



Administrative Policies and Procedures: 23.30

Subject Medical Evaluation Unit Referrals

Approved by

Danielle White Barnes

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Authority

Tenn. Code. Ann. § 4-5-201

Tenn. Comp. R. & Regs. Ch.1240-01-49-.02

Application

Families First Eligibility Counselors and Medical Evaluation Unit Staff

Policy Statement

Eligibility Counselors shall make a Medical Evaluation Unit referral for Families First/Temporary Assistance for Needy Families customers who indicate they are unable to participate in a work and/or educational activity due to a medical and/or mental incapacity that is expected to last longer than thirty (30) calendar days, and is supported by competent medical evidence and/or a physician's statement; or are caring for a disabled in-home relative. The Medical Evaluation Unit will make a determination of incapacity or need for critical care in the home within forty-five (45) calendar days from receipt of the referral.

Purpose

The purpose of this policy is to provide guidance for Medical Evaluation Unit referrals and ensure determinations are timely, complete, and accurate.

Procedures

A. Criteria and guidelines for Medical Evaluation Referrals

1. The customer's financial and technical eligibility for Families First/Temporary Assistance for Needy Families (TANF) must be established before a referral is made to the Medical Evaluation Unit (MEU).
2. The customer must be earning less than the current [Substantial Gainful Activity \(SGA\)](#) amount as set by the Social Security Administration (SSA).
 - MEU referrals received for any customer who is earning more than the SGA will be returned to the county as a "no decision" since the customer is ineligible for an MEU determined incapacity exemption.

3. The reported medical or mental illness or impairment must be expected to last longer than thirty (30) calendar days and must be supported by a physician's statement.
 - a. Competent medical evidence covering a period of not more than one (1) year from date of MEU referral application may be submitted by the customer in the format outlined in the [Customer Notification of No Response from Provider](#) letter when a physician's statement is not available.
 - b. Competent medical evidence submitted by a physician in lieu of a provider's statement will be eligible for review. MEU will only review medical evidence covering not more than one (1) year from date of MEU referral application.
 - c. MEU will not request medical evidence directly from providers.
 - d. MEU will only request completion of provider forms from providers listed on the referral form.
4. The eligibility counselor shall complete [HS-2926 MEU Referral](#) electronically to provide required information in the referral.
 - a. The name of the customer's doctor must be listed for each provider, clinic, or hospital.
 - b. Any provider listed should have examined the customer within one (1) calendar year of the MEU referral application date.
 - c. If a customer indicates that they do not have a provider, or have not seen a provider within one (1) calendar year of the date of MEU referral application, the customer must be directed to register with a treating provider before an MEU referral can be completed.
5. When any incapacity is expected to last thirty (30) calendar days or less, a MEU referral is not necessary. The county eligibility counselor has the discretion to approve a "Short Term Temporary Crisis" for no more than thirty (30) calendar days.
 - MEU referrals received for any condition expected to last less than thirty (30) calendar days will be returned to the county to determine if a "Short Term Temporary Crisis" exemption can be approved.
6. Where a pregnancy is determined to be a "high risk" or the physician specifically recommends a rest period, the case shall be referred to the MEU for review when the due date is more than thirty (30) calendar days from the date the temporary work exemption is requested.

B. Incapacity Determination

1. For cases where the incapacity is expected to last more than thirty (30) calendar days, the eligibility counselor must:
 - a. complete [HS-2926 MEU Referral](#) listing at least one (1) but no more than three (3) providers;
 - b. obtain the customer's signature on one (1) [HS-2557 HIPAA Authorization for Release of Medical/Health Information to TDHS](#) and sign and date the HIPAA form as a witness when applicable;
 - i. If the customer selects to specifically identify providers on the HIPAA form, one (1) HIPAA form must be completed for each provider, with the provider's name specified on each form.
 - ii. If the customer does not select to specifically identify providers on

