Medi-Cal Program Guide Letter (MPG) # 733

June 15, 2011

Subject **AGED, BLIND AND DISABLED LINKAGE**

Effective Upon Receipt

Reference County Policy

Purpose

The purpose of this letter is to provide staff with:

- Instruction for the process for referring Presumptive Disability (PD) Urgent Requests to DDSD.
- The PD telephone and fax number for the DDSD unit in Los Angeles.

Background

The importance of evaluating eligibility under Aged, Blind and Disabled (ABD) linkage is that it may give the applicant a greater income deduction which may mean a lower Share of Cost (SOC). Additionally, adults age 21 through 64 may have no other linkage to the Medi-Cal program. PD will be granted when an applicant meets one of the PD categories and has provided all required verifications while DDSD make a final decision. People who have linkage to other categories while the disability referral is in process will continue to have Medi-cal eligibility determined according to the requirements of those categories. If the applicant does not have one of the PD categories but has an urgent request, the request is faxed to expedite the PD urgent request.

Highlighted Changes

With the decentralization of Medi-Cal specialized programs and the transition to a task based environment, this MPG section has been updated to include the workers' responsibilities in processing a PD referral to DDSD.

Required Action

When the worker learns of an individual who is in need of an immediate PD decision, the worker will follow the steps outlined below:

Step	Action
1	Request that the client, doctor or medical facility provide/fax a complete diagnosis, including medical reports that verify

	the severity of the person's condition (e.g., hospital admission and/or discharge summaries, outpatient progress reports, x-ray reports, pathology reports, lab studies and any other reports pertinent to the disability). Note: A letter from a physician stating that the patient will be disabled for one year is not sufficient to allow PD.
2	Determine if the person is otherwise eligible (i.e. residency) and screen the request to ensure the DDSD criteria above are met MPG 5.3.2D.
3	Enter in Item 10 of the MC 221: "Please evaluate for PD" and "Attention: Operations Support Supervisor."
4	Fill out a fax cover sheet including: • DDSD FRC Liaison name, telephone number and fax number, • applicant's name and social security number, • name and number of the treating physician, and • total number of faxed pages.
5	Fax the cover sheet and full disability packet, including the MC 220, MC 221, MC 223 and medical reports to the following number: **Los Angeles -DDSD: FAX (213) 480-6309**.
6	Complete an MC 222. Specify in Item 9 "Urgent Case Request-Medical Reports Attached" and "Packet sent on (date)", if the packet has been sent to DDSD.
7	**Immediately call DDSD (213) 480-6400** to verify that the fax request was received. The original packet must be mailed to DDSD after being faxed.
8	Complete the Display Disability/Medical Summary screens and enter a case comment in CalWIN.

Automation Impact No Impact

Forms Impact No Impact

Access Impact No Impact

Imaging Impact No Impact

QC/QA Impact

Effective with the August 2011 review month Quality Assurance will cite the 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 3	• Infomapped the Article • Updated DDSD Los Angeles unit telephone and fax number • Added FRC DDSD liaison responsibilities • Added hyperlinks to forms • Removed references to forward/contact MV FRC DDSD unit

Manager Approval

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

DMH

Article 5 Section 3 Aged, Blind and Disabled Linkage

Table of Contents

Article 5.03.01 Aged, Blind and Disabled Linkage

A. General

This section explains program requirements and verification procedures for linkage to Aged, Blind and Disabled (ABD) benefits.

The importance of evaluating eligibility under ABD linkage is that it may give the applicant a greater income deduction which may mean a lower SOC. Additionally adults age 21 through 64 may have no other linkage to the Medi-Cal program. People who have linkage to other categories while the disability referral is in process will continue to have Medi-cal eligibility determined according to the requirement of those categories. MPG 5.4 explains the disability referral procedures.

MEM Proc. 4A

B. Eligibility Requirements for ABD

Persons eligible under ABD must meet the property, citizenship, alien status, residence, institutional status, and cooperation requirements specified in MPG Articles 4, 6, 7 and 9.

