

Completing the Employability Assessment Form (PA 1663)

A Guide for Healthcare Providers



Why have I been asked to complete this form?

Your patient needs health insurance and is applying for (or renewing) Pennsylvania Medicaid coverage, also known as Medical Assistance (MA). Your patient's ability to get MA coverage depends on you completing the [Employability Assessment Form \(PA 1663\)](#) to verify their health conditions, illnesses, and/or disabilities. This form will be submitted to the Department of Human Services (DHS) with your patient's MA application.

What types of providers may complete this form?

Only licensed Physicians, Physician's Assistants, Certified Registered Nurse Practitioners (CRNPs), and psychologists may complete Section II of the PA 1663. Section I is completed by the patient/applicant for benefits.

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

For the purposes of MA, "disability" does not mean inability to work, and an individual does not need to qualify for Social Security Disability in order to receive MA, nor is that standard the same. Disability in the MA context includes a wide range of physical, mental, and/or behavioral conditions that you might not think of when you hear the word "disabled". Some examples (non-exhaustive) include Diabetes, Depression, Anxiety, PTSD, Asthma, Heart disease, and Crohn's disease.

Despite its wording, this form is appropriate *even if your patient is working*. In fact, DHS asks providers to use this form even for patients applying for Medical Assistance for Workers with Disabilities (MAWD), a category of MA that requires the individual to be working and disabled in order to qualify! *It is perfectly acceptable to write a note in the margin stating: "Patient is working despite disability".*

Why does the form distinguish between "temporary" and "permanent" disability?

The second page contains 4 boxes and asks you to indicate whether the patient is: 1) Permanently Disabled; 2) Disabled for 12 months or more; 3) Temporarily Disabled for Less than 12 months; or 4) Employable. The box you select will determine whether your patient can qualify for MA.

- If you mark **Box 1 or 2**, your patient can qualify for MA on the basis of a disability.
- If you mark **Box 3 or 4**, your patient will NOT be able to obtain MA and will likely remain uninsured.

Where can I find more information about this form or MA for my patients?

For more information regarding helping patients document their eligibility for MA insurance, providers are encouraged to call the Pennsylvania Health Law Project's Toll Free Helpline at (800) 274-3258.