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Determining Disability, Incapacity and Blindness

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- Each form is prepared in duplicate. One copy is filed in the case record.
- The date, name and address of the medical provider to whom the authorization is issued must be entered.
- The Worker must also include the address of the county office.
- Refer to item e. below for the number to enter as the case number.

e. Numbers Used on Medical Request Forms

The forms used for requesting medical examinations and reports are self-explanatory. For auditing and federal reimbursement reasons, the MA ID number or the Pending Medicaid Number must be used for any medical information requested. The following explains the numbers and when each is used.

(1) Pending Medicaid Number

The number is 80 followed by 7 zeros and the county number. For example, the Pending Medicaid Number for Kanawha County is 80-0000000.20. This number is used for an individual who is not a Medicaid recipient at the time the information is requested. This includes individuals who previously received Medicaid, but are not current recipients.

(2) MA ID Number

This is the number assigned by RAPIDS for Medicaid billing. This number is used when medical information is requested for a current Medicaid recipient only.

The local office must keep a log of all requests issued.

The log must contain the following information:

- MA ID number or Pending Medicaid Number and the county number
- Case name
- Patient's name

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- Date of the request
- Name of the provider to whom the request was sent

2. Obtaining Initial Medical Reports

The following forms and instructions are used by the Worker to obtain initial medical reports.

**NOTE:** Medical reports must be requested within 7 days after the date of application. In addition, follow-ups must be done every 30 days, when the medical reports are not received.

a. DFA-PHI-7: Authorization for Information

When the instructions in the following sections specify that form DFA-PHI-7 is included with a request for medical information, the date entered on the form must be no earlier than one month prior to the date it is mailed. The name of the provider must be placed on the form prior to the client's signature.

b. Physician's or Psychiatrist's Summaries

Form DFA-RT-8 and DFA-RT-8a are sent to request information from physicians and forms DFA-RT-15 and DFA-RT-15a to request information from psychiatrists/psychologists. If the physician or mental health professional fails to complete the form, a second one must be sent. The date the second one is sent must be noted on the DFA-RT-2.

The Worker must indicate which sections of the form are completed by the physician.

c. Initial Medical Report - Blindness

When an application is made for Medicaid due to incapacity or disability based on blindness, the Worker:

- Determines the ophthalmologist of the client's choice who is an approved Medicaid provider.
- Makes an appointment with the ophthalmologist and notifies the client in writing of the date and time.

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- Completes form DFA-RT-6 in duplicate with "Eye Examination and Report on the Enclosed Form" checked. The original is sent to the ophthalmologist, and a copy is filed in the case record.
- If the appointment is with an ophthalmologist (MD), form DFA-B-13 is enclosed with the DFA-RT-6. The DFA-B-13 is a report form for the ophthalmologist.

d. Initial Medical Report, Incapacity and Disability

Sources of initial medical reports are listed in order of priority. The exception is that, under some circumstances, when incapacity or disability is being established, medical reports are first requested from SSA. See Section 12.5,B. If SSA reports are not available, the Worker then obtains the reports as found below.

(1) Medical Information Available in the Case Record

(a) Medical reports from Children With Special Health Care Needs Program and the PAS-2005, Patient Medical Evaluation

In the following situations, the only initial medical reports needed are those available in the case record:

- The applicant is currently receiving services from the Children With Special Health Care Needs Program. In this case, copies of these medical reports are submitted to MRT.
- The applicant is residing in, or planning to enter, a nursing home.

In both of the above situations, no other medical information is needed unless requested by MRT.

(b) Other Medical Information

The case record is examined to determine if there are any past medical and/or psychological reports. If so,

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all information which relates to the applicant's current impairment is submitted to MRT along with current medical report(s).

(2) Medical/Psychological Reports from the Division of Rehabilitative Services (DRS)

When the applicant is referred to the Department by DRS, or reports that he is receiving DRS services, copies of the DRS medical reports must be obtained.

Under terms of the agreement between DRS and the Department, DRS is expected to provide all available medical information when DRS refers the client to the Department.

Copies of medical reports are to be attached to the HS-3 used for the referral.

If medical reports are not attached to the HS-3, or if the client is not referred by DRS, but reports that he is receiving services from them, the Worker must ask DRS to forward available medical reports. The medical reports from DRS will usually eliminate the need for any other initial medical information and may include copies of specialist's consultations, psychological evaluations, etc.

(3) Reports from Hospitals and Physicians

If the applicant has recently received medical treatment, or is currently receiving medical care, it may be possible to obtain copies of medical reports from the hospital or physician.

All requests are sent with form DFA-PHI-7, Authorization for Information, signed by the applicant. If the application is made for a child, the person who made the application signs the child's name and his own and indicates his relationship to the child.

(a) Mental and Tubercular Hospitals

If the client has recently been discharged from a mental or tubercular hospital, the Worker must request a report about the individual's condition at the time of release. The request is made as follows:

### C. ADDITIONAL MEDICAL REPORTS

Additional medical reports may be requested by: MRT, the client, or the Hearings Officer. See Section 12.9,B, and Common Chapters Manual Chapter 700.

The Worker is responsible for obtaining the requested medical reports. The procedures for obtaining additional medical reports are the same as for obtaining initial reports.

**NOTE:** Additional medical reports must be requested within 7 days after the receipt of the MRT request.

When the additional medical reports are received, the Worker evaluates for presumptive approval. See Section 12.9 below.

**NOTE:** The additional medical reports must be re-submitted to MRT within 7 days after receipt.

### D. FAILURE TO KEEP MEDICAL APPOINTMENTS

Penalties for failure to keep medical appointments vary, depending on the point at which the non-compliance occurs. If the client has good cause for not keeping the appointment, another one is made.

Only cases involving the client's deliberate failure to provide necessary information are subject to adverse action. The client must be informed of the possible consequence at the time of appointment notification. The Worker must determine whether or not the client has good cause for failing to keep a medical appointment.

#### 1. Initial Medical Examination

- If the DFA-RT-5, 5a **or** DFA-B-13 is the only available medical information, and the applicant fails, without good cause, to keep the appointment, another appointment is not made. The application is denied using the appropriate reason code.
- If the applicant who is making his own appointment fails to do so, without good cause within two working days from the date he receives the DFA-RT-6, the application is denied.
- If the physician does not schedule appointments, the application is denied if the client fails, without good cause, to go to the physician's office within one week from the date he received the DFA-RT-6.

## 2. Appointments For Medical Examinations Requested By MRT

If MRT requests an additional medical examination, and the client fails to keep the appointment, without good cause, the application is denied or the case is closed if it was a presumptive approval.

If the client has good cause, the Worker schedules another appointment.

When the Worker denies the application or stops the benefit, he must notify MRT of the action. The Worker must record the action taken in the case record.

**NOTE:** Failure of one person to keep medical appointments does not affect the eligibility of any other AG member.

**EXAMPLE:** An SSI-Related Medicaid application for two people.

In addition, if the individual qualifies for Medicaid under a different coverage group which does not require a disability determination, his eligibility for that coverage group is not affected by his failure to keep a medical appointment.