STATE OF CALIFORNIA–HEALTH AND WELFARE AGENCY PETE WILSON, Governor

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September 28, 1998

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 204

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

REVISIONS TO THE MEDI-CAL ELIGIBILITY PROCEDURES MANUAL (MEPM)

Enclosed are revisions to the MEPM pertaining to the **Urgent Case Request** process found in Article 22 C-3 that will require the county welfare department (CWD) **to specify on the MC 221 (Disability Determination Transmittal Form) when State-Programs Disability Evaluation Division (SP-DED) needs to immediately evaluate the case for possible Presumptive Disability (PD).**

This is because all CWD requests for expeditious processing do not necessarily require the SP-DED to evaluate the case for PD (e.g., a Medi-Cal disability denial is needed to obtain services under another program). The PD process is labor-intensive and should only be requested when there is a dire need of an immediate disability decision due to the client's disabling condition and the client cannot wait for a formal disability decision because the delay will pose significant problems in his or her functioning and well-being.

**FILING INSTRUCTIONS:**

| **Remove Pages:** | **Insert Pages:** |
|---|---|
| Article 22<br>Pages 22C-3.3 through 22C-3.6 | Article 22<br>Pages 22C-3.3 through 22C-3.6 |

Any questions regarding the above information may be directed to Mr. Terry Durham of my staff at (916) 657-2701.

Sincerely,

Original signed by

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosure

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 is 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 Criteria to 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 9 of MC 222: "Urgent Case Request-Medical Reports Attached and Packet sent on (date). Please evaluate for PD."** Note: CWD must specify when requesting a PD evaluation in order for SP-DED to immediately initiate the process.

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 advise 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 granted **prospectively** only i.e., the month in which the MC 221 is completed and signed medical verification is in file. **PD may be granted in the month of application IF the CWD obtains the required medical documentation and completes the MC 221 in the month of filing. Never grant PD retroactively.**

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 pending the 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.<br><br>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.<br><br>**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:<br><br>**Gestational Age (in weeks)** — **Weight at Birth**<br>37-40 — Less than 2000 grams (4 pounds, 6 ounces)<br>36 — 1875 grams or less (4 pounds, 2 ounces)<br>35 — 1700 grams or less (3 pounds, 12 ounces)<br>34 — 1500 grams or less (3 pounds, 5 ounces)<br>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. |