

DEPARTMENT OF HEALTH SERVICES

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P.O. BOX 942732
SACRAMENTO, CA 94234-7320



May 11, 1992

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 92-33

SUBJECT: Presumptive Disability for HIV/AIDS Applicants

The purpose of this letter is to inform you that we are in the process of evaluating new Social Security Administration (SSA) requirements for presumptive disability (PD) for applicants who allege infection with human immunodeficiency virus (HIV). This is strictly an informational letter. Another letter containing specific county instructions for implementation will follow. This letter provides you with: (1) background information on SSA's new procedures for PD based on HIV infection, and (2) citations to the law and regulations which mandate that we implement these new requirements.

BACKGROUND

The SSA revised and expanded their procedures for making PD decisions based on HIV infection. PD is determined by their Field Office staff for purposes of determining eligibility for Supplemental Security Income and disability retirement under Title II of the Social Security Act. These revised procedures permit SSA to identify individuals who meet the requirements for PD because of HIV infection at the earliest possible stage in the application process.

Previously, PD was authorized only for individuals with a full blown AIDS diagnosis. Under the revised criteria, adults and children can meet PD requirements when there is evidence of an HIV infection and the individual's medical source confirms that the disease manifestations are of listing-level severity. Listing-level severity means that an applicant's symptoms meet specified criteria to establish disability based on the HIV infection. SSA developed two separate forms to determine listing-level severity: one for adults, and one for children which addresses specific criteria that apply only to children. The current DHS 7035 (Medical Verification - AIDS) form will be revised to reflect the new criteria. (See enclosed draft forms.)

Currently, county eligibility workers (EWs) complete the DHS 7035 form which is a simple and straight forward form consisting of only three sections. Implementation of SSA's new procedures will revise and expand the EW's role in processing PDs in HIV infection cases. County EW staff will need to evaluate a more complex HIV/AIDS form(s) and familiarize themselves with the various conditions under which PD is allowed.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
Page 2

We are working with various county and state offices to determine the approximate number of individuals which may be affected by this new requirement. Hopefully, we will be able to provide you with these figures in our next letter.

FEDERAL AND STATE REGULATION CITES

Title II and Title XVI of the Social Security Act provides that disability is defined as an inability to engage in any substantial gainful activity by reason of medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last at least 12 months. Federal regulations at 42 Code of Federal Regulations, section 416.933, specify how a finding of PD is made. The proposed revision to this regulation authorizes a finding of PD based on a medical evidence of HIV infection.

Title 22, CCR, Section 50223 (a) provides that persons 18 years of age or over are disabled if they are persons who meet the definition of disability in Title II or XVI of the Social Security Act.

We are in the process of: (1) evaluating these requirements; (2) determining their potential impact; (3) working with our fiscal office to determine and resolve funding issues; and (4) working with the Forms Committee members for their input to the new revised DHS 7035 forms. Implementation is projected for August 1, 1992. In the meantime, if you have any concerns or questions please contact RaNaë Dunne at (916) 657-0714; CALNET 437-0714.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

PHYSICIAN'S REPORT ON ADULT WITH ALLEGATION OF
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION

The individual named below has filed an application for a period of disability and/or disability payments. If you complete this form, your patient may be able to receive early payments. (This is not a request for an examination but for existing medical information.)

MEDICAL RELEASE INFORMATION

☐ Form SSA-627 "Authorization To Release Medical Information to the Social Security Administration" attached.

☐ I hereby authorize the medical source named below to release or disclose to the Social Security Administration or State agency any medical records or other information regarding my treatment for Human Immunodeficiency Virus (HIV) infection.

