

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941



April 24, 2000

Medi-Cal Eligibility Branch Information Letter No.: I 00-07

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

**PROBLEMS REGARDING DISABILITY EVALUATION DIVISION (DED) PACKET
REFERRALS AND OTHER DISABILITY RELATED ISSUES**

Ref.: Medi-Cal Eligibility Branch Information Letter Nos. I 98-11 and I 99-09

The purpose of this letter is to inform counties about various problems associated with DED packet referrals (referred to as packets in this letter) and other disability related issues. In addition, we are requesting counties to do the following:

- Make diligent effort to ensure that packets are complete before submitting to State Programs-Disability and Adult Programs Division (SP-DAPD); and
- ensure that presumptive disability (PD) is granted only under the 15 specific categories.

SP-DAPD PROCEDURE CHANGES REGARDING DED PACKET RETURNS

In March 1996, SP-DAPD relaxed the criteria for accepting/rejecting packets submitted by the counties. SP-DAPD staff took on the responsibility for obtaining appropriately completed MC 220, Authorization For Release Of Medical Information forms from the applicant when needed, and for contacting the applicant for information omitted from the MC 223, Applicant's Supplemental Statement Of Facts For Medi-Cal. SP-DAPD also began making multiple follow-up calls to counties in order to resolve packet discrepancies and obtain omitted information. SP-DAPD has informed us that, as a result of this, there has been a decline in the overall quality of submitted packets which has lead to increased processing time. Due to a steady increase in SP-DAPD's workload, SP-DAPD has also informed us that they no longer have the resources to continue these additional activities. As a result, SP-DAPD will resume returning packets which cannot be immediately resolved by making a telephone call to the county.

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

Effective immediately, SP-DAPD will return packets with the following deficiencies:

1. If Item 6 of the MC 223 is left blank. If the applicant is alleging disability, all medical problems, both physical and/or emotional, must be identified in Item 6.
2. If Items 7 through 10 of the MC 223 are incomplete. The complete name, address, **AND** telephone number of each treating source must clearly be written. If, upon diligent efforts, the information is not obtainable, it must be clearly explained on the address line or the right margin (**DO NOT** leave blank).
3. If Item 15 of the MC 223 is missing and/or incomplete. In certain cases, the applicant's educational background or level of education could make a difference as to whether the individual is found disabled or not. A county worker should never guess the applicant's educational background. The applicant should be contacted if the information is incomplete or omitted. If the applicant states he/she is unsure or does not know, this information must be noted in the right margin (**DO NOT** leave blank). If the applicant has had no education at all, this should also be noted.
4. If Items 16 and 17 of the MC 223 are missing and/or incomplete. All of the applicant's jobs for the past 15 years must be included. The job title, as well as the description of the job is needed. If the exact amount of past wages are not known, the applicant's best estimate should be entered.
5. If there are insufficient or incorrectly completed MC 220s. There must be a MC 220 for each medical source mentioned on the MC 223. There should also be three additional MC 220s in case more medical sources are identified later. Every MC 220 **MUST** be signed and dated by the applicant or a representative. If a representative signs, the relationship of that person to the applicant and the reason the applicant cannot sign must be stated.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Medi-Cal Public Health Directors
All County Medi-Cal Mental Health Directors
Page 3

CONCERNS REGARDING OTHER DISABILITY FORMS

SP-DAPD has other concerns regarding incorrect use of certain forms. The following areas lead to delays in case processing if correct procedures are not followed:

MC 223 (Spanish)

SP-DAPD has indicated that in the past whenever some counties submitted the Spanish version of the MC 223, they have translated it to English and have attached it to the Spanish. Now, few, if any counties are submitting the English translation of the Spanish MC 223.

Submission of only the Spanish MC 223 creates a problem for SP-DAPD because they do not have staff to translate these forms into English. SP-DAPD would like as much assistance as possible from the counties in translating the Spanish MC 223. Where this is not possible, SP-DAPD would like the counties to, at the minimum, translate Item 6 which lists the applicant's physical, mental, or emotional impairments. SP-DAPD cannot begin to adjudicate the case unless they know what impairments are being alleged by the applicant. Any translation need not be verbatim as long as key points are noted.

