

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

DATE: _____

TO: Division of Family Assistance, ATTN: MEDICAL REVIEW TEAM

FROM: _____, _____ County

Case Name: _____

Client's Name (if different): _____

MA ID/Pending Medicaid #: _____

Address: _____

Current Status of Case

☐ Presumptively Approved / # Mos. _____

☐ Pending

☐ Active

☐ Fair Hearing

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

I. Reason for Referral

- ☐ New Application
- ☐ Reapplication
- ☐ Re-evaluation requested by MRT
- ☐ Re-evaluation requested by Worker
- ☐ Reconsideration of MRT Decision
- ☐ Quality Assurance or Fair Hearing
- ☐ Change in Deprivation Factor to Incapacity from _____

II. Eligibility Factor to be Evaluated

- ☐ Incapacity (Medicaid)
- ☐ Disability (Medicaid)
- ☐ Disability (Medicaid Work Incentive)
- ☐ Medically-Improved (Medicaid Work Incentive)
- ☐ Blindness (Medicaid)
- ☐ Temporary Exemption (WV WORKS)
- ☐ Extension (WV WORKS)

III. Program

- ☐ 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. Physician Who Completed Medical Reports

☐ Submission of additional medical requested by MRT

☐ Submission of additional medical NOT requested by MRT

☐ Stop MRT Evaluation (List Reason in Comments section on page 2 of this form.)

Name

Additional Medical As Requested by the Review Team (List Types of Medical Attached)

COMMENTS:

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 DFA-RT-5 or by the Worker or 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.