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ARNOLD SCHWARZENEGGER
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TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 10-18
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: MEDI-CAL DISABILITY PROGRAM PROCESSING OF PRESUMPTIVE
DISABILITY DETERMINATIONS (References: Medi-Cal Eligibility
Procedures Manual [MEPM], Article 22 C-3 – Determining Presumptive
Disability and All County Welfare Directors Letter No.: 04-08)

The purpose of this All County Welfare Directors' Letter (ACWDL) is to remind the counties about the most efficient ways to process Presumptive Disability (PD) determinations and make PD referrals to the California Department of Social Services, Disability Determination Service Division – State Programs (DDSD-SP).

BACKGROUND

Applicants for Medi-Cal, based on a disability, may have a severe medical condition that makes them immediately eligible to receive full-scope coverage, while their applications continue through the disability evaluation process for a formal determination by DDSD-SP. There are two ways an applicant can qualify for PD under the Medi-Cal program.

- The county determines that the applicant has a condition that qualifies under PD.
- DDSD-SP determines that the applicant has a qualifying condition not listed in the MEPM Article 22 C-3.

Please note that DDS-SP has received many requests from the counties to make a PD eligibility determination that the counties could have made under their jurisdiction by following the procedures set forth in the MEPM Article 22 C-3. This ACWDL will assist both the counties and DDS-SP in processing PD eligibility requests in the most efficient manner.

PROCESS COUNTIES SHOULD FOLLOW

County PD Process

The county should approve an applicant's Medi-Cal benefits under PD when their condition meets the requirements listed in the MEPM Article 22 C-3. In the MEPM, there are 15 impairment categories, which the county can evaluate to determine if the person has an impairment, that would qualify under PD. The applicant's condition must be verified by a doctor/medical source. Medical sources are health care providers that provide medical and other evidence to reach conclusions about an individual's impairment(s) to make a disability determination. The county should ensure that the person's medical condition exactly matches the impairment category as listed in the MEPM Article 22 C-3, in addition to reviewing the PD reminder check list in the MEPM Article 22 C-3.7A. Whenever possible, the county should determine PD eligibility when there is documentation showing that the applicant has a medical condition under the 15 impairment categories. Also, the county should check "Presumptive Disability Approved" in Section 10 of the MC 221 – Disability Determination and Transmittal.

After the county has determined the applicant is eligible for PD, the county should mail the referral packet to DDS-SP for the formal determination. Counties are not to fax referral packets in these situations. The medical documentation used to establish PD eligibility by the county should be mailed with the referral packet to DDS-SP.

Two examples of PD determinations that the counties can make under their jurisdiction include, but are not limited to:

- The claimant has lung cancer that has recurred after a resection and there is verification from the physician that life expectancy is six months or less.
- The claimant has verification from their doctor/medical source that they have been diagnosed with Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's disease).

County Referral to DDSD-SP PD Process

If an applicant has an impairment/medical condition that is not listed under the 15 impairment categories that the county can determine PD, the county can request DDSD-SP to evaluate the person for PD eligibility, because DDSD-SP is not restricted to the 15 impairment categories, as is the county. If the county is asking DDSD-SP to make a PD determination, the request should be faxed to DDSD-SP with medical documentation to support a PD determination. Also, the county should indicate in Section 10 of the MC 221 that a faxed PD determination request has been sent for the applicant. To expedite processing of the PD determination request, the county shall fax three copies of the MC 221 with each referral; however, if there is a delay in obtaining verification from the applicant or medical source, do not hold the PD determination request and fax it to DDSD-SP (MEPM Article 22 C-3, II,A,3).

Two examples of PD determination requests that the county should refer to DDSD-SP to evaluate include, but are not limited to:

- The claimant alleges a mental illness with a history of mental health counseling and the use of psychiatric medications.
- The claimant alleges a history of multiple heart attacks, shortness of breath, and occasional chest pain.

SUMMARY

The counties should make efforts to complete the PD determination that is within their 15 impairment category jurisdiction. If the county has determined the applicant has eligibility under PD, the disability referral packet for the formal determination should be mailed with the medical documentation, not faxed, to DDSD-SP. If the county is requesting a PD determination from DDSD-SP, the request should be faxed with supportive medical documentation whenever possible.

If there are questions regarding this ACWDL, please direct them to Warren Jorgensen at (916) 322-8494 or via email to Warren.Jorgensen@dhcs.ca.gov.

Original Signed By:

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