

.03 FES Referrals - DDSA Packets

FAA staff located in medical facilities may assist applicants in completing the DDSA packet. FAA assists the applicants for the following reasons:

- A completed packet expedites the SS\MAO eligibility determination.
- FAA staff has the opportunity to meet with the applicant while the applicant is still in the medical facility.
- FAA and AHCCCS are able to obtain all necessary information in a timely manner, while the applicant is still in the medical facility.

When the applicant leaves the medical facility before FAA is able to assist with completing the DDSA packet, the AHCCCS SS\MAO unit ensures the DDSA packet is completed. Complete the DDSA packet as follows:

- Assist the applicant in completing the AHCCCS Medical Benefits Disability Report (DE-121).

NOTE Explain that the applicant's information in the packet is being forwarded to the AHCCCS SS\MAO eligibility unit.

- For each provider listed on the DE-121, complete an Authorization to Release Medical Information (D-202) form.
- When the applicant claiming disability is age 55 or older, but under 65, complete the AHCCCS Medical Benefits Vocational Report (DE-128).

NOTE When the applicant is incapacitated, a completed Medical Incapacity Statement (FAA-1148A) must be included in the packet with either of the following:

- A completed Authorization to Share Information (FAA-1145A) form
- A completed Section E of the Application for AHCCCS Health Insurance (FA-001H)

Send the following to the [FAA Internal Operations Unit](#) by close of business one work day after keying AZTECS:

- A copy of the application
- Copies of all verification provided by the applicant
- The completed DDSA packet
- All available medical records and disability statements

Document CADO to indicate that the DDSA packet has been sent to Internal Operations.

Internal Operations forwards the DDSA packet and the application to the AHCCCS SSIMAO unit.

Complete ONLY the following sections on the DE-202:

- Name and address of Medical Source (when available)
- Customer (Applicant)
- Eligibility Specialist Information (EI)
- Date of Birth
- Social Security Number (when available)
- Customer's or Representative's Signature
- Relationship to Customer (when applicable)
- Witness' Information (when the applicant is unable to write their name)

NOTE Leave the date section under the AHCCCS ID section blank.