CLAIMANT'S SIGNATURE

Sign Here

Date

PHYSICIAN'S NAME

CLAIMANT'S NAME

A. PLEASE CHECK APPROPRIATE BLOCK

☐ HIV Test(s) Performed

☐ HIV Test(s) Not Performed

CLAIMANT'S SSN

APPLICANT'S

CLAIMANT'S DATE OF BIRTH

APPLICANT'S

B. PLEASE INDICATE RESULTS OF HIV TESTS(S)

☐ POSITIVE

☐ NEGATIVE

C. PLEASE INDICATE HERE:

CD4 (T4) LYMPHOCYTE COUNT: _____

or percent _____ if count not available

D. OPPORTUNISTIC AND INDICATOR DISEASES: Please Check, If Present

1. ☐ HIV encephalopathy
2. ☐ HIV wasting syndrome
3. ☐ Carcinoma of the cervix
FIGO stage II and beyond
4. ☐ Anal squamous cell carcinoma
5. ☐ Cardiomyopathy
6. ☐ Nephropathy
7. ☐ Lymphoma of the brain
8. ☐ Hodgkin's disease
9. ☐ Non-Hodgkin's lymphoma
(including Burkitt's lymphoma)
10. ☐ M. kansasii disease, disseminated other
than or in addition to the lungs, skin,
or cervical or hilar lymph nodes
11. ☐ Mycobacterium avium complex
12. ☐ Mycobacterial infection, disseminated
beyond the lungs, lymph nodes

FUNGAL INFECTIONS

19. ☐ Candidiasis, of the esophagus, trachea,
bronchi, or lungs
20. ☐ Candidiasis, disseminated beyond
the skin, urinary or intestinal tract, or
oral or vulvovaginal mucous membranes
21. ☐ Coccidioidomycosis, disseminated beyond
the lungs, or lymph nodes
22. ☐ Cryptococcosis, disseminated beyond
the lungs, or involving the central
nervous system
23. ☐ Histoplasmosis, disseminated beyond
the lungs or lymph nodes

VIRAL INFECTIONS

24. ☐ Cytomegalovirus, of an organ other than
the liver, spleen, or lymph nodes
25. ☐ Herpes simplex virus, causing bronchitis
26. ☐ Herpes simplex virus, causing chronic
continuous mucocutaneous infection, or
infection of the pulmonary or gastrointestinal
tract or encephalitis
27. ☐ Herpes simplex virus causing esophagitis
28. ☐ Herpes simplex virus, causing a
mucocutaneous ulcer persistent over 1 month
29. ☐ Herpes simplex virus, causing pneumonitis
30. ☐ Progressive multifocal leukoencephalopathy

BACTERIAL INFECTIONS

31. ☐ Salmonella bacteremia, non-typhoid,
recurrent
32. ☐ Nocardiosis

PROTOZOAN OR HELMINTHIC INFECTIONS

13. ☐ Cryptosporidiosis, intestinal with
diarrhea for 1 month or more
14. ☐ Isosporiasis, with diarrhea over 1 month
15. ☐ Pneumocystis carinii pneumonia
16. ☐ Strongyloidiasis, extra-intestinal
17. ☐ Toxoplasmosis of the brain
18. ☐ Toxoplasmosis, of an organ other
the liver, spleen, or lymph nodes

NOTE: IF YOU HAVE CHECKED ANY ITEM IN BLOCK D, SKIP BLOCKS E, F, & G, GO TO BLOCKS I & J.

E. OTHER MANIFESTATIONS OF HIV INFECTION PERSISTING OVER A 2 MONTH PERIOD, AND/OR RESISTANT TO THERAPY (If one or more of the following is checked, block G must also be completed.)

- | | | |
|---|--|---|
| 33. <input type="checkbox"/> Bacterial sepsis | 36. <input type="checkbox"/> Kaposi's sarcoma | 39. <input type="checkbox"/> Pneumonia |
| 34. <input type="checkbox"/> Fungal sepsis | 37. <input type="checkbox"/> Meningitis | 40. <input type="checkbox"/> Pulmonary tuberculosis |
| 35. <input type="checkbox"/> Endocarditis | 38. <input type="checkbox"/> Peripheral neuropathy | 41. <input type="checkbox"/> Septic arthritis |

NOTE: IF YOU HAVE CHECKED ANY ITEM IN BLOCK E, YOU NEED NOT COMPLETE BLOCK F, GO TO BLOCK G.

PHYSICIAN'S REPORT ON CHILD WITH ALLEGATION OF
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTIONDO-BD
CODE-

The individual named below has filed an application for a period of disability and/or disability payments. If you complete this form, your patient may be able to receive early payments. (This is not a request for an examination but for existing medical information.)

