TATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

)EPARTMENT OF HEALTH SERVICES
14/744 P STREET
AC MENTO, CA 95814

May 8, 1985

To: All County Welfare Directors
County Administrative Officers

Letter No. 85- 31

VERIFICATION OF MEDI-CAL DISABILITY STATUS - DISABILITY STATUS OF FORMER SSI/SSP RECIPIENTS, AND CHANGES IN DISABILITY STATUS

Reference: ACWD Letters 84-33

The purpose of this letter is to clarify our policy regarding 1) verification of disability for former SSI recipients and 2) reevaluation due to possible changes in disability status for the medically needy. This information will also be incorporated in the procedures section of the Eligibility Manual via a future manual letter revision.

Disability Status - Former SSI/SSP Recipients

Several counties have inquired whether verification of a disability determination by SSA is necessary where the individual was clearly discontinued from SSI for a reason other than cessation of disability.

In many cases where a non-Title II recipient is discontinued from SSI for reasons other than cessation of disability, such as excess income or excess property, SSA will terminate the case record including the individual's disability status twelve months after the discontinuance. The reason for this termination is that SSA has no further need for the record.

As a result, SSA records will not show the individual to be currently disabled even though the individual may indeed continue to meet federal disability requirements.

Quality control errors may result for ABD-MN cases established pursuant to an SSA determination because there would be no current record of disability status for the cases SSA terminates after twelve months. Therefore, in order to avoid the possible citation of quality control errors, the county should, at the time of application for Medi-Cal, verify with SSA that the individual continues his/her disability status with SSA. In addition, a referral for disability evaluation should be made to the Disability Evaluation Division (DED) of the Department of Social Services (DSS) in the form of a limited packet. This limited packet will consist of an MC 221, Disability Determination Transmittal, with a notation under "CWD Representative Comments" that the individual is a former SSI recipient, discontinued for reason other than cessation of disability or blindness, and who is not receiving Title II as a disabled person.

DED will review the referral record and determine whether disability criteria are currently met by the beneficiary. In those cases where the Medi-Cal applicant/ beneficiary is disabled, DED will return the MC 221 to the county with the disability onset date and, if applicable, the reexamination date. DED will then carry the disability record as a Medi-Cal case which will prevent termination of the record. In cases where DED cannot determine whether the Medi-Cal applicant/beneficiary is disabled, the MC 221 will be returned to the county along with a request for a full disability package. The applicant or beneficiary will continue to be considered disabled during the period DED is performing the evaluation providing SSA records continue to show the individual to be disabled. Please note that this procedural change will not effect individuals receiving Title II disability payments, as these individuals are considered disabled for Medi-Cal purposes.

DED will not accept <u>any</u> limited package referrals except under the circumstances described above. Limited packages received by DED without the above notations will be rejected.

<u>Changes in Disability Status</u>

In ACWD 84-33, question 6, reverification of disability as required by Section 50169(d) was discussed. That regulation requires reverification of disability whenever there is a change. To clarify the intent of that regulation, we gave examples of changes which should cause reverification and further stated that, any time disability status is unclear, a reverification should be performed.

During recent case reviews, it came to our attention that some individuals determined to be disabled at the time of the Medi-Cal application, had, at a later date, applied to SSA for SSI/SSP or Title II and been denied due to lack of disability. The beneficiaries had informed the county, but no negative action was taken. Such denial by SSA is an indication that the individual's physical condition has improved. Therefore, when the county learns that SSA does not consider the beneficiary disabled, action should be taken to discontinue the beneficiary (with proper notice) unless linkage factors other than disability exist. If SSI/SSP or Title II has been denied due to lack of disability, and a subsequent Medi-Cal disability evaluation later finds the individual to be disabled, the Medi-Cal approval is valid. In such cases the individual's condition may have deteriorated since previous evaluations.

DED has requested that cases submitted for reexamination or reevaluation due to possible change in disability status be identified. Therefore, when submitting those types of packages, the notation "Reexamination" or "Reevaluation due to possible status change" along with the reason for the possible change e.g. "SSI denied" should be made on the MC 221 in Section 11, "CWD Representative Comments". This will ensure that the cases are identified and the proper procedures followed without undue loss of time. The MC 221 is being revised to provide spaces to identify these cases; however, the counties should follow the above instructions until the new forms are ready.

If you or your staff have any further questions, please contact Toni Bailey or my staff at (916) 324-4953.

Sincerely,

Original signed by

Gary Pettigrew for
Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: July 31, 1985