STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 151

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

REVISIONS TO THE MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Enclosed are revisions to the Medi-Cal Eligibility Procedures Manual (MEPM) pertai ing to Presumptive Disability (PD) criteria and procedures found in Article 22 C-3. Because the p urpose of these PD revisions is to expedite case processing for those whose medical conditions mee certain PD criteria established by federal regulations, these procedures should be implemented up n receipt of this Letter.

County error will not be found if PD was not granted; however, Counties are enco raged to screen cases to ensure that clients are afforded the opportunity to be evaluated for PD.

NEW ADDITIONS TO THE PD CHART

The PD chart incorporates two additional categories established by the Social Sec rity Administration in April 1995, summarized as follows:

- a child, aged six months or younger, who was less than full-term at birth and who e weight meets a certain corresponding birth weight, and
- an individual who is receiving hospice services due to terminal cancer.

EXPANDED PD PROCESS FOR STATE PROGRAMS-DISABILITY EVALUATION DIVISION (S -DED)

SP-DED is **NOT** limited to granting PD for conditions listed in the PD chart. Howev r, SP-DED has specific criteria it must follow when determining whether the available evidence show a strong likelihood that disability will be established when complete evidence is obtained and a form al determination is made. The available evidence must allow a presumption that the client is currently disabled and that the condition has lasted or is expected to last for 12 months.

URGENT CASE REQUESTS

When Counties or SP-DED learns about a client who is in dire need of an immediat disability decision because of a condition which is disabling and expected to prevent work activity f r 12 months or longer, and the client is unable to wait for a formal decision because the delay will pose significant problems to his/her functioning and well-being, an urgent case request can be considered.

The doctor/medical facility must be willing to support a statement that a client has an urgent/immediate need for a disability decision by supplying CWD or SP-DED with medical ecords which will verify the severity of the client's condition.

The actions that Counties and SP-DED must undertake to determine whether PD can be granted are specified in the PD revisions. If granted PD, a client will be able to receive a Medi-Cal card immediately, if otherwise eligible. If denied PD, a client should be informed about available medical care while waiting for the formal disability decision to be made.

PD decisions, whether granted or denied, will always be followed by a formal SP-DED decision. Clients should be advised that the PD decision is a temporary one which may change when a formal decision is rendered.

ACTION REQUIRED

Procedure Revision	Description
Article 22 Pages C-3.1 through C-3.4	Procedures pertaining to Presumptive Disability Determinations

Filing Instructions:

Remove Pages	Insert Pages
Article 22 Table of Contents Pages TC 1 and 2	Article 22 Table of Contents Pages TC 1 and 2
Article 22 Pages 22 C-3.1 through 22 C-3.4	Article 22 Pages 22 C-3.1 through 22 C-3.4

If there are any questions regarding these procedures, please contact Ms. Pat Takahashi of my staff at (916) 657-1246.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

Article 22 - DISABILITY DETERMINATION REFERRALS

22A - INTRODUCTION TO THE DISABILITY PROGRAM

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B. Children
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3. STATE DEPARTMENT OF HEALTH SERVICES (DHS)

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E. Evaluating The Completed DHS 7035A (Adult) Form
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22 C-4 - COMPLETING DISABILITY EVALUATION FORMS

1. MC 017/MC 017 (SP)--WHAT YOU SHOULD KNOW ABOUT YOUR MEDI-CAL DISABILITY APPLICATION

22 C-3 -- DETERMINING PRESUMPTIVE DISABILITY

1. BACKGROUND

The process of Presumptive Disability (PD) allows a temporary granting of Medi-Cal eligibility pending a formal determination by SP-DED, provided that the client has a condition that is verified by a doctor/medical facility **AND** client is otherwise eligible.

Presumptive Disability is granted effective the month in which the determination is made that the disabling condition meets PD requirements. PD is **NOT** allowed for retroactive months.

