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**DEPARTMENTAL MEMORANDUM**

**MAD-MR: 21-08 REVISED**

**DATE: NOVEMBER 2, 2021**

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

**FROM: NICOLE COMEAUX, J.D., M.P.H., MEDICAL ASSISTANCE DIVISION DIRECTOR**  
**KARMELA MARTINEZ, INCOME SUPPORT DIVISION**

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

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

**GENERAL INFORMATION**

The MAD 299 has been updated to conform with recommended changes by the Income Support Division (ISD), Medical Assistance Division (MAD), and the Disability Determination Adjudicators.

Due to the difference in the form's purpose across divisions, the retention will not be consistent. To avoid confusion, the retention language has been removed.

The Forms Manual in each ISD office should contain the most current version of the MAD 299. The new MAD 299 has a revision date of **8/21** and replaces the prior form dated **5/21**.

Please address any questions to Vanessa Mathews at [VanessaJ.Mathews@state.nm.us](mailto:VanessaJ.Mathews@state.nm.us) (505) 709-5654.

Attachments: MAD 299 Disability Determination Unit Referral and Instructions revised 8/21.



DISABILITY DETERMINATION UNIT REFERRAL

ATTACHED:
[ ] Medical Reports [ ] Current State Online Query (SOLQ)
[ ] Previous MAD 299 (if applicable)

Form with fields: Applicant's Name, Date of Birth, Category, Application Date, ASPEN Case, Pending SSI, Receiving SSI

A. Authorized Services

Form with fields: Initial Determination, Reconsideration, Redetermination, Alleged Date of Onset

B. Applicant Information

Form with fields: Nature of Disability/Impairment, Institutionalized?, From, To, Employment

Form with field: Comments/Observations

C. Disability Determination Services- Report to Income Support Division

Form with fields: Individual Determined Disabled?, Blind?, Diagnosis, Applicable Regulation, Date of Onset, Date of Re-Exam, Adjudicator's Signature, Date Signed

## 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, 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 an application being denied.
- **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.
- **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 State Online Query (SOLQ).
3. For Reconsideration, 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:

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 scanned into ASPEN ECF and kept in the case record.