Use of MC 221 Versus MC 222

Whenever counties submit initial, redetermination, reevaluation, or resubmitted referrals to SP-DAPD, the referral must be initiated on the MC 221, Disability Determination and Transmittal. Evidently, some counties are referring these cases on the MC 222, DED Pending Information Update form. In situations where SP-DAPD has closed the case for any reason and has returned the MC 221 with any kind of determination, e.g., disabled, not disabled or no determination, any subsequent referral must be made on the MC 221. The MC 222 is to be utilized **ONLY** if there is a pending application at SP-DAPD. It is important that if there is a pending case at SP-DAPD and counties become aware of any changes, e.g., address/phone number changes, denial/discontinuance/withdrawal of the application, receipt of new medical evidence, etc., the MC 222 must be submitted to update SP-DAPD.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Medi-Cal Public Health Directors
All County Medi-Cal Mental Health Directors
Page 4

Z56 (No Determination)

Periodically, SP-DAPD returns the MC 221 to the county as a Z56 "No Determination" case. Many Z56 cases are a result of applicant's failure to respond or not cooperate with SP-DAPD. In these circumstances, SP-DAPD will usually request the county to help in locating the applicant and obtaining his or her cooperation. SP-DAPD has informed us that many counties are resubmitting another MC 221 with no indication in the packet as to whether the applicant has been contacted to elicit cooperation. Under these circumstances, counties must attempt two separate contacts with the applicant to obtain cooperation. In the event that the applicant decides to cooperate, counties should resubmit a new MC 221 and do the following:

- In Item 10, County Worker Comment, annotate when the applicant was contacted and that applicant has agreed to cooperate.
- In Item 10, annotate new address and/or phone number if change has occurred. It would be helpful if best time to call applicant is also noted.
- In Item 10, annotate any third party involvement and list the name and phone number.
- If the applicant has received additional medical treatment since the original packet was submitted, or if the original packet was submitted over 30 days in the past, an updated MC 223 and MC 220s are required.

If the county is unable to locate or elicit cooperation from the applicant, the application must be denied and a proper notice of action sent.

MC 179 (90-Day Status Letter)

This is to remind counties of their responsibility to diligently issue the MC 179 (90-Day Status Letter) to the applicant if the county has not submitted a packet to SP-DAPD by the 80th day from the date of the application. When SP-DAPD receives a packet and the county did not send the MC 179 when it was due, SP-DAPD will notify the county, via a form letter, that a MC 179 must be sent. The county **MUST** send the applicant the MC 179 and attach a copy of it to SP-DAPD's form letter and return to SP-DAPD.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Medi-Cal Public Health Directors
All County Medi-Cal Mental Health Directors
Page 5

Failure to follow these procedures will result in noncompliance with the court order in the Radcliffe lawsuit.

Incomplete Urgent Case Requests

SP-DAPD has been having problems with the urgent case PD requests. We recommend that county staff review the urgent case request procedures that are explained in the Medi-Cal Eligibility Procedures Manual (MEPM) under Article 22, Section 22C-3—Determining Presumptive Disability, pages 22C-3.3 through 3.5. Counties must keep in mind the following specific points when requesting urgent case determinations:

1. Urgent case PD requests should **ONLY** be made when there is a vital need to obtain urgent treatment for a life threatening medical condition which is substantiated by a physician or medical facility and for which treatment is **NOT** available at a county facility.
2. Urgent case PD requests are not to be made just because the applicant or the authorized representative alleges that they have an emergency. Requests for urgent case PD decisions should never be made so that medical bills can be paid, because an applicant needs to be placed in a facility, or there is need for an earlier onset date, etc.
3. The verification from the physician or medical facility **MUST** include a complete diagnosis. A letter from a physician stating only that the patient is or will be disabled for one year is NOT SUFFICIENT to allow PD.
4. In Item 10 of the MC 221, indicate that an urgent case PD is requested. When initiating an urgent case PD request to SP-DAPD, it is recommended that counties first photocopy the completed forms and then fax the photocopied version. Evidently the original MC 221 and MC 223, because of its blue type and blue shading does not fax well and many times are illegible. Due to the limitations of SP-DAPD's current equipment, it is best to fax material ten pages at a time. When multiple faxes are needed to complete a PD submission, it should be clearly indicated on each cover sheet (e.g., "part 1 of 3") so that SP-DAPD will know when the submission is complete.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Medi-Cal Public Health Directors
All County Medi-Cal Mental Health Directors
Page 6

