

DISABILITY QUESTIONNAIRE (INFORMATIONAL)

PURPOSE: To provide the applicant/participant the opportunity to review the questions that will be asked of him/her during the interactive contact with an MRT Specialist, so that the applicant/participant can provide detailed, relevant information during the contact. Use the questionnaire during the application, reapplication, or review to assist in obtaining sources of available medical information, social history, and objective or subjective information about the participant/applicant's disability or incapacity.

NOTE: The IM-61B Information is used in conjunction with the IM-61B.

NUMBER OF COPIES AND DISPOSITION: One is mailed to the household for each applicant/participant applying for coverage on the basis of disability or incapacitation, when not receiving Social Security OASDI benefits on the basis of his/her own disability or receiving Supplemental Security Income. While the IM-61B Information is watermarked and noted as a form that does not need to be returned, if the participant/applicant does return a completed IM-61B Informational, it will be submitted to MRT along with the rest of the MRT-PC packet for consideration.

MANUAL REFERENCE:

[0105.025.15.25 Medical Assistance Program Explanation](#)

[0105.025.15.40 Supplemental Nursing Care Explanation](#)

[1060.000.00 Disability \(PTD eligibility criteria\)](#)

[0205.050.20 Physical and Mental Incapacity](#)

INSTRUCTIONS FOR COMPLETION: The IM-61B Informational is to be provided to the applicant/recipient at each application or medical redetermination. This form can be mailed when necessary.