MEDICAL RELEASE INFORMATION

☐ Form SSA-627 "Authorization To Release Medical Information to the Social Security Administration" attached.

☐ I hereby authorize the medical source named below to release or disclose to the Social Security Administration or State agency any medical records or other information regarding my treatment for Human Immunodeficiency Virus (HIV) Infection.

CLAIMANT'S PARENT OR GUARDIAN SIGNATURE

Sign
Here

Date

PHYSICIAN'S NAME

CLAIMANT'S NAME
APPLICANT'S

A. PLEASE CHECK APPROPRIATE BLOCK

- ☐ HIV Test(s) Performed
☐ HIV Test(s) Not Performed

CLAIMANT'S SSN
APPLICANT'SCLAIMANT'S DATE OF BIRTH
APPLICANT'S

B. PLEASE INDICATE RESULTS OF HIV TESTS(S)

- ☐ POSITIVE ☐ NEGATIVE

C. PLEASE INDICATE HERE:

CD4 (T4) LYMPHOCYTE COUNT: _____

or percent _____ if count not available

D. OPPORTUNISTIC AND INDICATOR DISEASES: Please Check, If Present

1. ☐ HIV encephalopathy
2. ☐ HIV wasting syndrome
3. ☐ Carcinoma of the cervix
FIGO stage II and beyond
4. ☐ Anal squamous cell carcinoma
5. ☐ Cardiomyopathy
6. ☐ Nephropathy
7. ☐ Failure to thrive, or a falling off from the
age-appropriate range of the projected
growth curve
8. ☐ Lymphoma of the brain
9. ☐ Lymphoid interstitial pneumonia in
a child less than age 13
10. ☐ Pulmonary lymphoid hyperplasia in
a child less than age 13
11. ☐ Hodgkin's disease
12. ☐ Non-Hodgkin's lymphoma
(including Burkitt's lymphoma)
13. ☐ M. kansasii disease, disseminated
other than or in addition to the lungs,
skin, or cervical or hilar lymph nodes
14. ☐ Mycobacterium avium complex
15. ☐ Mycobacterial infection, disseminated
beyond the lungs, or lymph nodes
16. ☐ Progressive neurological disease

PROTOZOAN OR HELMINTHIC INFECTIONS

17. ☐ Cryptosporidiosis, intestinal with diarrhea
more than 1 month
18. ☐ Isosporiasis, with diarrhea more than 1 month
19. ☐ Pneumocystis carinii pneumonia
20. ☐ Strongyloidiasis, extra-intestinal
21. ☐ Toxoplasmosis of the brain
22. ☐ Toxoplasmosis of an organ other than the liver,
spleen, or lymph nodes

FUNGAL INFECTIONS

23. ☐ Candidiasis, of the esophagus, trachea,
bronchi, or lungs
24. ☐ Candidiasis, disseminated beyond
the skin, urinary or intestinal tract, or
oral or vulvovaginal mucous membranes
25. ☐ Coccidioidomycosis, disseminated beyond
the lungs, or lymph nodes
26. ☐ Cryptococcosis, disseminated beyond
the lungs, or involving the central
nervous system
27. ☐ Histoplasmosis, disseminated beyond
the lungs or lymph nodes

VIRAL INFECTIONS

28. ☐ Cytomegalovirus, of an organ other than the
liver, spleen, or lymph nodes
29. ☐ Herpes simplex virus, causing bronchitis
30. ☐ Herpes simplex virus, causing chronic
continuous mucocutaneous infection, or
infection of the pulmonary or gastrointestinal
tract or encephalitis
31. ☐ Herpes simplex virus causing esophagitis
32. ☐ Herpes simplex virus, causing a mucocutaneous
ulcer persistent over 1 month
33. ☐ Herpes simplex virus, causing pneumonitis
34. ☐ Progressive multifocal leukoencephalopathy

BACTERIAL INFECTIONS

35. ☐ Salmonella bacteremia, non-typhoid, recurrent
36. ☐ Nocardiosis
37. ☐ Multiple or recurrent bacterial infections affecting
a child less than age 13 (septicemia, pneumonia,
meningitis, bone or joint infection, or abscess
of an internal organ)

NOTE: IF YOU HAVE CHECKED ANY ITEM IN BLOCK D, SKIP BLOCKS E, F, & G, GO TO BLOCKS I & J.

