

INSTRUCTIONS (AGENCY USE ONLY)

DHS 1100B-2 (Rev. 01/2023)

MEDICAL ASSISTANCE RENEWAL FORM

PURPOSE:

The DHS 1100 B-2, "Medical Assistance Renewal Form" shall be used in the renewal process to determine continued medical eligibility.

GENERAL INSTRUCTIONS:

This form shall be completed when a N-14 "Medical Assistance Eligibility Renewal Form" is not available.

SPECIFIC INSTRUCTIONS:

For Med-QUEST Division Eligibility Staff:

The Eligibility Worker (EW) shall complete the "Return this form to:" and "telephone/fax" field. If the Beneficiary/Authorized Representative provides their name and mailing address, EW to add information on form.

For Beneficiary, Authorized Representative:

Please complete sections A-F as applicable.

A.3- If the Primary Individual just got married, the Spouse must be added to the individual case even if the Spouse is not applying for medical assistance.

A.4- The purpose of this section is to determine if there have been any changes to the tax filing status of any members in the household.

Tax Filing Status- Please enter whether you are filing Individual or Jointly. **If an individual is the "Tax dependent" or if they are being claimed by someone, please write the "Name of the tax filer" or name of the individual that is claiming the "Tax dependent" on the space provided.**

Section C- If the Primary Individual is married, the Spouse's information must be included here even if they are not requesting medical assistance.

**PRIMARY CONTACT/BENEFICIARY/AUTHORIZED REPRESENTATIVE CERTIFICATION and
AUTHORIZATION:**

The individual who is signing this form certifies that they:

- Signed the application;
- Was designated by Person 1 on the application that they are the Authorized Representative; or
- Is the newly designated Authorized Representative; and has completed Appendix A, and
- All the information provided on this certification form is true and to the best of their knowledge and they understand that if they intentionally make false statements on this form, they may be prosecuted under Hawaii Revised Statutes §710-1063.

- They give permission to the State of Hawaii to check their statement under SSA VII, SEC 7001(d) of P.L. 110-252. It is mandatory that the applicant sign and provide their Social Security Number (SSN).
- They have read and understand the list of rights and responsibilities on the last page that they may keep for their information.
- Continual medical assistance could be delayed due to missing information.

ADDITIONAL HOUSEHOLD MEMBERS CERTIFICATION AND AUTHORIZATION:

NOTE: ANYONE OVER 65 YEARS, BLIND/DISABLED or RECEIVES SSI OR MEDICARE FROM SSA MUST SIGN AND COMPLETE THIS SECTION EVEN IF THEY ARE NOT APPLYING FOR MEDICAL ASSISTANCE.

The individual who is signing this form certifies that they:

- Signed this form;
- All the information provided on this certification form is true and to the best of their knowledge and they understand that if they intentionally make false statements on this form, they may be prosecuted under Hawaii Revised Statutes §710-1063.
- They give permission to the State of Hawaii to check their statement under the requirements of SSA VII, SEC 7001(d) of P.L. 110-252. It is mandatory that the additional household member (i.e. spouse) sign and provide their Social Security Number (SSN) under §1940 of the Social Security Act.
- They have read and understand the list of rights and responsibilities on the last page that they may keep for their information.
- Continual medical assistance could be delayed due to missing information.
- By signing the DHS 1100B-2, I understand that all household members whose resources are counted must provide consent and their social security number.

Please return this completed form and a copy of the authorized representative document to the nearest Eligibility Branch Office (see page 9). You may also contact Customer Service at 808-524-3370 or your neighbor islands 1-800-316-8005, (TTY/TDD 711) to complete your renewal over the phone.

FILING/DISTRIBUTION INSTRUCTIONS:

1. EB shall document 1100B-2 information to the individual and household in appropriate KOLEA case and process individual eligibility for LTC services.
2. EB shall scan DHS 1100B-2 form into the appropriate KOLEA case file.