NOTE: **ONLY CLIENTS WHO HAVE CONDITIONS THAT ARE LISTED IN THE PD CHART ON PAGE 22 C-3.3 CAN BE GRANTED PRESUMPTIVE DISABILITY BY CWD.**

ONLY SP-DED CAN GRANT PD IN SITUATIONS BEYOND THE CATEGORIES LISTED IN THE PD CHART.

2. RESPONSIBILITIES OF CWD AND SP-DED

A. CWD

1. *Medical Statement Provided*

If a medical statement from client's doctor verifies the presence of a condition specified in the PD chart on page 22 C-3.3 **AND** client is otherwise eligible, grant PD.

a. Explain to client that PD temporarily grants Medi-Cal eligibility pending the formal disability decision by SP-DED.

b. In Item 10, "County Worker Comments" section of the MC 221, check the "PD approved" box.

c. Notify the client via a Notice of Action (NOA) that approval is based on PD.

2. *If SP-DED Grants PD*

CWD should immediately process case and grant PD if client is otherwise eligible.

3. *If SP-DED Denies Claim After a PD Decision*

Send a NOA discontinuing the PD. Client cannot receive continued benefits (aid paid pending) if a State Hearing is not requested timely.

B. SP-DED

1. *CWD Notification*

If CWD did not grant PD and SP-DED finds at any point in case development that client meets PD criteria as shown in the PD chart, **OR** that available evidence indicates a strong likelihood that disability will be established on formal determination, the appropriate CWD liaison will be contacted by phone/fax.

2. *MC 221*

When SP-DED requests that CWD grant PD, it will indicate in Item 16 of MC 221: "PD granted/denied; phoned/faxed to CWD liaison; received by (name of contact) on date)". This remark will be initialed and dated.

If PD decision phoned to CWD, a photocopy of the MC 221 will be mailed to CWD liaison as verification that PD was granted/denied.

3. *Formal Decision Made*

SP-DED will process case as quickly as possible to make a formal determination.

If disability is not established when a formal decision is made, SP-DED will indicate in Item 16 of MC 221: "Previous PD decision not supported by additional evidence".

C. PD IN URGENT CASE SITUATIONS

On occasion, CWDs or SP-DED may learn about a client who: 1) is in dire need of an immediate disability decision because of a disabling condition which will prevent work activity for 12 months or longer, and 2) cannot wait for a formal decision because the delay will pose significant problems to his/her functioning and well-being.

1. SP-DED May Grant PD for Urgent Case Requests

Prior to granting PD, SP-DED must evaluate specific criteria to ensure that client will meet disability requirements when a formal decision is made. SP-DED must determine if the available evidence, short of that needed for a formal decision, shows a strong likelihood that:

- Disability will be established when complete evidence is obtained,
- The evidence establishes a reasonable basis for presuming the individual is currently disabled, and
- The disabling condition has lasted or is likely to last at least 12 months.

2. CWD Urgent Case Requests to SP-DED

CWDs may make an urgent case request to SP-DED after screening the case for the SP-DED PD criteria and ensuring that client is otherwise eligible. CWDs are urged to make the urgent case request via **fax** rather than mail to expedite SP-DED's consideration of a PD decision.

Four ***examples*** of urgent case requests that may be referred to SP-DED are as follows:

a. *Client suffered massive head and internal injuries, is comatose, and needs an immediate Medi-Cal decision for transfer to a facility which specializes in head trauma. While client is expected to survive, client is expected to be dependent on a wheelchair for the rest of his life.*

b. *Client has lung cancer which has spread to the spine and vital organs. Doctor states client is expected to live six to 12 months longer, even with treatment, and needs aggressive therapy immediately.*

c. *Client has irreversible kidney failure caused by uncontrolled high blood pressure and is now on renal dialysis. Hospital records and doctors' outpatient notes include lab studies which confirm that kidney function has decreased over the past year and dialysis is required for client to survive. An immediate Medi-Cal decision is necessary to transfer client to an outpatient renal dialysis clinic.*

d. *Client has severe diabetes. Doctor states a below knee amputation must be performed because of gangrene caused by poor circulation of both legs. Doctor sends reports from earlier hospitalizations, lab studies, progress notes, and a letter specifying the immediate need for a disability decision so that client can be hospitalized for surgery.*