5. On the fax cover sheet, include the name and phone number of the eligibility worker or other county staff who should be contacted with the PD decision. Also indicate the county fax number, applicant's name, Social Security number, the name and phone number of the treating physician, and the total number of faxed pages. Immediately after the fax has been sent, be sure to call the following staff persons at SP-DAPD informing him or her that an urgent case PD request has been faxed :

For Oakland SP-DAPD call Mr. Andrew Martinez at (510) 622-3787 or the receptionist at (510) 622-3756.

For Los Angeles SP-DAPD call Ms. Annie Trivedi at (213) 480-6447 or Mr. Brian Olson at (213) 480-6410.

6. Medical reports from the physician and/or medical facility to verify severity of the applicant's condition **MUST** be faxed with the MC 221, MC 223 and MC 220. In addition, current hospital admission and/or discharge summaries, x-ray reports, pathology reports, lab studies, etc. need to be faxed. Without the necessary verifications, SP-DAPD will not be able to expeditiously make an urgent case PD decision.
7. **IMPORTANT:** After faxing the urgent case PD request, the original packet **MUST** be mailed to SP-DAPD even after the PD has been approved. Since PD is only a presumptive decision, a formal final disability determination **MUST** still be processed. SP-DAPD will need original MC 220s to contact additional sources for medical information.
8. **NOTE:** When the county cannot obtain necessary medical information when an urgent case PD decision is needed, a regular packet should be submitted and expedited handling be requested in Item 10 of the MC 221. If the county subsequently receives the necessary medical information and an SP-DAPD PD decision is still needed, a MC 222 should be completed. Item 9 of the MC 222 should specify "Urgent case request. Medical reports attached and packet sent on ____ date _____. Please evaluate for PD." The MC 222 requesting an urgent case PD decision along with the medical information should be faxed to SP-DAPD and followed as instructed above.

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Medi-Cal Public Health Directors
All County Medi-Cal Mental Health Directors
Page 7

Inappropriate PD Decisions

This is to also remind counties that they are allowed to make PD decisions **ONLY** on the 15 specific categories which are on the PD chart in the MEPM (see Enclosure 1). Counties may contact SP-DAPD for assistance in determining whether a given case meets the requirements given in the PD chart. Counties have been making PD decisions on categories that are not specific to the PD chart. If a county has a disabled applicant whom the county feels should be found presumptively disabled, but the applicant's condition does not exactly meet those on the PD chart, the county must refer the case to SP-DAPD for a PD decision; **DO NOT** attempt to grant PD. We have enclosed the two most recent quarterly county PD reports which were prepared by SP-DAPD (see Enclosure 2 and 3). For the quarter ending March 31, 1999, out of the 200 cases which were determined as PD by the counties, 99 cases were inappropriately determined presumptively disabled. This is approximately 50 percent of the total statewide cases which were granted PD by the counties. For the quarter ending December 31, 1999, 34 percent of the total statewide cases were granted PD inappropriately by the counties. It is imperative that counties make every effort to reduce the number of inappropriate PD cases.

In addition, counties must ensure that the Social Security Administration has not made a disability denial determination **BEFORE** the county decides to grant a case under PD. Both Oakland and Los Angeles SP-DAPD staff have offered to train counties on the PD process. Should any county need such assistance, please contact Mr. Andrew Martinez of Oakland SP-DAPD or Ms. Annie Trivedi of Los Angeles SP-DAPD at the telephone number given above.

