



Administrative Policies and Procedures: 23.30

Subject Medical Evaluation Unit (MEU) Referrals

Approved by

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Application Families First Caseworkers, Client Representatives, and MEU Staff

Policy Statement

Caseworkers or Client Representatives shall make a Medical Evaluation Unit (MEU) referral for Families First/Temporary Assistance for Needy Families (TANF) 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 MEU 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 ensure all MEU referrals and determinations are timely, complete, and accurate.

Procedures

- A. Criteria and guidelines for MEU Referral**
1. The customer's financial and technical eligibility for Families First/TANF must be established before a referral is made to the 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 competent medical evidence and/or a physician's statement.
 4. The TDHS case worker must complete [HS-2926 MEU Referral](#)

electronically to ensure that all required information is included 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 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 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 caseworker or client representative must:
 - a. complete HS-2926 MEU Referral listing at least one 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;
 - 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.
 - 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](#), fax 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 fax request, MEU will mail a notice request to the provider and customer to complete and return the form

or other medical evidence to support the incapacity no later than the thirty-ninth (39th) calendar day of the initial fax.

4. MEU referrals will be denied on the fortieth (40th) calendar day when:
 - The provider or the customer has not returned the medical evidence 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 by the thirty-ninth (39th) calendar day, MEU will make a decision based on this information.

5. MEU staff will notify the originating caseworker /client representative 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 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 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 customer's signature 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 fax 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 mail a notice request to the provider and customer to complete and return the form or medical evidence to support the incapacity no later than the thirty ninth (39th) calendar day of the initial fax.
6. MEU referrals will be denied on the fortieth (40th) calendar day when:
 - The provider or the customer has not returned the medical evidence 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 by the thirty-ninth (39th) calendar day, MEU will make a decision based on this information.

7. MEU staff will notify the originating caseworker/client representative 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 30 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 not be processed** if the subsequent referrals contains the same medical/mental condition or impairment **and** 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.
 - a) The customer must be contacted to renegotiate their Personal Responsibility Plan (PRP) as outlined in [chapter 23.4 of the Families First Online Policy Manual](#).
 - b) 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 a new decision is made.
 - a) If an active incapacity exemption is later denied by the MEU, the customer and county are notified that the incapacity is denied.
 - b) The incapacity ends if the customer fails or refuses to provide the necessary information for the subsequent referral.

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

[HS-2926 MEU Referral](#)

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

[HS-3264 Provider's Statement on Temporary Work Exemption](#)[HS-2927 Decision Letter](#)

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

[HS-2686 Vocational Rehabilitation Referral](#)

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

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

Collateral Documents

[Chapter 23.4 Of The Families First Online Policy Manual](#)
[Substantial Gainful Activity \(SGA\)](#)

Additional Resources

None

Retention of Records

Pending

Glossary

Term	Definition
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 competent medical evidence and/or a physician's statement.
In-home relative	An individual who lives in the same home and is related to the customer requesting exemption.
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.
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.
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

PRP	Personal Responsibility Plan
TALS	The Tennessee Alliance for Legal Services
TANF	Temporary Assistance for Needy Families
TDHS	Tennessee Department of Human Services

Supersedes	<ul style="list-style-type: none">• Families First Online Policy Manual sections 15.4.3.1 – 15.4.3.1• Families First Handbook pp 59-66• PUN 23.06-17.01 Medical Evaluation Unit (MEU) Updates• Bulletins<ul style="list-style-type: none">○ MA-12-14 as it applies to the MEU○ MA-11-16 as it applies to the MEU○ FA-09-03○ MA-08-01 as it applies to MEU○ MA-08-06○ FA-08-12○ FA-08-22○ FA-08-28 as it applies to MEU○ FA-07-03 as it applies to Families First○ FA-07-09○ MA-07-19 as it applies to Families First○ MA-06-01 as it applies to Families First○ MA-06-12• Numbered Memoranda<ul style="list-style-type: none">○ FF-14-02○ FF-13-01○ FF-11-04○ FF-11-08○ MA-10-12○ MA-08-01 as it applies to MEU○ FF-07-22○ MA-07-12○ MA-07-16○ MA-07-22
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