

90-250.1. MEDICAL

A. General

This section provides the medical verification requirements for the GR Program as well as information on the medical coverage for GR recipients.

B. Policy

In accordance with the American with Disabilities Act (ADA), the GR program has three components; which are: employable, incapacitated, and interim assistance. The employable component has two sub-components: Able-Bodied (AB) and Unemployable (UE). All individuals will be presumed to be able-bodied employables unless verification to the contrary is presented. The determination of AB or UE status shall be based solely upon medical evidence of client's inability to perform a work project.

Unless an appointment has been scheduled with a County contracted GREE provider the applicant/recipient shall be responsible for providing acceptable verification of his/her inability to perform a work project. When verification of inability to perform the work project is provided, the worker must evaluate whether the individual will be aided under the UE or Interim Assistance Program (IAP) component. Individuals aided under the UE or IAP component will not be subject to a work project requirement.

NOTE: Individuals aided under the Incapacitated Program (IP) are not required to provide a medical statement proving incapacity. Receipt of disability based income is sufficient proof of incapacity.

C. Acceptable Types of Verification

Acceptable verification of inability to perform the work project shall include the following:

- Completion of a Verification of Physical/Mental Incapacity – General Assistance [CSF 24 ([Appendix A](#))], a GREE form [(11-45G HSA ([Appendix B](#)))] or other written statement from a physician, psychiatrist, dentist, chiropractor, psychologist, nurse practitioner, physician's assistant or other State licensed medical practitioner, which includes:
 - The expected length of inability to perform the work project, and
 - The practitioner's name, address, telephone number and signature.
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Acceptable Types of Verification (continued)

- An 11-45 completed and signed by a County Medical Services/Mental Health Services (CMS/MHS) Case Manager/Care Coordinator for his/her case managed patient. A CMS/MHS Case Manager/Care Coordinator is a physician, nurse, social worker, clinician or therapist who operates under the direction of a licensed physician, psychologist or psychiatrist.
- Court documents which appoint a Conservator or medical records indicating the applicant/recipient is a danger to himself/herself or others or is gravely disabled.
- Other medical evidence or written verification including, but not limited to, recent hospital records, statements from health and life insurance companies, statements from the State Department of Rehabilitation, letters of conservatorship, etc. These types of verification shall require approval by the Supervisor and may require additional follow-up to a GREE provider.

D. Questionable or Unacceptable Verification

The table below shows how to handle questionable or unacceptable verification.

If the ...	Then the ...
medical verification provided is questionable or unacceptable,	worker must call the individual who completed the verification to clarify questionable information.
questionable or inconsistent information cannot be clarified through a call,	applicant/recipient must choose whether to be aided as able-bodied, if otherwise eligible, or obtain new medical verification.

E. Expiration of Medical Verification

Forms CSF 24, 11-45G and other medical evidence which indicates a specific date when inability to perform the work project will cease, shall be acceptable up through such date or one year from the date signed by the doctor, whichever is earlier. This includes letters of conservatorship.

Forms CSF 24, 11-45G and other medical evidence which indicates that the applicant/recipient is permanently unable to perform the work project shall be acceptable for one year from the date signed by the doctor.