E. OTHER MANIFESTATIONS OF HIV INFECTION PERSISTING OVER A 2 MONTH PERIOD AND/OR RESISTANT TO THERAPY. (If one or more of the following is checked, block G. must also be completed.)

- | | | |
|---|--|---|
| 38. <input type="checkbox"/> Bacterial sepsis | 41. <input type="checkbox"/> Kaposi's sarcoma | 44. <input type="checkbox"/> Pneumonia |
| 39. <input type="checkbox"/> Fungal sepsis | 42. <input type="checkbox"/> Meningitis | 45. <input type="checkbox"/> Pulmonary tuberculosis |
| 40. <input type="checkbox"/> Endocarditis | 43. <input type="checkbox"/> Peripheral neuropathy | 46. <input type="checkbox"/> Septic arthritis |

NOTE: IF YOU HAVE CHECKED ANY ITEM IN BLOCK E., YOU NEED NOT COMPLETE BLOCK F., GO TO BLOCK G.

F. OTHER MANIFESTATIONS OF HIV INFECTION PERSISTING OVER A 2 MONTH PERIOD AND/OR RESISTANT TO THERAPY. (If two or more of the following are checked, block G. must also be completed.)

- | | |
|---|--|
| 47. <input type="checkbox"/> Anemia-Hct. less than or equal to 30% | 54. <input type="checkbox"/> Herpes zoster, recurrent |
| 48. <input type="checkbox"/> Granulocytopenia (absolute neutrophil count less than or equal to 1000/mm ³) | 55. <input type="checkbox"/> Hepatomegaly |
| 49. <input type="checkbox"/> Thrombocytopenia (Less than or equal to 40,000/mm ³) | 56. <input type="checkbox"/> Lymphadenopathy, generalized |
| 50. <input type="checkbox"/> Dermatological conditions, persistent | 57. <input type="checkbox"/> Mucosal candidiasis (including vulvovaginal) |
| 51. <input type="checkbox"/> Diarrhea, persistent and unresponsive | 58. <input type="checkbox"/> Oral hairy leukoplakia |
| 52. <input type="checkbox"/> Documented temperature of 100.4° F. (38° C) or greater | 59. <input type="checkbox"/> Parotitis |
| 53. <input type="checkbox"/> Herpes zoster, chronic | 60. <input type="checkbox"/> Sinusitis, persistent or recurrent |
| | 61. <input type="checkbox"/> Splenomegaly |
| | 62. <input type="checkbox"/> Weight loss of greater than or equal to 10% of baseline |

G. FUNCTIONAL LIMITATIONS—IF AN ENTRY WAS MADE IN BLOCK E. OR F., AS MANY OF THE FOLLOWING ITEMS AS ARE APPLICABLE MUST ALSO BE COMPLETED. YOU NEED ONLY COMPLETE THE GROUPING PERTAINING TO THE AGE OF YOUR PATIENT.

BIRTH TO ATTAINMENT OF AGE 1—DEVELOPMENTAL AND EMOTIONAL DISORDERS OF NEWBORN AND YOUNGER INFANTS, EVIDENCED BY A DEFICIT OR LAG IN THE AREAS OF:

