

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941



October 04, 2001

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 251

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

REVISIONS TO ARTICLE 22C-4 OF THE MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Ref.: All County Welfare Directors Letter No. 00-46

Enclosed are revisions to the MC 221-Disability Determination and Transmittal Form. There is now a separate MC 221 that identifies Oakland (OAK) and Los Angeles (LA) State Programs-Disability and Adult Programs Division (SP-DAPD). County welfare departments (CWD) that normally refer disability cases to Oakland SP-DAPD should use the MC 221 (OAK) and CWDs that refer cases to Los Angeles SP-DAPD should use the MC 221 (LA).

Filing Instruction:**Remove Pages**

Article 22
Pages 22C-4.5 through 22C-4.6
Pages 22C-4.17 through 22C-4.18

Insert Pages:

Article 22
Pages 22C-4.5 through 22C-4.6
Pages 22C-4.17 through 22C-4.18

Any questions regarding revisions to the MC 221 should be directed to Mr. Terry Durham of my staff at (916) 657-2701.

Sincerely,

Original signed by

Shar Schroepfer, Chief
Medi-Cal Eligibility Branch

Enclosures



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

unless the client is incompetent. The eligibility worker (EW) is responsible for ensuring that the written authorization, used to give the AR the power to act on the client's behalf, is signed and dated by both the AR and the client, and to the best of the EW's knowledge, the actions the client wants the AR to perform at the time he or she provides this document. A copy of the AR document must be included in the packet sent to SP-DAPD to allow contact with the AR. If the AR document is received after the packet has been sent to SP-DAPD, the EW shall then send the document via the MC 222- "Disability Evaluation Division Pending Information Update" form. SP-DAPD will not accept an AR document that did not come through the WD.

MC 220's must be signed by client unless client is a minor, has a guardian or conservator, is incompetent or physically incapable of signing the releases.

4. MC 221—DISABILITY DETERMINATION AND TRANSMITTAL

A. USE OF FORM

This is the transmittal and determination document shared between county welfare department and SP-DAPD. It is used only for new applications or resubmitted disability cases to SP-DAPD.

Note: If a case is pending in SP-DAPD, Do Not use the MC 221 to update SP-DAPD regarding any changes or to provide new information. Use MC 222-DAPD Pending Information Update form instead.

The reverse side of this form provides information on how to complete items 5, 6, and 8.

B. HOW TO COMPLETE THE MC 221

Items 1 to 4,
and 7:

Provides vital information on the applicant.

Item 2:

If the Social Security number is pending, the word "Pending" should be inserted or an explanation as to why there is no number. If left blank, the packet will be returned to CWD.

Item 5:

The month, day, and year must be provided. For **APPLICANT**, insert the SAWS1 date.

For **BENEFICIARY** who alleges blindness or disability, the date must reflect date CWD becomes aware that beneficiary is requesting a reclassification to a disabled category (the date will most likely be date on MC 223). This is the beginning date for the 90-day promptness requirement of Section 50177 of Title 22 of the California Code of Regulations.

Item 6:

List each separate month for which retroactive coverage is requested (not more than three months prior to application date).

Item 8:

Check all applicable boxes.

Item 9:

Check if applicant is currently in a hospital and identify hospital. If checked, include MC 220 for hospitals.

Item 10:

Insert information CWD needs to relay to SP-DAPD. Attach additional sheets or forms, such as the DHS 7045 (Worker Observation form), as needed. If additional sheets or forms are attached, check "See Attached Sheet" box.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

NOTE: If MC 179 is attached, check "90 Day Status Letter Attached" box. If Presumption Disability (PD) was granted, check the "PD Approved" box.

Items 11 and 12: CWD worker information and date sent must be clearly identified.

Items 13 to 17: These will be completed by SP-DAPD. These boxes inform CWD if case decision are found in Section 22 C-8—Processing SP-DAPD Decisions.

NOTE: If SP-DAPD forwarded a packet to another Branch to "equalize" its caseload, a box at the bottom of form ("Oakland" or LA") will be checked to specify the Branch to which jurisdiction was transferred. A copy of the MC 221, with one of the boxes checked, will be sent to CWD by the receiving Branch ONLY if a case is "equalized." This alerts CWD that the case is assigned to a Branch other than the one to which a packet was sent.

5. MC 222 LA/MC 222 OAK -- DAPD PENDING INFORMATION UPDATE

A. USE OF FORM

This form is sent to SP-DAPD when CWD becomes aware of new or changed information affecting a pending case. CWDs who send disability packets to Los Angeles SP-DAPD will use MC 222 LA. Other CWDs who send packets to Oakland SP-DAPD will use MC 222 OAK. Use of this form replaces the updating of SP-DAPD via an MC 221, which will be used only for new applications and resubmitted cases.

B. CHANGES TO REPORT TO SP-DAPD

CWDs will report the following changes to SP-DAPD while a disability case is pending in SP-DAPD:

1. Change in client's address;
2. Change in client's name, telephone, or message number;
3. Denial or discontinuance of client on basis of non-medical information (e.g., excess property);
4. Withdrawal of application;
5. Cancellation of Authorization for Release of Information (MC 220) by client;

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 5.

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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Service

County Welfare Department Address

PLEASE PRINT

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

County Welfare Department Address

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		3. Date of birth
[][][]-[][]-[][][][]		[][]-[][]-[][][][]
<input type="checkbox"/> Pending <input type="checkbox"/> None		Month Day Year
4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		

5. Date applied	6. List retro month(s)
[][]-[][]-[][][][]	[]/[] []/[] []/[]
<small>Month Day Year</small>	<small>Month/Year Month/Year Month/Year</small>

7. Mailing address	
Telephone number:	[][][] [][][] - [][][][]
	<small>(area code)</small>

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

<input type="checkbox"/> Initial referral	<input type="checkbox"/> IHSS	<input type="checkbox"/> Retro-onset
<input type="checkbox"/> Redetermination	<input type="checkbox"/> SGA IHSS	<input type="checkbox"/> Limited referral
<input type="checkbox"/> Reevaluation	<input type="checkbox"/> SGA-disabled	<input type="checkbox"/> Other—explain (item 10)
<input type="checkbox"/> Pickle-blind	<input type="checkbox"/> CAPI	
<input type="checkbox"/> Reexamination	<input type="checkbox"/> 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	FAX number
[][][]-[][][]-[][][][]	[][][]-[][][][]-[][][][]
<small>(area code)</small>	<small>(area code)</small>
12. Date sent	
[][]-[][]-[][][][]	
<small>Month Day Year</small>	

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 OAK (1/00)

