

**County of San Diego, Health and Human Services Agency (HHSA)
General Relief Program Guide (GRPG)**

Medical

Number

Page

90-250.1

1 of 2

Revision Date:

January 2, 2018

A. Background:

This section provides the medical verification requirements for the GR Program. This section is updated to include the license information for the provider completing medical verification.

Purpose:

To provide the medical verification requirements for the GR Program.

B. Policy:

The GR Program has three components; which are: Employable, Incapacitated, and Interim Assistance. The Employable component has two sub-components: Able-Bodied and Unemployable. Presume all individuals to be able-bodied unless verification to the contrary is presented. Base the determination of AB or UE status solely upon medical evidence of the customer's inability to perform a work project.

Unless an appointment has been scheduled with a County contracted provider, the applicant/recipient is 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, 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 will include the following:

- Completion of a Verification of Physical/Mental Incapacity – General Assistance (CSF 24), a GR Medical Statement (11-45 HHSA), a GR Employability Evaluation (GREE) form (11-45G HHSA), 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
 - The practitioner's name, address, telephone number, license number, and signature.
- A CSF 24 or 11-45 HHSA completed and signed by a County Medical Services/Behavioral Health Services (CMS/BHS) Case Manager/Care Coordinator for his/her case managed patient. A CMS/BHS 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 require approval by the Supervisor and may require additional follow-up to a GREE provider.

**County of San Diego, Health and Human Services Agency (HHSa)
General Relief Program Guide (GRPG)**

Medical

Number

Page

90-250.1

2 of 2

D. Questionable or Unacceptable Verification:

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

If the ...	Then ...
medical verification provided is questionable or unacceptable,	call the individual who completed the verification to clarify questionable information.
questionable or inconsistent information cannot be clarified through a call,	allow the 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, 11-45 HHSa, 11-45G HHSa, and other medical evidence which indicates a specific date when inability to perform the work project will stop, are acceptable through such date or one year from the date signed by the doctor, whichever is earlier. This includes letters of conservatorship.

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

Procedure:

Follow the actions in the policies above to verify the medical status of GR applicants/recipients.

Impacts:

Other Programs Impacted:

None

References:

County Policy

Sunset Date:

This policy will be reviewed for continuance by January 31, 2021.

Authorization to Release:



Rick Wanne, Director
Eligibility Operations