

**REPORT TO THE TWENTY-FOURTH HAWAII STATE
LEGISLATURE 2006**

**IN ACCORDANCE WITH THE PROVISIONS OF ACT 208,
SESSION LAWS OF HAWAII 2004**

**DEPARTMENT OF HUMAN SERVICES
BENEFIT, EMPLOYMENT, AND SUPPORT SERVICES
DIVISION
NOVEMBER 2006**

REPORT SUBMITTED BY THE DEPARTMENT OF HUMAN SERVICES TO THE 2006 LEGISLATURE TO MEET THE REQUIREMENTS OF ACT 208, SESSION LAWS OF HAWAII (SLH) 2004.

Act 208, SLH 2004 amended §346-71, Hawaii Revised Statute (HRS). This section relates to eligibility for General Assistance and the process of determining disability. Specifically, it addresses medical reviews as applicants must be disabled in order to qualify for this assistance. The Department is required to report on the progress of this Act.

The Act mandated three changes to the eligibility determination for this assistance which we have already implemented.

1. Previously, applicants were determined either physically disabled by a board of licensed physicians or mentally disabled by a board of licensed psychologists or psychiatrists. Act 208 requires that individuals claiming to be both physically and mentally disabled will be given the opportunity to provide verification of both disabilities to determine if the combination of disabilities makes them disabled when either disability by itself is not sufficient. The applicant declares which disability is most significant and that is the evaluation for which they are referred first. If they are found disabled as a result of the initial evaluation, we do not send them for the second evaluation because the applicant is already eligible based on the first evaluation. If the applicant's first review does not find a disability, then a review of the applicant's declared secondary disability is conducted. Although the reviews must be conducted sequentially, both disabilities are reviewed by a combined board to determine the total impact on the individual. We have also modified our board referral form to identify these cases as dually disabled to clarify and expedite the review process.

The Psychiatric Examination Report (DHS 1271), the Physical Evaluation Report (DHS 1270), the GA Determination and/or Referral Form (DHS 1258), the Disability Declaration (DHS 1261) and the Medical or Psychiatric Examination Notice (DHS 1256) have been revised to include a section for dual physical and psychiatric determinations.

2. Previously, if we received a medical report from our physical or psychiatric board and it stated that the individual was not disabled, we would send a notice telling the applicant that his/her application was denied. We are now required to send a notice giving the individual ten days to provide additional verification or to get an additional medical review before denying the application.

For any determination made by the medical or psychiatric board that states the applicant is able to perform 30 hours of work per week, the Department shall send a pending notice (new HAWI notice A022, PENDING – ADD’L MED EVIDENCE.) that gives the applicant ten calendar days to provide additional medical evidence.

A copy of the notice to the client and the instructions to the staff are attached for your reference.

3. Compliance with medical treatment is a condition of eligibility for this category of assistance. We received complaints from clients stating they did not comply with the treatment as they could not decipher the examining doctor's handwriting. Act 208 requires that the treatment requirements be legible. The treatment requirements are now sent to the Department and a typed copy is issued to the client to eliminate the problem of the form not being legible. Our staff has also been instructed to review the treatment requirements with the client to be certain they understand what is required to maintain eligibility.

A copy of the instructions to the staff is attached for your reference.

This Act was signed by the Governor on July 7, 2004 and implemented by the Department on August 1, 2004. A copy of the new forms and our instructions to staff are attached for your reference. From July 2005 through June 2006, we had 182 individuals determined eligible based on dual disabilities.

PROGRAM CLARIFICATION

PC NO.: 04-046
SUBJECT: GA INITIAL EVALUATIONS AND RE-EVALUATIONS
SECTION(S): 17-659-11
ORIGINATOR(S): S. Morishige
EFFECTIVE DATE: June 1, 2004
ISSUE DATE: 6/03/04

INFORMATION ONLY:

FS FA CCCH CCL FTW E&T

ACTION REQUIRED:

FS FA CCCH CCL FTW E&T

FOR INFORMATION:

This PC rescinds and reissues PC 04-010. This program clarification revises the procedures for both the General Assistance (GA) physical and psychiatric examinations that were issued in PC 04-010 as a result of meetings with representatives from the State Legislature, the Legal Aid Society of Hawaii, and the Department of Human Services (BESSD and MQD).

The General Assistance (GA) physical or psychiatric examination to determine GA incapacity is not designed to be a complete physical examination. The physical and psychiatric examinations are designed to test the individual's functional ability. Both physical and psychiatric examiners consider the degree of functional limitation of the items listed on the DHS 1270 and DHS 1271 to determine whether the individual is able to perform manual or sedentary work of at least thirty hours per week. A determination that an individual is not incapacitated does not mean that the individual does not have a disability. It means that although the individual may have a disability, the disability does not impede the individual's ability to perform any sedentary work of thirty hours per week. The Social Security Administration (SSA) considers functional ability in addition to other factors such as medical history (medications, hospitalizations, length and severity of illness), education, training, and social and family history to determine an individual's disability. Therefore, the GA examinations may not be as lengthy as SSA examinations and an individual may be determined not incapacitated for GA but may be considered disabled by the SSA.

The physical or psychiatric examiners are contracted by the Department of Human Services to assist in the determination of incapacity for applicants and recipients which is an integral part of the eligibility determination for the General Assistance program. As such, we must support these examiners, in addition to the Med-QUEST Division staff, and work together to correctly determine an applicant's or recipient's eligibility. Comments regarding the examination or examiners shall not be initiated by staff to the applicant or recipient.

As discussed in meetings with representatives from the State Legislature and the Legal Aid Society of Hawaii, the Department of Human Services (BESSD and MQD) has agreed to the following:

1. Allow applicants the opportunity to declare both a physical and a psychiatric disability. The applicant shall declare a primary disability: physical or psychiatric disability.
2. Protect the date of application for applicants who initially declare a physical disability and subsequently declare a psychiatric disability.
3. Involve both medical and psychiatric Med-QUEST (MQD) consultants in the determination of disability in instances in which the DHS 1270, Physical Evaluation Report, or the DHS 1271, Psychiatric Examination Report, indicates a review by both consultants is necessary. Upon review by both consultants, a determination of physical or psychiatric disability will be made.
4. Instruct the authorized examiners to provide a legible treatment plan and provide a copy of the treatment plan to the applicant or recipient.

As a result of these meetings, the procedures issued in PC 04-010 were revised. The new procedures are attached.

FOR ACTION:

Review the above and implement effective June 1, 2004. Units will be notified when DHS 1261 is loaded as a template. In the interim, DHS 1261 shall be manually reproduced.

Please refer any questions regarding this to the program office through the appropriate channels.

/s/ Garry L. Kemp
ABESSDA

Attachment(s) 1 (DHS 1261)
Historical Reference: 03-156, 04-010

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Physical Examinations (Flow chart on page 11)

1. Staff shall encourage all applicants and recipients to provide any additional medical evidence to the GA examiner at the time of their appointment. Any additional medical evidence provided to staff by clients shall be forwarded to PARS.
2. Upon completion of the examination, PARS will refer the DHS 1127, Medical History and Disability Statement, current DHS 1270 and DHS 1258, previous DHS 1270 and DHS 1258, and any additional medical evidence to the medical consultant who will review these documents at PARS within five (5) working days of the examination.
 - a. If the client is determined to be incapacitated, PARS will send the DHS 1258, DHS 1270 and DHS 1127 to the appropriate EW. The EW shall take appropriate action on the case record and forward the DHS 1258, DHS 1270 and DHS 1127 to MQD-MSB for review and signature by the second medical consultant. Upon completion of the GA determination by the MQD medical consultants, MQD will send the DHS 1258, DHS 1270 and DHS 1127 to the appropriate EW.
 - b. If the determination on the DHS 1258 is that the client is not incapacitated, PARS will send the DHS 1258, current and previous DHS 1270, and DHS 1127 directly to MQD-MSB for review by the second medical consultant. Upon completion of the GA determination by the MQD medical consultants, MQD will send the DHS 1258, DHS 1270 and DHS 1127 to the appropriate EW. The EW shall take negative action upon receipt of the final determination by MQD.
3. In situations where the client submits the additional medical evidence after the GA examination or after the GA determination has been made, units shall send a DHS 1258 with the additional medical evidence to PARS, attention: Merle. The medical consultant will review the additional information at PARS to determine whether there is a change in the original determination. If there is a change, the medical consultants will notate the change on the DHS 1258 and MQD will send the signed DHS 1258 to the EW. The EW shall change the previously determined action based on the new DHS 1258.
4. If a fair hearing is requested by the client and the fair hearing officer would like to review the additional medical evidence filed at PARS, the Administrative Appeals Office (AAO) shall request this information from PARS. If the client provides additional medical evidence during the hearing, the medical consultant will accept and review the additional evidence at the direction of the hearing officer and will determine whether the person's status of not being incapacitated will be changed.