MEM 50203

To be eligible for ABD a person must be linked to one of the following:

Aged	Person that turns 65 years of age. People are considered 65 years of age on the first day of the month they become age 65.	MEM 50221
Blind	Person where a medical evaluation determines that they have either of the following conditions: • Central vision acuity of no more than 20/200 with correction; or • Tunnel vision, which is a limited visual field of 20 degrees or less.	MEM 50219
Disabled	Person who has one of the following: • Federally disabled according to the criteria in Title II or XVI of the Social Security Act; or • Substantial Gainful Activity (SGA) disabled persons who were once determined to be disabled according to the SSI/SSP program and meet both of the following conditions: • Eligible to SSI/SSP but became ineligible due to SGA activity as defined in Title XVI regulations; and • Continue to suffer from the physical or mental impairment which was the basis of the disability determination.	MEM 50223

Article 5.03.02 ABD Verification Requirements

A. Aged Verification Requirements

The applicant/beneficiary statement of age is acceptable unless there is conflicting information. For example, if the verification of identity shows a person to be 55, while the person claims to be 65, other verification is required to clarify the discrepancy.

B. Blindness and Disability Verification Requirements

Verification of disability and blindness must be recorded in the Display Disability/Medical Summary screens and enter a case comment in CalWIN to include the date of the award letter or notification, and the disability onset and reexamination dates. Blindness and disability will be verified by the following:

MEM 50167

1	Determine that the person was eligible to MN Medi-Cal on the basis of blindness or disability in December 1973, and that there has been continuing eligibility since that time; or
2	Verify that a prior determination of blindness or disability is still valid by verification of one of the following: • SSA Title II award letter; • SSA Title II notification of increase or decrease in benefits; • RR Board disability award letter based on total and permanent disability; • SSA signed statement that person is eligible to Title II benefits; • Data on the SDX, MEDS, or a signed statement from SSA, indicating that a person was discontinued from SSI/SSP for reasons other than termination of disability, and a limited disability evaluation referral is completed within twelve months of the SSI/SSP discontinuance sate; or • SSA signed statement verifying the disability onset date, even though the person may not have been in receipt of Title II/SSI benefits due to SSA waiting period.

State Clarification

MPG LTR 733 (6/11)

C. Presumptive Disability Verification Requirements

Presumptive disability can be verified by completion of Form CSF 28 in CalWIN or a letter from a physician, licensed or certified psychologist, or authorized member of their staff. Use form DHS 7035A/ DHS 7035C for HIV or form CMS-2728 for End Stage Renal disease.

ACWDL 00-07
MEM Proc. 22C-3

PD will be granted when an applicant meets any of the following conditions. If the applicant's condition does not exactly match the categories below, refer the case to DDSD for an urgent PD

determination.

1	Obsolete – Reserved for future use.
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 long-standing condition-excluding recent accident or recent surgery. **Note**: DHCS defines long-standing as a condition that has existed for more than three months and as recent as within the last three months. If the condition is due to a recent accident or surgery, PD must be delayed until the condition has existed for more than three months. At that time, if the applicant is otherwise eligible, PD must be granted beginning with the month the medical verification was received. Eligibility lasts until DDSD completes the evaluation. The condition must also be expected to last 12 months or longer.
6	Allegation of stroke (cerebral vascular accident) more than three months in the past and continued marked difficulty in walking or using a hand or arm. **NOTE**: When an application is made in the same month as the stroke occurred, DDSD must delay case development for three months beginning with the date of the stroke. PD is also delayed until the expiration of the three-month period. Once that period has expired and the applicant is otherwise eligible, PD must be granted (provided there continues to be marked difficulty in walking or using a hand or arm) beginning with the month that medical verification was received. Eligibility lasts until DDSD completes the evaluation
7	Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy with marked difficulty in walking (e.g., use of braces), speaking or coordination of hands or arms.
8	Obsolete – Reserved for future use
9	Allegation of Down Syndrome **NOTE**: Down Syndrome may be characterized by some indication of mental retardation and by abnormal development of the skull (lateral upward slope of the eyes, small ears, protruded tongue, short nose with a flat ridge, small and frequently abnormally aligned teeth); short arms and legs; and hands and feet that tend to be broad and flat.

