

Medi-Cal Program Guide Letter (MPG) #727

May 24, 2011

Subject REFERRAL OF DISABILITY PACKETS TO THE DISABILITY DETERMINATION SERVICE DIVISION STATE PROGRAM UNIT (DDSD)

Effective Upon Receipt

Reference ACWDL 11-11

Purpose The purpose of this letter is to provide staff with clarification pertaining to DDSD referrals to include instructions for:

- making diligent attempts to obtain case status on a SSA disability determination;
- submitting a DDSD referral; and
- tracking DDSD referrals.

Background The California Department of Social Services (DSS) State Program DDSD is responsible for evaluating medical and employment data to determine if an applicant/beneficiary meets the federal definition of disability.

Counties currently send a referral packet to DDSD for a determination of disability when an applicant/beneficiary claims he/she is disabled. Approximately 40 percent of the disability packets that DDSD receives are for applicants who have a disability determination either pending with or adjudicated by the Social Security Administration (SSA). Due to the binding nature of SSA determinations, there is no need for DDSD to review these applications because there is no practical way to make a decision faster than SSA. DDSD staff time and resources spent on these cases could be more efficiently allocated to the adjudication of Medi-Cal applications where there is no SSA involvement.

Highlighted Changes All Medi-Cal applicants requiring a disability evaluation must have their SSA status verified to determine if the applicant has had a disability determination adjudicated or has a pending application with SSA.

When an applicant has an application or an adjudication pending with SSA, the worker will hold the disability packet until the 80th day after the Medi-Cal application date. On the 80th day the worker will forward the disability packet to DDS.

Required Action

The worker must follow the steps outlined below when the completed disability packet is received and imaged into DoReS prior to forwarding the disability packet to DDS.

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1	Verify the applicant's SSA status in the following order by viewing: <ul style="list-style-type: none"> • MEDS screen INQX - shows H80, that individual has a pending SSA disability claim; • MEDS screen INQP- denial or appeal information; • SDX1 for SSI pending application or disability onset date • SSA disability award/denial letter; • SSA disability checks; • Contacting the local SSA field office by telephone. The worker will enter into case comments that the individual has fulfilled their SSA disability filing requirement										
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	60 days	SSA reconsider their denial. <ul style="list-style-type: none"> Deny the Medi-Cal application issuing NOA MC 239D when no other linkage is established.
	more than 60 days ago but within one year	<ul style="list-style-type: none"> Advise client to request that SSA reopen the previous evaluation. Deny the Medi-Cal application issuing NOA MC 239D when no other linkage is established.
	more than 60 days ago but within one year and the same condition has changed or worsened	<ul style="list-style-type: none"> Refer client to SSA for a new evaluation. Submit packet to DDSD following guidelines outlined above.
	more than one year and same condition worsened or has new medical problem not considered by SSA	<ul style="list-style-type: none"> Refer client to SSA for a new evaluation. Deny the Medi-Cal application when no other linkage is established.
	<ul style="list-style-type: none"> Note: If SSA denied the disability claim after reevaluating the previous decision, SSA decision would be controlling over Medi-Cal. Worker will deny the Medi-Cal application if no other linkage is established. 	
5	When the worker is unable to verify the applicant's SSA status, the worker will forward the completed disability packet to DDSD following procedures outlined in MPG 5.4.5 .	

**Tracking
DDSD
Applications**

The state mandates that counties track DDSD referrals. In order to assist FRCs in tracking and monitoring disability referrals, automation staff has generated the [DDSD by FRC Report](#). The report will be uploaded to SharePoint weekly.

Workers will ensure that all CalWIN fields in the "Display Disability/Medical Condition Summary" and "Collect Special Indicator Detail" windows are completed.

The FRC DDSD Liaison must verify that all previously entered applicant's information on the [DDSD Database spreadsheet](#) is recorded in CalWIN in the following windows:

- Display Disability/Medical Condition Summary*

- *Collect DED Referrals and Result Detail Window*
- *Collect Special Indicator Detail*
 - MC PS DAPD – Disability based application
 - MC PS State Delay – Disability App over 90 days – State Caused

With the issuance of this MPG letter, workers are no longer required to manually enter DDS/D referrals on the DDS/D Database spreadsheets. The spreadsheet will remain available as read only for reference for one year.

Automation Impact

Automation will generate the [DDS/D by FRC Management Report](#) and post weekly in SharePoint.

Although the DDS/D packets will be held for 80 days from the Medi-Cal application date, workers must update the **Status** field to “**Pending**” in the **Collect DED Referrals and Results Detail** window. This entry, along with the **Date DED Packet Sent to Client** and **Date DED Packet Received from Client** are required in order for the DDS/D flag to be set for purposes of identifying cases as DDS/D on the Pending Case report.