Psychiatric Examinations (Flow chart on page 12)

1. Staff shall encourage all applicants and recipients to provide any additional medical evidence to the authorized examiner at the time of their appointment.
 - a. For new applications or re-evaluations being completed by the same authorized examiner, the EW shall route the DHS 1258, a blank DHS 1271, and any additional medical evidence to the authorized examiner.
 - b. For re-evaluations being completed by a different authorized examiner, the EW shall attach a copy of the most current DHS 1258 and DHS 1271 to the new DHS 1258, a blank DHS 1271 and additional medical evidence and send it to the authorized examiner.
 - c. If the authorized examiner receives additional medical evidence at the time of the examination, the authorized examiner will route the additional medical evidence to the EW together with the DHS 1271 and DHS 1258.
2. Upon completion of the examination, the authorized examiner will refer the DHS 1258, DHS 1271, and any additional medical evidence to the EW. If the client is determined incapacitated, the EW shall take appropriate action on the case record and forward the DHS 1258, DHS 1271, and any additional medical evidence to MQD-MSB for review and signature by the psychiatric consultants. If the examiner determined the client is not incapacitated, the EW shall attach a copy of the most recent DHS 1258 and DHS 1271 to the current DHS 1258, DHS 1271, and any additional medical evidence and forward to MQD-MSB for review and signature by the psychiatric consultants. Upon completion of the GA determination by the MQD psychiatric consultants, MQD will send the DHS 1258(s), DHS 1271(s) and additional medical evidence to the appropriate EW.
3. In situations where the client submits the additional medical evidence after the GA examination or after the GA determination has been made, the unit shall send a DHS 1258 with the additional medical evidence to the psychiatric consultants who will review the additional information to determine whether there is a change in the original determination. The psychiatric consultants will notate the outcome of the second review on the DHS 1258 and MQD will send the revised DHS 1258 to the EW. If the additional evidence changed the examiner's determination from not incapacitated to incapacitated, the EW shall change the previously determined negative action.
4. If a fair hearing is requested by the client and the fair hearing officer would like to review the additional medical evidence that was reviewed by the psychiatric examiner, the Administrative Appeals Office (AAO) shall request this information from the psychiatric examiner. If the client provides the additional evidence during the hearing, the psychiatric consultant will accept and review the additional evidence at the direction of the hearing officer and determine whether the person's status of not being incapacitated will be changed.
5. Effective June 4, 2004, the psychiatric examiners have been instructed to provide a legible treatment plan on the DHS 1271 only if the client is determined incapacitated. The examiners shall route the additional medical evidence to the EW, together with the DHS 1271 and DHS 1258, GA Determination and/or ADRC Referral Form. If the examiner indicates the applicant or recipient may have both a physical or psychiatric disability, the EW shall notate this on the DHS 1258 and request

the DHS 1258 be reviewed for physical disability also. The EW shall route the DHS 1271, DHS 1258, and any additional medical evidence to the MQD-Medical Standard Branch's (MSB) psychiatric consultant. For all instances in which the examiner finds the client is not incapacitated or not in compliance with treatment, the EW shall also send a copy of the DHS 1271 completed just prior to the most current evaluation to the attention of the psychiatric consultant of the MQD-MSB. In the event the examiner determined the client is not incapacitated but the MQD board determined the client is incapacitated, the psychiatric consultant will contact the examiner to obtain the treatment plan and shall send the treatment to the EW via the DHS 1258.

6. The EW shall provide the applicant or recipient with the treatment plan by mailing or giving a copy of the DHS 1271 (back only) to the applicant who will be approved or the recipient.

Both physical and psychiatric disability

When an applicant indicates he or she is incapacitated on the basis of both a physical or mental impairment:

1. Applicants (Flow chart on page 13):

When the applicant states he or she has both a physical and a psychiatric disability, the eligibility worker (EW) shall ask the applicant or recipient to declare a primary disability (form DHS 1261 attached) and shall refer the applicant or recipient to the appropriate examiner.

- i. If the result of the first examination is that the applicant is not incapacitated, the EW shall allow the applicant to obtain an examination for the other disability before sending the DHS 1270 or DHS 1271 to the MQD board. Both a physical and a psychiatric disability determination are allowed when the applicant or recipient declares both types of disability.
 - A. The EW shall send HAWI notice A018 (copy attached) to inform applicant that the result of the first examination was that the applicant is not incapacitated and instruct applicant to contact EW within ten (10) calendar days to set up an appointment for an examination of the second disability.
 - B. The EW shall deny the application if the applicant fails to contact the EW for an appointment for an examination of the second disability.
 - ii. When the second examination form is received by the EW (DHS 1270 or DHS 1271):
 - A. If the applicant is not incapacitated, the EW shall send both the DHS 1270 and the DHS 1271 to the medical **and** the psychiatric consultants. Notate on the DHS 1258 that the applicant is declaring both a physical and a psychiatric disability. The applicant shall be approved if one or both consultants determine the applicant is incapacitated.
 - B. If the applicant is incapacitated, the EW shall approve the application and shall forward the second examination form (DHS 1270 or DHS 1271) to the appropriate consultant at MQD-MSB.
 - iii. If eligible, the application shall be approved retroactive to the original date of application.
- b. When a PARS or a psychiatric examiner indicates on the DHS 1270 or DHS 1271 that the applicant is not incapacitated but may also have a psychiatric or physical disability, the EW shall refer the applicant for a determination of the second disability before referring the DHS 1270 or DHS 1271 to the MQD board.
- i. The EW shall send HAWI notice A018 to inform applicant that the result of the first examination was that the applicant is not incapacitated and instruct applicant to contact EW within ten (10) calendar days to set up an appointment for an examination of the second disability. The EW shall deny the application if the applicant fails to contact the EW for an appointment for an examination of the second disability.

