



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
SOCIAL INFORMATION SUMMARY

INTERNAL USE ONLY

MANDATORY INFORMATION NEEDED FOR MEDICAL REVIEW TEAM DECISION				COUNTY OF RESIDENCE	
INDIVIDUAL NAME (FIRST)	(MIDDLE)	(LAST)	INDIVIDUAL DCN	DATE OF BIRTH MONTH YEAR	DAY
ELIGIBILITY SPECIALIST/ SUPERVISOR /	MANAGER	FAMIS USERID	LOAD	DATE OF APP/REAPP/REVIEW	DATE SUBMITTED TO MRT-PC

CASE STATUS OF DISABLED PERSON		LIVING ARRANGEMENT (CHECK ANY THAT APPLY)	
1. APPLICATION	2. REDETERMINATION		
MHABD <input type="checkbox"/> PQ <input type="checkbox"/> NC <input type="checkbox"/> TWAH <input type="checkbox"/> TA <input type="checkbox"/>	MHABD <input type="checkbox"/> NC <input type="checkbox"/> TWAH <input type="checkbox"/> SP <input type="checkbox"/> TA <input type="checkbox"/> TWAH Med <input type="checkbox"/> Imp <input type="checkbox"/>	<input type="checkbox"/> ALONE <input type="checkbox"/> WITH FAMILY GROUP ___ NO. ADULTS ___ NO. CHILDREN (UNDER 18) <input type="checkbox"/> WITH UNRELATED PERSON(S) <input type="checkbox"/> IN NURSING HOME/ INSTITUTION	
		INDIVIDUAL'S PHYSICAL ADDRESS	INDIVIDUAL'S DAYTIME TELEPHONE NUMBER
		MAILING ADDRESS, IF DIFFERENT FROM ABOVE	

ADULT MO HEALTHNET / TA HISTORY OF INDIVIDUAL				
PROGRAM	DATES RECEIVED	PAYEE	OTHER	REASON LAST CLOSED
		X		

DOES THIS INDIVIDUAL HAVE AN AUTHORIZED REPRESENTATIVE OR LEGAL GUARDIAN?			YES	NO
IF YES, ATTACH IM-6AR OR LEGAL DOCUMENTATION AND COMPLETE THE FOLLOWING:	NAME OF AUTHORIZED REPRESENTATIVE OR LEGAL GUARDIAN	ADDRESS OF AUTHORIZED REPRESENTATIVE OR LEGAL GUARDIAN		
		TELEPHONE NUMBER OF AUTHORIZED REPRESENTATIVE OR LEGAL GUARDIAN		

DOES THIS INDIVIDUAL REQUIRE INTERPRETER SERVICES?		YES	NO
IF YES, WHAT LANGUAGE?			
IMPORTANT NOTES FOR DOCTOR			

MEDICAL REVIEW TEAM DETERMINATION

To determine eligibility for MO HealthNet participants who **are not engaged in substantial and gainful employment**, proceed to Step 1.

For all other participants proceed to Step 2.

Step 1: Does the participant have a severe impairment which is considered to significantly limit his/her physical or mental ability to do basic

work activities?

- No. The person is ineligible for MHABD on this basis. Proceed to Step 2 to determine eligibility for TWHM if participant has earned income.
- Yes. Proceed to Step 2.

Step 2: Does the participant's impairment meet or equal a Social Security disability listing?

- Yes. The participant is eligible for MHABD or TWHM.
- No. Proceed to Step 3.

Step 3: Does the participant's impairment prevent the participant from doing past, relevant work?

- No. The participant can still do the kind of work s/he has done in the past and is not eligible for MHABD.
- Yes. Proceed to Step 4.

Step 4: Does the participant's impairment prevent the claimant from doing other work considering the participant's age, education, and past

work experience?

- No. The participant can do other work for which his/her age, training, and work history has fitted him/her and is ineligible for MHABD.
- Yes. Participant meets the criteria set forth in 20 CFR Section 416.962, medical-vocational profiles showing an inability to make an adjustment to other work, which states:

“(a) *If you have done only arduous unskilled physical labor.* If you have no more than a marginal education...and work experience of 35 years or more during which you did only arduous unskilled physical labor, and you are not working and are no longer able to do this kind of work because of a severe impairment(s), we will consider you unable to do lighter work and, therefore, disabled. *Example to paragraph (a):* Mr. B is a 58-year-old miner's helper with a fourth grade education who has a lifelong history of unskilled arduous physical labor. Mr. B says that he is disabled because of arthritis of his spine, hips and knees, and other impairments. Medical evidence shows a 'severe' combination of impairments that prevents Mr. B from performing his past relevant work. Under these circumstances, we will find that Mr. B is disabled.

(b) *If you are at least 55 years old, have no more than a limited education, and have no past relevant work experience:* If you have a severe, medically determinable impairment(s)..., are of advanced age (age 55 or older)..., have a limited education or less, and have no past relevant work experience..., we will find you disabled. If the evidence shows that you meet this profile, we will not need to assess your residual functional capacity...” The individual is eligible for Medical Assistance.

I have followed the four-step sequential evaluation process for evaluating disability as outlined in 20 CFR Section 416.920; this is established by my entries on this document.

WE HAVE REVIEWED THE MEDICAL REPORTS AND SOCIAL INFORMATION AND CERTIFY THIS INDIVIDUAL

A. ELIGIBLE FOR:			B. INELIGIBLE FOR:			INFORMATION INSUFFICIENT FOR:
	PQ	DATE NEXT REVIEW		SGA	PQ	<input type="checkbox"/> MHABD/NC/SP
<input type="checkbox"/> MHABD/NC/SP	<input type="checkbox"/>		<input type="checkbox"/> MHABD/NC/SP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TWHM
<input type="checkbox"/> TWHM	<input type="checkbox"/>		<input type="checkbox"/> TWHM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TWHM MED IMPRV
<input type="checkbox"/> TWHM MED IMPRV	<input type="checkbox"/>		<input type="checkbox"/> TWHM MED IMPRV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TA
<input type="checkbox"/> TA	<input type="checkbox"/>		<input type="checkbox"/> TA	<input type="checkbox"/>		

C. PRIMARY DIAGNOSIS/DISABILITY/RECOMMENDATIONS (VR)

☐ REFER TO VOCATIONAL REHABILITATION

MRT PHYSICIAN

DATE

MRT COORDINATOR

DATE