State Clarification

<table>
<tr><td>10</td><td>Allegation of severe mental deficiency (i.e., mental retardation) made by another individual filing on behalf of a client who is at least 7 years of age. The applicant alleges that the client:
• Attends (or attended) a special school, or special classes in school because of his or her mental deficiency or is unable to attend any type of school (or if beyond school age, was unable to attend), <u>and</u>
• Requires care and supervision of routine daily activities (i.e., the individual is dependent upon others for personal needs which is grossly in excess of what would be age-appropriate).</td></tr>
<tr><td>11</td><td>A child is under one year of age and the birth certificate or other evidence (e.g., hospital admission summary) shows a weight below 1200 grams (2 pounds, 10 ounces) at birth.</td></tr>
<tr><td>12</td><td>Human immunodeficiency virus (HIV) infection. Applicant must meet the HIV PD conditions listed on either the DHS 7035A or DHS 7035C, which must be completed by a medical professional who is able to confirm the diagnosis and severity of the disease.</td></tr>
<tr><td>13</td><td>A child is under one year of age 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:

<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></td></tr>
<tr><td>14</td><td>All terminally ill individuals, whether they receive Hospice Services or not.

<u>NOTE</u>: An individual is considered to be terminally ill if he or she has a medical prognosis that his or her life expectancy is six months or less. Hospice care is not a requirement to receive PD.</td></tr>
<tr><td>15</td><td>Allegation of spinal cord injury producing inability to walk/move around without the use of a walker or bilateral hand-held assistive devices for more than two weeks, with confirmation of such status from an appropriate medical professional.</td></tr>
<tr><td>16</td><td>End stage renal disease with ongoing dialysis verified by the completion of form CMS-2728 (or HCFA-2728), End Stage Renal Disease Medical Evidence Report-Medicare Entitlement and/or Patient Registration, by the applicant’s medical provider. The medical provider maintains a stock of this form. (A copy of the</td></tr>
</table>

MEM Proc. 22C-3

MEM LTR 304

	original form is acceptable).
17	Allegation of Amytrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease).

MEM Proc. 22C-3.6

MPG LTR 733 (6/11)

D. HIV Verification Requirements

The diagnosis of HIV must meet certain conditions listed on either the DHS 7035A (adult age 18 or older) or the DHS 7035C (child under 18 years of age) medical verification of HIV. In order to ensure that all necessary information is obtained Forms DHS 7035A or 7035C must be completed by a treating physician. When a diagnosis of HIV infection is either suspected or made but is not confirmed by laboratory tests or clinical findings and none of the conditions shown on the HIV form(s) exist, the worker cannot find the person eligible to presumptive disability.

When the applicant alleges HIV infection the worker must complete the following steps.

Step	Action
1	Give the applicant the following forms: • Cover letter (Form 14-46) • DHS 7035A (adult age 18 or older) • DHS 7035C (child under 18 yrs. of age) • MC 220 and MC 223
2	When completed forms are returned ensure: • Applicant signed and dated the MC 220 "Authorization for Release of Medical Information." • Applicant completed form DHS 7035A or 7035C. • The appropriate information completed on DHS 7035A or 7035C by the treatment source.
3	Make a finding of PD if any combination of blocks on the HIV form has been checked. (See Appendix A).
4	Forward completed disability packet (MC 223, MC 220 and MC 221) and the HIV form along with any other medical evidence of record received to DDSD.
5	If PD cannot be determined the worker will annotate" Expedite" under the comments section on the MC 221.
6	Complete the Display Disability/Medical Summary screens and enter a case comment in CalWIN.