63. ☐ Cognitive/communicative functioning generally acquired by children no more than one-half of the child's chronological age. (e.g., in infants 0-6 months, markedly diminished variation in the production or imitation of sounds and severe feeding abnormality, such as problems with sucking swallowing, or chewing); or
64. ☐ Motor development generally acquired by children no more than one-half the child's chronological age; or
65. ☐ Apathy, over-excitability, or fearfulness, demonstrated by an absent or grossly excessive response to one of the following:
- ☐ Visual stimulation, or
 - ☐ Auditory stimulation, or
 - ☐ Tactile stimulation; or
66. ☐ Failure to sustain social interaction on an ongoing, reciprocal basis as evidenced by:
- ☐ Inability by 6 months to participate in vocal, visual, and motoric exchanges (including facial expression), or
 - ☐ Failure by 9 months to communicate basic emotional responses, such as cuddling or exhibiting protest or anger, or
 - ☐ Failure to attend to the caregiver's voice or face or to explore an inanimate object for a period of time appropriate to the infant's age; or
67. ☐ Attainment of development or function generally acquired by children no more than two-thirds of the child's chronological age in two or more areas (i.e., cognitive/communicative, motor, and social).
68. ☐ Other:

G. FUNCTIONAL LIMITATIONS (CONT'D)—IF AN ENTRY WAS MADE IN BLOCK E. OR F., AS MANY OF THE FOLLOWING ITEMS AS ARE APPLICABLE MUST ALSO BE COMPLETED.

AGE 1 TO ATTAINMENT OF AGE 3—FOR OLDER INFANTS AND TODDLERS, PLEASE INDICATE THE FOLLOWING:

69. ☐ Gross or fine motor development at a level generally acquired by children no more than one-half the child's chronological age; or
70. ☐ Cognitive/communicative function at a level generally acquired by children no more than one-half the child's chronological age; or
71. ☐ Social function at a level generally acquired by children no more than one-half the child's chronological age; or
72. ☐ Attainment of development or function generally acquired by children no more than two-thirds of the child's chronological age in two or more areas covered by 69, 70, or 71.
73. ☐ Other:

AGE 3 TO ATTAINMENT OF AGE 18—FOR OTHER CHILDREN, PLEASE INDICATE THE FOLLOWING:

NOTE: MARKED MEANS MORE THAN MODERATE, BUT LESS THAN EXTREME.

74. ☐ Marked impairment in age-appropriate cognitive/communicative function (including consideration of historical and other information from parents or other individuals who have knowledge of the child, when such information is needed and available); or
75. ☐ Marked impairment in age-appropriate social functioning (include consideration of historical and other information from parents or other individuals who have knowledge of the child, when such information is needed and available); or
76. ☐ Marked impairment in personal/behavioral function as evidenced by:
- ☐ Marked restriction of age-appropriate activities of daily living, (including consideration of information from parents or other individuals who have knowledge of the child), or
 - ☐ Persistent serious maladaptive behaviors destructive to self, others, animals, or property, requiring protective intervention; or
77. ☐ Deficiencies of concentration, persistence, or pace resulting in frequent failure to complete tasks in a timely manner.
78. ☐ Other:

H. DISCUSSION: (Please use this space to indicate any other medical conditions of your patient, or to provide any other comments you wish about your patient.)

I. REPORTING PHYSICIAN'S NAME AND ADDRESS

TELEPHONE NUMBER (AREA CODE)

DATE

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

J. PHYSICIAN'S SIGNATURE

**SIGN
HERE**

This information is confidential and will not be released without the written consent of the patient.

☐ **FIELD OFFICE DISPOSITION:** ☐ **DISABILITY DETERMINATION SERVICES DISPOSITION:**

PRIVACY ACT NOTICE: The Social Security Administration is authorized to collect the information on this form under sections 205(a), 223(d) and 1633(e)(1) of the Social Security Act. The information on this form is needed by Social Security to make a decision on the named claimant's claim. While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third-party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

These and other reasons why information about the claimant may be used or given out are explained in the Federal Register. If you want to learn more about this, contact any Social Security office.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions gather the necessary facts and fill out the form. If you have comments or suggestions on how long it takes to complete this form or on any other aspect of this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235, and to the Office of Management and Budget, Paperwork Reduction Project (0960-0057), Washington, D.C. 20503. DO NOT SEND COMPLETED FORMS OR INFORMATION CONCERNING THIS CLAIM TO THESE OFFICES. SEND THEM TO THE OFFICE THAT REQUESTED THE INFORMATION.

KNOWING THAT ANYONE MAKING A FALSE STATEMENT OR REPRESENTATION OF A MATERIAL FACT FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE