



HUMAN SERVICES  
DEPARTMENT

Susana Martinez, Governor  
Brent Earnest, Secretary Designate  
Nancy Smith-Leslie, Acting Director

DEPARTMENTAL MEMORANDUM

MAD-MR: 15-02

DATE: February 10, 2015

**TO:** INCOME SUPPORT DIVISION AND MEDICAL ASSISTANCE STAFF

**FROM:** NANCY SMITH-LESLIE, ACTING DIRECTOR, MEDICAL ASSISTANCE DIVISION *NSL*  
MARILYN MARTINEZ, ACTING DIRECTOR, INCOME SUPPORT DIVISION

**THROUGH:** ROY BURT, BUREAU CHIEF, ELIGIBILITY BUREAU *RZ*

**BY:** SANTOS R. MOLANO, ELIGIBILITY BUREAU / DDU *Srm*

**SUBJECT:** REVISED MAD 299 (DISABILITY DETERMINATION UNIT REFERRAL)

**GENERAL INFORMATION**

The MAD 299 has been updated to conform to the ASPEN transition and other pertinent changes. They include:

On the 299 Form, New HSD Logo, Applicant's Personal Information Section; Current SOLQ will replace SDX/BENDEX, and ASPEN Case Number will replace SSN. Section B; Additional Medical Evidence, Current Medical Records, Yes/No check off boxes for Applicant Travel and English Speaking, Office/Unit Telephone #, ISD County Office, and CASA FAX # have been added.

On page 2 of 2, Detailed Instructions; on number 1) it is specified that medical reports or records **must be attached** and without this information, a determination cannot be made. 2) Copy of current SOLQ needed. 3) Reconsideration has been included with Redetermination for submission of prior MAD 299. 4) Request for Consent to Release Medical Information (MAD 093) still in effect and page 5 of Application/Redetermination of Eligibility for Medical Assistance of Aged, Blind and Disabled Individuals has been deleted.

Routing Section; mailing address HSD is included and ATTN: Client Services Bureau has been changed to Eligibility Bureau. Also changed or added; DDU will Fax a copy of the MAD 299 and Rationale to CASA. The determination and information on Section C of the MAD 299 is to be entered and scanned into ASPEN by a staff member at CASA.

The Forms Manual in each Income Support Division office should contain the most current version of the MAD 299. The new MAD 299 has a revision date of 2/15 and replaces the prior version dated 12/11.

Please address any questions to Santos Molano at [santos.molano@state.nm.us](mailto:santos.molano@state.nm.us) (505) 476-6839 or [sonya.pierce@state.nm.us](mailto:sonya.pierce@state.nm.us) (505) 827-7777.

Attachments: MAD 299 Disability Determination Unit Referral and Instructions (2 pages) Revised 2/15

**DISABILITY DETERMINATION  
UNIT REFERRAL**

**ATTACHED:**

- MAD 093 / Medical Release  
 Medical Reports     Previous MAD 299  
 **Current SOLQ**     No record

<b>Applicant's Name</b>	<b>Date of Birth</b>	<b>CATEGORY</b>	<b>Application Date</b>
<b>Address</b>	<b>Telephone Number</b>	<b>ASPEN Case Number</b>	
<b>City, State, &amp; Zip</b>	<b>Pending SSI:</b> <input type="checkbox"/> <b>Receiving SSI:</b> <input type="checkbox"/>		

**A. Authorized Services**

<input type="checkbox"/> <b>Initial Determination</b>	<input type="checkbox"/> <b>Reconsideration</b>	<input type="checkbox"/> <b>Date of Onset</b>
<input type="checkbox"/> <b>Redetermination (Re – Examination)</b>	<input type="checkbox"/> <b>Fair Hearing</b>	

**B. Applicant Information**

<b>Nature of Disability</b>	<b>Other Source(s) of Medical Information (hospital, nursing home, clinic, etc.):</b>
<b>Name of Primary Physician</b>	
<b>Primary Physician's Complete Address</b>	<input type="checkbox"/> <b>Additional Medical Evidence</b> <input type="checkbox"/> <b>Current Medical Records</b>
<b>INSTITUTIONALIZED?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes From: _____ To: _____	

<b>Education:</b> <i>Highest Level Completed</i>	<b>Training – Technical or Vocational – (if any):</b>
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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)**

<b>Can Applicant Travel</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Comments / Observations:</b>
<b>Does Applicant Speak English</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Name of Applicant's Representative (Please Print)</b>	<b>Address</b>	<b>Telephone Number</b>
	<b>City, State, &amp; Zip</b>	
	<b>Office/Unit Telephone #</b>	<b>Date Submitted</b>
<b>ISD County Office</b>	<b>FAX # 1-855-804-8960</b>	

**C. DISABILITY DETERMINATION SERVICES – REPORT TO INCOME SUPPORT DIVISION**

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

## INSTRUCTIONS FOR MAD 299 DISABILITY DETERMINATION UNIT REFERRAL

### PURPOSE

This form is used by Income Support Division (ISD) workers to authorize the Disability Determination Unit (DDU) at Medical Assistance Division to provide services regarding a disability determination to establish eligibility under Institutional Care, Home and Community Based Services Waivers, Working Disabled Individuals, Supplemental Security Income (SSI) methodology for Emergency Services for Unqualified Aliens (EMSA) and retroactive 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).
- **Redetermination** 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** should be requested, especially if the individual may meet all eligibility conditions including blindness or disability for a retroactive period.

**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) Copies of any/all available medical reports or records from the applicant/recipient **must be attached**, including those that would support a possible retroactive Medicaid eligibility period. Discharge Summaries from acute care facilities are critical to the determination. If no medical reports or records are attached, **a determination cannot be made**. It is particularly important to provide the names of all physicians, hospitals, etc., from whom the applicant/recipient has received services.
- 2) Copy of current SOLQ.
- 3) For **Reconsideration** or **Redetermination**, submit prior MAD 299 (if applicable).
- 4) A request for and Consent to Release Medical Information (MAD 093)

### ROUTING

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

HSD / Medical Assistance Division  
PO Box 2348  
Santa Fe, New Mexico 87504-2348  
ATTN: **Eligibility Bureau** / Disability Determination Unit (or DDU)

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

DDU will Fax a copy of the original MAD 299 and Rationale to the ISD (Worker) when a determination is made. **A Fax number is required**. The determination and information on Section C of the MAD 299 is to be entered and scanned into ASPEN by the caseworker at the local Income Support Division office.

**RETENTION:** Permanent.