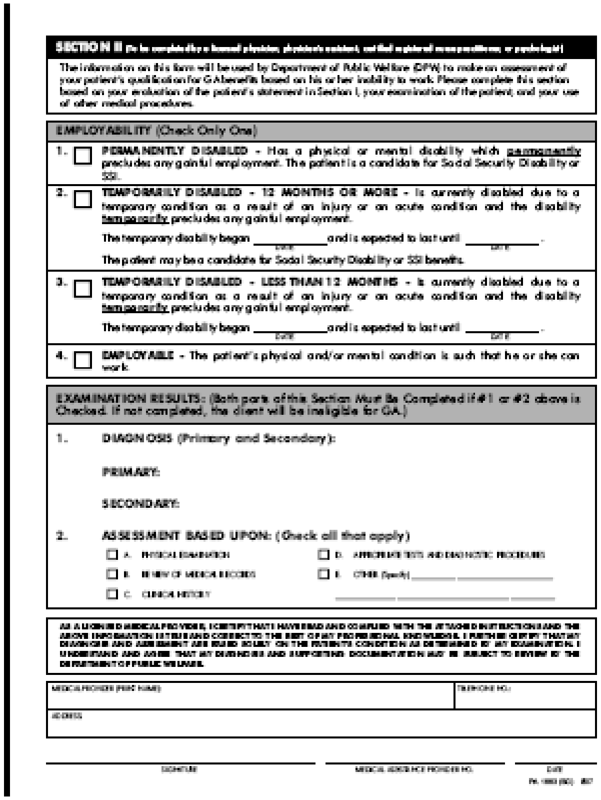

SECTION II

The information on this form will be used by Department of Public Welfare (DPW) to make an assessment of your patient's qualification for GA benefits based on his or her inability to work. Please complete this section based on your evaluation of the patient's statement in Section I, your examination of the patient, and your use of other medical procedures.

EMPLOYABILITY (Check Only One)

1. ☐ **PERMANENTLY DISABLED** - Has a physical or mental disability which permanently precludes any gainful employment. The patient is a candidate for Social Security Disability or SSI.
2. ☐ **TEMPORARILY DISABLED - 12 MONTHS OR MORE** - Is currently disabled due to a temporary condition as a result of an injury or an acute condition and the disability temporarily precludes any gainful employment.
   The temporary disability began ______ and is expected to last until ______.
   The patient may be a candidate for Social Security Disability or SSI benefits.
3. ☐ **TEMPORARILY DISABLED - LESS THAN 12 MONTHS** - Is currently disabled due to a temporary condition as a result of an injury or an acute condition and the disability temporarily precludes any gainful employment.
   The temporary disability began ______ and is expected to last until ______.
4. ☐ **EMPLOYABLE** - The patient's physical and/or mental condition is such that he or she can work.

EXAMINATION RESULTS: (Both parts of this Section Must Be Completed if #1 or #2 above is Checked. If not completed, the client will be ineligible for GA.)

1. DIAGNOSIS (Primary and Secondary):
   PRIMARY:
   SECONDARY:
2. ASSESSMENT BASED UPON: (Check all that apply)

The EAF form is a two page form with the familiar second page shown here. This form is necessary for your patient to obtain Medicaid (also known as Medical Assistance), or public health insurance for low income and disabled persons.

Website: www.phlp.org

Helpline: (800) 274-3258

Email: staff@phlp.org

Philadelphia
123 Chestnut St., Suite 400
Philadelphia, PA 19106

Pittsburgh
415 East Ohio St., Suite 325
Pittsburgh, PA 15212

Harrisburg
1414 N. Cameron St., Suite B
Harrisburg, PA 17103

The Pennsylvania Department of Public Welfare (DPW) Employability Assessment Form (EAF)

A Guide for Physicians

Created by the Pennsylvania Health Law Project

Updated September 2010

www.phlp.org

Frequently Asked Questions about the Employability Assessment Form (EAF)

Why have I been asked to complete this form?

Your patient needs health insurance.

Your patient's eligibility for Medicaid, if he or she also meets income level requirements, will be entirely dependent on whether and how you complete this form.

- Either your patient has no health insurance and is not eligible for Medicaid in a category that does not require medical information or
- Your patient has Medicaid based on this form, and the certification is about to expire.

Why does this form talk about disability instead of health insurance?

A form created for one purpose is now used for many. The form has nothing to do with Social Security Disability or commercial long-term disability insurance. The form is asking

- if you believe the person's medical condition affects their *employability*.
- How long you believe the *medical condition* will last. (there are different eligible income levels for medical conditions expected to last 12 months or more.)

The DPW definition is *your judgment* and is substantially different from disability under the more stringent standards of the Social Security Administration. Income requirements for Medicaid allow and incentivize some earnings. The state does not assume that a person cannot work at all, despite the wording on the form. In fact, for some kinds of Medical Assistance, the patient will be encouraged or even required to work while receiving Medicaid.

The form asks how long the disability will last – what if I am not sure?

- If you believe the *medical condition itself* will last 12 months or more it is best for your patient to check "temporarily disabled 12 months or more."
- Checking too short a time, with an end date, can leave your patient without medical insurance.
- If you indicate <12 months, a single applicant must have income below $174-$215/month (varies by county) and less than $250 in savings to be eligible for Medicaid.
- If you indicate 12 months or more, the applicant may have up to $900 month for a single person, and up to $2000 in savings to be Medicaid eligible.

It does not matter if you will not be the treating physician for the designated period of time; you will not get any follow-up forms.

Does my completing this form make the patient eligible for cash assistance from welfare?

If you check permanent or temporary disability, and the person has virtually no income or savings, a single person can receive between $174-$215/month. The significant benefit is the health insurance.

What if I feel that I cannot sign the form?

The person will not be eligible for medical assistance health insurance. If they rely on a medication for a chronic condition (health sustaining medication) ask the social worker for the Health Sustaining Medication form and complete this form. However they will only be eligible for this medical assistance program if they earn less than approximately $205/month. Thus, if they have or obtain a job without health benefits, they will remain uninsured.

Does this form expose me to any legal liability?

As long as the diagnoses you list are true for this patient, and supported in the medical record, you will never be asked to testify in court regarding the definition of disability.

The Department of Public Welfare usually accepts the judgment of the physician completing this form as long as the diagnoses are verifiable from the medical record and represent acute disabling conditions (broken arm) or chronic medical conditions. If the Department reviewer does not believe the diagnosis qualifies the applicant, the applicant will be denied but the practitioner has no legal liability.

Prepared by Gene Bishop, MD

Physician Consultant, Pennsylvania Health Law Project

www.phlp.org

September 2010