

DEPARTMENT OF HEALTH SERVICES

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December 30, 1992

MEDI-CAL ELIGIBILITY MANUAL LETTER NO.: 107

TO: All Holders of the Medi-Cal Eligibility Manual
All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

SUBJECT: REVISED COUNTY PROCEDURES FOR COMPLETING THE MC 220 AND MC 220A

Enclosed are procedural revisions to Article 4AV.A. and B. of the Medi-Cal Eligibility Manual.

The purpose of this manual update is to transmit to counties revised procedures for completing the MC 220 -- Authorization for Release of Medical Information (see exhibit 1) and the MC 220A -- Authorization for Release of Medical Information - (AIDS) HIV (see exhibit 2). Counties must use the MC 220 and MC 220A process whenever an applicant claims to be disabled. These procedures will replace existing Article 4AV.A and B of the Medi-Cal Eligibility Manual. Counties shall implement these procedures no later than March 1, 1993.

Background

Under current procedures, an applicant is required to sign and date the MC 220 or MC 220A only after the form has been completely filled out. THIS PROCEDURE IS NOW REVISED.

Under revised procedures, counties are instructed to now: 1) request all of the regular releases be completed using only the name of the medical source (do not include an address or the beginning and ending dates of service); 2) obtain the applicant's signature (no date); and 3) submit three extra release forms completed with only the applicant's signature. Counties must explain to each applicant that by signing a blank form he/she is authorizing staff at the county or the Disability Evaluation Division (DED) to complete the form(s). This procedure will prevent the return of DED packets due to inaccurate addresses or from being outdated. Any reason which results in a return of a DED packet may cause a delay of a disability determination.

The exceptions to following this procedure would be if: 1) the issue involves alcohol or drug abuse; or 2) an applicant/beneficiary chooses not to sign a blank form(s). In these situations, the applicant must sign the form(s) after it has been completed.

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The following description identifies the reason for the revisions to the procedure manual:

Procedure Revision

Description

Article 4 A V. A. and B.

Procedures for completing the MC 220 and MC 220A - revised requirements for applicant's signature.

Filing Instructions

Remove Pages

Insert Pages

4A-7 through 4A-18

4A-7 through 4A-14
Insert exhibits 1 and 2 at the end of Article 4A

If you have any questions, please contact RaNae Dunne of my staff at (916) 657-0714.

Sincerely,

Original signed by
Glenda Arellano

for

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

- d. MC 220A -- As appropriate.
 - e. A copy of the CA 1 (as required).
6. Send the completed disability determination packet to DED no later than ten days after the completed MC 210 form has been received by the county.

B. Disability Onset Date for Three-Month Retroactive Medi-Cal Coverage for SGA Disabled

The county shall verify three-month retroactive Medi-Cal coverage for SGA Disabled applicants or recipients who request retroactive eligibility by checking the disability onset date on the MC 211 form and indicate the months of requested coverage.

C. Medical Reexamination for SGA Disabled Persons

For each beneficiary with a medical reexamination date indicated on his/her MC 221 form:

The county shall submit, in the reexamination month, a copy of the most recent MC 221 form and a newly completed disability evaluation packet (MC 220, MC 221, and MC 223). If the most recent MC 221 is not available, the new MC 221 should note that this is a reexamination and contain the date of the original SGA disability determination.

D. SGA Disabled Beneficiary Whose Employment Terminates

- 1. Advise an SGA Disabled beneficiary that has not applied for Title XVI to reapply for benefits at SSA since Title XVI disabled eligibility may be reestablished due to unemployed status.
- 2. Submit a complete disability determination packet (MC 221, MC 223, MC 220, and/or MC 220A) to DED to verify the beneficiary's SSI/SSP application and continued disability status. Provide a statement on the MC 221 form informing DED of the SSI/SSP application status for the SGA Disabled beneficiary.

