

CHANGE NOTICE FOR MANUAL NO. 16-05, BLINDNESS M-SM DATE: APRIL 13, 2005

Manual: Aged, Blind, and Disabled Medicaid
Change No: 16-05
To: County Directors of Social Services
Effective: May 1, 2005

I. CONTENT OF CHANGE

A. MA-2530, Blindness M-SB has been updated to reflect:

1. Division of Services for the Blind (DSB) authorizations are no longer completed for a change in payment resulting from a legislative increase for rest home rate changes, COLA, Social Security and Supplemental Security Income increases. DSB will notify the payee by letter if there is a payment change.
2. Once the county receives notification (DSB-7209) that the SAB payment is being terminated, the caseworker must evaluate the individual to determine whether he is eligible for Medicaid in any other aid program/category. Do not terminate Medicaid until a determination is made, and the timely notice period has expired.
3. County workers are not required to complete the DSB-7209, SAB Authorization, or the DSB-7207, Verification of Eligibility – Budget.

These forms originate from DSB. Copies of these forms are to be filed in the eligibility record.

4. The Division of Services for the Blind (DSB) wants to ensure counties have the correct contact numbers.

Telephone: 1-919-733-9744 and Facsimile: 1-919-733-2772

B. [MA-2531, Blindness M-AB](#) has been updated to reflect:

1. Document the case record for individuals receiving Social Security due to blindness, (not presumptive) as to how you verified blindness. [MA-2531, Blindness M-AB](#) requires you to verify blindness by either: BENDEX, SDX, SOLQ, or TPQY.
2. Send a [DSS-8110, Notice of Change in Benefits](#), to the a/r if blindness is disapproved at any time.
3. The onset date of blindness is the date the Ophthalmologist has signed the DSB-2202, Report of Eye Examination and determined the recipient to be legally blind.
4. DSB-2202, Report of Eye Examination can be obtained through DSB and eye care providers. Copies of these forms are to be filed in the eligibility record.
5. Authorization for Medicaid can begin no earlier than the first day of the month of the date of onset, once all eligibility criteria are met.

II. IMPLEMENTATION

This policy is effective May 1, 2005. Apply this change to pending applications effective May 1, 2005.

III. MAINTENANCE OF MANUAL

A. Remove: MA-2530, Blindness M-SB, pages 1 through 6.

B. Insert: [MA-2530, Blindness M-SB](#), pages 1 through 6, effective May 1, 2005.

A. Remove: MA-2531, Blindness M-AB, pages 1 through 3.

B. Insert: [MA-2531, Blindness M-AB](#), pages 1 through 3, effective May 1, 2005.

Aged, Blind and Disabled Change Notice 16-05
Page 3

If you have any questions, please contact your Medicaid Program Representative.

Mark T. Benton
Interim Director

(This material was researched and written by Renee Carlton-Pettiford, Policy Consultant,
Medicaid Eligibility Unit.)