- the HIPAA form, only one (1) HIPAA form must be completed.
- c. Forward the completed referral form and the [HS-2557 HIPAA Authorization for Release of Medical/Health Information to TDHS](#) form(s) to the MEU electronically on the same day both documents are completed.
 - Any incomplete referral submitted to the MEU will be returned to the originating worker to complete and resubmit.
 2. MEU staff will complete section one (1) of [HS-3264 Provider's Statement on Temporary Work Exemption](#), send (fax, email, or mail) to the listed provider(s), and receive the completed forms from the provider(s).
 3. If the completed form has not been received from the provider by the twenty-first (21st) calendar day of the initial request, MEU will:
 - a. Send (fax, email, or mail) a second (2nd) notice request to the provider to complete and return the form.
 - b. Send (email or mail) a [Customer Notification of No Response from Provider](#) letter to the customer to reach out to their provider to complete and return the form no later than the thirty-ninth (39th) calendar day of the initial request to the provider. If the customer is having difficulty getting their provider to complete the form, the customer should obtain other medical evidence covering not more than one (1) year from date of MEU referral application. The medical evidence must be submitted in the specified format outlined in the [Customer Notification of No Response from Provider](#) to support the incapacity no later than the thirty-ninth (39th) calendar day of the initial request to the provider.
 - c. MEU will not send second (2nd) requests to any providers who respond with a written response or phone call indicating one (1) of the following as being a reason for not completing the form:
 - i. They have not seen the customer in a year or more;
 - ii. The customer is not their patient;
 - iii. They do not complete this type of form; and/or
 - iv. It is their opinion that the customer's primary care physician (PCP) should be completing the form.
 - d. MEU will still send a [Customer Notification of No Response from Provider](#) to customers even when a second (2nd) request is not sent to the provider on the twenty-first day (21st) day based on B.3.c.
 4. MEU referrals will be denied on the fortieth (40th) calendar day when:
 - a. The provider or the customer has not returned the completed form by the thirty-ninth (39th) calendar day, or
 - b. The customer has not submitted medical evidence covering not more than one (1) year from date of MEU referral application to support the incapacity by the thirty-ninth (39th) calendar day.

Note: If only one (1) provider out of all listed providers submits a completed provider statement form or provides medical evidence of not more than one (1) year from date of MEU referral application by the thirty-ninth (39th) calendar day, MEU will make a decision based solely

on this information.

5. MEU staff will notify the originating eligibility counselor and the customer of the decision.
 - a. The originating eligibility counselor will be notified via email.
 - b. The customer will be notified by email or mail using the [HS-2927 Decision Letter](#).

C. Disabled Adult/Child Cases

1. All cases where a customer requests an exemption due to caring for an in-home disabled relative who requires in home care must be referred to the MEU for determination.
2. In order for a referral for a Disabled Adult/Child (DAC) determination to be valid, the DAC must be living in the same home and related to the customer requesting the temporary work exemption. The relationship between the customer and the DAC must be verified and clearly documented.
3. The eligibility counselor must:
 - a. Complete [HS-2926 MEU Referral](#) listing only one (1) provider;
 - b. Complete section "I" on [HS-2957 Provider's Statement of Critical need in the Home](#);
 - c. Obtain the disabled adult's signature (or caregiver's signature for a disabled child) on one (1) [HS-2557 HIPAA Authorization for Release of Medical/Health Information to TDHS](#);
 - d. Forward the completed referral form, the [HS-2957 Provider's Statement of Critical need in the Home](#) with section "I" completed, and the [HS-2557 HIPAA Authorization for Release of Medical/Health Information to TDHS](#) form to the MEU electronically once all documents are completed.
 - Any incomplete referral submitted to the MEU will be returned to the originating worker to complete and resubmit.
4. MEU staff will send (fax, email, or mail) the [HS-2957 Provider's Statement of Critical need in the Home](#) to the listed provider(s), and receive the completed forms from the provider(s).
5. If the completed form has not been received from the provider by the twenty-first (21st) calendar day of the initial request, MEU will:
 - a. Send (fax, email, or mail) a second (2nd) notice request to the provider to complete and return the form.
 - b. Send (email or mail) a [Customer Notification of No Response from Provider](#) letter to the customer to reach out to the provider to complete and return the form no later than the thirty-ninth (39th) calendar day of the initial request to the provider. If the customer is having difficulty getting the provider to complete the form, the customer should obtain other medical evidence of not more than one (1) year from date of MEU referral application. The medical evidence must be submitted in the specified format outlined in the [Customer Notification of No Response from Provider](#) to support the need for critical care no later than the thirty-ninth (39th) calendar day of the initial request to the provider.
 - c. MEU will not send second (2nd) requests to providers that respond