RECOMMENDATION

Because Medi-Cal applications based on disability comprise a small percentage of the entire Medi-Cal applications, most county staff are not familiar with the disability process. We recommend that counties designate a well-trained individual or special unit that can either process or make final reviews of packets before they are submitted. Those counties that have specialized individuals or units seem to be the most successful in submitting packets timely and correctly. This is especially important because state and

All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Medi-Cal Public Health Directors
All County Medi-Cal Mental Health Directors
Page 8

federal regulations require Medi-Cal disability applications to be completed within 90 days. Each time a packet is returned to the county due to incompleteness, it creates additional delays and adds processing time to the case. In the future when there may be fewer applicants who are required to complete face-to-face interviews, more applicants will be completing forms at home without the assistance of county staff. As a result, it will become more essential that county staff carefully review each MC 223 and MC 220 for completeness before submitting to SP-DAPD.

We would like to work closely with counties to ensure that the disability process is not cumbersome and that Medi-Cal applications based on disability are completed expeditiously. If any counties have suggestions for streamlining, require assistance, or need training in the Medi-Cal disability application process, please contact us at any time.

If you have any questions or concerns regarding this letter, please contact Ms. Marie Taketa of my staff at (916) 657-1250.

Sincerely,

ORIGINAL SIGNED BY
BARBARA RAHM for

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures

15 PRESUMPTIVE DISABILITY (PD) CATEGORIES WHICH CAN BE GRANTED BY COUNTIES

(IF THE CLIENT'S CONDITION DOES NOT EXACTLY MATCH THE CATEGORIES BELOW, DO NOT PD. REFER THE CASE TO SP-DAPD TO DETERMINE PD.)

NO.	IMPAIRMENT CATEGORIES												
1	Amputation of two limbs.												
2	Amputation of a leg at the hip.												
3	Allegation of total deafness.												
4	Allegation of total blindness.												
5	Allegation of bed confinement or immobility without a wheelchair, walker, or crutches, due to a longstanding condition--exclude recent accident and recent surgery.												
6	Allegation of a stroke (cerebral vascular accident) more than 3 months in the past and continued marked difficulty in walking or using a hand or arm.												
7	Allegation of cerebral palsy, muscular dystrophy or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking or coordination of the hands or arms.												
8	Allegation of diabetes with amputation of a foot.												
9	Allegation of Down syndrome.												
10	<p>Allegation of severe mental deficiency made by another individual filing on behalf of a client who is at least 7 years of age.</p> <p>For example, a mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school, because of mental deficiency, or is unable to attend any type of school (or if beyond school age, was unable to attend), and requires care and supervision of routine daily activities.</p> <p>NOTE: "Mental deficiency" means mental retardation. This PD category pertains to individuals whose dependence upon others for meeting personal care needs (e.g., hygiene) and in doing other routine daily activities (e.g., fastening a seat belt) grossly exceeds age-appropriate dependence as a result of mental retardation.</p>												
11	A child is age 6 months or younger and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight below 1200 grams (2 pounds 10 ounces) at birth.												
12	Human immunodeficiency virus (HIV) infection. (See below for details on granting PD for HIV infection.)												
13	<p>A child is age 6 months or younger and available evidence (e.g., the hospital admission summary) shows a gestational age at birth on the table below with the corresponding birth-weight indicated:</p> <table> <tr> <th>Gestational Age (in weeks)</th><th>Weight at Birth</th></tr> <tr> <td>37-40</td><td>Less than 2000 grams (4 pounds, 6 ounces)</td></tr> <tr> <td>36</td><td>1875 grams or less (4 pounds, 2 ounces)</td></tr> <tr> <td>35</td><td>1700 grams or less (3 pounds, 12 ounces)</td></tr> <tr> <td>34</td><td>1500 grams or less (3 pounds, 5 ounces)</td></tr> <tr> <td>33</td><td>1325 grams or less (2 pounds, 15 ounces)</td></tr> </table>	Gestational Age (in weeks)	Weight at Birth	37-40	Less than 2000 grams (4 pounds, 6 ounces)	36	1875 grams or less (4 pounds, 2 ounces)	35	1700 grams or less (3 pounds, 12 ounces)	34	1500 grams or less (3 pounds, 5 ounces)	33	1325 grams or less (2 pounds, 15 ounces)
Gestational Age (in weeks)	Weight at Birth												
37-40	Less than 2000 grams (4 pounds, 6 ounces)												
36	1875 grams or less (4 pounds, 2 ounces)												
35	1700 grams or less (3 pounds, 12 ounces)												
34	1500 grams or less (3 pounds, 5 ounces)												
33	1325 grams or less (2 pounds, 15 ounces)												
14	A physician or knowledgeable hospice official confirms an individual is receiving hospice services because of terminal cancer.												
15	Allegation of inability to ambulate without the use of a walker or bilateral hand held assistive devices more than two weeks following a spinal cord injury with confirmation of such status from an appropriate medical professional.												