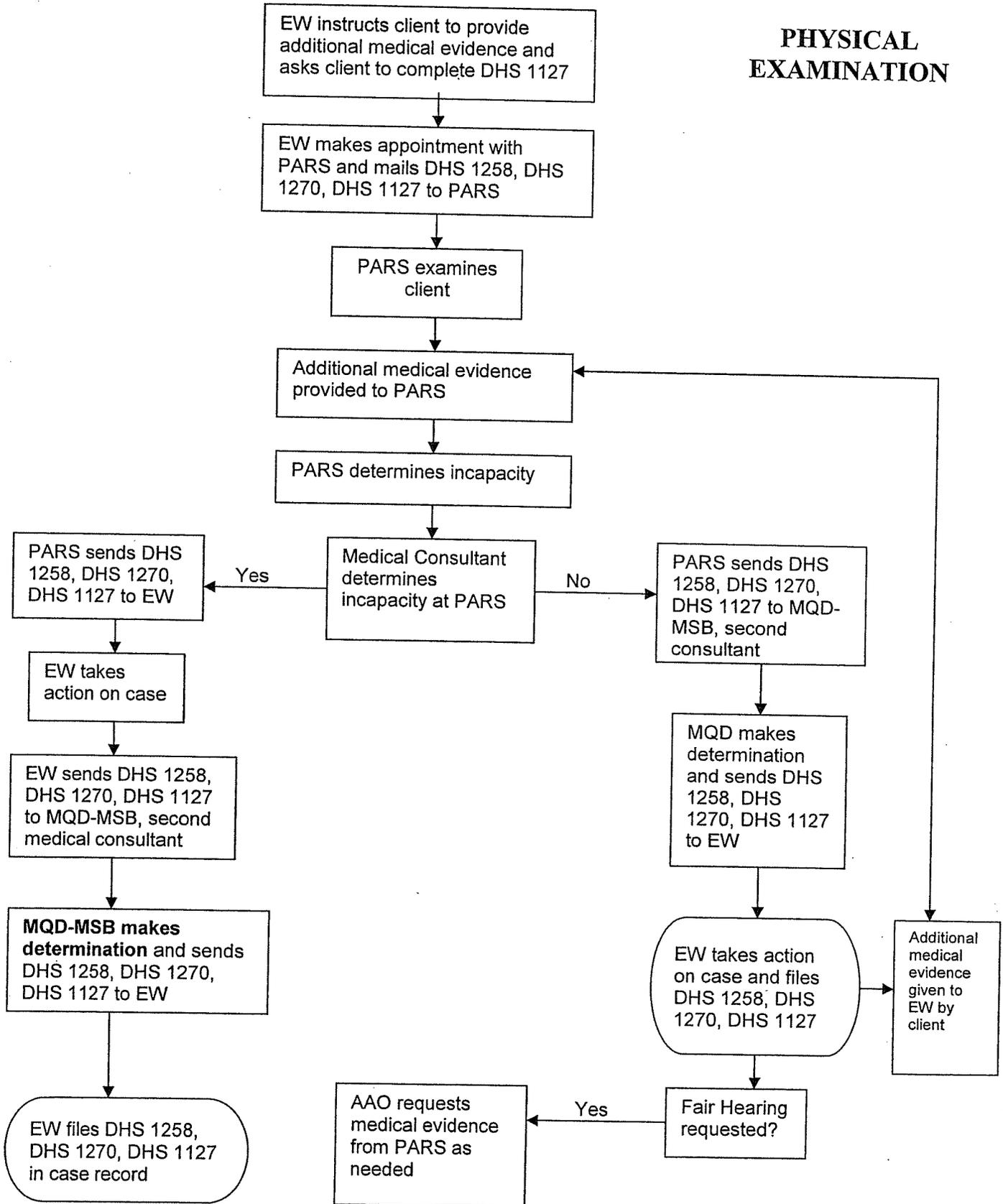
- ii. When the second examination form is received by the EW (DHS 1270 or DHS 1271):
 - A. If the applicant is not incapacitated, the EW shall send both the DHS 1270 and the DHS 1271 to the medical **and** the psychiatric consultants. Notate on the DHS 1258 that the applicant is declaring both a physical and a psychiatric disability. The applicant shall be approved if one or both consultants determine the applicant is incapacitated.
 - B. If the applicant is incapacitated, the EW shall approve the application and shall forward the second examination form (DHS 1270 or DHS 1271) to the appropriate consultant at MQD-MSB.
 - iii. If eligible, the application shall be approved retroactive to the date of application.
 - d. The EW shall not deny the application based on one determination (physical or psychiatric) and take a new application to determine eligibility based on the other determination (physical or psychiatric).
2. Recipients:
- a. When a PARS or a psychiatric examiner indicates on the DHS 1270 or DHS 1271 that the recipient is not incapacitated but may also have a psychiatric or physical disability, the EW shall refer the applicant for a determination of the second disability before referring the DHS 1270 or DHS 1271 to the MQD board. The EW shall not terminate benefits pending the determination of the other disability type. (Flow chart on page 14)
 - i. The EW shall send HAWI notice A018 to inform applicant that the result of the first examination was that the recipient is not incapacitated and instruct recipient to contact EW within ten (10) calendar days to set up an appointment for an examination of the second disability. The EW shall close the case if the recipient fails to contact the EW for an appointment for an examination of the second disability.
 - ii. When the second examination form is received by the EW (DHS 1270 or DHS 1271):
 - A. If the recipient is not incapacitated, the EW shall send both the DHS 1270 and the DHS 1271 to the medical **and** the psychiatric consultants. Notate on the DHS 1258 that the recipient is declaring both a physical and a psychiatric disability. The recipient shall be terminated after a determination by the consultants that the recipient is not incapacitated.
 - B. If the recipient is incapacitated, the EW shall continue eligibility and shall forward the second examination form (DHS 1270 or DHS 1271) to the appropriate consultant at MQD-MSB.

- b. When a notice of adverse action is sent to a recipient to inform the recipient that the MQD board determined he or she is no longer incapacitated and the recipient claims another disability type (physical or psychiatric), the EW shall not take the adverse action and shall allow the recipient to obtain an examination for the other disability type. The EW shall take action after the determination of the second examination is made by the board. (Flow chart on page 15)
- c. When the MQD medical or psychiatric board determines a recipient may be both physically or mentally incapacitated the consultant will discuss with the other consultant. The consultants will determine the primary disability (physical or psychiatric) and whether the client is incapacitated. The consultant shall document such discussion with the other consultant and the result of the discussion on the DHS 1258 to be sent to the EW. If the other consultant feels that an examination of the other disability (physical or psychiatric) is necessary, the consultant will instruct the EW on the DHS 1258 to set an appointment for the other disability.

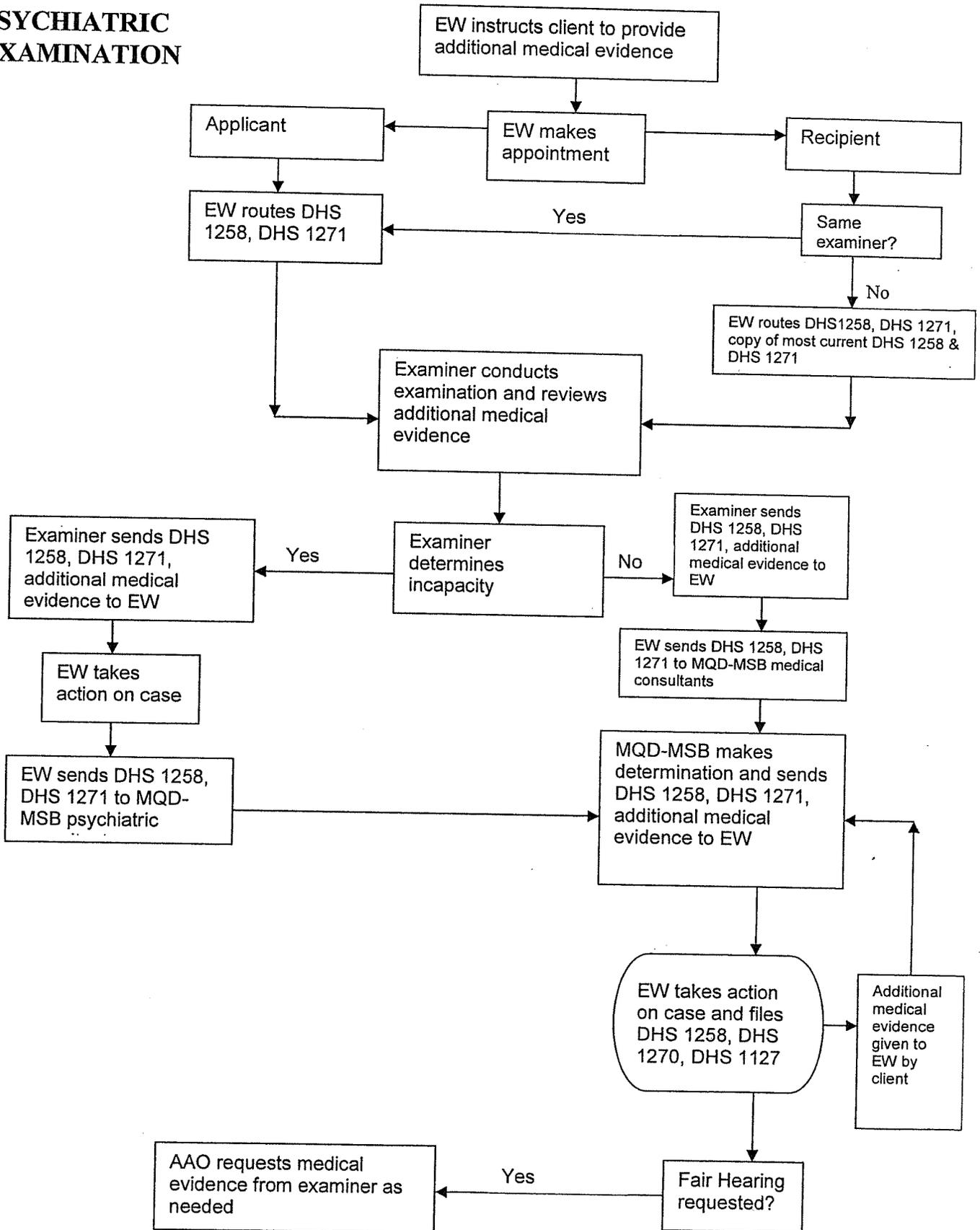
Sending documents to MQD-MSB

All documents sent to MQD-MSB must be attached to a DHS 1258. If the DHS 1258 was already sent to MQD-MSB and a follow-up document is being sent, please make a copy of the original DHS 1258 and copies of all documents that were attached to the original DHS 1258 sent to MQD-MSB to enable them to make a timely determination and distribution the DHS 1258s to the units.

