STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, Governor

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

September 16, 1985

To: All County Welfare Directors
County Administrative Officers

Letter No. 85-64

DISABILITY EVALUATION -- MEDI-CAL ELIGIBILITY WORKER OBSERVATIONS AND COMMENTS

Reference: ACWD Letter 85-21

All County Welfare Directors Letter (ACWD) 85-21 issued on March 29, 1985 contained a proposed form entitled Medi-Cal Eligibility Worker Observations and requested counties to review and comment on the proposal. The purpose of the form is to provide eligibility workers with a quick and easy method of recording observations of the physical and/or mental conditions of a person who is applying for Medi-Cal based on disability.

The results of the survey have been received and considered in evaluating and implementing the proposal. Of the 51 counties who provided comments, 35 supported the proposal, 15 opposed mandatory use of the form and 1 county declined to take a position. After consideration of all county responses and comments made at CWDA, it has been decided to make use of the form optional. The form will be called DHS 7045, Worker Observations - Disability, and will be available to counties within 60 days.

Manual Section 4D is being issued under separate cover and incorporates these changes.

Summary of County Comments

Some counties expressed concern with requesting eligibility workers who have no medical training, to make judgments which may influence the determination of disability. In no case will eligibility worker comments or observations adversely affect the disability evaluation. These comments are used solely to identify additional impairments which may not have been reported. Disability Evaluation Division (DED) is aware that eligibility workers generally have no medical background and will not use eligibility worker comments to determine the condition of the applicant.

County comments also included a suggestion that the proposed form be incorporated into the "CWD Representative Comment" section of form MC 221, Disability Determination and Transmittal. Unfortunately there is insufficient space on the MC 221 to accommodate the suggested revision without expanding the MC 221

to two pages. The Workers Observations - Disability form will therefore be an optional separate NCR form.

Finally, some counties were concerned that form DHS 7045 did not provide adequate detail and indicated a desire to continue the practice of eligibility workers writing descriptive comments on the MC 221. This procedure is permissible and counties are encouraged to ensure eligibility workers understand the importance of their observations and the need to provide them to DED. Counties may wish to provide new eligibility workers with a copy of the DHS 7045 to use as a guideline for the types of observations to be noted.

The DHS 7045 has been revised to incorporate the various suggestions made by county staff. Please note that the proposed line describing behavior has been deleted. Many counties objected to this line on the basis that it was too vague to be of real value to DED and (if read by the applicant, for instance, at a state hearing) could cause serious problems for the eligibility worker. Therefore, any observations an eligibility worker may have regarding an applicant's mental or emotional condition may be entered by hand in the appropriate comment section on the MC 221 or DHS 7045. Please note that severe mental and emotional impairments are frequently not admitted by applicants. Psychological impairments may severely restrict an individual's ability to work and, when obvious to an eligibility worker, <u>should be described to DED</u>.

<u>Use of Information Reported on DHS 7045 by DED</u>

It should be noted that DED has discontinued the practice of screening out applicants. Currently <u>all</u> disability applicants receive a complete medical development regardless of the basis of the alleged disability. The information reported on the DHS 7045 will provide DED with information which will identify all potential physical/mental conditions during the disability evaluation. Too frequently applicants will fail to identify all impairments and will only note those conditions which they feel are significant or for which they need treatment. Impairments which are treatable are not considered disabling, regardless of severity, unless the impairment can be expected to last twelve months <u>despite</u> treatment. For example, if an eligibility worker notes that an applicant limped, DED will ask the applicant and his/her physician if he/she has any impairment of the foot, ankle, leg, or hip. Please note that this example comes from an actual case. An applicant applied for Medi-Cal as a disabled person based on uterine cancer and failed to mention on the MC 223 or to her eligibility worker that she also suffered from an amputated foot and three crushed vertabrae. She did not desire

treatment for those two conditions and also felt that the cancer was the more serious condition. Her cancer was treatable, and, therefore not considered disabling. However, upon reevaluation she was found disabled based on her other impairments.

Therefore, it is extremely important that all impairments be identified. Eligibility worker observations can play an important part in the evaluation process by identifying potential impairments.

We wish to stress the importance of providing DED with this information. Such comments should result in fewer denials of Medi-Cal due to lack of disability, help to ensure correct disability determinations, and reduce the number of state hearings. A copy of the revised DHS 7045 has been attached.

If you have any questions, please contact Toni Bailey at (916) 324-4953.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: January 1, 1986

WORKER OBSERVATIONS – DISABILITY

ɔplicant _____ SSN _____

Check appropriate responses and explain in remarks where necessary.

MC 223 prepared by: Applicant ____ EW ____ Other _____

Command of English: Good ____ Adequate ____ Poor ____ None — Speaks _____

Literate: Yes ____ Undetermined ____ Marginal ____ No ____

Appearance: Flushed ____ Pale ____ Jaundiced (Yellow) ____ Gray ____

Hearing Problem: None ____ Slight ____ Moderate ____ Severe ____ Deaf ____
(Wearing aid: Yes ____ No ____ Unknown ____)

Eyesight: Good ____ Impaired ____ Blind ____
(Wearing glasses/contacts; Yes ____ No ____ Unknown ____)

Appearance in relation to stated age: The same as ____ Much older ____ Much younger ____

Walked: Stiffly ____ With limp ____ With cane ____ Other _____

Other observable problems: None ____ Unusual appearance ____

Physical difficulties ____ Lesions ____ Trembling ____

Swellings/deformities ____ Pregnant ____ Breathing difficulties ____

Walking aids ____ Confused/disoriented ____ Other ____

(Explain below if other than "None")

narks: _____

_____

_____

_____

_____

_____

_____ Date _____