Quarterly County PD Report

Quarter Ending March 31, 1999

Code	County	#Case CWD PD'd	#SPB Rev	SPB Rev Rate	#Inapp CWD PD'd	#SPB Rev	SPB Rev Rate	#CWD PD of Fed Denial
01	Alameda	4	1	25 %	3	1	33 %	1
07	Contra Costa	2	0	0%	0	0	N/A	0
11	Glenn	1	0	0%	1	0	0%	0
13	Imperial	2	2	100%	2	2	100%	2
15	Kern	3	2	66%	2	2	100%	1
16	Kings	1	1	100%	0	0	N/A	1
17	Lake	1	0	0%	1	0	0%	0
19	Los Angeles	92	21	22.8%	65	18	27.7%	15
24	Merced	1	0	0%	0	0	N/A	0
27	Monterey	2	0	0%	0	0	0%	1
30	Orange	39	5	12.8%	8	3	37.5%	5
31	Placer	1	0	0%	0	0	0%	0
33	Riverside	8	1	12.5%	2	1	50%	0
34	Sacramento	8	0	0%	5	0	0%	0
36	S. Bernardino	7	0	0%	1	0	0 %	0
37	San Diego	13	2	15%	7	2	28.6%	1
38	San Francisco	2	0	0%	1	0	0 %	0
39	San Joaquin	1	0	0%	0	0	N/A	0
41	San Mateo	2	0	0%	0	0	N/A	0
43	Santa Clara	3	1	33 %	1	1	100%	1
48	Solano	2	0	0%	0	0	N/A	0
50	Stanislaus	2	0	0%	0	0	N/A	0
54	Tulare	1	0	0%	0	0	N/A	0
56	Ventura	2	0	0%	0	0	N/A	0
	Totals	200	36	18%	99	30	30.3%	28

Quarterly County PD Report

Quarter Ending December 31, 1999

Code	County	#Case CWD PD	#SPB Rev	SPB Rev Rate	# Inapp CWD PD'd	#SPB Rev	SPB Rev Rate
01	Alameda	2					
02	Alpine	1					
07	Contra Costa	2					
10	Fresno	1					
12	Humboldt	2	1	50%	1	1	100%
13	Imperial	1			1		
15	Kern	1					
17	Lake	1	1	100%	1	1	100%
19	Los Angeles	68	12	18%	37	10	27%
24	Merced	3	1	33%			
27	Monterey	3					
30	Orange	33	5	15%	13	4	31%
31	Placer	1	1	100%	1	1	100%
33	Riverside	9			1		
34	Sacramento	5	1	20%	1		
36	S. Bernardino	11	1	9%	3	1	33%
37	San Diego	17	1	6%	3	1	33%
38	San Francisco	5					
42	Santa Barbara	3	1	33%	1	1	100%
43	Santa Clara	5					
44	Santa Cruz	2					
48	Solano	1			1		
56	Ventura	1			1		
57	Yolo	2					
	TOTAL	180	25	14%	62	19	31%