IV. REEXAMINATION, REEVALUATION, AND REDETERMINATION OF DISABILITY

- A. A person's disability must be reexamined when there is a possibility that the person's condition has improved even if the DED evaluation shows no reexamination date. The county must indicate the reason for the referral on the MC 221. See Procedure 4F for reexamination requirements and procedures.
- B. In cases where the county receives a disability evaluation from DED and does not agree with the evaluation results, a reevaluation may be requested provided the reason for the disagreement is fully explained to DED on the MC 221. However, requests for reevaluation should not be made unless all reevaluation requirements are met and the reevaluation is properly submitted. These requirements are contained in Procedure 4F.
- C. A redetermination of disability is required if an individual has been discontinued from Medi-Cal for a reason other than cessation of disability and the last determination of disability by DED occurred six or more months in the past or the reexamination date has passed. See Procedure 4F for requirements and procedures for redeterminations.
- D. Disabled applicants under age 65 not receiving Title II disability are discontinued from SSI/SSP for reasons other than cessation of disability even if there is no SSA reexamination date (see Procedure 4B, DED Referrals for Disabled Former SSI/SSP Recipients).

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V. DISABILITY EVALUATION FORMS

A. MC 220 -- Authorization for Release of Medical Information

A signed MC 220 (see exhibit 1) is required for each treatment source or agency listed in items 15, 16A, B, C,, and 17A and B of the MC 223 with the exception of Social Security. Only one treatment source may be designated per signed release. A relevant source is one who has treated or seen the applicant for a significant medical problem(s).

The MC 220 is printed in English and Spanish. Improperly completed MC 220s will be returned because treatment sources will refuse to release medical records without a properly completed, unaltered medical release. Confidentiality of medical records is required by the federal Privacy Act, state Civil Code, Section 56.13(a), and Medi-Cal regulations.

PLEASE NOTE THE FOLLOWING PRIOR TO SUBMITTING AN MC 220:

1. Counties are required to complete the MC 220(s) by obtaining the applicant's signature (no dates) and the name of his/her doctor, hospital, or clinic where he/she has been treated or seen. NOTE: DO NOT INCLUDE AN ADDRESS OR THE BEGINNING AND ENDING DATES OF SERVICE UNLESS THE APPLICANT CHOOSES NOT TO SIGN THE FORM IN THEIR ABSENCE OR THE REQUEST FOR MEDICAL INFORMATION PERTAINS TO ALCOHOL OR DRUG ABUSE. IN THESE SITUATIONS THE FORM SHOULD BE COMPLETELY FILLED OUT.

Counties MUST explain to the applicant that by signing a blank form he/she is authorizing staff at the county or the Disability Evaluation Division (DED) to complete the form(s). Counties must also explain to the applicant that it is in their best interest to sign and not date the MC 220's in order to expedite the disability process and avoid returned packets due to the 90-day requirement. (Refer to number 4. for an explanation of the 90-day requirement.) Incomplete information on the MC 220(s) will be completed by staff from either the county or DED, using information provided by the applicant.

2. Counties are required to submit three extra blank MC 220 release forms completed with only the applicant's signature -- NO DATES -- unless the applicant chooses not to sign the form in their absence.
3. NO alterations, whiteouts, or other changes may be made to the MC 220. Any MC 220 showing such changes will be rejected by DED. In addition, MC 220's with photocopied signatures are not acceptable.
4. DED policy provides that authorization is good for only 90 days from the date the MC 220 is signed and dated. Forms signed and dated more than 90 days prior to the date DED receives them are not acceptable and will be returned. State law forbids providers to release medical records which are dated after the "ending date" on the release. Therefore, counties are instructed NOT to indicate dates on the MC 220 unless the applicant chooses not to sign the form in their absence or the medical information pertains to alcohol or drug abuse.
5. The MC 220 may be signed by the applicant, the legal representative of a minor or incompetent applicant, or the personal representative of a deceased applicant. If the applicant is physically or mentally incompetent and the release is completed by another individual in accordance with the instructions in a. through d. below, most providers will accept the release and provide the requested information.