MPG LTR 733 (6/11)

Article 5.03.03 Presumptive Disability Procedures

A. Presumptive Disability Eligibility

To be eligible for PD a person must meet the criteria for presumptive eligibility listed below:

1	Basic Medi-Cal eligibility requirements ;
2	Presumptive criteria (medical condition must match the PD criteria exactly as described) (See Appendix C.);
3	Has not received SSA disability denial in the past 12 months (unless PD is based on a new medical condition not previously considered by SSA); and
4	Is not engaged in Substantial Gainful Activity (SGA) (does not apply to applicants for the 250% WD program. See MPG 5.04.04

If the above criteria are met, the worker will grant presumptive eligibility following the steps outlined below.

Step	Action
1	Effective begin date is the month medical verification is received. Presumptive eligibility is not allowed for retroactive months.
2	Explain to the applicant/beneficiary that PD only allows the county to temporarily grant Medi-Cal eligibility pending the disability determination made by DDSD.
3	Indicate in the DDSD packet under the "CWD Representative Comments" column on the MC 221 "PD was approved".
4	Forward completed disability packet (MC 223, MC 220 and MC 221) and all medical and non-medical documentation that was used to grant PD to DDSD. See MPG 5.4.5.
5	Complete the Display Disability/Medical Summary screens and enter a case comment in CalWIN.

Note: If an administrative error occurs and presumptive disability was not granted at the time all PD criteria were met, the worker must activate PD back to the date the applicant met the PD requirements.

If the worker determines that the client is engaged in SGA, presumptive eligibility will not be granted. SGA does not apply to clients who are totally blind or blind by legal definition.

MPG LTR 733 (6/11)

B. DDSD Determination of Presumptive Eligibility

DDSD will contact counties directly when they discover a disability case that should have been determined presumptively disabled or receive additional information indicating that presumptive disability (PD) criteria is met. If DDSD determines that a client meets the criteria for presumptive disability, the DDSD FRC Liaison will be contacted and the client will be granted presumptively eligible. The DDSD contact will be noted in case comments and the appropriate NOA sent.

MEM Proc. 22C-3

DDSD will indicate the following in Item 13 on the MC 221, "PD decision phoned to DDSD FRC Liaison; received by (name of contact) on (date)." This remark will be initialed and dated. A photocopy of the MC 221 will be mailed to the DDSD FRC Liaison as verification that PD was approved by DDSD.

DDSD will make a formal determination as quickly as possible. If disability is not established when the formal decision is made, DDSD will indicate in Item 13 on the MC 221, "Previous PD decision not supported by additional evidence."

MPG LTR 733 (6/11)

C. Urgent Case Requests to DDSD

An urgent request for a PD referral to DDSD is made when:

ACWDL 04-08

- Worker learns the applicant is in dire need of an immediate disability decision;
- Applicant has a life threatening medical condition, which does not exactly match PD criteria;
- Substantiated by a physician or medical facility for which there is no treatment available at a county facility (San Diego County does not have a county facility);
- Condition must be disabling;
- Expected to prevent work activity for 12 months or longer; and
- Delay caused by a formal DDSD decision will pose significant problems to his/her functioning and well being.

The urgent case request must be faxed in order to expedite a PD decision. The fax number for the Los Angeles office is (213) 480-6309.

Prior to granting PD, DDSD must evaluate specific criteria to ensure that the client will meet disability requirements when a formal decision is made. DDSD must determine if the available evidence, short of that needed for a formal decision, shows a strong likelihood that:

- Disability will be established when complete evidence is obtained,
- The evidence establishes a reasonable basis for presuming the individual is currently disabled, and

- The disabling condition has lasted or is likely to last at least 12 months

Examples of individual urgent case requests that may be referred to DDSD are as follows:

1	Suffered massive head and internal injuries, is comatose, and needs an immediate Medi-Cal decision for transfer to a facility which specializes in head trauma. While the person is expected to survive, he/she is expected to be dependent on a wheelchair for the rest of his/her life.
2	Lung cancer which has spread to the spine and vital organs. A doctor states he/she is expected to live six to 12 months longer, even with treatment, and needs aggressive therapy immediately.
3	Irreversible kidney failure caused by uncontrolled high blood pressure and is now on renal dialysis. Hospital records and doctors' outpatient notes include lab studies which confirm that kidney function has decreased over the past year and dialysis is required for the person to survive. An immediate Medi-Cal decision is necessary to transfer the patient to an outpatient renal dialysis clinic.
4	Severe diabetes a doctor states a below knee amputation must be performed because of gangrene caused by poor circulation of both legs. The doctor sends reports from earlier hospitalizations, lab studies, progress notes, and a letter specifying the immediate need for a disability decision so that the person can be hospitalized for surgery.
5	Cancer which has metastasized (spread) to other sites in the body and he/she needs aggressive therapy or a stem cell transplant immediately.

MPG LTR 733 (6/11)

D. Workers Required Actions

When the worker learns of an individual who is in need of an immediate PD decision, the worker will:

Step	Action
1	Request that the client, doctor or medical facility provide/fax a complete diagnosis signed by a doctor, including medical reports that verify the severity of the person's condition (e.g., hospital admission and/or discharge summaries, outpatient progress reports, x-ray reports, pathology reports, lab studies and any other reports pertinent to the disability).

	Note: A letter from a physician stating that the patient will be disabled for one year is not sufficient to allow PD.
2	Determine if the person is otherwise eligible (i.e. residency) and screen the request to ensure the DDSD criteria above are met MPG 5.3.2D.
3	Enter in Item 10 of the MC 221: "Please evaluate for PD" and "Attention: Operations Support Specialist." If applicant is homeless or still in the hospital enter "Homeless (or still in hospital) and medical records attached" to item 10. Enter in Item 11 of the MC 221 the name and telephone number of the FRC DDSD liaison.
4	Fill out a fax cover sheet including: • DDSD FRC Liaison name, telephone number and fax number, • applicant's name and social security number, • name and number of the treating physician, and • total number of faxed pages.
5	Fax the cover sheet and full disability packet, including the MC 220, MC 221, MC 223 and medical reports to the following number: **Los Angeles -DDSD: FAX (213) 480-6309**.
6	Complete an MC 222. Specify in Item 9 "PD Urgent Request-Medical Reports Attached" and "Packet sent on (date)", if the packet has been sent to DDSD.
7	**Immediately call DDSD (213) 480-6400** to verify that the fax request was received. The original packet must be mailed to DDSD after being faxed.
8	Complete the Display Disability/Medical Summary screens and enter a case comment in CalWIN.

ACWDL 00-07

State Update

NOTE: When necessary medical information cannot be obtained on an urgent PD request, a regular packet must be submitted and expedited handling requested in Item 10 of the MC 221. Subsequently, if medical information is received, a MC 222 should be completed and Item 9 of the MC 222 should indicate "PD Urgent case request. Medical reports attached and packet sent on (date.) Please evaluate for PD." The MC 222 and any medical information should be faxed using the instructions above.

MPG LTR 733 (6/11)

E. DDSD Urgent

DDSD takes the following steps when evaluating for PD eligibility:

Request Actions

Step	Action
1	Immediately reviews request and ensures, via systems query, that client has not been previously denied by SSA
2	Requests additional information from the medical source by telephone and requests additional medical reports be faxed to reach a PD decision.
3	Notifies the DDSD FRC Liaison by telephone or by faxing a copy of the MC 221 within two working days, if possible, about its PD decision.
4	• Enters "In item 16 of MC 221 PD granted/denied; name of FRC contact and date MC 221 phoned/faxed. • Mails a photocopy of MC 221 to the DDSD FRC Liaison.
5	Continues processing case as quickly as possible to make a formal decision.

NOTE: If PD was granted and disability is not established when a formal decision is made, Item 16 of MC 221 will show: "Previous PD decision not supported by additional evidence."

