STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

GEORGE DEUKMEJIAN, *Governor*

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

November 28, 1988

TO: All County Welfare Directors
All County Administrative Officers

Letter No.: 88-94

SUBJECT: DISABILITY FORMS COMPLETION

REFERENCE: ACWDLs 87-56 and 87-68

The purpose of this letter is to provide instructions on the completion of the MC 221, Disability Determination and Transmittal form, and to provide clarification on the completion and use of the DHS 7035, Medical Verification--AIDS form.

OBRA and IRCA MC 221 Tracking

In order for the Disability Evaluation Division (DED), Department of Social Services, to be able to obtain proper federal funding for the development and determination of OBRA and IRCA application referrals, it will be necessary for the county welfare departments to identify OBRA/IRCA referrals for DED. Therefore, effective December 1, 1988, please annotate item 11 (CWD Representative Comments) on the MC 221 with the phrase "OBRA Referral" or "IRCA Referral" when you refer a known OBRA or IRCA application to DED for a disability determination. Please follow the same identification criteria outlined in ACWDL 87-56 for the identification and tracking of OBRA/IRCA eligibility for the Medi-Cal Eligibility Data System (MEDS).

MC 221 Reminder Items

1. The Department has noted an increase in the number of referrals to DED for a subsequent determination of retroactive coverage. As you are aware, DED will not develop for or report retroactive eligibility to the county welfare department unless the MC 221 requests a retroactive onset determination. This can be done by either checking the Retro Onset box in item 8 of the MC 221 or by requesting a specific retro onset date in item 11. Failure to properly complete the MC 221 results in a subsequent, unnecessary retroactive disability determination referral to DED therefore increasing case processing time.

2. Recently, there has also been an increase in retroactive onset errors in State Hearing and Superior Court law suit cases. In these cases, it is not possible to determine if an application for retroactive benefits was made at the time the claimant applied for ongoing benefits, because a copy of the MC 210 Statement of Facts (Medi-Cal) is not available for review. This has become an issue during the hearing process when the applicant or his Authorized Representative (AR) states that the application was for

both ongoing and retroactive Medi-Cal benefits. The county position statement does not address the issue of retroactive benefits nor contain a copy of the MC 210. This lack of information delays case processing while retroactive eligibility is considered. Since retroactive coverage may become a potential point of dispute in disability based Medi-Cal claims, it is recommended that a copy of the MC 210 be included with the county position statement. This would eliminate the need to determine if the applicant filed (or intended to file) for ongoing and retroactive coverage. Your cooperation in including the MC 210 in the county position statement would be greatly appreciated.

AIDS Presumptive Disability and Completion of the DHS 7035

It was brought to our attention that the completion of the DHS 7035, Medical Verification--AIDS form, is being required for both AIDS claims and AIDS Related Complex (ARC) claims. This form was designed to be used by the county welfare department to determine if an applicant alleging disability due to AIDS would qualify for presumptive disability based on a medical confirmation of the diagnosis of AIDS using accepted Centers for Disease Control (CDC) criteria.

There is no presumptive disability criteria available for ARC applicants, therefore, it is inappropriate to require the completion of the DHS 7035 when an applicant is alleging disability due to ARC, not AIDS. The DHS 7035 is to be provided to an applicant who applies for presumptive disability due to AIDS.

The DHS 7035 is intended for county welfare department use to determine AIDS presumptive disability eligibility. It has no direct bearing on the DED disability determination. Under no circumstances should the transmission of the completed DED disability packet be delayed awaiting receipt of the DHS 7035.

Experience has shown that erroneous completion of the DHS 7035 in ARC cases has resulted in the inappropriate granting of presumptive disability to ARC applicants who were subsequently determined not disabled by DED. The expansion of this practice could result in quality control errors and sanctions. The procedure also places an unnecessary burden on an ARC applicant since it requires the completion of a form which has little or no value in determination of his or her disability claim. Care must be taken to insure that the DHS 7035 is only distributed for completion when the applicant is alleging disability due to AIDS and requests Medi-Cal presumptive disability coverage.

If you have any questions, please contact Sandy Poindexter of my staff at 324-4953.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: November 1, 1989