

**County of San Diego, Health and Human Services Agency (HHSA)  
Medi-Cal Program Guide**

**Aged, Blind, and Disabled Linkage**

**Number**

**5.3.1**

**Page**

1 of 2

**Revision Date:**

September 1, 2020

**Background:**

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 share of cost (SOC). Additionally, some 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.

**Purpose:**

This section is re-written in the new format. No policies or procedures have changed.

**Policy:**

**Eligibility Requirements for ABD:**

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

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

<b>Category</b>	<b>Description</b>
Aged	Person 65 years of age. People are considered 65 years of age on the first day of the month they become age 65.
Blind	Person where a medical evaluation determines that they have either of the following conditions: <ul style="list-style-type: none"> <li>• Central vision acuity of no more than 20/200 with correction</li> <li>• Tunnel vision, which is a limited visual field of 20 degrees or less.</li> </ul>
Disabled	Person who has one of the following: <ul style="list-style-type: none"> <li>• Federally disabled according to the criteria in Title II or XVI of the Social Security Act as determined by Social Security Administration (SSA) or Disability Determination Services Division (DDSD)</li> <li>• Substantial Gainful Activity (SGA) disabled person who was once determined to be disabled according to the Supplemental Security Income/State Supplemental Program (SSI/SSP) program and meet both of the following conditions:               <ul style="list-style-type: none"> <li>○ Eligible to SSI/SSP but became ineligible due to SGA activity as defined in Title XVI regulations</li> <li>○ Continue to suffer from the physical or mental impairment which was the basis of the disability determination.</li> </ul> </li> </ul>

**Procedure:**

See above.

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**Program Impacts:**

None.

**References:**

California Code of Regulations, Title 22, Sections 50203, 50219, 50221, and 50223  
Medi-Cal Eligibility Procedures Manual 4A

**Sunset Date:**

This policy will be reviewed for continuance by June 30, 2023

**Approval for Release:**

*Rick Wanne, 9-24-20*

Rick Wanne, Director  
Eligibility Operations

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**ABD Verification Requirements**

**Number**

**5.3.2**

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**1 of 2**

**Revision Date:**

September 1, 2020

**Background:**

This section provides the Aged, Blind, or Disabled (ABD) verification requirements to prove linkage to this program.

**Purpose:**

This section is re-written in the new format. No policies or procedures are changed, though procedures are moved to Processing Guides.

**Policy:**

**Aged Verification Requirements:**

The customer 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.

**Blindness and Disability Verification Requirements:**

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

- Determine that the person was eligible to Medically Needy (MN) Medi-Cal based on blindness or disability in December 1973, and that there has been continuing eligibility since that time
- Verify that a prior determination of blindness or disability is still valid by verification of one of the following:
  - Social Security Administration (SSA) Title II award letter
  - SSA Title II notification of increase or decrease in benefits
  - Railroad Retirement (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 State Data Exchange (SDX), Medi-Cal Eligibility Data System (MEDS), or a signed document 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/SP discontinuance date
  - 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
  - Prior valid Disability Determination Services Division (DDSD) determination if the review date is in the future.

**Presumptive Disability Verification Requirements**

Presumptive disability (PD) can be verified by completion of Form CSF 28 or a letter from a physician, licensed certified psychologist, or authorized member of their staff. Use Form DHCS 7035A/DHCS 7035C for human immunodeficiency virus (HIV) or Form CMS-2728 for End Stage Renal disease.

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PD will be granted when an applicant meets any of the conditions in Desk Aid 108. If the applicant's condition does not exactly match these categories, refer the case to DDSD for an urgent PD determination.

**HIV Verification Requirements:**

The diagnosis of HIV must meet certain conditions listed on either the DHCS 7035A (adult age 18 or older) or the DHCS 7035C (child under 18 years of age) medical verification of HIV. To ensure that all necessary information is obtained Forms DHCS 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 forms exist, the Human Services Specialist (HSS) cannot find the person eligible to presumptive disability.

Complete the actions in Processing Guide 34 when the applicant alleges HIV infection.

**Procedure:**

See above.

**Program Impacts:**

None.

**References:**

California Code of Regulations, Title 22, Section 50167  
Medi-Cal Eligibility Procedures Manual 22C-3  
All County Welfare Directors Letter 00-07

**Sunset Date:**

This policy will be reviewed for continuance by August 31, 2023

**Approval for Release:**



Rick Wanne, Director  
Eligibility Operations

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**Presumptive Disability (PD) Procedures**

**Number**

**5.3.3**

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**Revision Date:**

July 1, 2020

**Background:**

This section provides the procedures for Presumptive Disability (PD).

**Purpose:**

This section is re-written in the new format. No policies or procedures are changed, though procedures are moved to Processing Guides.

**Policy:**

**PD Eligibility:**

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

- Basic eligibility requirements
- Presumptive criteria (medical condition must match the PD criteria exactly as described in Desk Aid 108)
- Has not received Social Security Administration (SSA) disability denial in the past 12 months (unless PD is based on a new medical condition not previously considered by SSA)
- Is not engaged in Substantial Gainful Activity (SGA) (does not apply to applicants for the 250% Working Disabled Program (WDP). See MPG 5.4.4.

**Disability Determination Services Division (DDSD) Determination of Presumptive Disability:**

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

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."

**Urgent Case Requests to DDSD:**

An urgent request for a PD referral to DDSD is made when all the following apply:

- The applicant is in dire need of an immediate disability decision
- The 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

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- Delay caused by a formal DDS decision will pose significant problems to their functioning and wellbeing.

The urgent case request must be faxed to expedite a PD decision. The fax number for the Los Angeles office is (855) 837-3239.

Prior to granting PD, DDS must evaluate specific criteria to ensure that the customer meet disability requirements when a formal decision is made. DDS 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
- 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 DDS are as follows:

<b>No.</b>	<b>Example</b>
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, they are expected to be dependent on a wheelchair for the rest of their life.
2	Lung cancer which has spread to the spine and vital organs. A doctor states the applicant 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 now the applicant is 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 in 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 spread to other sites in the body and the applicant needs aggressive therapy or a stem cell transplant immediately.

**Procedures:**

**Presumptive Disability Procedures:**

Grant presumptive disability if the above criteria are met following the steps in Processing Guide 35.

**HSS Required Actions:**

When the Human Services Specialist (HSS) learns of an individual who is need of an immediate PD decision, follow the steps in Processing Guide 35.

**DDS Urgent Request Actions:**

DDS takes the steps in Processing Guide 35 when evaluating for PD eligibility.

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**Program Impacts:**

None.

**References:**

Medi-Cal Eligibility Procedures Manual 22C-3

All County Welfare Directors Letter 04-08

**Sunset Date:**

This policy will be reviewed for continuance by August 31, 2023

**Approval for Release:**

*Rick Wanne, 9-24-20*

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