Article 5.03 Appendix A HIV PD Criteria Adult

7035A ADULT CLAIMS

(Age 18 or older)

The worker will make a PD finding when combinations of blocks have been completed, and the blocks have been completed as indicated below:

Section A	Identifying Information
Section B	Either block has been checked
Section C	One or more blocks have been checked
Section F	Medical source's name and address have been completed
Section G	Signature block has been completed

OR

Section A	Identifying Information
Section B	Either block has been checked
Section D	Item 1 - has been completed showing manifestations of HIV infection that are repeated. See below and Appendix A2 Item 2 - one or more blocks have been checked
Section F	Medical source's name and address have been completed
Section G	Signature block has been completed

SECTION D; **ITEM 1.** - "REPEATED MANIFESTATIONS OF HIV INFECTION" OF ADULT CLAIM (Both Item 1 and 2) have been completed and item 1 must indicate the presence of “repeated manifestations of HIV infection.”

Note: When we refer to ‘manifestation of HIV infection,” we mean conditions that do not meet the findings specified in Section C. “Repeated” manifestations means:

- That a condition or combinations of conditions occurs an average of 3 times a year, or
- Once every 4 months, each lasting 2 weeks or more; or does not last for 2 weeks, but occurs more than 3 times in a year or once every 4 months; or
- Occurs less often than an average of 3 times a year or once every 4 months but lasts longer than 2 weeks.
- Item 2 - at least one of the criteria shown must be checked.

7035A ADULT CLAIMS cont.

EVALUATING COMPLETION OF SECTION D; **ITEM 1**. - "REPEATED MANIFESTATIONS OF HIV INFECTION" OF ADULT CLAIM

IF: HIV manifestations listed in Section D include diseases mentioned in Section C; items 1-41 of the DHS 7035A, but without the specified findings discussed there (e.g., carcinoma of the cervix not meeting the criteria shown in item 22 of the form, diarrhea not meeting the criteria in item 33 of the form); or any other manifestations of HIV not listed in Section C (e.g., oral leukoplakia, myositis).*		
AND:	**AND:**	**THEN:**
Number of Episodes of HIV Manifestations in the Same 1-Year Period is:	Duration of Each Episode is:	
At least 3	At least 2 weeks	Requirement is met for PD
More than 3	Less than 2 weeks	Requirement is met for PD
Less than 3	More than 2 weeks	Requirement is met for PD
Unable to determine	Unable to determine	Refer to DDSD
*REMINDER: If there is any question as to whether the manifestation listed is a manifestation of HIV, refer to DDSD.		

NOTE: The same manifestations need not be represented in each episode.

EXAMPLES:

Manifestation(s)	Episodes	Duration	Requirement is Met?
Anemia	2	2 months each time	Yes 1
Diarrhea Bacterial Infection	2 1	3 weeks each time 22 weeks	Yes 2
Pneumonia	2	1 week each time	No 3(Refer to DDSD)

1. The requirement is met based on less than 3 episodes of anemia, each lasting more than 2 weeks.
2. The requirement is met based on a total of 3 episodes of diarrhea and bacterial infection, each lasting at least 2 weeks.
3. The requirement is not met because there are less than 3 episodes of pneumonia and each episode did not last more than 2 weeks.

Article 5.03 Appendix B HIV PD Criteria Child

7035C CHILD CLAIMS
(for children under 18 years of age)

The worker will make a PD finding when combinations of blocks have been completed, and the blocks have been completed as indicated below:

Section A	Identifying Information
Section B	Either block has been checked
Section C	One or more blocks have been checked **Note**: Item 6 applies only to a childless than13 years of age
Section F	Medical source's name and address have been completed
Section G	Signature block has been completed

OR

Section A	Identifying Information
Section B	Either block has been checked
Section D	Item 1 - has been completed **AND** Birth to attainment of age 1 – One or more of the blocks in item 2a has been checked, **OR** Age 3 to attainment of age 18 – At least two of the blocks in item 2C have been checked. **NOTE:** The appropriate item 2a, b, or c, should be checked based on the child's age
Section F	Medical source's name and address have been completed
Section G	Signature block has been completed

