

MEDICAID DISABILITY MANUAL

(3) **Responsibility to disclose consultative examination information**

- (a) Local districts shall ask the A/R if he/she wants to have the consultative examination information sent to his/her primary treating source. If so, a consent form for release of this information shall be signed prior to the purchase of the consultative examination. (See Exhibit 19.)
- (b) Local districts shall send consultative examination information to an A/R's primary treating source if the A/R has signed the consent form for release of this information. These referrals are particularly important when the Disability Review Team determines that medical evidence obtained during a consultative examination indicates a potential life-threatening situation, such as a previously undiagnosed condition that may require immediate treatment. Examples of such conditions are: suspicion of a previously undetected carcinoma, serious new electrocardiogram abnormalities or a new mass on a chest x-ray.

(c) With or without the A/R's permission, when the consultative exam discloses new diagnostic information or test results that reveal a potentially life-threatening situation, the local district shall send a copy of the CE report to the A/R's treating source. The local district shall notify the A/R if the CE report is referred to a treating source without the A/R's permission. If the A/R does not have a treating source, or the treating source is unknown, the A/R shall be notified in writing of the potentially life-threatening situation and the need to see a physician for an examination and/or additional testing. A copy of the notification must be retained in the A/R's file. The A/R should also be informed that the cost of the subsequent examination(s) and/or test(s) will not be paid by Medicaid unless the A/R is eligible for Medicaid and the medical service is reimbursable by Medicaid. If needed, the local district shall assist the A/R in identifying a potential treating source or inform him/her of any medical facility through which the required medical services may be obtained at no cost if he/she is financially unable to pay for such services.

- (4) **Failure or refusal to take part in an examination or test** - The individual's failure or refusal to take part in a consultative examination(s) or test(s) without good cause shall be regarded as a failure or refusal by the individual to cooperate in the disability determination process.

g. Evaluation of Medical Evidence

After all of the medical evidence has been reviewed, a decision is made as to what the evidence shows. If the evidence is consistent and is sufficient to make a determination, a determination should be made. If the evidence is consistent, but is insufficient to

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make a determination, efforts will be made to obtain additional information.

If the evidence is inconsistent, the evidence will be weighed as a whole to decide whether a determination may be made based on the available evidence. Where there are inconsistencies that cannot be resolved, or when attempts to obtain additional information for cases which are incomplete are unsuccessful, a determination will be made based upon the available evidence.

4. Vocational Considerations

a. Residual Functional Capacity (RFC) - The individual's impairment(s) and any related symptoms such as pain may cause physical and mental limitations that affect what s/he can do in a work setting. Residual functional capacity is the most an individual can still do despite his/her limitations. An individual's residual functional capacity is assessed based on all the relevant evidence in the case record. If the individual has more than one impairment, the reviewer is to consider all of the individual's medically determinable impairments including those that are not "severe" when assessing the individual's residual functional capacity. An RFC assessment includes an evaluation of the individual's physical capabilities as well as work-related limitations imposed by any non-exertional impairment(s) (i.e., mental, manipulative, seeing, hearing, speaking, etc.). This assessment is not a decision as to whether an individual is disabled but is used to determine the particular types of work an individual may be able to do despite his/her impairment(s). Once the individual's RFC is established, it is used to determine his/her maximum sustained work capacity, which is the highest functional level a person can perform on a regular work basis. In order to limit an individual to a particular functional level (i.e., sedentary, light, etc.), an individual must be limited to at least that level for the timeframe under consideration for disability.

(1) **Physical Impairment** - If the individual has a physical impairment, an assessment of the individual's ability to perform certain work-related activities, such as sitting, walking, standing, lifting, carrying, reaching, handling, pushing, pulling, stooping, and crouching shall be made. In order to say that an individual can do a certain job, s/he must have physical capacities equal to the physical demands of that job. (See Appendix 3 and Exhibit 7.)

To determine the physical exertion requirements of work in the national economy, the following classifications shall be used. These terms have the same meaning as they have in the Selected Characteristics of Occupations in the Dictionary of Occupational Titles.