SOCIAL INFORMATION SUMMARY

PURPOSE: To provide a summary of pertinent social information about the disabled/incapacitated person who is requesting or receiving assistance based upon physical or mental incapacity when the person is not receiving Social Security (OASDI) under his/her own disability or Supplemental Security Income (SSI). The summary is used by the Medical Review Team (MRT) in connection with medical report forms in determining eligibility based upon this factor for MHABD, NC, TA and SP.

NUMBER OF COPIES AND DISPOSITION: This form is completed by Family Support Division staff. One completed form should be submitted with the MRT-Processing Center (MRT-PC) packet. When submitting an IM 61 for a redetermination at review or application after previous rejection, submit the former IM 61 as well as a new IM 61 for the current application or redetermination.

MANUAL REFERENCE:
0805.005.00 MEDICAL ASSISTANCE
0600.005.00 SUPPLEMENTAL NURSING CARE
1060.000.00 DISABILITY (PTD CRITERIA)
0205.050.20 PHYSICAL AND MENTAL INCAPACITY-TEMPORARY ASSISTANCE
0855.005.25 DISABILITY-TICKET TO WORK HEALTH ASSURANCE

INSTRUCTIONS FOR COMPLETION: This form is not mailed to the applicant/participant for completion. This form is completed by the eligibility specialist prior to submission to the Medical Review Team-Processing Center. Complete the IM 61 for each application, reapplication, and all subsequent medical redeterminations specified by MRT. A separate IM 61 should be completed for each spouse when an MRT determination is required for both. When redetermination of incapacity is waived at the direction of MRT, complete when, in the eligibility specialist's judgment, the participant's medical condition has changed and requires a reevaluation by MRT.

County of Residence: Enter the county in which the applicant/participant resides. If homeless, enter the county that the applicant/participant has indicated (s)he resides in.

Individual Name: Enter the name of the disabled person for whom medical eligibility is to be determined.

Individual DCN (Department Client Number): Enter the DCN of the disabled person for whom medical eligibility is to be determined.

Date of Birth: Enter the date of birth of the individual.

Eligibility specialist/Supervisor: Enter the name of the eligibility specialist submitting the IM 61 to MRT-PC. Enter the name of the supervisor of this eligibility specialist.

Manager: Enter the name of the Manager responsible for the office that the eligibility specialist works in.

FAMIS Userid: Enter the USERID of the eligibility specialist who is submitting the IM 61.

Load: Enter the load number of this eligibility specialist. If an office uses a centralized load system, this field should still be completed.

Date of App/Reapp/Review: Enter the date of the application/reapplication or review.

Date Submitted to MRT-PC: Enter the date that the MRT-PC packet is submitted to MRT-PC.

Case Status of Disabled Person:

1. Application: Check all types of assistance for which the individual has made application, including prior quarter (PQ) requests.
2. Redetermination: Check the type of assistance the individual is receiving, for which a redetermination is needed.

Living Arrangement: Check the blank that most nearly describes the living arrangement of the disabled person.

Individual's Physical Address: Enter the physical address of the applicant/participant. If (s)he indicates homeless, write 'homeless'.

Individual's Daytime Telephone Number: Enter the telephone number of the person for whom medical eligibility is to be determined, if known.

Mailing Address: Enter a mailing address for the disabled person if different from the physical address.

ASSISTANCE HISTORY OF INDIVIDUAL:

Program: Enter the initials of the program for which the disabled individual has received assistance, either as a payee or as a member of the assistance group.

Dates Received: Indicate the month/year in which the first check or MO HealthNet was received and, if appropriate, the month/year of closing. If case remains open, enter 'present'.

Payee: If the individual is/was the payee of this assistance group, enter a check in this field.

Other: If the individual is/was included as a household member, enter a check in this field.

Reason Last Closed: Give a brief description of closing reason such as 'no need', 'moved from state', 'voluntary closing', etc.

DOES THIS INDIVIDUAL HAVE AN AUTHORIZED REPRESENTATIVE OR LEGAL GUARDIAN?: Check yes or no, as appropriate.

If yes, attach the IM-6ar for an Authorized Representative or the legal documentation if there is a legal guardian or conservator.

Name of Authorized Representative or Legal Guardian: Enter the name of the individual or organization that the applicant has designated as his/her authorized representative or the individual designated by the court as the legal guardian or legal conservator.

Address of the Authorized Representative or Legal Guardian: Enter the mailing address of the authorized representative or legal guardian.

Telephone Number of the Authorized Representative or Legal Guardian: Enter the telephone number of this person or organization if known.

DOES THIS INDIVIDUAL REQUIRE INTERPRETER SERVICES: Check yes or no as appropriate.

If yes, what language: Enter the applicant's preferred language.

IMPORTANT NOTES FOR DOCTOR: If the eligibility specialist has information that s/he feels is pertinent to the medical determination and is not captured otherwise, the eligibility specialist should enter the information here.

MEDICAL REVIEW TEAM DETERMINATION: These fields are not to be completed by the eligibility specialist. These fields capture the determination of the Medical Review Team.