

INSTRUCTIONS
DHS 1128 (Rev. 07/13)

DISABILITY REPORT

PURPOSE:

The DHS 1128 Disability Report form shall be initiated when an individual applies for medical assistance on the basis of blindness or disability and a determination is required, or by the health plans or by the Med-QUEST eligibility worker when there is reasonable indication that an individual receiving medical assistance from the Department may meet the strict definition of a disabled individual per the most recent edition of the "Disability Evaluation under Social Security".

GENERAL INSTRUCTIONS

The health plans or Med-QUEST eligibility worker shall require the licensed treating physician/evaluator to complete the DHS 1128 form ONLY IF there is justified reason to believe that an applicant/recipient who is receiving medical assistance from the Department meets the definition of disability as specified by law.

DISABILITY as defined by law is the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months.

SPECIFIC INSTRUCTIONS:

- I. Complete "Name", "DOB" And "Sex" legibly.
- II. Licensed treating physician/evaluator shall:
 - A. Type or print legibly when completing the DHS 1128
 - B. The form must be completed in its entirety.
 1. Each question listed must be answered as directed.
 2. All answers must meet the legal definition of disability.
 - C. The form must also contain information of the licensed treating physician/evaluator:
 1. Printed/typed name and signature;
 2. Address, phone number, and date of signature; and,
 3. Name of applicant/recipient's health plan and licensed treating physician's Medicaid provider number or NPI.
 - D. Each DHS 1128 shall be accompanied by a completed:
 1. DHS 1127, Medical History and Disability Statement form, and
 2. DHS 1180, ADRC Referral and Determination form,

OR

3. HCFA 2728 or DHS 1270 may substitute the DHS 1128. These forms shall still be accompanied by a completed DHS 1127 and DHS 1180 as above.

- E. Additional medical information may be attached that will enhance the DHS ADRC evaluation for disability determination.
- III. Patient acknowledgement of report should be signed by the applicant/recipient or guardian or representative. If the applicant/ recipient does not sign, indicate reason.
- IV. "Official Use Only": This section to be completed by DHS eligibility worker if ADRC is initiated by Eligibility Branch or by Clinical Standards Office staff when ADRC packet is received.
- V. Return completed forms 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