



New Mexico Human Services Department

Bill Richardson, Governor
Pamela S. Hyde, J.D., Secretary

Medical Assistance Division
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INTERDEPARTMENTAL MEMORANDUM

MAD-GI: 07-04

DATE: November 26, 2007

TO: ISD AND MAD STAFF

FROM: CAROLYN INGRAM, DIRECTOR, MAD
FREDRICK SANDOVAL, DIRECTOR, ISD

THROUGH: ROBERT D. BEARDSLEY, DEPUTY DIRECTOR, MAD
REBECCA SCHWARZ, CLIENT SERVICES BUREAU

BY: ORLANDO VASQUEZ, CLIENT SERVICES BUREAU
WORKING DISABLED INDIVIDUALS PROGRAM

SUBJECT: FORM MAD 299, DISABILITY DETERMINATION SERVICES REFERRAL

GENERAL INFORMATION

The New Mexico Medical Assistance Division contracts with the New Mexico Division of Vocational Rehabilitation to determine disability for New Mexico Medicaid applicants. Disability Determination Adjudicator's (DDA) make disability determinations for those not yet determined disabled by the Social Security Administration (SSA); denied disability by SSA due to the applicant meeting Substantial Gainful Activity (SGA); or the re-review date for disability redetermination has come about.

On July 30, 2006, Medical Assistance Division (MAD) revised form MAD 299 and issued to all necessary staff via MAD-MR:06-13. Forms issued prior to this date continue to be used. From this day forward only use the attached, updated form MAD 299 to request DDA services. Please be sure to complete each and every box with current and accurate information. Refer to Page 2 of the form MAD299 for complete procedures, instructions, and where to forward relevant medical information for a disability determination.

The form allows the Income Support Division (ISD) Financial Assistance Analysts (FAA) to provide all required information to the DDA which will result in an accurate disability decision. Failure to follow the above process will delay a timely disability determination decision.

Please direct questions regarding this material to Orlando Vasquez at Orlando.vasquez@state.nm.us, (505) 476-6814, Mark Lailes at mark.lailes@state.nm.us, (505) 476-6868, or Felicia Halford at felicia.halford@state.nm.us, (505) 827-3173.

Attachment



DISABILITY DETERMINATION SERVICES REFERRAL

Medical Assistance Division

ATTACHED:

- MAD 093 / Medical Release
- Medical Reports Previous MAD 299
- Current SDX/BENDEX

Applicant's Name	Date of Birth	CAT	GEO - ADM	Application Date
Address		Telephone Number		Social Security Number
City, State & Zip		Pending SSI: <input type="checkbox"/>		Receiving SSI: <input type="checkbox"/>

A. Authorized Services

<input type="checkbox"/> Initial Determination	<input type="checkbox"/> Reconsideration	<input type="checkbox"/> WDI (Working Disabled Individuals)
<input type="checkbox"/> Redetermination (Re-Examination)	<input type="checkbox"/> Fair Hearing	<input type="checkbox"/> Date of Onset

B. Applicant Information

Nature of Disability	Other Source(s) of Medical information (<i>hospital, nursing home, clinic etc.</i>):
Name of Primary Physician	
Primary Physician's Complete Address	
INSTITUTIONALIZED? <input type="radio"/> No <input type="radio"/> Yes From: _____ To: _____	

Education: Highest Level Completed	Training - Technical or Vocational - (<i>if any</i>):
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DVR Services (Division of Vocational Rehabilitation):

Currently Receiving Yes No

Previously Received Yes No From: _____ To: _____

Referred Yes No Date: _____

Employment: (Background & Current Status)

<input type="checkbox"/> Can Applicant Travel	<i>Comments/Observations:</i>
<input type="checkbox"/> Does Applicant Speak English	

Name of Applicant's Representative (Please print)	Address	Telephone Number
	City, State & Zip	

FAA (Caseworker) Signature, Worker #	Telephone # & Extention	Date Signed
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C. DISABILITY DETERMINATION SERVICES - REPORT TO INCOME SUPPORT DIVISION

Individual Determined Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Blind? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diagnosis:			
Remarks:			
Date of Onset	Date of Re-Exam	Adjudicator's Signature	Date Signed

**INSTRUCTIONS FOR MAD 299
DISABILITY DETERMINATION SERVICES REFERRAL**

PURPOSE

This form is used by Income Support Division (ISD) workers to authorize the Disability Determination Unit (DDU) at the Division of Vocational Rehabilitation (DVR) to provide services regarding a disability determination to establish eligibility under the Institutional Care, Home and Community Based Services Waivers, Working Disabled Individuals and retroactive Supplemental Security Income (SSI) Medicaid benefits.

PROCEDURES

Part A: DDU can be authorized to provide the following services:

- **Initial Determination** of blindness or disability, when the Social Security Administration (SSA) has not made a determination.
- **Reconsideration** of an adverse determination by DDU that resulted in (1) an application being denied, and/or (2) a request was made for a fair hearing (see *Fair Hearing* below).
- **Working Disabled Individuals (WDI)** Checking this box will flag DDU and allow for correct adjudication to be made/determined. New Mexico adjudicator's do not take into consideration if an individual with a disability is working or not. This may allow for a better chance for an individual with a disability to be found disabled.
- **Re-determination** of blindness or disability when (1) DDU has indicated "date of re-exam" on a prior determination, or (2) the individual's medical condition has improved to the extent that he/she may no longer meet the definition of "blind" or "disabled" as outlined in policy.
- **Fair Hearing** should be requested only after *reconsideration* has been completed/denied. An applicant whose initial request for determination was denied also has the right to request a fair hearing without *reconsideration*.
- **Date of Onset** of blindness or disability when (1) the individual has requested retroactive Medicaid in the allowed categories, and (2) the individual meets all other eligibility conditions for the retroactive months.

Part B: Applicant Information:

The ISD worker must complete this part entirely and with adequate information to assist DDU in its determination. If sections are not applicable, N/A should be noted.

DETAILED INSTRUCTIONS

The following materials should be attached to the MAD 299:

- 1) A request for and Consent to Release Medical Information (MAD 093) or page 5 of the Application/Re-determination of Eligibility for Medical Assistance of Aged, Blind and Disabled Individuals.
- 2) Copies of any/all available medical reports, from the applicant/recipient. If no medical reports are attached, it is particularly important to provide the names of all physicians, hospitals, etc., from whom the applicant/recipient has received services.
- 3) Copy of current SDX or BENDEX.
- 4) For redetermination, submit prior MAD 299 (if applicable).

ROUTING

The original MAD 299 and copies of all relevant documentation as noted above are sent to DDU via:

Division of Vocational Rehabilitation
435 St Michael's Drive, Bldg. D
Santa Fe, New Mexico 87505
ATTN: Disability Determination Unit

Copies of MAD 299 and all information sent to DDU are kept in the case record.

DDU will return the original MAD 299 to the FAA (caseworker) when a determination is made. The MAD 299 is to be filed in the case record in the local Income Support Division office.

RETENTION: Permanent.