The **DED Referral Sent to DED** field must be updated when the packet is forwarded to the DDS/D Division.

Forms Impact

No Impact

Access Impact

ACCESS staff will be knowledgeable in the DDS/D referral process.

Imaging Impact

No Impact

QC/QA Impact

Effective with the June 2011 review month. Quality Assurance will cite appropriate error on any case that does not comply with the requirements outlined in this letter.

Summary of Changes

The table below shows the changes made in the MPG cites.

Section	Summary of Change
Article 5 Section 4	<ul style="list-style-type: none">• Updated when to Refer to DDSD• Update Disability Evaluations by SSA• Updated Inappropriate Referrals• Updated tracking DDSD referrals• Deleted Forms in MPG• Added links to DHCS forms Website

**Manager
Approval**



Sylvia Melena, Assistant Deputy Director
Self-Sufficiency Programs
Strategic Planning and Operational Support Division

DMH

Article 5 Section 4 Disability Determination Service Division Referrals

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5.4.1 DDSD Referrals

A. Introduction

This section details the procedures for processing disability referrals. The State Program Disability Determination Service Division (DDSD), in California, the Department of Social Services (DSS), is responsible for evaluating medical and employment data to determine if an applicant/beneficiary meets the federal definition of disability. Disability is defined as the “inability to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve months”. DDSD does not determine incapacity for AFDC linkage nor verify pregnancy or social security numbers.

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Note: Substantial gainful activity does not apply to 250% Working Disabled applicants.

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B. When to Refer to DDSD

The disability referral process to DDSD is used only when:

- The disability cannot be confirmed by the methods detailed in [MPG 5.3](#);
- The applicant/beneficiary application for SSI is denied for excess income/resource and client has proof;
- The applicant/beneficiary has been denied SSA within the last 12 months and has reapplied with SSA;
- Applicant was receiving SSI/SSP and was discontinued for a reason other than termination of disability and does not currently receive Social Security Title II disability benefits;
- SSA refuses to accept a reopening request and client has proof; or
- Applicant/beneficiary was denied benefits for failure to cooperate with DDSD and good cause is established.

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Department of Health Care Services only authorizes DDSD to perform medical needy evaluation on applicants/beneficiaries for Medi-Cal.

Completed MC 210 Statement of Facts and applicant’s information must be entered into CalWIN prior to submitting a DDSD referral. All referrals must be submitted to DDSD within 10 calendar days from the date:

- the completed MC 223 Supplemental Statement of Facts is received by the County; or
- the beneficiary claims to be disabled, whichever is later.

The exceptions to the 10-day rule:

- Circumstances beyond the worker’s control cause a delay in

submitting the referral. The reasons for the delay must be documented in case comments. Do not hold the referral pending evaluation or verifications (i.e. property issues) of other non-disability factors. If the client is later found to be ineligible, send form [MC 222](#) DDSD Pending Information Update to DDSD.

- The applicant/beneficiary has a SSI or Social Security Title II application pending and 80 days have passed since the Medi-Cal only application date.

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**C.
How to
Identify a
DDSD
Referral**

Indications of disability for an applicant/beneficiary include the following:

- Answered “yes” to the disability questions on the MC 210; or
- States on form MC 176 S Mid-year Status Report that he/she is now disabled; or
- Makes a written or oral statement to the worker which alleges disability.
- SSI/SSP is pending on MEDS (INQX screen) with a H80 payment status.

Form [MC 017](#), “What You Should Know About Your Medi-Cal Disability Application” will be given to clients who wish to pursue a Medi-Cal application based on disability. This informational form gives the client an overview of what can be expected when an application based on disability is filed.

MPG LTR 707 (11/10)

**D.
Disability
Evaluation by
SSA**

All Medi-Cal applicants requiring a disability evaluation must have their SSA status verified to determine if the applicant has had a disability determination adjudicated or has a pending application with SSA.

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SSA evaluates disability claims in the order that will be most beneficial to the applicant.

1. Title II SSA disability
2. SSA early retirement (applicant over 62 years of age)
3. Title XVI SSI

When an applicant has an application pending with SSA, the disability packet **will not** be forwarded to DDSD until the 80th day after the Medi-Cal application date.