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- a. If the applicant has a guardian or conservator, the release must include the signature of the guardian or conservator and the relationship to the applicant, i.e., legal guardian.
 - b. If the applicant is incompetent (this includes minors, except for minor consent services) or physically incapable of signing, and does not have a guardian or conservator, the release may be signed by the legal representative who is acting on the applicant's behalf, and must include the relationship to the applicant, (i.e., spouse, mother, friend), and the reason the applicant cannot sign the release.
 - c. When requesting the release of medical information pertaining to minor consent services, the minor must sign the release.
 - d. If the applicant can only sign with a mark, such as an "X" or other unrecognizable format (i.e., non-English characters), the form must include:
 - (1) the signature or mark of the applicant;
 - (2) the applicant's name, written near the "X" by the witness;
 - (3) the signature of a witness. NOTE: Witness signatures with an "X" or other unrecognizable format are not acceptable because the treating source will be unable to read or verify the signature; and,
 - (4) the relationship of the witness to the applicant.
6. A signed Authorized Representative (AR) form granting another person the authority to act on the behalf of the applicant during the Medi-Cal application process does not permit, in itself, the AR to sign medical releases or discuss the applicant's case with DED. DED will not contact or answer questions for such ARs regarding the applicant's case. However, when the applicant signs the AR form, he/she may include a statement at the bottom of the form granting the authority to sign medical releases. The applicant must sign his/her name under that statement. This authorizes the AR to sign medical releases and discuss the case with DED.

B. MC 220A -- Authorization for Release of Medical Information -- HIV

State law forbids the release of any medical records for HIV or ARC patients without a release signed by the patient which specifically authorizes the release of HIV or ARC testing and treatment records. Therefore, one signed MC 220A is required for each treatment source for an individual alleging HIV or ARC. The MC 220A must be properly completed in accordance with the instructions in A. above. If an AR form is completed granting the AR the right to release or discuss medical records, the release must include HIV or ARC testing and treatment information as releasable information.

C. MC 221 -- Disability Determination and Transmittal

This form serves as the transmittal and determination document between the CWD and DED. It is also used to notify DED of changes in the applicant/beneficiary status such as a change in address, withdrawal of application, discontinuance, etc. This information should be included in the "CWD Representative Comments" section.

1. Social Security Number -- Indicate the applicant's Social Security number or "Pending" if his/her application for a Social Security number is pending. MC 221s submitted without a Social Security number or explanation will be returned to the county.

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3. CWD Representative Comments -- Enter observations about the applicant's physical appearance or mental status (e.g., loss of limb, disoriented). This space can also be used for other noteworthy remarks about the applicant (e.g., AKA, sponsor's Social Security number, request for expeditious handling, dates of prior MN or SSI/OASDI applications, or contact with rehabilitation or other social service agencies, etc.).

If the applicant is receiving or has applied for disability under another Social Security number, please indicate the Social Security number in the CWD Representative Comments section.

4. Type of Referral -- Note the type of referral. If the "Retro Onset" box is not checked, DED will not determine disability prior to the application date. Both the "Retro Onset" box and "Fed MN" box may be checked on the same form.
5. SGA -- Note if SGA Disabled referral. If yes, give the date of the SSI/SSP discontinuance.
6. Hospitalization -- Check as appropriate.
7. Sign and date the form and enter telephone number of the CWD representative.
8. DED may complete the disability portion of the MC 221 or may show the disability evaluation results on an attachment.

a. Medical Determinations by DED

- (1) "Is disabled" or "is blind" checked indicates that, based on the DED medical/vocational development, the applicant is disabled under MN criteria. The onset date provided will take into consideration any request for up to three months retroactive coverage prior to the date of application. If retro was not requested, the onset date will not be prior to the application date.
- (2) "Is not disabled" or "is not blind" checked indicates that, based on the DED medical/vocational development, the applicant does not meet MN disability criteria.

