

Families First Medical Evaluation Unit Referrals

Policy 23.20

Effective: July 01, 2023

Introduction

Caseworkers shall make a Medical Evaluation Unit referral for Families First 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 or who indicate they are caring for a disabled in-home relative. The proposed incapacity and medical reason for caring for a disabled in-home relative must be supported by a physician's statement. The Medical Evaluation Unit will review physicians' statements to make a determination of incapacity or need for critical care in the home. The MEU decision timeframe is forty-five (45) calendar days from receipt of the referral.

Scope

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

Policy

Criteria and Guidelines for Medical Evaluation Referrals

1. The customer's financial and technical eligibility for Families First 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 does not qualify for MEU incapacity review.

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. If both physician's statement and medical evidence are submitted, the MEU decision will be based on the provider's statement.
 - 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 caseworker 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 caseworker 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.

Incapacity Determination

1. For cases where the incapacity is expected to last more than thirty (30) calendar days, the caseworker must:
 - a. Complete [HS-2926 MEU Referral](#) listing at least one (1) but no more than three (3) providers;
 - i. The referral must include the provider's contact details, which includes a phone number, a fax number, and an email.
 - 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.

- i. Ensure the customer has an active email noted on the referral form.
 - ii. 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](#). MEU staff will ~~email~~ send (fax or email) the listed provider(s) and receive the completed forms from the provider(s) by return fax or email.
 - a. If a provider fax or email fails to go through, MEU will send an email to the caseworker informing them to notify the customer that a new fax or email is required for contacting their provider.
 - b. If an alternate fax or email is not received from the caseworker within ten (10) business days, MEU will close the referral as a No Decision, and a new referral with the requested information would need to be submitted by the caseworker.
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 or email) a second (2nd) notice request to the listed provider(s) and receive the completed forms from the provider(s) by return fax or email.
 - b. Send (fax or email) 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 (fax or email) 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 qualified medical evidence by the thirty-ninth (39th) calendar day, MEU will make a decision based solely on this information.
5. MEU staff will notify the originating caseworker and the customer of the decision
- a. The originating caseworker will be notified via email.
 - b. The customer will be notified by email using the [HS-2927 Decision Letter](#).

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 caseworker 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.
 - Ensure the customer has an active email noted on the referral form.
 - Any incomplete referral submitted to the MEU will be returned to the originating worker to complete and resubmit.
4. MEU staff will send (fax or email) the [HS-2957 Provider's Statement of Critical need in the Home](#) and receive the completed forms from the provider(s) by return fax or email.
 - a. If a provider fax or email fails to go through, MEU will send an email to the caseworker informing them to notify the customer that a new fax or email is required for contacting their provider.
 - b. If an alternate provider fax or email is not received from the caseworker within ten (10) business days, MEU will close the referral as a No Decision, and a new referral with the requested information would need to be submitted by the caseworker.
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 or email) a second (2nd) notice request to the provider(s) and receive the

completed forms from the provider(s) by return fax or email.

- b. Email 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 DAC in a year or more;
 - ii. The DAC is not their patient;
 - iii. They do not complete this type of form; and/or;
 - iv. It is their opinion that the DAC PCP should be completing the form.
 - d. MEU will still email 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 caseworker and the customer of the decision.
 - a. The originating caseworker will be notified via email.
 - b. The customer will be notified by email using [HS-3276 MEU Decision Letter for DAC Cases](#).

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 caseworker.
 - a. Before submitting a subsequent referral, the caseworker must determine if there are any active referrals currently in process or 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 caseworker 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.

Referral to External Partners

1. 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.

Supporting Documents

[Substantial Gainful Activity \(SGA\)](#)

[23.07 Families First Personal Responsibility Plans](#)

[23.21 Time Limits](#)

[Customer Notification of No Response from Provider](#)

[HS-2926 MEU Referral \(Instructions\)](#)

[HS-2557 HIPAA Authorization for Release of Medical/Health Information to TDHS \(Instructions\)](#)

[HS-3264 Provider's Statement on Temporary Work Exemption \(Instructions\)](#)

[HS-2927 Decision Letter \(Instructions\)](#)

[HS-2957 Provider's Statement of Critical need in the Home \(Instructions\)](#)

[HS-3276 MEU Decision Letter for DAC Cases \(Instructions\)](#)

[HS-2686 Vocational Rehabilitation Referral \(Instructions\)](#)

[HS-2959 Referral to the Tennessee Alliance for Legal Services \(TALS\) \(Instructions\)](#)

Definitions/Acronyms

Term	Definition
DAC	Disabled Adult/Child
DRS	Division of Rehabilitation Service
HIPAA	Health Insurance Portability and Accountability Act of 1996
Incapacity	A medical or mental illness or impairment that is <ol style="list-style-type: none"> 1. Expected to last longer than thirty (30) calendar days; and 2. Supported by a physician's statement.
In-home relative	An individual who lives in the same home and is related to the customer requesting exemption.
MEU	Medical Evaluation Unit

Medical Evidence	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.
PCP	Primary Care Physician
Physician	<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.
PRP	Personal Responsibility Plan
Relative	A person who is related to another by blood, marriage, or adoption.
SGA	Substantial Gainful Activity
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

Supersedes

23.30 Medical Evaluation Unit Referrals, eff. date 12/01/2018

Approval History

Approved By	Approver Title	Approved Date	Effective Date
Clarence H. Carter	Commissioner	06/07/2023	07/01/2023
Danielle Barnes	Commissioner	11/20/2018	12/01/2018
Danielle Barnes	Commissioner	01/26/2018	02/01/2018

Revision History

Date	Version	Location of Change	Description/Reason for Change
06/07/2023	07/01/2023	Policy Name, Policy Number, Introduction, Scope, Incapacity Determination, Disabled Adult/Child Cases, Referral to External Partners.	Added new wording to ensure client email and provider email must be provided, and referral will be considered incomplete if not included. The policy number and title were changed to align with other Families First Policies.
11/20/2018	12/01/2018	Policy Section	Changed the required supporting documentation to a physician's statement only, with alternatives if unavailable; added additional clarity to MEU incapacity determinations in sections B and C; added additional clarity in section D
01/26/2018	02/01/2018	N/A	New Policy

Approved By	<i>Clarence H. Carter</i>	Approval Date	06/07/2023
Authority	Tenn. Code Ann. § 71-3-104(d)(3)(C), 71-3-104(h)(3)(A) Tenn. Comp. R. & Regs. Ch.1240-01-49-.02	Effective Date	07/01/2023
Application	Families First Caseworkers and Medical Evaluation Unit Staff		