

DEPARTMENT OF HEALTH SERVICES

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July 24, 1998

**MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO: 201****TO: All Holders of the Medi-Cal Eligibility Procedures Manual****NEW STATE PROGRAMS DISABILITY EVALUATION DIVISION (SP-DED) BASIS CODES -- ARTICLE 22C-8****CHANGES:**

Enclosed is a revised list of disability basis codes for Medi-Cal disability cases. These codes changed because SP-DED is transitioning from their old case tracking system on Wang software to a federal system known as the Modernized Interim Disability Adjudication System (MIDAS). MIDAS will track not only Medically Needy Only disability cases, but it also contains information on In-Home Supportive Services disability cases and federal Social Security/Supplemental Security Income disability cases. Until SP-DED fully converts to the MIDAS system (approximately June 1999), the disability basis codes will differ slightly depending on which system the disability case is entered. If the MIDAS or Wang basis codes are ambiguous to the county welfare department, please refer to the PDN for clarification.

FILING INSTRUCTIONS:**Remove Pages:**

Article 22
Pages 22C-8.1 through 22C-8.5

Insert Pages:

Article 22
Pages 22C-8.1 through 22C-8.5

Any questions regarding the above information should be directed to Mr. Terry Durham of my staff at (916) 657-2701.

Sincerely,

Original signed by

Tom Welch for
Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosure



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

22 C-8 -- PROCESSING SP-DED DECISIONS

1. DISABLED

A. SP-DED ACTION

Fully Favorable Allowances

MC 221 disability portion will be completed.

Partially Favorable Allowances

MC 221 Attachment will be included with MC 221 if disability onset date is **AFTER** date of application, or if client was not found disabled during requested period of retroactive coverage.

A personalized denial notice (rationale for decision) will give the reasons for the less than favorable allowance.

ALLOWANCE CODES

MIDAS	WANG	DEFINITION
A61	A61	Condition meets severity of SSA <u>Listing of Impairments</u> .
A62	A62	Condition equals severity of Listing. For adults.
A63	A63	Medical/vocational considerations result in favorable decision for adults.
A64	A64	Medical/vocational considerations -- arduous unskilled work profile.
A55	A65	Continuance for reexamination case review.
A98	A98	Reversal by Administrative Law Judge at State Hearing.
A99	A99	Adoption of federal (SSA) Allowance/Continuance decision
B61	B61	Statutory blindness.
A65	A62	Disabled child claim - medically equals severity of Listing.
A66	A63	Disabled child claim - functionally equals severity of Listing.

B. CWD ACTION

Approve

Applicant as disabled, if otherwise eligible, or reclassify beneficiary as Disabled-MN.

Tickle

Case for resubmittal to SP-DED as reexamination case when a reexam date is shown. Reexam dates are set when medical improvement is expected.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mail

Personalized denial notice (rationale for decision) to client which explains a partially favorable allowance.

NOTE: The MC 221 and MC 221 Attachment are **NEVER** sent to client.

2. NOT DISABLED

A. SP-DED ACTION

MC 221

Block is checked "is not disabled" or "is not blind"; is **NEVER SENT TO CLIENT** for any reason.

MC 221 Attachment

Explains specific reasons for denial and is **NEVER SENT TO CLIENT** for any reason.

Personalized Denial Notice (PDN)

The PDN is an unnumbered, untitled, and unsigned sheet which explains the reason for denial and can be mailed to client.

DENIAL CODES

MIDAS	WANG	DEFINITION
N30/N41*	N30/N41*	Condition not severe.
N31/N42*	N31/N42*	Capacity for SGA -- any past relevant work.
N32/N43*	N32/N43*	Capacity for SGA -- other than past relevant work.
N34/N45*	N34/N45*	Contition prevented SGA for a period of less than 12 months. (For child, condition disabling for a period of less than 12 months.)
N35/N46*	N35/N46*	Condition prevented SGA at time of decision but is not expected to prevent SGA for a period of 12 months. (For child, condition disabling at time of decision but not expected to be disabling for a period of 12 months.)
N39	N39	Drug/Alcohol Addiction material to denial decision.
N43/N51*	N43/N51*	Disabled child claim impairment severe - but does not meet or medically/functionally equal.
N44	N44	For child, impairment not severe. With or without visual impairment alleged.
N41	N51	Blind evaluation only -- not statutorily blind.
Z53	Z53	Adoption of federal (SSA) denial/cessation decision - SSA's disability decision is controlling over Medi-Cal's decision.
N55	N55	Cessation on reexamination case review.
Z59	Z59	Adoption of Federal Denial Cessation Decision where DA/A was material to the decision.

