

INSTRUCTIONS
DHS 1128 (Rev. 10/2022)

DISABILITY REPORT

PURPOSE:

The DHS 1128 Disability Report form shall be initiated when an individual applies for medical assistance on the basis of blindness or disability and a determination is required, or by the health plans or by the Med-QUEST eligibility worker when there is reasonable indication that an individual receiving medical assistance from the Department may meet the strict definition of a disabled individual per the most recent edition of the “Disability Evaluation under Social Security”.

GENERAL INSTRUCTIONS

The health plans or Med-QUEST eligibility worker shall require the licensed treating physician/evaluator to complete the DHS 1128 form ONLY IF there is justified reason to believe that an applicant/recipient who is receiving medical assistance from the Department meets the definition of disability as specified by law.

DISABILITY as defined by law is the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve (12) months.

SPECIFIC INSTRUCTIONS:

- I. Complete Applicant/Beneficiary “Name”, Date of Birth (DOB) and Sex legibly.
- II. Licensed treating physician/evaluator shall:
 - A. Type or print legibly when completing the DHS 1128
 - B. The form must be completed in its entirety.
 1. Each question listed must be answered as directed.
 2. All answers must meet the legal definition of disability.
 - C. The form must also contain information of the licensed treating physician/evaluator:
 1. Printed/typed name and signature;
 2. Address, phone number, and date of signature; and,
 3. Name of applicant/beneficiary health plan and licensed treating physician’s Medicaid provider number or NPI.
 - D. Each DHS 1128 shall be accompanied by a completed:
 1. DHS 1127, Medical History and Disability Statement form, and
 2. DHS 1180, ADRC Referral and Determination form, OR
 3. HCFA 2728 or DHS 1270 may substitute the DHS 1128. These forms shall still be accompanied by a completed DHS 1127 and DHS 1180 as above.

- E. Additional medical information may be attached that will enhance the DHS ADRC evaluation for disability determination.
- III. Patient acknowledgement of report should be signed by the applicant/beneficiary or Authorized Representative. If the applicant/beneficiary or Authorized Representative does not sign, indicate reason.
- IV. "Official Use Only": This section to be completed by DHS eligibility worker if ADRC is initiated by Eligibility Branch or by Clinical Standards Office staff when ADRC packet is received.
- V. Return completed forms to the appropriate Services Center listed below:

**County
HAWAII**

Service Center Contact Information

Hilo Service Center

MQDEastHawaiiUnit556@dhs.hawaii.gov

Phone 808-933-0339

Office and Mailing: Address: 1404 Kilauea Avenue, Hilo, HI 96720-4670

Kona Service Center

MQDWestHawaiiUnit657@dhs.hawaii.gov

Phone 808-327-4970

Office and Mailing: Lanihau Professional Center, 75-5591 Palani Road, Suite 3004, Kailua-Kona, HI 96740-3633

KAUAI

Kauai Service Center

MQDKauaiUnit443@dhs.hawaii.gov

Phone 808-241-3575

Office and Mailing: Dynasty Court, 4473 Pahee Street, Suite A, Lihue, HI 96766-2037

MAUI

Maui Service Center (Maui County)

MQDMAuiUnit771@dhs.hawaii.gov

Phone 808-243-5780

Maui office and Mailing: Millyard Plaza, 210 Imi Kala Street, Suite 101, Wailuku, HI 96793-1274

Molokai office: State Civic Center, 65 Makaena Street, Room 110, Kaunakakai, HI 96748

Mailing: P.O. Box 1619, Kaunakakai, HI 96748-1619 *Phone:* 808-533-1758

Lanai Office: 730 Lanai Avenue, Lanai City, HI 96763

Mailing: 210 Imi Kala Street, Suite 101, Wailuku, HI 96793-1274 *Phone:* 808-533-1758

OAHU

Oahu Service Center

General: DHSMQDOahuSection@dhs.hawaii.gov

Long-Term Care: DHSMQDOahuLTC@dhs.hawaii.gov Phone: 808-587-3521, 808-692-7364

Mailing: P.O. Box 3490, Honolulu, HI 96811-3490

Offices: Kakuhihewa State Office Building, 601 Kamokila Boulevard, Room 415, Kapolei, HI 96707-2021