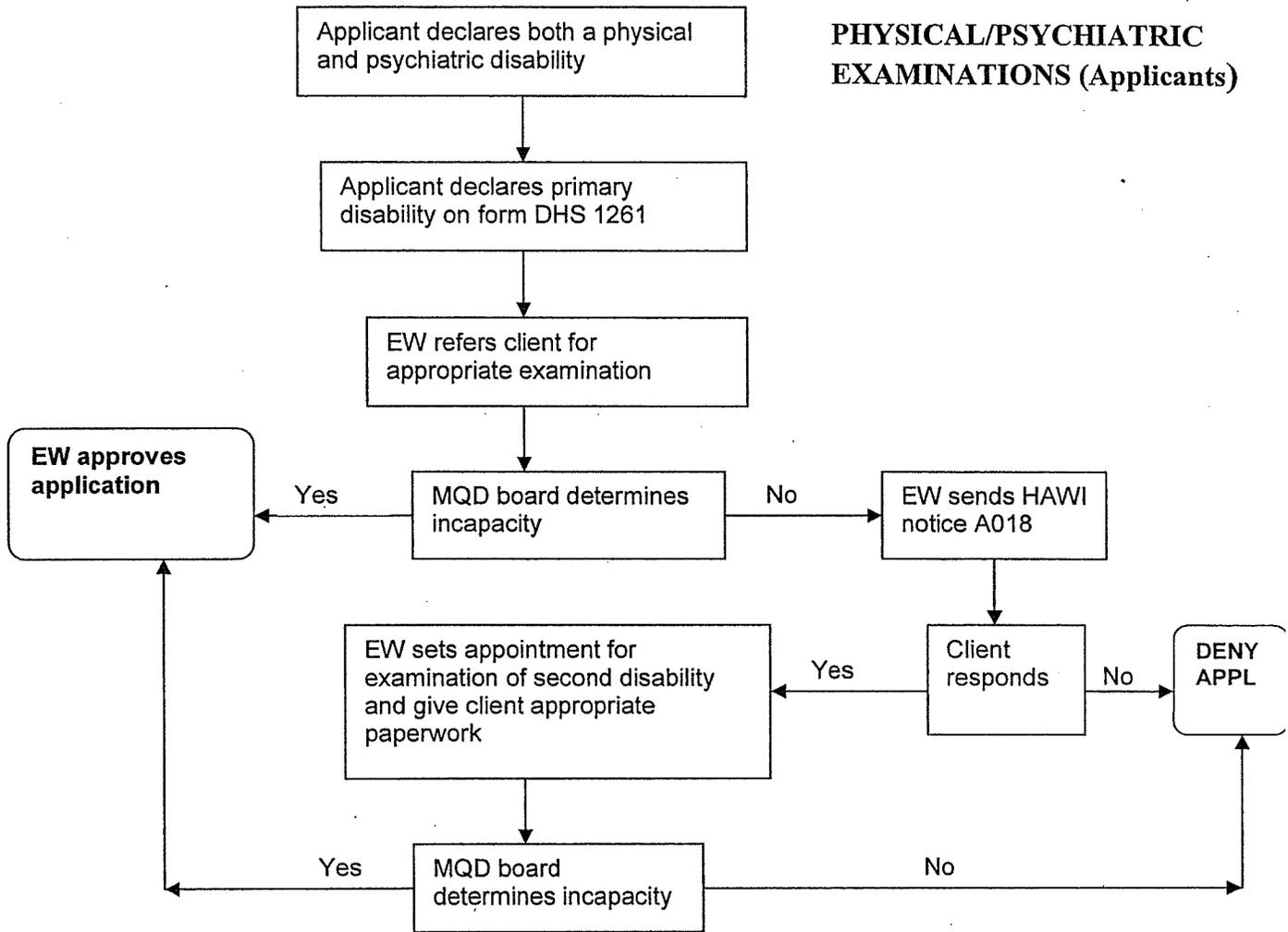
PHYSICAL EXAMINATION



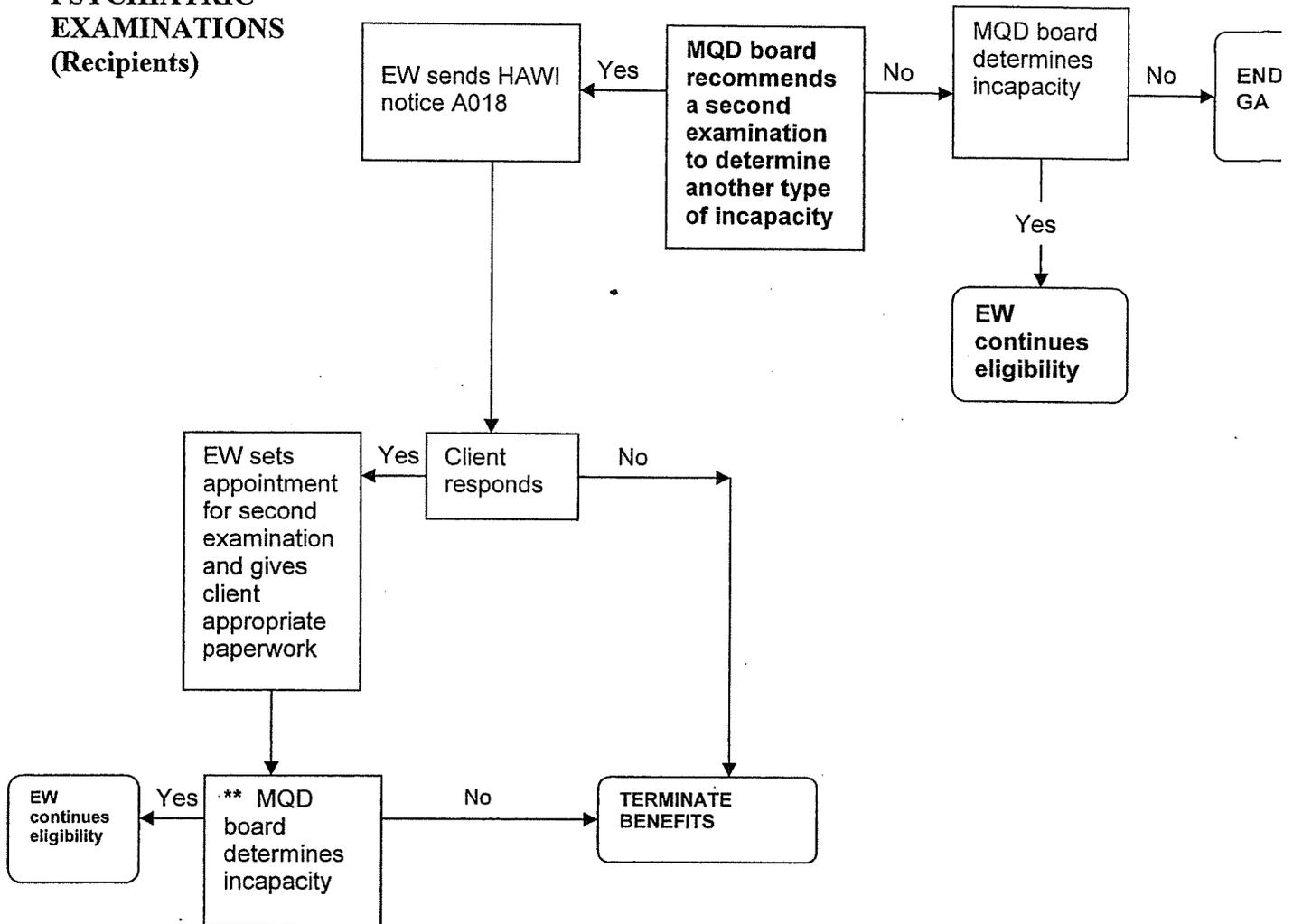
**PSYCHIATRIC
EXAMINATION**



PHYSICAL/PSYCHIATRIC EXAMINATIONS (Applicants)

