

TANF Analyst Hour

03/21/19

Topic: Medical & Rehabilitative Services

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Q: Is Methadone treatment under the same step as Drug & Alcohol Counseling?

A: It depends on what makes the most sense; some participants may just be getting doses, while others are engaged in counseling as well. Have a conversation with the participant to get specific information of what they are doing for methadone treatment to get a better idea of what steps you would use.

If the participant is just getting doses from their medical provider, the activity could be captured under the RA step. If the participant is attending a methadone clinic for doses and meeting with their counselor, the activity could be captured under the DA step.

Q: Can you give an example of an RA activity for SFP participants? We generally do the SS step as well.

A: If someone is in the SFP program, they would have the SS step for pursuing Social Security benefits. They can also have other activities captured on their plan.

An example of what an SFP Participant's plan could look like:

Mary has some physical health issues but isn't currently in a treatment plan with a provider. We want to support her with getting connected to a provider to obtain updated documentation, so she can get a diagnosis and referral to a specialist for ongoing physical therapy appointments. Then we would look at doing the RA step for ongoing physical therapy appointments. If her goal is to apply for Social Security benefits, then we would open an SS step also.

It can really be a combination of different activities and based on what is most appropriate.

Q: When is it most appropriate to use a ME step vs. an RA step?

The ME step would be most appropriate for a one-time activity, or for preliminary appointments to determine a diagnosis.

RA is most appropriate for ongoing appointments for speech therapy, physical therapy, occupational therapy, etc. It can be used for ongoing appointments with a specialist after a diagnosis has been made. It can also be used for ongoing support groups (groups for those with diabetes, cancer, or other specific diagnoses). It can also be used for pain management and medication management related to medical services.

You can see the JOBS Activity Guide (JAG) for examples.

Participants may move from the ME step to an RA step. The 729 series of forms may be helpful in getting a diagnosis and prognosis that can move the participant from ME to RA, or other relevant steps.

729 Series related to ME steps

- 729 – Request & Billing Codes
- 729E – Physical Residual Function Capacity Report. Can identify what a participant is able to do or not do.
- 729G – Rating of Impairment Severity Report.

Q: If a participant was attending DA, Mental Health, or other treatment, we would request documentation. If support services are not requested, can we take verbal attendance instead of on paper?

A: We have a “Resources for Engagement” workgroup that will be working on the messaging of scenarios like that. They will also work on more concise messaging regarding what the expectations are, what forms we need in certain scenarios, and when we need paper vs. verbal documentation, etc.

The Workgroup will really drill down and figure out what we actually need vs. what constraints we’ve put on ourselves that aren’t necessary.

You could get the necessary information over the phone with the Provider, but we have to be specific in narrating that we’re hitting all the bullet points outlined in the JAG.