

INSTRUCTIONS
DHS 1127 (Rev. Interim 03/14)

MEDICAL HISTORY AND DISABILITY STATEMENT

Purpose:

The DHS 1127 shall be completed and submitted to the Aid to Disabled Review Committee (ADRC) to assist in the disability determination by evaluating an individual's medical profile, education level, and previous work experience.

General Instructions:

The applicant/beneficiary should complete the form in its entirety. If for some reason, the individual is unable to complete the form, he/she may request assistance from a relative, friend, Eligibility Worker, or someone in the health care field. If another individual assists in the completion of the form, the answers shall be, to the extent possible, in the applicant's/beneficiary's own words.

An applicant/beneficiary that is eligible under the Adult Group should only complete this process if they are requesting long-term care services in their home or community. An applicant/beneficiary that is eligible under the Adult Group receiving services in a nursing facility (either skilled or intermediate care) who intend to remain in the facility should not complete this process.

Specific Instructions:

1. Enter the name of the potentially disabled person, case number, and beneficiary identification number.
2. All questions shall be read and answered carefully. All responses shall be written in the applicant's/beneficiary's own words.
3. After the form is completed, the applicant/beneficiary shall check either item A certifying that the information is true and accurate to the best of their knowledge, or choose item B not to complete the form.
4. The applicant/beneficiary shall read and initial item C, "I understand that if I am found to have a disability for one year or more, I will be disenrolled from my QUEST health plan and be enrolled into a QExA health plan. I also understand that I may not necessarily be able to continue seeing my current provider(s)."
5. The applicant/beneficiary shall read and initial item D, "I understand that if I am found to have a disability for one year or more, the Department of Human Services will look at my assets to determine if I am still Medicaid eligible. If I go over my asset limit, I may lose my Medicaid eligibility."
6. If someone is applying on behalf of the applicant/beneficiary, that individual shall sign and date the form and enter their relationship to the applicant/beneficiary. An explanation shall be provided as to why the applicant/beneficiary is unable to complete the form on his/her own behalf.
7. If items C and D are not initialed by the applicant/beneficiary, the form will not be accepted by the ADRC committee for review.

Exceptions to submission/completion of DHS 1127:

1. If an applicant/beneficiary cannot be found, the health plan/evaluator shall prove good faith effort to locate the applicant/beneficiary by documenting the following:
 - a. Attempt to locate the applicant/beneficiary by phone at least five times on different days at different times;

- b. Attempt to locate the applicant/beneficiary by correspondence, including certified letter;
 - c. Attempt to locate the applicant/beneficiary in conjunction with a hospitalization or a medical appointment; and
 - d. Coordination of efforts with the applicant/beneficiary's primary care physician's office to locate the applicant/beneficiary.
2. If an applicant/beneficiary refuses to complete DHS 1127, he/she shall sign that he/she chooses not to complete the form.

In **both** exceptions above (Item 1 and 2), the applicant/beneficiary must be sent a final certified letter from the health plan/evaluator stating that the ADRC process will be moving forward without the applicant's/beneficiary's input, concurrence or signature. The letter must contain Hawaii Administrative Rules language stating the applicant/beneficiary has the right to appeal the disability decision and information on how to file an appeal.

Filing Instructions:

Return completed form to:

DHS Med-QUEST Division, Clinical Standards Office
P.O. Box 700190
Kapolei, Hawaii 96709-0190
Attn: ADRC

Or fax to: (808) 692-8131, Attn: Clinical Standards Office