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The worker must follow the steps outlined below when the completed disability packet is received and imaged into DoReS prior to forwarding

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	but within one year	reopen the previous evaluation. <ul style="list-style-type: none"> Deny the Medi-Cal application when no other linkage is established.
	more than 60 days but within one year and the same condition has changed or worsened	<ul style="list-style-type: none"> Refer client to SSA for a reevaluation. Submit packet to DDSD following guidelines outlined in step 1 and 2 above.
	more than one year	<ul style="list-style-type: none"> Refer client back to SSA for a new application. Deny the Medi-Cal application when no other linkage is established.
	<p>Note: If SSA denied the disability claim after reopening the previous decision, SSA decision would be controlling over Medi-Cal. Worker will deny the Medi-Cal application if no other linkage is established.</p>	
5	When the worker is unable to verify the applicants SSA status, the worker will forward the completed disability packet to DDSD following guidelines in MPG 5.4 Appendix A .	

The worker will deny the Medi-Cal Application issuing NOA MC 239 SD (Medi-Cal denied due to SSA denial).

Note: Applicants who are denied SSA disability based on the capacity to perform SGA and who are otherwise eligible for the 250% WD Program will be referred to DDSD for a disability evaluation.

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E. Appropriate Referrals

The purpose of a disability evaluation is to establish linkage to the MN program.

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The worker shall refer the following applicants/beneficiaries to DDSD:	
1	Person age 18 or older who meets the definition of “federally disabled”.
2	Child who appears or alleges to be disabled.
3	Any other person who is potentially disabled or claims to be disabled.
4	Disabled person whose condition the worker believes has

	improved or the person reports an improvement.
5	A disabled person who becomes employed (in paid, unpaid, or volunteer work).
6	A disabled person who has a break in Medi-Cal benefits for 12 or more months for any reason other than termination of disability.
7	Disabled person under age 65 who does not receive Title II disability benefits and has been discontinued from SSI/SSP for reasons other than termination of disability even though there was no SSA reexamination date.
8	Person receiving County Medical Services (CMS) who requests a disability based Medi-Cal evaluation. The worker must ask the applicant if he/she received CMS services in any of the three retroactive months and include those on the DDSD transmittal form MC 221 . The worker will complete the CMS-5 Medi-Cal Referral form and forward to the CMS worker as indicated on the forms distribution.
9	Person who was denied Title II (SSA) or Title XVI (SSI) disability status within 12 months from the SAWS 1 date and: <ul style="list-style-type: none"> • Claims a new medical condition not considered by SSA. • More than 60 days from the SAWS 1 date, claims the same medical condition has worsened or a new medical condition not considered by SSA. <p>Note: The applicant must be referred to SSA.</p>
10	Applicant who claims to be disabled is working and engaged in SGA.

County
Policy

Note: The worker should not hesitate to tactfully discuss a disability referral with an applicant/beneficiary who does not specifically meet the criteria for referral listed above, but who could be disabled. It is to the client's benefit to be evaluated for disability because ABD clients are eligible to larger income deductions.

MPG LTR 707 (11/10)

**F.
Inappropriate
Referrals**

A disability evaluation is inappropriate and the worker will not refer applicant/beneficiary for a disability evaluation when the:

1	Person, within the last 90 days, has had a DDSD determination and was found not disabled or no longer disabled, <u>unless</u> he/she alleges his/her condition has deteriorated, presents new medical evidence, or claims a new physical/mental condition exists.
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2	Applicant was determined disabled under the MN program within the last 12 months, unless the reexamination date has passed or the applicant indicates their condition has improved.
3	Person is already classified as aged or disabled unless a blindness evaluation for Pickle eligibility is required.
4	Person does not meet other eligibility factors, such as California residency or property limits.
5	<p>Person who was denied disability status by SSA:</p> <ul style="list-style-type: none"> • Within the previous 60 days and did not request that SSA reconsider their claim. • After 60 days but within one year of current date and client did not request that SSA reopen their claim. • After 60 days but within one year of current date and clients condition has changed or worsened and did not reapply with SSA. • SSA denied the disability claim after reopening the previous decision. • After 60 days from SAWS 1 date and does not claim the same medical condition has worsened or a new medical condition; or • Any time they have appealed the SSA denial and the decision is pending.
6	Individual does not wish to have disability evaluated.

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**G.
Tracking
DDSD
Referrals**

Each FRC has a designated DDSD Specialist that maintains the pending cases and is responsible for the granting/denial action once a decision is received from DDSD.

County
Policy

The state mandates that counties track DDSD referrals. Staff will utilize the [DDSD by FRC Management Report](#) to monitor and track DDSD referrals. The report is uploaded to SharePoint weekly.

Workers will ensure that all CalWIN fields in the Display Disability/Medical Condition Summary and the Collect Special Indicator Detail windows are completed during each step of the DDSD referral process.

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