

SOCIAL INFORMATION INTERVIEW BHSF Form MS

Purpose:

BHSF Form MS is used to record specific social data needed by the Medical Eligibility Determination Team to determine whether the adult applicant meets the eligibility factor of disability or incapacity.

Preparation:

Part I, Items 1 through 21 are completed by the AC Representative based on the statements of the applicant or other person during the scheduled appointment.

Part I, Item 22 is completed by the AC Representative who conducts the appointment based on observations he or she makes of the applicant.

DO NOT complete *Part II*.

NOTE: *BHSF Form MS/C shall be used to document social information for a minor child.*

An original of Form MS is prepared.

The AC Representative is responsible for completing and obtaining the required information to complete the form. Additional comments or information for which there is no space on this form may be attached.

Most items are self explanatory but specific instructions for the agency representative are included in italics on the form.

NOTE: *A response to all questions is required.*

Part I shall be signed and dated by the AC Representative completing the form.

The AC Representative’s supervisor is not required to sign the form.

Disposition:

Forward the completed original **BHSF Form MS** daily to the appropriate Medicaid Office following submission of the *Electronic Medicaid Application*.