INSTRUCTIONS
DHS 1149 (Rev. 09/13)

REQUEST FOR APPLICATION EMERGENCY PROCESSING

PURPOSE:

The DHS 1149 Request For Application Emergency Processing form, is to be completed by a licensed physician certifying the existence of a medical emergency that will not be treated without medical coverage. This form will <u>assist</u> the Med-QUEST Eligibility Worker (EW) in the determination of emergency processing for a medical application. The submission of this form does NOT guarantee eligibility.

GENERAL INSTRUCTIONS:

I.   The form will be completed by a licensed physician

    A.   The physician will certify that an emergent medical condition exists based on the diagnosis, the consequences of not receiving immediate treatment, and the treatments, medications, and/or medical supplies that are needed immediately and can not be obtained without medical insurance.

    B.   The physician will complete and sign the form.

    C.   The form shall be forwarded to the DHS Eligibility Branch where the application for medical assistance has been submitted or will be submitted.

II.   Upon receipt of the completed form, the EW assigned to the application shall:

    A.   Review the form to determine whether the requirements for expedited processing of an application have been met.

    B.   If the EW is unable to determine whether expedited services are necessary, a unit supervisor shall be consulted for additional guidance.

    C.   If the unit supervisor is unable to assist, the DHS 1149 will be faxed to the Clinical Standards Office, at (808) 692-8131 for assessment.

    D.   The unit supervisor will need to follow-up with CSO within 24 hours to ensure EW will have time to process application.

    E.   If appropriate, complete the processing of the application within 48 hours or 2 business days of the receipt of the DHS 1149 form and;

    F.   File the DHS 1149 in the case record or electronically after a determination is made.

FORM SUPPLY:

Units are to reproduce supply as needed.