

DISABILITY QUESTIONNAIRE

PURPOSE: To provide a standardized means of obtaining medical and social information about the disabled/incapacitated person who is requesting or receiving assistance on the basis of physical or mental incapacity. 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.

NUMBER OF COPIES AND DISPOSITION: One for each applicant/participant in the household 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. This summary can be completed by the applicant, an authorized representative or legal guardian. It can also be completed by the Medical Review Team (MRT) Specialist if the applicant requires assistance. It should be submitted to MRT-Processing Center with the rest of the required packet.

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: Enter the participant/applicant's name, DCN, and the date of the interactive contact in the appropriate fields. Questions 1 through 17 should be answered as completely as possible by the person completing the form. MRT staff must review the IM-61B when it is received. If fields are incomplete or data is missing, the MRT Specialist should make contact with the applicant/participant to obtain this information prior to submitting the documents for further review.

Pertinent Information and Observations of the Eligibility Specialist

This section is the only section completed independently by the MRT Specialist. Use the following guidelines for completion:

This item requires a subjective analysis of the applicant/participant, made by the MRT Specialist if contact is made with the applicant. Observe the individual during the contact to determine any limitations in function by such things as speech or speech patterns, confusion, inability to understand questions, inability to give appropriate answers, hearing impairments, and difficulty in maintaining contact throughout the

conversation. If no interactive contact has been made with the applicant/
participant, this field can be left blank.