

TANF Analyst Hour

03/28/19

Topic: Medical & Rehabilitative Services

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Q: If we are contracting with a nurse to get people connected with providers, would that be covered under ME since it all serves to lead up to regular treatment?

A: Yes, since the participant would be going to a doctor without knowing what ongoing treatment they would be getting until they get a diagnosis and a treatment plan.

Q: If a person has a traumatic brain injury, diagnosed by a provider, with associated PTSD, would we use RA for the injury and ME or MH for the PTSD?

A: You can have a combination of activities, so if they were diagnosed for PTSD with ongoing mental health appointments, that can be captured with MH. If they were working with a specialist on the brain injury, they could have RA along with the MH. If they haven't had a diagnosis yet we could look at the ME activity until they get that ongoing plan.

If we know that it's ongoing mental health treatment we would always put it under MH, if it's more physical health it would fall under RA.

Q: When we get documentation from a medical provider that says, "no work release at this time" and they can't do physical activities for a time, what step would that fall under?

A: Have a conversation with the participant to really see what that looks like for them ongoing. There isn't a specific step when we just have a doctor's note saying they can't be engaged in the JOBS program. There are more components to the JOBS program than just searching for work.

If we can understand what their medical treatment plan looks like, then we can capture that and use it as the focus of their plan.

Q: If they just have a note saying they're not doing any ongoing treatments for a time, we wouldn't make those steps, right?

A: If they're not engaged in their treatment plan we would not have that activity.

We still want to work with and engage them to see what their day looks like and what their goals are, and create a plan based on that. We want to support them and find what the most appropriate activity would be.

Q: If they have ongoing medical appointments, how often do we need to get attendance for those?

A: We would obtain the attendance at minimum, monthly. The documentation can be from the health provider reporting or signing off on a form, or a printout from the doctor's office.

Attendance can be from a log, scheduled appointment reports, or a call with the provider if you have a release of information signed. Make sure to get all the right information and narrate it clearly.

Q: Do we need the provider's signature on the attendance, or just their name and contact information?

A: Per the JOBS Activity Guidelines, attendance for RA does not require a signature. We just need the name and contact information for the person verifying the attendance.

Q: Can attendance be self-reported by the participant?

A: If the participant really has difficulty getting attendance and we've tried reaching out to the provider, as a last resort we can narrate attendance reported by the participant, as long as it's done clearly and you note the specifics necessary.

Do the best you can for now. The 'Resources for Engagement' Workgroup will be working on this issue more.

Q: Can somebody in the RA step access housing support services?

A: If someone is requesting housing or utility payment, Family Coaches will open the Stabilized Living (SL) step and talk through what that looks like for the participant, and the payment would go out attached to that activity.

Q: Is there a way to get support services to assist in paying for medications not covered by OHP under an ME step?

A: It is a federal guideline that we are not to spend TANF funding for medical services.

Offer to assist in having a conversation with the medical provider to find out why the medication is not covered. Sometimes a brand will not be covered, and there could be a generic that may be covered. Offer to assist in looking into resources that may help with the cost.

If you are coming across these situations and would like further assistance, please contact TANF.Policy@dhsosha.state.or.us

Q: Can we pay for things like over-the-counter medications or head-lice treatment?

A: Over-the-counter medications would still be considered a medical cost.

Head-Lice treatment: Yes, as we do not look at this as a medical expense. We first need to have explored all other potential resources. If there are no other resources to assist with the cost, if it ties back to a plan, such as a CH step, we can assist with the cost.

Q: Are we able to provide funds for certain accommodation needs?

A: As long as the accommodation is not a medical service, we can provide accommodations through support services.

Accommodation examples would be a one-handed keyboard needed for work.

Q: Are we able to purchase prescribed eye glasses? What if they are considered necessary to get a job?

A: No, eyeglasses are considered a medical expense and generally require a prescription. There are some other agencies out there that may be able to help with, offer to assist in looking into other resources. Eye glasses and hearing aids do not fall under accommodations that we can cover for any reason.