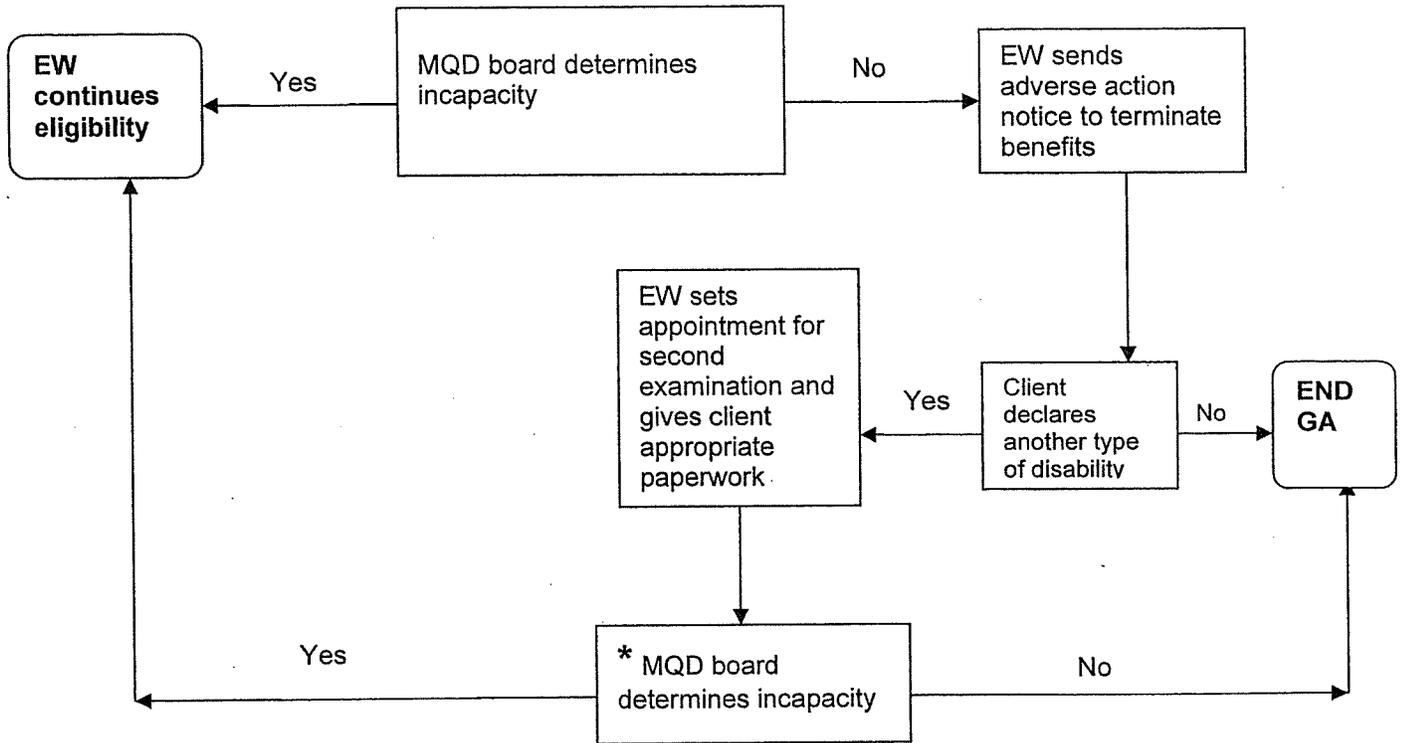


**PHYSICAL AND
PSYCHIATRIC
EXAMINATIONS
(Recipients)**



** If client is determined not incapacitated for both types of incapacity, overpayment shall be determined beginning with the first month benefits would have been terminated as a result of the first determination.

PHYSICAL AND PSYCHIATRIC EXAMINATION (Recipients – Adverse Action)



* If client is determined not incapacitated for both types of incapacity, overpayment shall be determined beginning with the first month benefits would have been terminated as a result of the first determination.

PROGRAM CLARIFICATION

PC NO.: 05-073
SUBJECT: GA INITIAL EVALUATIONS AND RE-EVALUATIONS
SECTION(S): 17-659-11
ORIGINATOR(S): S. Morishige
EFFECTIVE DATE: Immediately
ISSUE DATE: 7/20/05

INFORMATION ONLY:

FS FA CCCH CCL FTW E&T

ACTION REQUIRED:

FS FA CCCH CCL FTW E&T

FOR INFORMATION:

This is written to clarify that PC 04-046, GA Initial Evaluations and Re-evaluations dated 6/03/04 intended that eligibility workers must provide a copy of the treatment plan to the applicant or recipient instead of the authorized examiner.

FOR ACTION:

Please correct item #4 on page 2 of PC 04-046, GA Initial Evaluations and Re-evaluations to state that eligibility workers shall provide a copy of the treatment plan to the applicant or recipient.

/s/ Garry L. Kemp
ABESSDA

Attachment(s)
Historical Reference:

DISABILITY DECLARATION

1. I, _____, need medical treatment for the following medical conditions:

a) Physical impairment:

b) Psychiatric impairment:

2. The medical condition that prevents me from going to work is _____ (physical or psychiatric). I understand that I will be first examined by a physician, psychiatrist, or psychologist who is designated by the Department of Human Services for the medical condition that prevents me from going to work.

3. If the result of the examination is that my impairments do not prevent me from working thirty (30) hours a week for a period of sixty (60) days (please check one):

- I would like to be examined for the other impairment that I declared above (physical or psychiatric).
- Although I declared another type of impairment, I do not want to be examined to determine whether that impairment or a combination of both impairments prevent me from going to work.

(Date)

Dear _____ :

RE: Medical or Psychiatric Examination due to unit by: _____

The following items marked with an "X" are required to determine your eligibility based on your incapacity:

All applicants or recipients must be examined by a doctor who is designated by and paid by the Department of Human Services. **YOU MAY BRING ADDITIONAL MEDICAL EVIDENCE TO THE APPOINTMENT SO THAT THE DEPARTMENT'S EXAMINER MAY USE THIS INFORMATION TO DETERMINE YOUR INCAPACITY. ADDITIONAL MEDICAL WILL BE ACCEPTED ONLY AT THE TIME OF THE APPOINTMENT. THE EXAMINING DOCTOR IS NO LONGER ALLOWED TO REQUEST MEDICAL EVIDENCE UPON REQUEST BY APPLICANTS OR RECIPIENTS.**

An appointment has been scheduled with the following doctor (name, address, telephone). The applicable forms have been mailed to the appropriate doctor.

Please call _____ to make an appointment for your re-evaluation with _____ at _____

For psychiatric examinations, the doctor who examined you initially must complete your re-evaluation unless that doctor is no longer an authorized examiner. You may select the doctor nearest you if the doctor who examined you initially is no longer an authorized examiner. **PLEASE BRING THE ENCLOSED DHS 1271, PSYCHIATRIC EXAMINATION REPORT, AND THE DHS 1258, GA DETERMINATION AND/OR ADRC REFERRAL FORM TO YOUR APPOINTMENT.**

Please have your treating psychiatrist, psychologist, certified substance abuse counselor, clinical social worker or APRN (Advance Practice Registered Nurse) complete Section IV of the enclosed "Psychiatric Examination Report, DHS 1271, BEFORE you take the form to the authorized examiner.

We will not be able to continue your financial assistance without a completed medical or psychiatric report to verify your continued incapacity. Please call me at _____ if you have any questions.