3. CWD Actions

a. CWD receives urgent case request from doctor/medical facility; CWD asks for **faxed** medical reports to verify severity of client's condition (e.g., hospital admission and/or discharge summaries, outpatient progress reports, x-ray reports, pathology reports, lab studies and other reports pertinent to the disability.

b. CWD determines that client is otherwise eligible and screens request to ensure the SP-DED PD criteria will likely be met. CWD liaison **faxes** a full disability packet and medical reports to the following numbers:

Los Angeles Branch: FAX (800) 869-0188
Oakland Branch: FAX (800) 869-0203

Enter comment in Item 10 of MC 221: "Please evaluate for PD" and "Attention: Operations Support Supervisor". CWD fax number should be entered in Item 11 of MC 221.

c. CWD should not delay sending packet prior to receipt of medical reports confirming severity of condition for urgent case request.

d. CWD alerts SP-DED via phone/fax about an urgent case request if packet has already been sent and follows-up by faxing medical reports with an MC 222 (DED Pending Information Update Form). Specify in Item 10 of MC 222: "Urgent Case Request-Medical Reports Attached" and "Packet sent on (date)".

4. SP-DED Actions

a. SP-DED immediately reviews request and ensures, via systems query, that client has not been previously denied by SSA. If more information is needed to reach a PD decision, the medical source is phoned and asked to fax additional medical reports.

b. SP-DED strives to notify CWD liaison by phone OR by faxing a copy of the MC 221 within two working days, if possible, about its PD decision. If notification is made by phone, SP-DED mails a photocopy of MC 221 to CWD liaison whether PD is granted/denied. Item 16 of MC 221 shows: "PD granted/denied; phoned/faxed to CWD liaison; received by (name of contact) on (date)".

c. SP-DED continues processing case as quickly as possible to make a formal decision. If PD was granted and disability is not established when a formal decision is made, Item 16 of MC 221 will show: "Previous PD decision not supported by additional evidence".

D. REMINDERS

1. The PD effective date is the month in which SP-DED makes its determination that client meets PD requirements.

2. PD is not allowed for retroactive months.

3. Before granting PD, client must be otherwise eligible.

4. PD cannot be granted if client is performing Substantial Gainful Activity (SGA). SGA is discussed in Article 22 C-3.

5. CWD should not delay sending packet to SP-DED prior to receipt of medical reports confirming severity of client's condition for an urgent case request.

3. PD CATEGORIES

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

NO.	IMPAIRMENT CATEGORIES
1	Amputation of two limbs.
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--exclude recent accident and recent surgery.
6	Allegation of a stroke (cerebral vascular accident) more than 3 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	Allegation of diabetes with amputation of a foot.
9	Allegation of Down syndrome.
10	Allegation of severe mental deficiency made by another individual filing on behalf of a client 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 in 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 is age 6 months or younger and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight below 1200 grams (2 pounds 10 ounces) at birth.
12	Human immunodeficiency virus (HIV) infection. (See below for details on granting PD for HIV infection.)
13	A child is age 6 months or younger and available evidence (e.g., the hospital admission summary) shows a gestational age at birth on the table below with the corresponding birth-weight indicated: **Gestational Age (in weeks)** — **Weight at Birth** 37-40 — Less than 2000 grams (4 pounds, 6 ounces) 36 — 1875 grams or less (4 pounds, 2 ounces) 35 — 1700 grams or less (3 pounds, 12 ounces) 34 — 1500 grams or less (3 pounds, 5 ounces) 33 — 1325 grams or less (2 pounds, 15 ounces)
14	A physician or knowledgeable hospice official confirms an individual is receiving hospice services because of terminal cancer.

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-DED 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)".