In this situation, the applicant/beneficiary is to be denied or discontinued if disability is the only basis of eligibility. Eligibility under any other program must be determined prior to discontinuance.

b. No Determination Cases

- (1) Failure to Respond/Whereabouts Unknown. If the applicant has not responded to telephone/mail correspondence, or if DED is unable to locate him/her, DED will not make a disability decision. If a more current address is known to the county, it should be provided to DED. If not, the applicant is to be denied or discontinued if disability is the only basis for eligibility.
- (2) Withdrawal of Application. If the applicant requests withdrawal of application for Medi-Cal, DED will not make a disability decision.
- (3) Failure to Cooperate. If the applicant has failed to cooperate with DED, DED will not make a disability evaluation. The county must deny the application for disability unless good cause exists. The responsibility for making a good cause determination rests with the county.

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D. MC 223 (9/85) -- Applicant's Supplemental Statement of Facts for Medi-Cal

1. Designed for completion by the applicant not the EW; however, the EW should assist the applicant/beneficiary as needed.
2. Available in English and Spanish.
3. The MC 223 is used as a tool by DED and therefore, should be as complete as possible. If necessary, further information about the applicant's medical/vocational history will be obtained during DED's evaluation. However, because this requires DED to contact the applicant, case delays may result. Therefore, please stress to the applicant the importance of complete information.
4. The following items on the MC 223 are essential in the disability evaluation process and should be brought to the attention of the applicant:

Part I:

- a. Item 3 -- Complete date of birth, including year.
- b. Item 4 -- Current height and weight.
- c. Item 5 -- Applicant is to indicate the nature of his/her impairment(s) and should indicate any condition which impairs his/her ability to function regardless of whether medical treatment is desired or has been received for that condition. Additional pages may be attached. NOTE: Allegation of AIDS requires the completion of one MC 220A for each provider who has treated the applicant.
- d. Item 7 -- Applicant is to discuss all impairments and restrictions in ability to function regardless of whether the applicant views the restriction as minor. The combined effect of all impairments may render the applicant disabled. Example: An applicant completes the disability packet stating that the basis for disability is a back impairment. The applicant also wears glasses. DED evaluates the applicant and determines that the applicant's back impairment limits him/her to sedentary work which, considering age, education, and past work skills, results in a finding that the claimant is not disabled. If DED has not been informed that the applicant wears glasses, the evaluation stops there and disability is denied. However, if DED has been informed of the visual impairment, they will also consider the effect of that impairment on the applicant's ability to work. Many persons who wear glasses have visual impairments which, when corrected (glasses), still do not have 20/20 vision. Therefore, an applicant restricted to sedentary work due to back problems who has a corrected visual acuity of 20/80, for instance, in each eye will also probably be unable to perform sedentary work because he/she cannot be expected to perform work requiring a lot of reading and writing. Therefore, the applicant would probably be found to be disabled based on the additional visual impairment.
- e. Item 8 -- Enter complete name(s) and address(es) of all doctor(s), clinic(s), and/or hospital(s). Include ZIP codes when possible.

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Item 8A -- Enter all testing performed, even if applicant does not know purpose of test or name. If purpose or name of test is unknown, enter "unknown test" in other and give name of testing facility and date.

- f. Item 9 -- It is very important that applicants complete this area. Other agencies may have relevant medical evidence gathered or have ordered a consultative examination. This evidence may help establish duration and/or the extent of the impairments. **NOTE:** With the exception of Social Security, disability determinations by other agencies that DED do not establish disability for Medi-Cal, as different criteria are used. However, medical evidence from any source is considered and reviewed by DED.
- g. Item 10 -- Applicant is to indicate highest grade completed or year GED test passed. If the applicant is unable to read or write despite the educational level stated, the notation "functional illiterate" should be entered next to the grade level. If the individual's education was in special education classes due to a mental or physical impairment, note "special education" next to grade level.
- h. Item 11 -- Applicant is to indicate language(s) in which he/she can converse and, if available, the name and phone number of a friend or relative available to translate, if needed. If no translator is available, "none" should be entered in that area.
- i. Item 12 -- This information is extremely important in determining the extent of the impairment and its effects on the applicant's ability to function, particularly in cases involving mental or emotional disorders. If incomplete, DED may be unable to determine the extent of the applicant's restrictions which could result in ineligibility.
- j. Item 13 -- Applicant is to indicate whether he/she has been employed within the last 15 years. If so, Part II of the form must be completed.