Sincerely,

NOTICE: A022 NUMBER OF LINES 29 PAGE: 1 KRISTINE F
EFFECTIVE DATE FROM: 070104 EFFECTIVE DATE TO: 999999 ALLOWABLE PRIORITY: 10
TITLE: PENDING - ADD'L MED EVIDENCE PURGE IND: Y MED IND:

>>

YOUR APPLICATION FOR FINANCIAL ASSISTANCE RECEIVED ON &&APPREC&& MAY BE DENIED EFFECTIVE &&BENMON&& BECAUSE THE BOARD OF LICENSED PHYSICIANS, OR BOARD OF LICENSED PSYCHOLOGISTS OR LICENSED PHYSICIANS, WHOSE SPECIALTY IS IN PSYCHIATRY, HAS DETERMINED THAT YOU ARE NOT DISABLED.@@

>>

A DISABLED INDIVIDUAL FOR GENERAL ASSISTANCE IS DEFINED AS AN INDIVIDUAL WHO IS UNABLE TO WORK AT LEAST 30 HOURS A WEEK FOR A PERIOD OF MORE THAN 60 DAYS.@@

>>

IF YOU DISAGREE WITH THIS DETERMINATION, PLEASE PROVIDE ADDITIONAL MEDICAL EVIDENCE TO ME WITHIN TEN CALENDAR DAYS OF THE DATE THIS NOTICE IS MAILED TO YOU OR BY %%%%%%%%%%. YOU MAY CONTACT ME AT THE TELEPHONE NUMBER ABOVE TO REQUEST AN EXTENSION IF NECESSARY. THE MEDICAL OR PSYCHIATRIC BOARD WILL REVIEW THIS NEW EVIDENCE AND DETERMINE YOUR DISABILITY.@@

CONTINUE (Y OR NO): Y

NODT

LIST NOTICE DEFINITION TABLE

10/04/06 15:17

NOTICE: A018 NUMBER OF LINES 31 PAGE: 1 KRISTINE F
EFFECTIVE DATE FROM: 042905 EFFECTIVE DATE TO: 999999 ALLOWABLE PRIORITY: 03
TITLE: PENDING -PHYSICAL/PSYCHIATRIC DISABILITY PURGE IND: MED IND:

>>

YOU STATED THAT YOU ARE UNABLE TO WORK BECAUSE OF A PHYSICAL AND A
PSYCHIATRIC DISABILITY.@@

>>

DETERMINATION OF YOUR CONTINUED ELIGIBILITY FOR FINANCIAL ASSISTANCE
IS DELAYED BECAUSE OF THE REASON MARKED BELOW:@@

>>

|##| YOU ARE ABLE TO WORK AT LEAST 30 HOURS A WEEK FOR A PERIOD@@
OF MORE THAN 60 DAYS AS DETERMINED AND CERTIFIED BY THE@@
DEPARTMENT'S BOARD OF LICENSED PHYSICIANS.@@

>>

|##| YOU ARE ABLE TO WORK AT LEAST 30 HOURS A WEEK FOR A PERIOD@@
OF MORE THAN 60 DAYS AS DETERMINED AND CERTIFIED BY THE@@
DEPARTMENT'S BOARD OF LICENSED PSYCHOLOGISTS/@@
PSYCHIATRISTS.@@

>>

PLEASE CONTACT ME AT THE NUMBER LISTED ABOVE BY %%%%%%%%%% SO
CONTINUE (Y OR NO): Y

NOTICE: A018 NUMBER OF LINES 31 PAGE: 2 KRISTINE F
EFFECTIVE DATE FROM: 042905 EFFECTIVE DATE TO: 999999 ALLOWABLE PRIORITY: 03
TITLE: PENDING -PHYSICAL/PSYCHIATRIC DISABILITY PURGE IND: MED IND:
THAT AN APPOINTMENT CAN BE SCHEDULED FOR A %%%%%%%%%%%
EXAMINATION TO DETERMINE YOUR ABILITY TO WORK BASED ON THIS
DISABILITY.@@

>>
FAILURE TO COMPLY MAY RESULT IN BEING DENIED OR BENEFITS TERMINATED.@@

>>
AUTH.: H.A.R. 17-659-2, 17-659-11#####.@@

>>
FAIR HEARING RIGHTS AND OTHER IMPORTANT INFORMATION ARE EXPLAINED ON
THE BACK OF THIS NOTICE.@@

>>
>>
>>
>>

CONTINUE (Y OR NO): Y

PHYSICAL EVALUATION REPORT

EW to check category and reason for the evaluation:

1. Application Re-evaluation
 2. GA category ABD individual
 Spouse/EP of ABD

(EW to check appropriate block in Physician's statement on page 2)

PLEASE MAIL COMPLETED REPORT TO:

(DHS Unit Address Stamp)

(Last Name) (First Name) (MI) (Worker) (Phone)

M F

(Case No.) (DOB: M-D-Y) (Sex - Check One)

I HEREBY AUTHORIZE THE EVALUATING PHYSICIAN OR MEDICAL FACILITY TO RELEASE TO THE DEPARTMENT OF HUMAN SERVICES AND ITS DESIGNEES ANY INFORMATION RELATED TO MY PAST AND PRESENT MEDICAL CARE, INCLUDING SUBSTANCE ABUSE HISTORY AND ANY INFORMATION RELATED TO MY HIV/AIDS STATUS. I UNDERSTAND THIS INFORMATION SHALL BE USED FOR THE SOLE AND LIMITED PURPOSE OF DETERMINING DISABILITY.

(Signature of Patient Or Guardian) (Date) (Date of Application)

PHYSICAL EVALUATION TO BE COMPLETED BY THE EVALUATOR:

DATE: _____ WT: _____ HT: _____ TEMP: _____ PULSE: _____ BLOOD PRESSURE: _____

1. PLACE A CHECK NEXT TO EACH ITEM IF ABNORMAL				
Head, Face, Neck, and Scalp	Heart	Eyes	Upper Extremities	
Nose, Throat, and Mouth	Vascular System	Vision: FAR: NEAR:	Lower Extremities	
Sinuses	Abdomen and Viscera	Spine, Other Musculoskeletal	Feet	
Ears - General	Anus and Rectum	Identifying Body Marks, Tattoos, Scars	Skin, Lymphatics	
Hearing: RIGHT: LEFT:	Endocrine System	Neurologic		
Lungs and Chest	G-U System	Psychiatric		

2. HISTORY OF PRESENT ILLNESS:

3. EXAMINATION FINDINGS: (Explain abnormal findings checked off in #1 in detail)

4. DIAGNOSIS:

PRIMARY: _____
 SECONDARY: _____

INSTRUCTIONS: CHECK THE BOXES BELOW THAT BEST DESCRIBE THE ACTIVITIES YOUR EXAMINEE IS ABLE TO PERFORM DURING A MINIMUM 30-HOUR (GA OR ABD) OR 32-HOUR (SPOUSE/EP OF ABD PERSON) WORKWEEK.

ACTIVITY	HEAVY	MEDIUM	LIGHT	SEDENTARY	NONE
<u>Lifting/Carrying – Occasionally:</u> (Lifting and/or carrying during 1/3 of an 8 hr work day)	<input type="checkbox"/> 100 lbs.	<input type="checkbox"/> 50 lbs.	<input type="checkbox"/> 20 lbs.	<input type="checkbox"/> 10 lbs. <input type="checkbox"/> less than 10 lbs.	<input type="checkbox"/> Cannot lift/carry occasionally
<u>Lifting/Carrying – Frequently:</u> (Lifting and/or carrying during 1/3 to 2/3 of an 8 hr work day)	<input type="checkbox"/> 50 lbs.	<input type="checkbox"/> 25 lbs.	<input type="checkbox"/> 10 lbs.	<input type="checkbox"/> 10 lbs. <input type="checkbox"/> less than 10 lbs.	<input type="checkbox"/> Cannot lift/carry frequently
<u>Standing/Walking:</u> (with breaks every 2 hours during an 8 hour work day) If assistive device is medically indicated, identify type: Sitting continuously with breaks every 2 hours during an 8-hour workday.	<input type="checkbox"/> 6 hrs <input type="checkbox"/> No Restrictions	<input type="checkbox"/> 6 hrs	<input type="checkbox"/> 6 hrs <input type="checkbox"/> 6 hrs	<input type="checkbox"/> 2 – 4 hrs <input type="checkbox"/> less than 2 hrs <input type="checkbox"/> assistive device needed <input type="checkbox"/> 6 hrs <input type="checkbox"/> less than 6 hrs	<input type="checkbox"/> Can not stand and/or walk <input type="checkbox"/> Cannot sit continuously 2 hrs

FUNCTIONAL REQUIREMENTS: CHECK THE ACTIVITY THE EXAMINEE IS ABLE TO PERFORM:

- CLIMBING BALANCING STOOPING CROUCHING KNEELING CRAWLING
 PUSHING # of pounds frequently occasionally PULLING # of pounds frequently occasionally
REACHING R L FINGERING (fine manipulation) R L
FEELING R L HANDLING (gross manipulation) R L

THIS SECTION MUST BE COMPLETED BY THE EVALUATING PHYSICIAN:

BASED ON YOUR EVALUATION, DESCRIBE ANY FINDING OF PHYSICAL OR MENTAL IMPAIRMENT WHICH WOULD PREVENT THE EXAMINEE FROM WORKING 30 HOURS PER WEEK (GA OR ABD) OR 32 HOURS PER WEEK (SPOUSE/EP OF ABD PERSON). **DO NOT LIST DIAGNOSIS ONLY.**

DESCRIBE ALL TREATMENT PLANS TO MAKE YOUR EXAMINEE EMPLOYABLE. IF NONE, EXPLANATION IS NEEDED.