MPG LTR 257 (12/94)

Article 5.03 Appendix C Presumptive Disability Categories

NO.	IMPAIRMENT CATEGORIES
1	Obsolete – Reserved for future use.
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 long-standing condition-excluding recent accident or recent surgery.
6	Allegation of stroke (cerebral vascular accident) more than three 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 with marked difficulty in walking (e.g., use of braces), speaking or coordination of hands or arms.
8	Obsolete – Reserved for future use
9	Allegation of Down Syndrome **NOTE**: Down Syndrome may be characterized by some indication of mental retardation and by abnormal development of the skull (lateral upward slope of the eyes, small ears, protruded tongue, short nose with a flat ridge, small and frequently abnormally aligned teeth); short arms and legs; and hands and feet that tend to be broad and flat.
10	Allegation of severe mental deficiency made by another individual filing on behalf of a client who is at least 7 years of age. 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. **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.
11	A child is under one year 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. Applicant must meet HIV PD conditions listed on DHS 7035A or DHS 7035C, which are completed by a medical professional. (See MPG 5-3C.)

<table>
<tr><td>13</td><td>A child is under one year 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:
<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>
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<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>
For infants weighting under 1200 grams at birth, see PD category 11.

NOTE: Gestational age (GA). The age at birth based on the date of conception, may be shown as “GA” as noted in the available evidence, the CWD forwards the case to SP for consideration of a PD finding.</td></tr>
<tr><td>14</td><td>PD will be granted to all terminally ill individuals, whether they receive Hospice Services or not.

NOTE: An individual is considered to be terminally ill if he or she has a medical prognosis that his or her life expectancy is six months or less. Hospice care is not a requirement to receive PD.</td></tr>
<tr><td>15</td><td>Allegation of inability to walk/move around 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.</td></tr>
<tr><td>16</td><td>End stage renal disease with ongoing dialysis and the file contains a completed HCFA-2728 (End Stage Renal Disease Medical Evidence Report-Medicare Entitlement and/or Patient Registration). CWDs should request the HCFA-2728 form from the applicant’s medical provider. This form is necessary before PD can be granted.</td></tr>
<tr><td>17</td><td>Allegation of Amytrophic Lateral Sclerosis (ALS, Lou Gehrig’s Disease)</td></tr>
</table>

Article 5.03 Appendix D Presumptive Disability Checklist

The use of this checklist will help to ensure accurate PD determination made by the worker.

NO.	Y/N	ITEM
1		Does the applicant's impairment exactly match the impairment listed on the PD categories chart? (See 5-03-C.) Applicant will be determined PD **only** if there is a match. Otherwise, submit an urgent PD request to DAPD.
2		Has there been a prior SSA/SSI denial within the past 12 months? If yes, do not grant PD unless client alleges a new medical condition that exactly matches the PD categories chart and SSA did not previously consider the new impairment.
3		Is there a signed and dated verification of the disability/impairment from the applicant's physician or medical source? Is a copy in the DDSD packet? • Form CSF 28 or 16-3 DSS; • A letter from a physician, licensed or certified psychologist or authorized member of their staff; or • Form DHS 7035A/DHS 7035C for HIV meeting the HIV PD criteria; or • Form CMS 2728 (or prior version HCFA-2728) for End Stage Renal Disease (copy is acceptable).
4		Is Item 10 on the MC 221 marked "*PD approved*" and is the basis for PD (i.e. impairments) documented using only the impairments listed on the PD categories chart? (See 5.03.C).
5		Send the disability packet (MC 223, MC 220 and MC 221) to DDSD immediately and request an urgent PD determination if there is any doubt of the impairment or verification is lacking or will be delayed. DDSD can initiate a PD determination if the medical evidence supports it.
6		Is the effective date of the PD the month in which the MC 221 is completed and PD medical verification is obtained? PD is not allowed for retroactive months.