Part II:

Item 4 -- Applicants should enter a job description as well as job title. The job he or she performed may differ from the job described by that title in the Dictionary of Occupational Titles used by DED. If no description is provided, the applicant's case could be erroneously denied due to comparing the applicant's ability to function to an inappropriate past work standard. The description should include the frequency and weight of any lifting involved; hours spent standing, sitting, and walking; and other exertional requirements. In addition, if alterations were made to the applicant's job functions to accommodate his/her impairments (such as special equipment or changes in duties, etc.), these accommodations should be noted and described. If such accommodation was made, then the applicant may not have performed his/her job as it exists in the national economy and DED must evaluate disability accordingly.

- E. Proof of application may be required in some counties with the disability evaluation request in the form of a copy of the signed and dated CA 1. If required, packets submitted without this form will be rejected.

VI. COUNTY STEPS DURING AND AFTER COMPLETION OF THE DISABILITY EVALUATION

- A. Upon receipt of the completed disability determination results (MC 221, completed and returned by DED):

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1. If DED has determined that the applicant/beneficiary is disabled, approve the application as otherwise eligible or reclassify the case as disabled MN.

The approval of eligibility or reclassification as a disabled MN person shall be effective with the disability onset date or application date as appropriate.

2. If DED has determined that the applicant/beneficiary is not disabled, take the appropriate denial/discontinuance action on the application or continuing case.

B. Notification to DED of Changes While DED Referral Is Pending

The county shall notify DED immediately in writing (via an MC 221) of the following changes if DED is in the process of making a disability determination:

1. Change in applicant's/beneficiary's address.
2. Change of applicant's/beneficiary's name or message telephone number.
3. Denial or discontinuance of the applicant/beneficiary on the basis of non medical information, i.e., excess property, etc.
4. Withdrawal of the application.
5. Cancellation of the Authorization for Release of Information (MC 220, MC 220A) by the applicant/beneficiary.
6. The death of the applicant.

The county must indicate on the MC 221 that this subsequent MC 221 is to notify DED of a change in the status of a pending referral.

C. DED Addresses

1. Disability evaluation packets from the following counties:

Imperial	Riverside
Los Angeles	San Bernardino
Orange	San Diego

must be sent to:

Department of Social Services
Disability Evaluation Division
State Programs Bureau
P.O. Box 30541, Terminal Annex
Los Angeles, CA 90030
(213) 857-5483

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2. Disability evaluation packets from all other counties must be sent to:

Department of Social Services
Disability Evaluation Division
State Programs Bureau
P.O. Box 23645
Oakland, CA 94623
(415) 464-3706

VII. QUESTIONS, INQUIRES, PROBLEMS

A. Disability Referral Policy and Procedures

Counties should direct questions on these subjects to the Department of Health Services through their county Medi-Cal liaisons or disability coordinator.

B. Case Specific Information

When DED fails to complete a disability evaluation within a reasonable time frame, designated county staff should contact DED to ascertain case status in the following manner:

1. Where disability evaluations are not received from DED within 70 days, the county must first submit to the DED office handling that county's evaluations a list of all such cases by applicant/beneficiary name and Social Security number with a request for status information.

A copy of the request should be sent to:

Operational Support Analyst
Disability Evaluation Division
State Programs Bureau
1414 K Street, Room 201
Sacramento, CA 95814

2. If no response is received from DED within 15 days, the county should notify the operational support analyst who will follow up on the request.

Where disability evaluations are consistently not completed in a reasonable time, the Medi-Cal Eligibility Branch, Department of Health Services, should be notified by designated county staff through appropriate channels.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
AUTORIZACION PARA PROPORCIONAR INFORMACION MEDICA

EXHIBIT 1

Name of Applicant/*Nombre del Solicitante* _____

S Security Number/*Número del Seguro Social* _____

I.D. Number/*Número de Identificación* _____
(Hospital, Clinic, VA, or WCAB)/(*Hospital, Clínica, Administración de Veteranos, o WCAB*)

I authorize
Autorizo a _____

to disclose my medical records or other information for the period beginning _____ and ending _____
que revele mis antecedentes médicos u otra información sobre el periodo de _____ *Date/Fecha* _____ *a* _____ *Date/Fecha*

to the state agency that will review my application for disability benefits under the Social Security Act.
a la dependencia estatal que revisará mi solicitud para beneficios por incapacidad bajo la Ley del Seguro Social.

