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Bulletin No. 16-28

P-2344B

P-2344 Modifications or Deferments

B. Medical Modification or Deferment of Work Requirement

1. Active Reach Up participant

a. Participant requests a medical modification/deferment:

- i. Case Manager gives participant the Temporary Medical Deferment form (210TMD) to be completed by the participant's health care provider. Enter participation code "01" on WORK.
- ii. If the Case Manager is fairly certain the 210TMD will be returned indicating a modification or deferment of over 60 days, they can decide to give the Medical Records Request Form (660MRR) to a participant when the 210TMD is assigned as a task. Medical records are only necessary if the modification or deferment will be over 60 days and the Medical Review Team (MRT) will be consulted for a decision. A 660MRR will be needed for each provider that fills out a 210TMD indicating over 60 days.
- iii. Add "Return Completed 210TMD" as an activity on the participant's FDP with a deadline of 10 days. The next appointment should be scheduled for the due date of the 210TMD.
- iv. Only one 210TMD need be returned to start the modification/deferment process. However, if participants are looking for a modification/deferment over 60 days and have multiple providers they believe will support them, it is worth giving them multiple forms. The process can start to move forward once the first 210TMD is returned [see (B)(1)(d) or (e)]. Again, a 660MRR will be needed for each provider that fills out a 210TMD indicating over 60 days.

b. If 210 TMD is not returned, Case Manager determines good cause.

- i. If good cause exists, reassign return of completed 210TMD as an activity on FDP.
- ii. If the doctor refuses to fill out the 210TMD follow (B)(1)(c) similar to an incomplete form.
- iii. If good cause does not exist:
 - a. For participants with less than 58 months of assistance, the case moves to conciliation or sanction.
 - b. For participants who have received 58 months of assistance and are currently in their 59th month, send appointment letter to talk to participant about impending consequences for continued noncompliance (**do not conciliate or sanction**).

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- c. For participants who are in their 60th or more month, close the grant no earlier than the end of the participant's 60th month.
- c. If 210TMD is returned but is incomplete, Case Manager calls the participant's provider to gather the missing information. If the information cannot be gathered within 5 business days, take the following steps depending on how many countable months of assistance the participant has received:
 - i. For a participant who has less than 60 countable months of assistance, they will need to begin meeting their work requirement immediately; or
 - ii. For a participant who has at least 60 countable months of assistance, the case manager will contact the participant and give them the option of participating in a CSP or other countable work activities. If they don't comply, Case Manager fills out a Close/Break in Benefits Authorization (606CBA) and gives to Reach Up Supervisor who will enter code 83 initiating two-month break in benefits. Supervisor enters CATN and WARN.
- d. 210TMD indicates 60 day or less modification/deferment is needed
 - i. For two parent families if one parent is only able to work part time (less than 35 hours per week) or is unable to work at all, the second parent must take on the 30 hour per week work requirement. Case Manager codes the modified/deferred parent as a 33 regardless.
 - ii. For single parent households, if modified 10 hours or more, Case Manager enters a code of 55 in Work C. If modified less than 10 hours or completely deferred, Case Manager enters code 33 in WORK C.
 - iii. Enter a review date that matches the number of months on the 210TMD (remember that end dates must always be at the end of a month)—this would either be one or two months.

Example: 210TMD returned on Thursday 4/21/16 states participant should be deferred for up to 30 days. Review date for deferment should be 5/31/16.

- a. For a participant who has less than 60 countable months of assistance, if modified they will need to immediately begin meeting their suggested modified work requirement and then their full work requirement the day after the modification ends. If deferred they will need to begin meeting their full work requirement the day after the deferment ends.