with a written response or phone call indicating one of the following as being a reason for not completing the form:

- i. They have not seen the customer in a year or more;
 - ii. The customer is not their patient;
 - iii. They do not complete this type of form; and/or;
 - iv. It is their opinion that the customer's PCP should be completing the form.
- d. MEU will still send a [Customer Notification of No Response from Provider](#) to customers even when a second (2nd) request is not sent to the provider on the twenty-first day (21st) day based on C.5.c.
6. MEU referrals will be denied on the fortieth (40th) calendar day when:
- The provider or the customer has not returned the completed form by the thirty-ninth (39th) calendar day, or
 - The customer has not submitted medical evidence of not more than one (1) year from date of MEU referral application to support the need for critical care by the thirty-ninth (39th) calendar day.
7. MEU staff will notify the originating eligibility counselor and the customer of the decision.
- a. The originating caseworker/client representative will be notified via email.
 - b. The customer will be notified by email or mail using [HS-3276 MEU Decision Letter for DAC Cases](#).

D. Subsequent Referrals and Review of Active Cases

1. Subsequent referrals received within thirty (30) calendar days of a denial:
 - a. **Will be processed** as a new referral if the subsequent referral contains a different medical/mental condition or impairment from the previously denied referral.
 - b. **Will be processed** as a new referral if the subsequent referral contains the same medical/mental condition or impairment but different treating providers from the previously denied referral.
 - c. **Will be processed** when indicated by an initial or final Appeal Order.
 - d. **Will not be processed** if the subsequent referrals contain the same medical/mental condition or impairment **and/or** the same treating providers as the previously denied referral.
2. For active incapacity or DAC determinations made by the MEU, the status must be reviewed thirty (30) calendar days prior to the end of the MEU approval period by the customer's eligibility counselor.
 - a. Before submitting a subsequent referral, the eligibility counselor must determine if there are any active appeals with the same providers and/or diagnosis listed on referral being submitted. If the list of providers and diagnosis on the new referral being submitted are the same as the list of providers and diagnosis on the active appeal, the new referral must not be submitted.
 - b. The customer must be contacted to renegotiate their Personal

Responsibility Plan (PRP) as outlined in policy [23.07 Families First Personal Responsibility Plans](#).

- c. The temporary work exemption must end on the PRP unless the customer indicates they have a continued incapacity or are still providing critical care in the home.
 - If continued incapacity or DAC status is claimed, a new MEU referral must be submitted.
3. Eligibility for the MEU approval continues until the expiration of an active approval period or until a new decision is made on a subsequent referral.
 - The incapacity ends if the customer fails or refuses to provide the necessary information for the eligibility counselor to submit subsequent referral.
4. An active MEU approval will terminate upon the report of an active employment with income over the Substantial Gainful Activity (SGA). The customer will be referred to the eligibility worker to become engaged in work activity. The eligibility worker will document CLRC with the employment information and the reason for the early termination of the incapacity exemption.

