
BLINDNESS - MAB

MA-2531 BLINDNESS - MAB

REVISED 10/01/12 – CHANGE NO. 15-12

I. INTRODUCTION

Individuals who are determined legally blind may receive Medicaid Aid for the Blind (MAB) if they meet all other Medicaid eligibility requirements. The MAB individual may also be eligible for Health Coverage for Workers with Disabilities (HCWD), a program that provides an incentive for persons with disabilities to go to work or to increase their work while protecting their Medicaid eligibility. (See MA-2180, Health Coverage for Workers with Disabilities)

II. POLICY PRINCIPLES

- A. When an applicant/beneficiary is receiving RSDI due to blindness other than on a presumptive basis, he meets the blindness criteria for MAB.**
- B. When an applicant is receiving RSDI on a presumptive basis of blindness, a determination of blindness is required.**
- C. An individual alleging blindness who does not receive RSDI due to blindness must have his blindness determined by DSB.**
- D. When RSDI is denied for an applicant/beneficiary whose blindness was previously determined by DSB, DDS or SSI; follow [MA-2525 Disability procedures](#). Eligibility may continue while in appeal status.**

III. WHEN A DETERMINATION OF BLINDNESS IS NOT REQUIRED

- A. When RSDI is not presumptive, or**
- B. When an applicant is receiving RSDI due to blindness, or**
- C. A previous determination of blindness has been made.**
- D. Document the record that blindness is currently established, and how verified: Bendex, SDX, SOLQ, TPQY, a previous DSB-2202, or the individual is listed on the North Carolina Register for the Blind.**
- E. When all other eligibility criteria are verified, dispose of the case.**

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IV. WHEN A DETERMINATION OF BLINDNESS IS REQUIRED

A. When an individual is receiving RSDI on a presumptive basis of blindness, or

B. When an individual is not receiving RSDI, or

C. When an individual has not previously been determined blind.

D. Follow these procedures to obtain the determination for an applicant:

1. Explain to the client he needs to provide a completed DSB-2202, Report of Eye Examination. This can be obtained through the Division of Services for the Blind (DSB), on the DHHS Forms Web site at <http://info.dhhs.state.nc.us/olm/forms/dsb/dsb-2202-ia.pdf>, and eye care providers. Copies of these forms are to be filed in the eligibility record. If the beneficiary is mentally or physically unable to have the form completed, the IMC must assist him.
2. Request the return of the DSB-2202 by providing the client a DMA-5097, Request for Information. Follow procedures in MA-2303, Verification Requirements for Applications, III.D., for requesting the information.
3. When the county receives the completed DSB-2202, submit it according to instructions in VI., below.
4. If the DSB-2202 is returned from DSB with a determination of blindness, and all other eligibility criteria are verified, authorize the case.
 - a. Authorization can begin no earlier than the first day of the month of the date of onset.
 - b. The date of onset is the date of examination noted the DSB-2202 signed by the State Ophthalmologist, certifying legal blindness.
 - c. If the DSB-2202 indicates a re-examination is required, flag the case for a DSB-2202 to be issued 30 days in advance of the due date for the re-examination of blindness.
5. If the DSB-2202 is returned with a determination of not blind, evaluate for all other Medicaid programs and deny if determined not eligible.

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V. REDETERMINATION AND BENEFICIARIES NEEDING AN INITIAL BLINDNESS DETERMINATION

- A. The IMC must verify continuing receipt of RSDI benefits based on blindness at each redetermination of eligibility.**
- B. Follow these procedures to obtain a blindness determination or required review of blindness for beneficiaries:**

1. The DSB-2202 may indicate a review of blindness is needed and the date for the review. When a review of blindness is required for a Medicaid beneficiary, explain to the beneficiary a new DSB-2202, Report of Eye Examination, is required. This can be obtained through the Division of Services for the Blind (DSB), on the DHHS Forms Web site at <http://info.dhhs.state.nc.us/olm/forms/dsb/dsb-2202-ia.pdf>, and eye care providers. Use a DMA-5097, Request for Information. Copies of these forms are to be filed in the eligibility record.
 - a. If the beneficiary is mentally or physically unable to have the form completed, the IMC must assist him.
 - b. Advise the beneficiary that if he fails to return the completed form within 30 days, his case will be terminated.
 - c. If the DSB-2202 has not been returned to the county after 30 days, terminate the case based on the beneficiaries failure to provide requested medical information, following timely notice.
2. When the county receives a completed DSB-2202, submit it according to instructions in VI., below.
3. If the DSB-2202 indicates a continuing blindness determination, and all other eligibility criteria are verified, authorize the case.
4. For beneficiaries who previously did not have a blindness determination and continue to meet all eligibility criteria, authorization can begin no earlier than the first day of the month of the date of onset. The date of onset is the date of examination noted the DSB-2202 signed by the State Ophthalmologist, certifying legal blindness.

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(V.4.)

- C. If the DSB-2202 is returned indicating no longer determined blind, evaluate for all other Medicaid programs, including HCWD if the beneficiary is working. (See MA-2180, Health Coverage for Workers with Disabilities)**

VI. SUBMITTAL PROCEDURES FOR DSB-2202 "REPORT OF EYE EXAMINATION"

- A. Submit all materials for the determination of blindness to:**

Division of Services for the Blind
2601 Mail Service Center
Raleigh, NC 27699-2601
Or fax to: 919-733-2772

- B. Enclose with each submittal a self-addressed envelope to the attention of the IMC who is processing the case.**

- C. Note that this is for certification of legal blindness for medical assistance.**

VII. SPECIAL PROCEDURES FOR REAPPLICATIONS

The Income Maintenance Caseworker (IMC) must check the most recent DSB-2202 to determine whether a review is indicated, and document the record with the findings of the DSB-2202.

- A. Cases terminated for reasons other than discontinuance of blindness, IMC must:**

1. Document in the record that blindness is currently established.
2. Determine eligibility based on the appropriate section.
3. When all other eligibility criteria are verified, dispose of the case.

- B. Cases requiring a review of blindness, IMC must:**

1. Complete DSB-2202 according to instructions in IV. above.
2. When the DSB-2202 is returned from DSB that establishes blindness, document receipt and file in case record.
3. Determine eligibility based on the appropriate section.