
NONFINANCIAL ELIGIBILITY FACTORS

BLINDNESS AND DISABILITY

**F. OBTAINING DDS
DISABILITY
DECISIONS**

When an applicant under age 65 applies for Medicaid on the basis of disability or blindness and a DDS decision is required, follow the procedure outlined below:

**1. Complete the
Appropriate
Forms**

The worker will complete, with the applicant's assistance, Form DOM-323, Disability or Blindness Report. This form is completed based on the applicant's responses and worker observations. If the applicant is a child, Form DOM-323A must also be completed.

Note: If applicant is currently employed, DDS needs detailed information regarding work hours, income, name and type of employer, etc. included on DOM-323. Also include whether applicant has been examined by a physician within the last 3 months and specify the physician.

Form DOM-324, Vocational Report, will be completed by the worker only if the applicant has a communication problem due to language, speech or hearing difficulties which would make it difficult for DDS to contact the applicant.

The applicant must sign the appropriate number of Form DOM-301A, Authorization to Release Medical Information, based on the number of medical sources identified on DOM-323 plus 2 additional signed forms. (Note: Leave the "Date" space blank.) DDS will use the signed forms to obtain necessary medical information from each provider. If the applicant is a child, the parent or representative must sign the 301A Forms. Note: If the applicant is unable to sign DOM-301A and the designated representative signs in the applicant's place, the authorized representative must state why the applicant is unable to sign his/her name, e.g., "patient unconscious," "Patient senile," etc. If a representative signs DOM-301A, attach a copy of DOM-302 Designated Representative Statement. If DOM-302 is signed as a self-designation, there must be an explanation as to why applicant did not sign the 302 before medical information is released.

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BLINDNESS AND DISABILITY

Complete Form DOM-325, Disability Determination and Transmittal. This form serves as the transmittal form for submitting DOM-323, DOM-324, if applicable, and prior medical information from the case record. Note: if the applicant is applying under the Poverty Level coverage group, indicate this in the "Remarks" section of DOM-325 to alert DDS to the fact that a disability other than blindness must exist.

If the applicant is a child, put the parent or representative's name on the DOM-325 in the same space with the case name. For example, enter Jane Doe (parent) for Janie Doe.

2. Submit a File Folder to DDS and Set a Tickler

Include all material cited in item 1 in a file folder labeled with the client's name, Social Security number and case number. For example:

Brown, Samuel T. 425-76-8320

104-24-3467

Mail the folder to DDS. The mailing address is:

Disability Determination Service
P. O. Box 1271
Jackson, MS 39205

At the time the Regional Office submits the medical information folder to DDS for a disability decision, whether it is an initial submission or a resubmission, the worker will set a tickler for 75 days. If the Regional Office has not received a disability decision within 75 days or if any problem occurs pertaining to the medical decision, the Supervisor should mail a copy of the DOM-325 to the State Office. The State Office will in turn contact DDS.

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BLINDNESS AND DISABILITY

**3. Receipt of
the DDS
Decision and
Reevaluations**

DDS will return the medical information file and a disability or blindness decision to the Regional Office. The decision will be recorded on the lower portion of DOM-325. Any 325 that does not have a physician's signature should have a physician's rating referenced in the "Remarks" section. DDS will attach this cross-referenced documentation to the 325. Each Regional Office will make sure DDS sends all relevant material for a decision. When Disability Determination Services sends an approved DOM-325, the need for a re-exam and date is indicated. If no re-exam is needed, the DOM-325 is valid indefinitely or until the recipient is determined "no longer disabled". If a re-exam date is given, the DOM-325 is valid until that re-exam date. The valid DOM-325 can be used for reapplications when the closure was due to a reason other than disability. Note: Do not send a case in for reevaluation prior to the date specified by DDS in item 15 on DOM-325. The worker must set a tickler for a date prior to the due date to ensure the medical information is resubmitted following the procedure outlined above on the specified due date.

Upon receipt of the decision from DDS, the Regional Office will initiate appropriate action on the case and notify the applicant of the decision regarding his eligibility.

Note: SSI retro approvals for the retroactive period yet denied ongoing SSI benefits due to a medical denial must be submitted to the State Office for review. The case will be resubmitted to DDS for an explanation.

**4. DDS
Telephone
Numbers**

The DDS toll free # is 1-800-962-2230.
The local DDS # is 853-5100.

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BLINDNESS AND DISABILITY

**5. SSI
Temporary
Closures**

Cases that are SSI eligible but terminate up to once per quarter (usually due to earned income in a 5-week month) and are then reinstated as SSI are referred to as "ping-pong" cases.

The individual can apply for MAO coverage during these missing SSI months by filing a separate MAO application. If a DDS decision is required in these types of cases, the initial DDS decision remains valid during the intervening SSI months of eligibility unless a re-exam is specified by DDS.