I authorize a private photocopy company to photocopy such medical records as are needed as evidence in determining my eligibility for such benefits. I have been informed that the private photocopy company will not release any information about me to any person or agency other than the state agency indicated above.

Autorizo a un negocio privado de fotocopiado para que saque copias fotostáticas de los antecedentes médicos que sean necesarios presentar como pruebas para determinar mi elegibilidad para tales beneficios. Se me informó que el negocio privado de fotocopiado no divulgará ninguna información mía a ninguna persona o dependencia que no sea la dependencia estatal que se indica arriba.

This consent can be withdrawn at anytime; however, it will remain valid for any action taken prior to the request being withdrawn. The duration of this consent shall not be any longer than is reasonably necessary to accomplish the purpose for which it was given, i.e., the final determination of my application for disability benefits (including the appeals process). This consent will then automatically expire without any written request.

Este consentimiento puede ser retirado en cualquier momento; sin embargo, permanecerá en vigor con respecto a cualquier acción que se haya ejercitado antes que se retirara la petición. La vigencia de esta petición, no durará más que lo razonablemente necesario para llevar a cabo el asunto para el cual se dio; esto es, la determinación final de mi solicitud para beneficios de incapacidad (incluyendo el procedimiento de apelaciones). Entonces, este consentimiento expirará automáticamente sin pedirlo por escrito.

I consent to the release of the results of any alcohol and/or drug abuse treatment, and/or psychiatric records under the same conditions as outlined above. I understand that such information cannot be released without my specific consent, except in special circumstances.

Autorizo que los resultados de la prueba para detectar los tratamientos relacionados con el abuso del alcohol y/o drogas, y los expedientes siquiátricos para que sean proporcionados bajo las mismas condiciones que se indican arriba. Entiendo que tal información no puede proporcionarse a menos que dé mi consentimiento expreso, excepto en circunstancias especiales.

I have read the above and fully understand its contents in its entirety and have asked questions about anything that was not clear to me and am satisfied with the answers I have received. I understand that I have the right to receive a copy of this authorization on request.

He leído y entiendo perfectamente la información que aparece arriba. He hecho preguntas sobre dudas que tenía y estoy satisfecho con las aclaraciones que me proporcionaron. Entiendo que tengo el derecho de recibir una copia de esta autorización, si así lo deseo.

Signature of Applicant/Firma del Solicitante

Date/Fecha

Signature of Person Acting in Behalf/Firma de la Persona que lo Representa

Date/Fecha

Street Address/Dirección

City/Ciudad

ZIP Code/Zona Postal

Telephone/Teléfono

To Whom it May Concern: Medical reports released to the state's Disability Evaluation program become part of the applicant's file subject to the provisions of the Federal Privacy Act of 1974 which provides that, upon request, an applicant may have access to those records. A condition of access to medical records is that, at the time access is requested, the applicant must designate a representative to receive, review, and discuss them with the applicant. It is recommended, but not required, that the representative be a physician or other health service professional.

A Quien Corresponda: Los expedientes médicos proporcionados por el programa estatal de Evaluación de Incapacidades (Disability Evaluation) forman parte del expediente del solicitante de acuerdo a lo estipulado por el Acta Federal de Confidencialidad de 1974 que establece que el solicitante puede tener acceso a esos expedientes si así lo solicita. Una condición para obtener acceso a los expedientes médicos será que, al hacerse la solicitud, el solicitante debe nombrar a un representante para que los reciba, examine, y lo repase con el solicitante. Es recomendable, pero no obligatorio, que el representante sea un médico u otro profesional en el ramo de la salud.

