STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

February 22, 1983

To: All County Welfare Directors

Letter No. 83-17

COMPLETION OF FORMS MC 221, MC 223A, and MC 220

The Disability Evaluation Division (DED), State Department of Social Services, has advised us that many counties are submitting incomplete, incorrect, or out-of-date MC 221, MC 223A or MC 220 forms. Because of the difficulty in evaluating cases when these forms are not accurate, in the future DED will return incomplete or inaccurate referrals to the counties for correction. The following instructions for completing the forms are provided to enable you to keep errors at a minimum.

MC 221 (7/80)

Item 1. Applicant's name.

Item 3. Social Security number. (If the applicant is a widow(er) or child and benefits may be paid on another account number, note the alternate account number and the holder of the account in the section provided for CWD representative comments.)

Item 4. Date of birth.

Item 5. Date applied. (This is the date of application on the original CA-1.)

Item 7. Applicant's Own Disability Status Under Social Security. Complete if known. If unknown, check "unknown".

Item 8. Type of referral.
Fed. - MN - for an evaluation.
Validation - for report of Social Security status only.
SGA-Disabled - only if SSI benefits were discontinued because of earnings.
IHSS - In Home Supportive Services.
Retro. Onset - only if the application is being referred for an earlier onset of disability date than that earlier indicated. The onset date needed should be in remarks.
SGA-IHSS - only if SSI was discontinued due to earnings.

Item 9. Has applicant been discontinued from SSI/SSP due to SGA? Complete this section if this is an SGA-Disabled or SGA-IHSS referral.

Item 10. Is applicant an inpatient in a hospital? Complete as appropriate. The applicant's location should be noted in comments.

Item 11. CWD representative comments. If this is a re-referral of a previous screen-out or denial, indicate why it is being re-referred. Include observations and information that may be useful in the evaluation process.

MC 223A (12/82)

All identifying information, height and weight, and language spoken should be included as well as disability information. If the form was completed for the individual, the name and identity of the person completing the form should be included. This form is appropriate if the applicant is hospitalized or if the category of the case is IHSS, SGA-IHSS, SGA-Disabled. (It is also preferred in re-examination cases as indicated in the Medi-Cal Eligibility Manual.)

MC 223

This form is now obsolete and has been incorporated in the newly revised MC 223A.

MC 220's (Printed 10/78 or later.)

The applicant's signature or that of a designated representative must be on the form. If a representative completes it, the name, identity and relationship of the representative must be shown on the form. The MC 220's must have been completed within the last 90 days, or health care providers may not honor them. There should be one MC 220 in file for each treating source. The form should not be altered by crossing out, "white-out", etc.

Please direct any questions to Gerry Senini at (916) 445-1797.

Sincerely,

ORIGINAL SIGNED BY

Madalyn M. Martinez, Chief
Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants