❖ **Aged, Blind and Disabled Programs**

102.09.04 OBTAINING DDS DISABILITY DECISIONS

If there is no indication that any of the above exceptions apply, the Medicaid Specialist will use the following procedures to obtain a DDS decision when an applicant applies for Medicaid on the basis of disability or blindness.

Procedures for DDS Forms Completion

- Complete Form DOM-323, Disability or Blindness Report. This form is used to record the applicant's condition and medical background based on the applicant's responses and worker observations. If the applicant has medical records from the providers listed on the 323 in his possession, submit the medical records with the 323.
- If the applicant is a child, complete Form DOM-323A, Disabled Child Questionnaire, in addition to the DOM-323. The 323A is used for children age 18 or under to record medical and educational information based on the parent/representative's responses.
- If the applicant is currently employed, include detailed information regarding work hours, income, name and type of employer, etc., on the DOM-323. Also indicate whether the applicant has been examined by a physician within the last 3 months. If so, specify the physician.
- If the applicant has a communication problem due to language, speech or hearing difficulties which would make it hard for DDS to contact the applicant, complete Form DOM-324, Vocational Report, as a supplement to the DOM-323.
- The applicant must sign a DOM-301A, Authorization to Release Medical Information, for the number of providers identified on the DOM-323. In addition, the applicant must sign, but not date, two additional "Authorization to Release Medical Information" forms.
    - Signatures on blank releases are required so that DDS will have sufficient releases for providers indicated on the DOM-323 and other providers they feel it necessary to contact without having to delay the process to get additional releases. Medicaid Specialists must explain this reasoning to applicants.
    - If an applicant refuses to sign blank forms, have the applicant complete the provider's name and sign the form. Explain that there could be a delay in the process if the applicant has to be contacted for any additional releases that may be needed.

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Procedures for DDS Forms Completion (Continued)

- Signatures required on the DOM-301A, Authorization to Release Medical Information:
  - The applicant or an individual who has the legal authority to act on behalf of the applicant, such as a parent, power of attorney, agency or individual holding custody, or conservatorship, must sign the release.
  - When someone other than the applicant signs the release, the individual must sign his name (not the name of the applicant) and indicate his relationship to the applicant.
  - If the applicant is unable to sign the release and the designated representative signs in the applicant's place, the authorized representative must state why the applicant is unable to sign his name, e.g., "patient unconscious", "patient senile", etc.
  - If a representative signs the DOM-301A, attach a copy of the DOM-302 Designated Representative Statement". If the DOM-302 is signed as self-designation, there must be an explanation of why the applicant did not sign the 302 before medical information is released.
  - If the release is signed with an "X", two witnesses must also sign.

- Complete Form DOM-325, Disability Determination and Transmittal. This form serves as the transmittal form for submitting DOM-323, DOM-323A and DOM-324, if applicable, medical releases and prior medical information from the case record.
  - If the individual is applying under the Working Disabled coverage group, this should be clearly indicated in "Remarks".
  - 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.

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Submission to DDS

Include all material discussed above in a file folder labeled with the client's name, Social Security Number and case number: **Jane Doe**
425-45-9999
300-74-8855

Mail the folder to DDS as follows: **Disability Determination Service**
P O Box 1271
Jackson, MS 39205

Timeframes

For initial DDS submissions and re-submissions, set a ticker for 75 days. If a disability decision is not received within 75 days or if any problem occurs pertaining to the medical decision the regional bureau director should be notified to contact DDS. The DDS toll free telephone number is: (800) 962-2230. The local DDS telephone number is (601) 853-5100.

Procedures for Receiving DDS Decisions 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 the DOM-325. Any 325 that does not have 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 ensure DDS sends all relevant material for a decision.
- When an approved DOM-325 is received, the need for a re-examination and date is indicated in section 15. If no re-examination is needed, the DOM-325 is valid indefinitely or until the recipient is determined "no longer disabled". If a re-examination date is given, the DOM-325 is valid until that re-examination date. The valid DOM-325 can be used for reapplications when the Medicaid closure reason was not loss of disability.
- A case must not be sent in for reevaluation prior to the date specified on the DOM-325 in section 15. However, the worker must set a tickler for a date prior to the due date to ensure the medical information is resubmitted following the above procedures for submission to DDS on the specified due date.

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Procedures for Receiving DDS Decisions and Reevaluations (Continued)

- Upon receipt of the decision from DDS, the regional office will take appropriate action on the case and notify the recipient of the decision.

- When an SSI individual is medically approved for the retroactive period, but denied SSI benefits ongoing on a medical denial, the case should be referred to the Bureau Director, Deputy, responsible for the region to be re-submitted to DDS for an explanation of the action taken.