information.

    - If the applicant was denied, discontinued, or found no longer disabled on SSI, this should be noted on Item 10.

    - If an applicant had been previously determined disabled by SP-DAPD, but was later discontinued and is applying again, the reason for the prior discontinuance must be stated.

    - If the EW granted an applicant presumptive disability (PD), the PD box in Item 10 <u>must</u> be checked. If the EW is requesting SP-DAPD to determine PD, it should be clearly stated in Item 10. (*If the EW has already granted PD, do not request SP-DAPD to evaluate PD.*)

    - If the CWD has not made a disability referral to SP-DAPD by the 80th day from the application date for an applicant or the date that a beneficiary

alleged disability, a 90-day status letter (MC 179) **MUST** be sent to the applicant/beneficiary. A copy of the MC 179 that was sent to the client must be attached to the MC 221 and the MC 179 box in Item 10 must be checked.

- Do not send SP-DAPD both the original and copy of the MC 179 nor a blank MC 179.

- When a state Administrative Law Judge (ALJ) requests an independent disability determination to be rendered, the ALJ's order must be attached to the MC 221. The EW must note in Item 10 that the request for a disability determination is per order of the ALJ.

If you have any questions regarding this All County Welfare Directors Letter, please contact Ms. Marie Taketa at (916) 657-1250 or Mr. Terry Durham at (916) 657-2701.

Sincerely,

ORIGINAL SIGNED BY

Glenda Arellano
Acting Chief
Medi-Cal Eligibility Branch

Enclosure

County Welfare Department Address

PLEASE PRINT

Retain Copy 4
(Send copies 1, 2, and 3 to DAPD)
DO NOT MAIL TO APPLICANT

County number | Aid code | Case number

DAPD Address

Oakland State Programs Branch
P.O. Box 23645
Oakland, CA 94623-9945

1. Applicant name (first) (middle name) (last)

2. Social Security number
☐ Pending ☐ None

3. Date of birth
Month Day Year

4. Sex ☐ Male ☐ Female

5. Date applied
Month Day Year

6. List retro month(s)
___/___ ___/___ ___/___
Month/Year Month/Year Month/Year

7. Mailing address

Telephone number: (area code)

8. Type of referral (check appropriate box(es))

☐ Initial referral ☐ IHSS ☐ Retro-onset
☐ Redetermination ☐ SGA IHSS ☐ Limited referral
☐ Reevaluation ☐ SGA-disabled ☐ Other—explain (item 10)
☐ Pickle-blind ☐ CAPI
☐ Reexamination ☐ Resubmitted packet

9. Is applicant in a hospital? ☐ Yes ☐ No
Name of hospital:

0. County worker comment(s) (If more space is needed, attach a separate sheet.) ☐ See attached sheet (e.g., DHS 7045)

☐ (MC 179) 90-Day Status Letter attached ☐ Presumptive Disability approved

11. File reviewed and approved for transmittal

Worker number | Print worker name

Telephone number (area code) | FAX number (area code) | 12. Date sent Month Day Year

DAPD USE ONLY

13. ☐ See attached DAPD Documents (This is NOT a certification for in-home supportive services.)

Comment(s) or SP-DAPD Presumptive Disability decision

14. Analyst | 15. Date

6. Team manager | 17. Date

DISABILITY DETERMINATION AND TRANSMITTAL

SEE BACK OF COPY 4 ☐ Oakland ☐ Los Angeles

State of California—Health and Human Services Agency

Department of Health Services

County Welfare Department Address

PLEASE PRINT

Retain Copy 4
(Send copies 1, 2, and 3 to DAPD)
DO NOT MAIL TO APPLICANT

County number | Aid code | Case number

DAPD Address

Los Angeles State Programs Branch
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030

1. Applicant name (first) (middle name) (last)

2. Social Security number
☐ Pending ☐ None

3. Date of birth
Month Day Year

4. Sex ☐ Male ☐ Female

5. Date applied
Month Day Year

6. List retro month(s)
___/___ ___/___ ___/___
Month/Year Month/Year Month/Year

7. Mailing address

Telephone number: (area code)

8. Type of referral (check appropriate box(es))

☐ Initial referral ☐ IHSS ☐ Retro-onset
☐ Redetermination ☐ SGA IHSS ☐ Limited referral
☐ Reevaluation ☐ SGA-disabled ☐ Other—explain (item 10)
☐ Pickle-blind ☐ CAPI
☐ Reexamination ☐ Resubmitted packet

9. Is applicant in a hospital? ☐ Yes ☐ No
Name of hospital:

10. County worker comment(s) (If more space is needed, attach a separate sheet.) ☐ See attached sheet (e.g., DHS 7045)

☐ (MC 179) 90-Day Status Letter attached ☐ Presumptive Disability approved

11. File reviewed and approved for transmittal

Worker number | Print worker name

Telephone number (area code) | FAX number (area code) | 12. Date sent Month Day Year

DAPD USE ONLY

13. ☐ See attached DAPD Documents (This is NOT a certification for in-home supportive services.)