E. Referral to External Partners

1. All customers with a MEU incapacity approval period of six (6) months or more must be referred to the Division of Rehabilitation Services (DRS) using [HS-2686 Vocational Rehabilitation Referral](#) for evaluation to determine if the customer is eligible for DRS services.
 - a. Each month the MEU will submit a report to the districts listing all individuals with an incapacity approval of six (6) months or more as a notification of reminder that a DRS referral is needed.
 - b. The districts will refer all customers appearing on the report who have not already been referred to DRS. The referral must be documented in the case record.
2. All customers with a MEU incapacity approval period of twelve (12) months shall be referred to the Tennessee Alliance for Legal Services (TALS), using the [HS-2959 Referral to the Tennessee Alliance for Legal Services \(TALS\)](#) form.
 - a. Customers may also be referred to TALS by Family Assistance staff or contractors.
 - b. All TALS referrals are to be submitted to the MEU mailbox at FamiliesFirst.MEU.DHS@TN.gov.
3. Family Assistance and MEU staff may refer customers to other resources that may assist in their transition to self-sufficiency including, but not limited to:
 - a. Family or other external support networks,
 - b. Employment agencies,
 - c. Educational programs, and/or
 - d. Medical and mental health resources.

Forms	<p>Customer Notification of No Response from Provider</p> <p>HS-2926 MEU Referral (Instructions)</p> <p>HS-2557 HIPAA Authorization for Release of Medical/Health Information to TDHS (Instructions)</p> <p>HS-3264 Provider's Statement on Temporary Work Exemption (Instructions)</p> <p>HS-2927 Decision Letter (Instructions)</p> <p>HS-2957 Provider's Statement of Critical need in the Home (Instructions)</p> <p>HS-3276 MEU Decision Letter for DAC Cases (Instructions)</p> <p>HS-2686 Vocational Rehabilitation Referral (Instructions)</p> <p>HS-2959 Referral to the Tennessee Alliance for Legal Services (TALS) (Instructions)</p>
Collateral Documents	<p>Substantial Gainful Activity (SGA)</p> <p>23.07 Families First Personal Responsibility Plans</p> <p>23.21 Time Limits</p>
Additional Resources	None
Retention of Records	Pending
Glossary	
Term	Definition
<i>Incapacity</i>	<p>A medical or mental illness or impairment that is</p> <ol style="list-style-type: none"> 1. Expected to last longer than thirty (30) calendar days; and 2. Supported by a physician's statement.
<i>In-home relative</i>	An individual who lives in the same home and is related to the customer requesting exemption.
<i>Medical Evidence</i>	Medical evidence includes HS-3264 Provider's Statement on Temporary Work Exemption or HS-2957 Provider's Statement of Critical need in the Home form filled out by a physician documenting incapacity and the expected duration of incapacity, and/or documentation of a medical professional's treatment or diagnosis of the customer from the past calendar year.
<i>Physician</i>	<ul style="list-style-type: none"> • Licensed physicians (medical or osteopathic doctors), nurse practitioners, and physicians' assistants.

- Licensed or certified psychologists: ED.D, PH.D, PSY.D, and psychological examiners.
- Licensed optometrists for the measurement of visual acuity and visual fields;
- Licensed podiatrists; and
- Qualified speech-language pathologists (SLPs) for purposes of establishing speech or language impairments only. For this source, "qualified" means that the SLP must be licensed by the state professional licensing agency, or be fully certified by the state education agency in the state in which he/she practices, or holds a Certificate of Clinical Competence from the American-Speech Language-Hearing Association.

Provider A physician or a hospital/clinic where the customer has sought treatment from a physician.

Relative A person who is related to another by blood, marriage, or adoption.

Acronyms

Abbreviation

Expansion

DAC

Disabled Adult/Child

DRS

Division of Rehabilitation Service

HIPAA

Health Insurance Portability and Accountability Act of 1996

MEU

Medical Evaluation Unit

PCP

Primary Care Physician

SGA

Substantial Gainful Activity

PRP

Personal Responsibility Plan

SLP

Speech Language Pathologist

SSA

Social Security Administration

SSI

Supplemental Security Income

TALS

The Tennessee Alliance for Legal Services

TANF

Temporary Assistance for Needy Families

TDHS

Tennessee Department of Human Services