* Indicates visual impairment alleged.

Note: If the Midas or Wang basis codes are ambiguous to the CWD, please refer to the PDN for clarification.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

A. SP-DED ACTION IN Z56 AND Z57 DECISIONS

MC 221 Returned to CWD

SP-DED may indicate that a decision could not be made and why.

SP-DED may ask help in locating client, obtaining client's cooperation in attending a consultative exam, completing forms, or having client contact SP-DED.

B. CWD ACTION FOR Z56 AND Z57 DECISIONS

1. Evaluate If Good Cause Exists

- CWD will attempt two separate contacts with client (phone, letter or in person), per Title 22, Section 50175 (a) (1) and (6), to obtain client cooperation or needed information. If good cause is claimed, determine if there is good cause for non cooperation. Good cause includes:

- a. Failure of CWD to provide client with appropriate forms.
- b. Failure of CWD to inform client that failure to cooperate with SP-DED will result in denial/termination.
- c. Failure of postal service to deliver required form(s) or information in a timely manner.
- d. Physical or mental illness or incapacity of client or authorized representative which precludes timely completion of requested information or requests to be present at scheduled appointments.
- e. Level of literacy along with social or language barriers which precludes client or authorized representative from comprehending instructions.
- f. Failure of CWD to properly process SP-DED packet.
- g. Unavailability of transportation to reach a required destination.

If Good Cause Exists

After gaining client's cooperation, CWD must resubmit:

1. A limited packet containing a new MC 221 if there are no new allegations or treatment sources; or
2. A full packet containing a new MC 221 and MC 223 if a new medical condition is claimed and/or there are new or additional medical sources or information, and

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B. CWD ACTION

<i>Evaluate</i>	Evaluate eligibility under other existing Medi-Cal linkage before denying/discontinuing client.
<i>Deny/Discontinue Claim</i>	If disability is the only linkage to Medi-Cal, client will be denied/discontinued.
<i>Send Notice of Action (NOA)</i>	If denied/discontinued, send NOA along with a copy of the Personalized Denial Notice to client.

3. NO DETERMINATION DECISIONS

"Z" codes indicate that no substantive decision was made to allow or deny a claim, and generally signify that some action is needed by CWD. After taking appropriate action, CWD must send a 90-Day Status Letter (MC 179) to client (except for Z53 and Z54 cases), if it is now the 80th day, or if it is evident that SP-DED will not be able to make a decision by the 90th day. If MC 179 is sent to client, include copy in packet being resent to SP-DED.

NO DETERMINATION CODES

MIDAS	WANG	DEFINITION
Z56	Z54	Withdrawal by CWD. (When CWD requests that SP-DED stop development due to withdrawal of claim, SP-DED will do so and send MC 221 to CWD. After sending NOA, no further CWD action is necessary.)
Z55	Z55	CWD return for packet deficiency includes failure issues. This return from SP-DED means that additional information is needed. CWD will complete the information requested and forward packet to SP-DED.
Z70	Z55	Duplicate cases - prior case in same State Programs Branch.
Z71	Z55	Duplicate cases - prior case in other State Programs Branch.
Z56	Z56	Other no determination situations, includes failure issues (non-redetermination cases).
Z56	Z57	Other no determination situations in redetermination cases only.
Z56	Z58	Other no determination situations for redetermination cases with inappropriate reexam dates.

Note: If the Midas or Wang basis codes are ambiguous to the CWD, please refer to the PDN for clarification.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. Additional MC 220s, as necessary.

*If Good Cause
Does Not Exist*

Deny application or discontinue beneficiary, if no other linkage exists.

2. Determine Whether State Hearing Was Requested

*If State Hearing
Requested by
Client*

CWD shall follow the decision of the hearing.

*If State Hearing
Not Requested
by Client*

CWD must have the client reapply.

