



State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

March 9, 2007

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 304

TO: ALL HOLDERS OF THE MEDI-CAL ELIGIBILITY PROCEDURES  
MANUAL

SUBJECT: ARTICLE 22C-3 - DETERMINING PRESUMPTIVE DISABILITY

Enclosed is the latest update to Article 22C-3 regarding a change to category number 14 on the Presumptive Disability (PD) list used by the county welfare department (CWD). The Social Security Administration recently changed this category by deleting the requirement that a terminally ill individual has to be receiving hospice services in order to meet the criteria for PD. Effective immediately, PD will be granted to all terminally ill individuals whether they receive hospice services or not.

As a reminder, State Programs-Disability Determination Service Division (SP-DDSD) is not limited to the PD chart and may grant PD on any disability case that meets their program criteria. If the CWD encounters an applicant that has a severe medical impairment but does not meet any of the PD categories, the CWD may annotate the MC 221(Disability Determination and Transmittal Form) asking SP-DDSD to consider PD for that person.

**Filing Instructions:**

**Remove Pages:**

Article 22

Pages 22C-3.6 and 22C-3.6A

**Insert Pages:**

Article 22

Pages 22C-3.6 and 22C-3.6A

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All questions or comments pertaining to the above information should be directed to Ms. Debra Hader at (916) 552-9494.

**Original signed by**

Maria Enriquez, Chief  
Medi-Cal Eligibility Branch

Enclosures

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### 3. PD CATEGORIES

CWDs may grant PD when client meets any of the following conditions. SP-DDSD granted PDs are not limited to the categories shown below:

NO	IMPAIRMENT CATEGORIES
1	OBSOLETE – Reserved for future use
2	Amputation of a leg at the hip
3	Allegation of total deafness
4	Allegation of total blindness
5	Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, due to a longstanding condition—excluding recent accident and recent surgery
6	Allegation of a stroke (cerebral vascular accident) more than three months in the past and continued marked difficulty in walking or using a hand or arm
7	Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking, or coordination of the hands or arms
8	OBSOLETE – Reserved for future use
9	Allegation of Down Syndrome. <b>NOTE:</b> Down Syndrome may be characterized by some indication of mental retardation and by abnormal development of the skull (lateral upward slope of the eyes, small ears, protruded tongue, short nose with a flat ridge, small and frequently abnormally aligned teeth); short arms and legs; and hands and feet that tend to be broad and flat.
10	Allegation of severe mental deficiency made by another individual filing on behalf of a claimant who is at least 7 years of age.  For example, a mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school, because of mental deficiency, or is unable to attend any type of school (or if beyond school age, was unable to attend), and required care and supervision of routine daily activities.  <b>NOTE:</b> “Mental deficiency” means mental retardation. This PD category pertains to individuals whose dependence upon others for meeting personal care needs (e.g., hygiene) and doing other routine daily activities (e.g., fastening a seat belt) grossly exceeds age-appropriate dependence as a result of mental retardation.
11	A child has not attained his or her first birthday and the birth certificate or other evidence (e.g., the hospital admission summary) shows a <b>weight below 1200 grams (2 pounds, 10 ounces) at birth.</b>
12	Human Immunodeficiency Virus (HIV) infection. (See 22C-3.7 for details on PD.) Completed forms DHS 7035A or DHS 7035c are needed.

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13	<p>A child has not attained his or her first birthday and available evidence (e.g., in the hospital admission summary) shows a <b>gestational age</b> at birth with the corresponding birth-weight as indicated below:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Gestational Age</u></th> <th style="text-align: center;"><u>Weight at Birth</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">37–40 weeks</td> <td style="text-align: center;">Less than 2000 grams (4 pounds, 6 ounces)</td> </tr> <tr> <td style="text-align: center;">36 weeks</td> <td style="text-align: center;">1875 grams or less (4 pounds, 2 ounces)</td> </tr> <tr> <td style="text-align: center;">35 weeks</td> <td style="text-align: center;">1700 grams or less (3 pounds, 12 ounces)</td> </tr> <tr> <td style="text-align: center;">34 weeks</td> <td style="text-align: center;">1500 grams or less (3 pounds, 5 ounces)</td> </tr> <tr> <td style="text-align: center;">33 weeks</td> <td style="text-align: center;">At least 1200 grams, but no more than 1325 grams</td> </tr> </tbody> </table> <p>For infants weighting under 1200 grams at birth, see PD category 11.</p> <p><b>NOTE:</b> Gestational age (GA). The age at birth based on the date of conception, may be shown as "GA" as noted in the available evidence, the CWD forwards the case to SP for consideration of a PD finding.</p>	<u>Gestational Age</u>	<u>Weight at Birth</u>	37–40 weeks	Less than 2000 grams (4 pounds, 6 ounces)	36 weeks	1875 grams or less (4 pounds, 2 ounces)	35 weeks	1700 grams or less (3 pounds, 12 ounces)	34 weeks	1500 grams or less (3 pounds, 5 ounces)	33 weeks	At least 1200 grams, but no more than 1325 grams
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14	<p>PD will be granted to all terminally ill individuals, whether they receive Hospice Services or not.</p> <p><b>NOTE:</b> An individual is considered to be terminally ill if he or she has a medical prognosis that his or her life expectancy is six months or less. Hospice care is not a requirement to receive PD.</p>												
15	<p><b>Allegations of spinal cord injury producing inability to ambulate without the use of a walker or bilateral hand-held assistive devices for more than two weeks, with confirmation of such status from an appropriate medical professional.</b></p>												
16	<p>End stage renal disease with ongoing dialysis and the file contains a completed HCFA-2728 or CMS-2728 (End Stage Renal Disease Medical <b>Evidence</b> Report-Medicare Entitlement and/or Patient Registration). CWDs should request the HCFA-2728 or CMS-2728 form from the applicant's medical provider. If the provider does not have the form, CWD should acquire the form on line at <a href="http://www.ssa.gov/disability/">http://www.ssa.gov/disability/</a> and send it to the provider. This form is necessary before PD can be granted.</p>												
17	<p>Allegation of Amyotrophic Lateral Sclerosis (ALS, Lou Gehrigs Disease)</p>												