Comment(s) or SP-DAPD Presumptive Disability decision

14. Analyst | 15. Date

16. Team manager | 17. Date

DISABILITY DETERMINATION AND TRANSMITTAL

SEE BACK OF COPY 4 ☐ Oakland ☐ Los Angeles

MC 221 LA (1/00)

Due to the fact that items 5, 6, and 8 are frequently misunderstood, the following explanations are given:

Item 5: Date applied: For a new Medi-Cal applicant, enter the date that the SAWS 1 was signed. For a continuing case, enter the date that the disability was first reported to the county.

Item 6: List retro month(s): List all months for which applicant requests coverage during the retroactive period (not more than three months prior to any application date).

Item 8: Check all boxes that apply.

Initial Referral: Check this box to request first-time evaluation for disability or blindness. This is used for all initial referrals.

Redetermination: Check box if a beneficiary was previously determined to be disabled, was discontinued for a reason other than cessation of disability, AND (1) the last DAPD determination occurred 12 or more months in the past, *OR* (2) whose reexamination date is due/past due or unknown. Attach a copy of the prior MC 221.

Reevaluation: Check box if the county disagrees with DAPD's determination and is sending the case back for another review within 90 days of DAPD's decision. Reason for the disagreement must be explained in item 10. Attach a copy of the prior MC 221.

Pickle-Blind: Potentially blind individuals who are discontinued from SSI for any reason must be screened under the Pickle program (DHS 7020). Blindness evaluations for former SSI recipients for a determination under the Pickle Amendment to the Social Security Act may be necessary even if the individual has reached age 65 or has already been determined to be disabled. This is because blind individuals are entitled to a higher SSI payment level than disabled or aged persons.

Reexamination: Check box if a reexam date is due/past due or if an evaluation of a beneficiary's disability is needed to determine if medical improvement has occurred. Attach a copy of the prior MC 221.

IHSS: In Home Supportive Services. Check box if a disability evaluation is needed for an IHSS applicant.

SGA IHSS: Check box if an applicant's SSI benefits have been discontinued due to SGA and the applicant is in need of IHSS. In these DAPD evaluations, DAPD must confirm that the applicant's SSI benefit was discontinued due to SGA and prove that the impairment(s) for which SSI was allowed has not improved.

SGA Disabled: Substantial Gainful Activity (SGA). Check box if an applicant was an SSI disabled recipient, became ineligible for SSI because of SGA (gainful employment), and still has the medical impairment which was the basis of the SSI disability determination.

CAPI (Cash Assistance Program for Immigrants): This program provides cash assistance to aged, blind and disabled legal immigrants who meet the SSI immigration status requirements effective August 21, 1996, and all other current SSI eligibility requirements. If not aged (65 years of age or older), then disability/blindness must be established on an individual before CAPI payments can be made.

Resubmitted Packet: Check box if the original packet was received by DAPD and subsequently returned to the county for needed information, i.e., Z56 (no determination) or Z55 (county return for packet deficiency, upon resubmitting to DAPD, county should attach a copy of the SPB 105 letter which DAPD previously attached to the returned packet). The county will furnish the needed information and return the packet to DAPD as a Resubmitted Packet. Attach a copy of the prior MC 221.

Retro-Onset: Check box only if the beneficiary was previously determined to be disabled and the case is being resubmitted to evaluate for an earlier onset date. (Onset cannot be granted more than three months prior to application.) Attach a copy of the prior MC 221 to the packet. **For new referrals, *DO NOT* check this box; simply indicate the requested onset in item 6.**

Limited Referral: Appropriate under the following circumstances: (1) A reevaluation packet is sent back within 30 days of DAPD decision and no new treating source alleged; (2) an earlier onset is needed after DAPD approved case (no new treating sources are alleged during earlier onset period) and it is within 12 months of application; (3) client discontinued from SSI due to excess income/resource and not receiving Title II disability benefits; (4) application is made on behalf of deceased client and death certificate is included; or (5) county unable to verify SSI benefits and only verification for SSI benefits for IHSS is requested.