WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES MEDICAL REVIEW TEAM TRANSMITTAL MEMORANDUM

TO: Division of Family Assistance Attn: Medical Review Team

FROM:

SUBJECT: Case Name: _____ Client's Name (if different): _____ MA ID/Pending Medicaid Number: _____ Address: _____ , CSM, County_____

Current Status of Case

() Presumptively Approved No. Mos._____

-) Pending
-) Active

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) Fair Hearing

Please determine if disability, medical improvement incapacity, blindness or WV WORKS exemption exists as of month of:

I. Reason for Referral	II. Eligibility Factor	III. Program
 New Application Reapplication Reevaluation requested by MRT Reevaluation requested by Worker Reconsideration of MRT Decision Quality Assurance or Fair Hearing Change in Deprivation Factor to Incapacity from 	to be Evaluated Incapacity (Medicaid) Disability (Medicaid Work Ince Medically-Improved (Medicaid Work Incentive) Blindness (Medicaid) Temporary Exemption (WV WORKS) Extension (WV WORKS)	 SSI-Related Medicaid-Blindness SSI-Related Medicaid-Disability Medicaid Work Incentive (M-WIN) Medically-Improved (Medicaid Work Incentive) AFDC-Related Medicaid AFDC Medicaid WV WORKS
		IV. Name of physician(s) who completed attached medical report(s)
□ Submission of additional medical re-	quested by MRT	
□ Submission of additional medical N	OT requested by MRT	
□ Stop MRT Evaluation (List Reason i	n Comments)	
Additional Medical as Requested by th	ne Review Team (List Types of Me	edical Attached)
COMMENTS:		

SEE INSTRUCTIONS FOR USE ON BACK

INSTRUCTIONS FOR USE

- 1. An original is completed and attached to the front of all requests or information submitted to the Review Team. One copy is filed in the Correspondence Block of the case record.
- 2. Use the Comments section to inform MRT of the following:
 - Dates and types of appointments made to obtain medical information as requested on OFS-RT-5 or by the Worker and Supervisor, but not obtained in time for submission with original material.
 - When if additional medical information requested by MRT is not or cannot be obtained, the type of medical information is listed with the reason it is not available, i.e., client refusal, no medical specialist available, etc.
 - The application is denied or case closed for other reasons by the Local Office such as death, other income, etc.
 - Case transferred to another county
 - An MRT decision is no longer needed because the client was determined eligible for SSI or RSDI based on disability or the Medicaid applicant was determined not disabled by SSA. If possible, list the reason.