

DEPARTMENT OF HEALTH SERVICES

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SACRAMENTO, CA 95814

JUL 26 1984



To: All County Welfare Directors

Letter No. 84- 33

DISABILITY EVALUATIONS AND REEXAMINATIONS

The purpose of this letter is to discuss blindness evaluations for potential Pickle beneficiaries (All County Welfare Director's Letter (ACWDL) No. 83-74); to emphasize the necessity of disability-reexaminations and of translators for non-English speaking individuals; and to address various questions that have arisen regarding disability evaluation procedures.

Blindness Evaluations - Potential Pickle Cases

Under existing Department of Social Services (DSS) Disability Evaluation Division (DED) procedures, when a blind individual has previously been determined disabled or is over the age of 65, DED does not perform a blindness evaluation unless the individual is employed. These procedures were established subsequent to the repeal of the special income deduction in September 1982. That repeal eliminated the financial advantage to a blind beneficiary unless the beneficiary is entitled to a deduction for work expenses in accordance with Title 22, CAC, Section 50551.4. Therefore, no reason to perform a blindness evaluation existed.

However, certain former SSI/SSP recipients may continue to be eligible for no share of cost Medi-Cal under the Pickle Amendment to the Social Security Act. In order to determine if an individual is eligible as a Pickle beneficiary, counties must perform certain calculations based on the applicable SSI/SSP payment level. Because blind individuals are entitled to a higher SSI/SSP payment level than disabled or aged persons, when former SSI/SSP blind recipients are evaluated for Pickle eligibility under Lynch v. Rank (ACL 83-74), the calculations must reflect the higher payment levels. Therefore, the counties must identify DED potential Pickle beneficiaries who are currently blind regardless of age or disability status. To do so, the notation "Pickle Person" should be made on the MC 221 in Section 11, "CWD Representative Comments". This will ensure that DED will pursue a blindness determination even though eligibility already exists due to age or disability rather than returning the case without evaluation.

Disability Reexaminations

It has come to our attention that the number of county welfare department referrals to DED for reexamination pursuant to an established disability reexamination date has decreased substantially.

Reexaminations are scheduled by DED in cases in which the beneficiary's condition is expected to remain disabling at least 12 months but may be expected to improve, or in which a previous SSA determination established a reexamination date.

Example: An applicant is severely injured in an automobile accident. He temporarily lost the use of his legs. However, with surgery and extensive physical therapy, he is expected to regain partial use of his legs in approximately 18 months. DED will schedule a reexamination in 18 months to determine if his improvement terminates his disability status.

Counties must resubmit a DED request on the reexamination date. Some beneficiaries refuse to participate in the reexamination process. If a beneficiary fails, without good cause, to cooperate by completing the necessary forms, the beneficiary should be discontinued. If a beneficiary cooperates, he/she continues to be considered disabled and, therefore, eligible until the reevaluation by DED is completed. If, on the other hand, you forget to request a DED reexamination, the beneficiary's disability status is unsupportable. This could result in quality control citations.

When disability status is established by the Social Security Administration (SSA) for Title II disability recipients, SSA is responsible for requesting the reexamination. However, the county must verify that Title II disability status continues after that reexamination. Therefore, counties should submit form CA 810 or SSA 1610 to SSA for verification of Title II disability and request both the disability onset date and the reexamination date. The disability onset date establishes the anterior limit of a disabled applicant's eligibility. The reexamination date must be recorded in the case file to verify eligibility later.

Translators for Non-English Speaking Referral Cases

DED has requested that when a referral is made for an individual who does not speak English, the name and telephone number of a friend or relative of the applicant who can act as translator be included if possible. This will assist DED in expediting the evaluation process.

Questions and Answers

Below is a list of frequently asked questions and their answers on disability status and verification that may be helpful to you.

Question 1:

When a Medi-Cal application indicates that an SSI/SSP or Title II application has also been made, must the county submit the entire disability evaluation referral package to DED?

Answer:

Yes. Under previous procedures, when DED State Programs received a request for disability evaluation on an individual who had a pending SSI/SSP or Title II application, State Programs would contact the DED appropriate federal Branch and adopt the disability determination prepared for the SSI/SSP or Title II case. It was not necessary for the county to submit the entire disability evaluation package to DED State Programs as no separate disability evaluation was performed. However, DED federal branches are currently experiencing a backlog due to the effects of the court order in Lopez v. Heckler. Submission of a complete package permits State Programs to perform an evaluation if it appears that the federal program will not complete their evaluation quickly. DED no longer accepts incomplete disability packages for any reason. (ACL 83-84)

Question 2:

Do disability verification requirements apply for disabled Ramos beneficiaries when: (1) they are in the "extended eligibility" category; and, (2) their SSI/SSP eligibility was discontinued for a reason other than cessation of disability?

Response:

If the reason for termination of SSI was other than cessation of disability, the individual may continue to be considered disabled for Medi-Cal Only. However, subject to the changes listed in the next response, disability status should be verified through SSA, and a notation should be made in the case record that disability status was not terminated. (Title 22, CAC, Section 50167)

Question 3:

When the basis of a disability determination is a DED adoption of a prior SSA Title II disability determination, does an SSA discontinuance of disability-based Title II mean loss of Medi-Cal eligibility?

Response:

If SSA disability status is terminated, the individual is no longer considered disabled. If no other linkage factor exists, Medi-Cal eligibility ceases. However, if Title II or XVI disability payment is discontinued for a reason other than cessation of disability, and the individual continues to be considered disabled by SSA, the person is also disabled for Medi-Cal Only purposes. However, disability status should be verified through SSA. (Title 22, CAC; Section 50167)

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Question 4:

When an applicant is under 65 and is receiving Title II (OASDI) and Medicare, is this sufficient verification that the individual is disabled?

Response:

No. Mere receipt of Title II and Medicare is not proof of disability, because: (1) Medicare disability criteria are not used in Medi-Cal, and (2) Title II entitlement could be for old age or survivorship. Instead, these entitlements suggest potential disability which counties should explore. (Title 22, CAC, Section 50223)

Question 5:

Does 50167(a)(1)(C) permit presumptive eligibility for persons who receive both Title II and Medicare pending contact with Social Security? (It should be noted that Title II Social Security checks no longer identify the basis upon which the benefit is being paid, e.g., DIB.)

Response:

No. Since the check no longer states that payment is for disability, the applicant must present other verification, e.g., grant award letter, written statement from SSA, etc. (Title 22, CAC, Section 50167)

Question 6:

When are county welfare departments required to reverify disability? Section 50169(c) requires verification whenever there is a change.

Response:

Counties must reverify disability under the following conditions:

1. When a significant change in the beneficiary's physical condition is reported by the beneficiary.
2. When the beneficiary becomes employed, his/her Title II disability ceases, etc.
3. When a DD reexamination is required.
4. When disability status is unclear and cannot be established by any other means as set forth in Title 22, Section 50167.
5. When a reapplication is made by a former disabled beneficiary.

If a beneficiary fails to provide you requested information or verification, he/she should be discontinued for failure to cooperate. (Title 22, CAC, Section 50175.)

If we may be of further assistance, please call Toni Bailey of my staff at (916) 324-4953.

Sincerely,

Original signed by

Caroline Cabias, Chief
Medi-Cal Eligibility Branch