LICENSED PHYSICIAN'S STATEMENT OF INCAPACITY OR DISABILITY: *Complete statements only for the blocks checked.*

1. **GA** a. Can the examinee perform either manual or sedentary work of at least 30 hours per week? YES NO
 b. If the answer to the above question is NO:
 i) Is the Incapacity/Disability expected to last for a period of more than 60 days? YES NO
 ii) Indicate date Incapacity/Disability will end: _____/_____/_____
 Month Day Year

2. Spouse/EP of ABD person a. Can the examinee perform either manual or sedentary work of at least 32 hours per week? YES NO
 b. If the answer to the above question is NO:
 i) Is the Incapacity/Disability expected to last for a period of more than 30 days? YES NO
 ii) Indicate date incapacity/disability will end: _____/_____/_____
 Month Day Year

3. **ADRC** a. Is the disability expected to last for a continuous period of not less than twelve months? YES NO
 b. Is the disability expected to result in death? YES NO
 c. Has the disability lasted for a continuous period of not less than twelve months? YES NO

4. **GA:** Does the examinee refuse or fail to pursue treatment? YES NO

If yes, please explain noncompliance:

(Type or Print Name of Licensed Physician) _____ (Signature of Physician) _____ (Date)

(Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Telephone)

INSTRUCTIONS

DHS 1270 PHYSICAL EXAMINATION REPORT

I. PURPOSE:

The DHS 1270, Physical Examination Report form shall be initiated by a worker when an individual without minor dependents requests financial assistance on the basis of a physical condition which prevents that individual from engaging into any substantial gainful activity.

The DHS 1270, Physical Examination Report shall be completed and signed only by a physician licensed to practice medicine in Hawaii. The completed DHS 1270, Physical Examination Report, shall describe the current medical condition of an individual by: (1) explaining in detail the medical history of the present illness; (2) describing the examination findings in detail; (3) listing all medical diagnoses; (4) indicating, when needed, any recommendations for the client's return to functionality; (5) explaining the individual's functional limitations; and (6) stating the duration of the incapacity.

II. GENERAL INSTRUCTIONS:

Whenever an examination is required to establish the nature, extent and duration of incapacity for an individual without minor dependents, the worker shall initiate a DHS 1270.

For AABD, this form shall be used in the following manner:

1. To substantiate the disability of an individual and shall be reviewed by the Aid to Disabled Review Committee (ADRC) for a determination of disability to establish eligibility.
2. To be used by the eligibility worker to determine exemption from work requirements for the spouse or essential person.

For GA, the findings of the authorized examiner designated and paid for by the Department shall be reviewed by a medical board authorized by the department. Only the medical board can make the final determination of physical impairment. Based on the medical board's determination, the eligibility worker shall establish initial and continued eligibility for financial assistance when department rules require such an evaluation be made.

File the completed DHS 1270 in the case file.

III. SPECIFIC INSTRUCTIONS:

- A. Worker

1. On the top left hand corner, check the reason for the examination and the individual's category of assistance. For the ABD category, if both adults are disabled check the "ABD individual" block on a separate DHS 1270 for each adult. If a work exemption is being determined for the spouse or essential person in an ABD case, check the "Spouse/EP of ABD" block.
2. In the top right hand corner block, use the unit's address stamp to provide the unit address.
3. Complete the individual's name, case number, birth date and sex.
4. Provide the worker's name and phone number.
5. Have the individual read the consent to release information statement and obtain the individual's signature and date the form was signed.
6. Enter the date of application.

B. Examining Physician for ABD Examinations:

The determination of an individual's ability to do work should be based on medical evidence and objective findings while conducting an examination and taking a medical history. It should not be a subjective assessment.

1. If the completed DHS 1270, Physical Examination Report form does not contain the necessary medical evidence to support a finding of incapacity, the Department of Human Services may ask for additional information, diagnostic testing or referral to a specialist. The Department of Human Services reserves the right to deny reimbursement to a physician who submits an incomplete DHS 1270 form. Most notably, reimbursement may be withheld if another physician must perform another evaluation of the individual's ability to work which meet the Department's requirements.
2. Mail the completed DHS 1270, Physical Examination Report to the DHS unit designated on the form's first page, upper right corner.

C. Examining Physician for General Assistance Examinations

The determination of an individual's ability to do work should be based on medical evidence and objective findings based on an examination and taking a medical history. It should not be a subjective assessment.

1. Note and review medical records provided by the individual. **It is the individual's responsibility to obtain and provide copies of medical records in support of his or her incapacity.**

2. Interview the individual and review the DHS 1127, Medical History and Disability Statement.
3. Perform a sufficiently detailed examination, noting all pertinent positive and negative findings.
4. Determine whether the individual is incapacitated. If incapacitated, estimate the duration of incapacity. If the GA recipient is found to be no longer incapacitated, provide a clear explanation of why the individual is now able to work.
5. **Legibly**, complete and sign all relevant sections of the DHS 1270 and section III of the DHS 1258, (GA Determination and/or ADRC Referral Form).

PSYCHIATRIC EXAMINATION REPORT

PLEASE MAIL COMPLETED REPORT TO:

EW to check category and reason for the examination:

- 1. Application Re-evaluation
- 2. GA category ABD individual(s)
- Spouse/EP of ABD

(EW to check appropriate block in Physician's statement on page 2)

(DHS Unit Address Stamp)

(Last Name of Client) _____ (First Name) _____ (MI) _____ (Worker) _____ (Phone) _____
 M F

(Case No.) _____ (DOB: M-D-Y) _____ (Sex - Check One) _____ Name of Approved Residential Treatment Facility _____

I HEREBY AUTHORIZE THE EXAMINER OR PSYCHIATRIC FACILITY TO FURNISH TO THE DEPARTMENT OF HUMAN SERVICES AND ITS DESIGNEES ANY INFORMATION RELATED TO MY PAST AND PRESENT MENTAL/EMOTIONAL CONDITION, INCLUDING SUBSTANCE ABUSE AND CHEMICAL DEPENDENCY AND ANY INFORMATION RELATED TO MY HIV/AIDS STATUS. I UNDERSTAND THIS INFORMATION WILL BE USED FOR THE SOLE AND LIMITED PURPOSE OF DETERMINING DISABILITY.

(Signature of Patient Or Guardian) _____ (Date) _____ (Date of Application) _____

I. EXAMINATION FINDINGS **Date of last examination:** _____

Pertinent History (Past and Present): _____

Mark an X in all the boxes that apply.

- A. Schizophrenic, Paranoid and Other Psychotic Disorders:**
- Delusions Hallucinations Catatonic or other grossly disorganized behavior
 - Loose associations Illogical thinking Poverty of content of speech
 - Emotional withdrawal Isolation Disorganized Speech/Incoherence
 - Blunt affect Flat affect Inappropriate affect
 - Documented history of illness and signs and symptoms are currently attenuated by medications AND
 - Repeated episodes of deterioration or decompensation OR
 - Documented history of two or more years of inability to function outside of a highly supportive living situation
- B. Affective Disorders:**
- Anhedonia or pervasive loss of interest in almost all activities Sleep disturbance Recurrent thoughts of death/suicide
 - Appetite disturbance with change in weight Fatigue/loss of energy Difficulty concentrating or thinking
 - Psychomotor agitation or retardation Paranoid thinking Felling of guilt or worthlessness
 - Hallucinations Delusions Depressed Mood
 - Hyperactivity Flight of ideas Pressured speech Inflated self-esteem/grandiosity
 - Decreased need for sleep Easy distractibility High-risk activities
- C. Anxiety related disorders:**
- Motor tension Autonomic hyperactivity Apprehensive expectation
 - Vigilance and scanning Phobia(s) Recurrent severe panic attacks
 - Recurrent obsessions or compulsions Recurrent intrusive recollections of traumatic experience
 - Complete inability to function independently outside the area of one's home
- D. Personality Disorders:**
- Seclusiveness or autistic thinking Intense and unstable interpersonal relationships and impulsive and damaging behavior
 - Oddities of thought, perception, speech and behavior Pathologically inappropriate suspiciousness or hostility
 - Pathological dependence, passivity or aggressively Persistent disturbance of mood or affect
- E. Substance Addiction Disorders:**
- Alcohol Amphetamines Cannabis Cocaine Opioid _____
 - Tolerance Withdrawal Often taken in larger amounts or over a longer period than was intended
 - Persistent desire or unsuccessful efforts to cut down or control substance use With Physiological Dependence
 - A great deal of time is spent to obtain the substance, use the substance, or recover from its effects
 - Giving up or reduction of important social, occupational or recreational activities Without Physiological Dependence
 - Continued use despite knowledge of having a persistent or recurrent physical or psychological problem

