STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

GRAY DAVIS, Governor

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 209

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

DETERMINING PRESUMPTIVE DISABILITY (PD)--ARTICLE 22C-3

CHANGES:

The Social Security Administration has added an additional medical impairment category to the list of PD categories. This new category is defined as **an allegation of inability to ambulate without the use of a walker or bilateral hand held assistive devices more than two weeks following a spinal cord injury**. The allegation must be confirmed by an appropriate medical professional (e.g., a physician, hospital or clinical staff person). Confirmation of the applicant's medical status must be obtained by telephone contact or written documentation. The County Welfare Departments are authorized to use the new category immediately to make a finding of PD on Medi-Cal applications based on disability.

Filing Instructions:

Remove Pages:	**Insert Pages:**
Article 22 Pages 22C-3.5 and 3.6	Article 22 Pages 22C-3.5 and 3.6

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

Sincerely,

Original signed by

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

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-2.

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. 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.
15	Allegation of inability to ambulate without the use of a walker or bilateral hand held assistive devices more than two weeks following a spinal cord injury with confirmation of such status from an appropriate medical professional.