F. Adjustment Disorders:

- Acute Chronic Marked distress in excess of what would be expected given the nature of the stressor
- Significant impairment in social or occupational (academic) functioning

G. Other (include physical impairment that may affect ability to work): _____

PRIMARY DIAGNOSIS: _____

SECONDARY DIAGNOSIS: _____

FUNCTIONAL LIMITATION: Mark an X in the box that describes the degree of limitation

	Slight or Seldom	Moderate or Often	Marked or Repeated	Extreme or Constant
1. Restriction of activities of Daily Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Difficulties in Maintaining Social Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Deficiencies of Concentration, Persistence, or Pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Episodes of Deterioration or Decompensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TREATMENT RECOMMENDATIONS: _____

I UNDERSTAND THAT I MUST FOLLOW THE TREATMENT RECOMMENDATIONS LISTED ABOVE AND IF I FAIL TO DO SO I MAY BE INELIGIBLE FOR FINANCIAL ASSISTANCE.

Signature of Applicant/Recipient

Date

II. DISPOSITION: Complete statements only for the blocks checked.

- GA**
- a. Can the examinee perform either manual or sedentary work of at least 30 hours per week? YES NO
- b. If NO: i) Is the incapacity/disability expected to last for a period of more than 60 days? YES NO
- ii) Indicate date incapacity/disability will end _____ / _____ / _____
Month Day Year
- Spouse/EP of ABD person**
- a. Can the examinee perform either manual or sedentary work of at least 32 hours per week? YES NO
- b. If NO: i) Is the incapacity/disability expected to last for a period of more than 30 days? YES NO
- ii) Indicate date incapacity/disability will end _____ / _____ / _____
Month Day Year
- ADRC**
- a. Is the disability expected to last for a continuous period of not less than twelve months? YES NO
- b. Is the disability expected to result in death? YES NO
- c. Has the disability lasted for a continuous period of not less than twelve months? YES NO

III. CERTIFICATION: To be completed by examiner.

Type or Print Name of Examiner

Signature of Examiner

Date of Examination

IV. COMPLIANCE TO TREATMENT: To be completed by client's treating provider.

1. DOES THE EXAMINEE REFUSE OR FAIL TO PURSUE TREATMENT? YES NO

If yes, please explain noncompliance: _____

2. Provide appointment dates: ALL DATES MUST BE LISTED.

a. Date of appointments kept: _____

b. Date of appointment not kept: _____

Type or Print Name of Psychiatrist/Psychologist

Date

Signature of Psychiatrist/Psychologist

INSTRUCTIONS

DHS 1271 PSYCHIATRIC EXAMINATION REPORT

I. PURPOSE:

DHS 1271 is a report, completed by a licensed psychologist or licensed physician whose specialty is in psychiatry, which describes the current mental/emotional condition of an individual who is requesting or receiving assistance from the department. The report contains the examiner's opinion on the extent of the individual's impairment and the date the disability is expected to end.

For AABD cases, the examination shall be conducted by a Medicaid provider. The examiner's opinion is used by the eligibility worker to determine eligibility for assistance and/or exemption from work requirements. Information provided by the examining or treating physician is also used to determine whether the individual has failed or refused to pursue treatment.

For GA cases, the examination must be conducted by a licensed psychologist or licensed physician whose specialty is in psychiatry, who has been specially selected by the department to do GA psychiatric examinations. The list of authorized examiners is periodically updated and distributed to the income maintenance units. The information provided on the report by the authorized examiner is used by a medical board authorized by the department to assess the extent of the individual's impairment, and whether the individual has failed or refused to pursue treatment. The medical board's determination is used by the worker to establish eligibility for financial assistance.

II. GENERAL INSTRUCTIONS:

Whenever a psychiatric evaluation is required to establish the nature, extent and duration of incapacity for an individual without minor dependents, the worker shall initiate a DHS 1271.

For AABD, this form shall be used in the following manner:

1. To substantiate the disability of an individual and shall be reviewed by the Aid to Disabled Review Committee (ADRC) for a determination of disability to establish eligibility.
2. To be used by the eligibility worker to determine exemption from work requirements for the spouse or essential person.

For GA, the findings of the authorized examiner shall be reviewed by a medical board authorized by the department. Only the medical board can make the final determination of mental impairment. Based on the medical board's determination, the eligibility worker shall establish initial and continued eligibility for financial assistance when department rules require such an evaluation be made.

File the completed DHS 1271 in the case file.

III. SPECIFIC INSTRUCTIONS:

A. Worker

1. On the top left hand corner, check the reason for the examination and the category of assistance. For the ABD category, if both adults are disabled check the "ABD individual" block for both adults.
2. In the top right hand corner block, use the unit's address stamp to provide the unit address. Also provide the worker's name and phone number.
3. Complete applicant's/recipient's name, birth date, sex, case number and name of residential treatment facility, if living in one.
4. Obtain applicant's/recipient's signature and date the form was signed.
5. Provide the date of application.
6. Attach a self-addressed envelope (postage not necessary) to the DHS 1271 and forward to the examiner or have applicant/recipient hand-carry to the examiner.

B. Authorized Examiner

1. Conducts the examination.
2. The examiner completes items I, II, and III and mails the completed DHS 1271 to the appropriate unit indicated on the front of the DHS 1271.

C. Treating Psychiatrist/Psychologist

Complete item IV. For AABD and GA, item IV is not required to be completed at the initial evaluation. For GA re-evaluations, item IV must be completed by the treating provider prior to examination by the authorized examiner.

GA DETERMINATION AND/OR REFERRAL FORM

I Client Name: _____ Birthdate: _____
Case Name: _____ Case No: _____ Client ID No. _____

II TO: AUTHORIZED EVALUATOR DATE: _____

1. FROM: Unit: _____ Worker: _____ Phone: _____

2. Check appropriate box to indicate examination required:
- DHS 1271, Psychiatric Examination Report DHS 1270, Physical Examination Report
- Client claims physical and psychiatric disability DHS 1127, Medical History and Disability Statement

3. Remarks: _____

III TO: Unit: _____ Worker: _____ FROM: Evaluator _____

1. Physical Incapacity ends _____ Psychiatric Incapacity ends _____
- GA non-compliance with treatment _____ Refer to MQD for determination of not incapacitated
- Refer to MQD for ADRC determination

2. Remarks: _____

3. Certification: _____

IV TO: MQD/MSB FROM: Unit: _____ Worker: _____ Date: _____

1. Determination Requested:
- GA Physical Incapacity GA Dual Incapacity (physical/psychiatric) ADRC Only
- GA Psychiatric Incapacity GA Compliance with treatment

2. Documents attached:
- DHS 1270, Physical Examination DHS 1271, Psychiatric Examination
- DHS 1127, Medical History /Disability Statement Other Supporting Medical Evidence

3. Remarks: _____

V TO: Unit: _____ Worker: _____ FROM: MQD/MSB BOARD OR ADRC _____

1. GA Incapacity Determination:
- Not Incapacitated, does not meet GA requirements.
- Incapacitated due to physical or mental impairment, or a combination of both physical and mental impairment .
Revaluation to continue GA eligibility as of _____ (date)

2. GA Non-Compliance with Treatment:
- Applicant refuses to accept and pursue appropriate medical treatment. Deny application.
- Recipient failed to comply with treatment. Impose appropriate sanction.

3. ADRC Determination:
- Not Disabled.
- Meets SSI Disability Criteria. Permanently disabled.
- Meets SSI Disability Criteria. Re-evaluation of SSI criteria is required in _____ (date)

4. Remarks: _____

5. Certification

_____ MQD Board Member or Medical/Psychiatric Consultant Date _____

_____ MQD Board Member or Medical/Psychiatric Consultant Date _____

6. Certification: _____ ADRC Social Worker Date _____