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- b. For a participant who has 60 or more countable months of assistance, if modified they must immediately begin to participate in countable work activities to meet their suggested modified work requirement and then their full work requirement as soon as administratively possible. If deferred they will need to be meeting their full work requirement as soon as administratively possible. Noncompliance can result in closure of their grant.
- iv. Participants can request an extension of their modification/deferment by providing updated medical documentation in the month prior to their modification/deferment expiring. If this extension makes the modification/deferment more than 60 total days follow the procedure below [(B) (1) (e)].
- e. 210TMD indicates 60 days or more modification/deferment is needed and the Medical Records Request Form (660MRR) has not previously been given
 - i. For physical health issues, Case Manager gives participant the 660MRR to be completed by the participant's health care provider. This will indicate that the provider is agreeing to submit copies of the participant's medical records to the Reach Up MRT.
 - ii. For mental health and/or substance abuse issues, providers may prefer to complete the Summary of Diagnosis form, rather than provide records. In these cases give the participant the 660MRR, the Mental Health/Substance Abuse letter and the Summary of Diagnosis (210SUM) to be completed by the participant's health care provider.
 - iii. Add "Return Completed Medical Records Request and/or Summary of Diagnosis" as an activity on the participant's FDP with a deadline of 10 days. The next appointment should be scheduled for the due date of the 660MRR/210SUM.
 - iv. If 660MRR/210SUM is not returned, Case Manager determines good cause. See (B)(1)(b) above with the exception if the doctor refuses to fill out the 660MRR then case manager reaches out to provider. If the information cannot be gathered within 5 business days, move forward without the release and records. If only the 210SUM is returned, but not the 660MRR move forward without the release.
- f. 210TMD indicates 60 days or more modification/deferment is needed and the 660MRR is received.

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- i. Case manager completes the fillable MRT Consultation Form (600MRT). Attach the completed 600MRT, 210TMD with signed release, 660MRR and/or 210SUM, and any other pertinent documents (e.g., assessments that have been completed, other documentation that support the modification or deferment). Email the above to their Reach Up Supervisor. The Reach Up Supervisor will then send email to [AHS – DCFESDReachUpMRT@vermont.gov](mailto:AHS-DCFESDReachUpMRT@vermont.gov).
- ii. For two parent households the second parent must take on the 30 hour per week work requirement. Case Manager codes the modified/deferred parent as a 33 regardless.
- iii. For single parent households if modified 10 hours or more, Case Manger enters a code of 55 in Work C. If modified less than 10 hours or completely deferred, enter deferral code 33 in WORK C.
- iv. Enter a review date at least 60 days from the date the modification/deferment was requested (remember that end dates must always be at the end of a month).
- g. When the Reach Up MRT Team receives the documents
 - i. The Team reviews the 600MRT, the 210TMD, 660MRR and other pertinent documents to ensure all information and signatures are on the forms. The Team gathers all medical/treatment records received from providers.
 - ii. After 45 days the Team gives all case-related documents to the designated physician/health care provider for their decision, whether or not records have been received.
 - iii. The Team will return the physician/health care provider's decision to the Reach Up Supervisor as soon as possible.
 - iv. If the modification or deferment is granted, it will include activities that the participant must engage in to address the need for modification and deferment, and also an expiration of the modification or deferment. The Case Manager will notify the participant by mailing a 614DD which will include the decision as well as an appointment date and time to meet with the Case Manager and update the FDP.
 - v. If the modification or deferment is denied, the Case Manager must notify the participant in writing within 5 business days of the denial, outlining in the 614DD what the person must do to remain eligible for financial assistance if they have received over 60 months of assistance (see P-2349 (B) for time frames by which participant must be engaged in countable work activities).

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B. Medical Modification or Deferment of Work Requirement (Continued)

2. Reach Up applicant who has received 60 months of countable, cumulative assistance

- a. Applicant requests a medical modification/deferment:
 - i. During initial case management meeting, Case Manager gives applicant the 210TMD to be completed by the applicant's health care provider. Enter participation code "01" on WORK with a review date 10 days out.
 - ii. Add "Return Completed 210TMD" as an activity on the applicant's FDP with a deadline of 10 days. The next appointment should be scheduled for the due date of the 210TMD.
 - iii. For a two parent household the first parent will be assumed deferred and the second parent will be held to the 30-hour work week requirement until the 210TMD is returned and indicates a modification/deferment is necessary.
- b. If 210TMD is not returned:
 - i. Case Manager first checks OnBase for the forms.
 - ii. If the forms are not in OnBase, for a single parent household Case Manager sends an email to the District Management Team requesting that the application be denied. CATN. For a two parent household see (B)(2)(a)(iii).
 - iii. If participant states they cannot get a provider to fill out the form until they are scheduled an appointment, and the appointment is beyond the 10-day deadline and can be verified; the Case Manager meets with the participant at their next scheduled appointment and updates the FDP to include a new due date for the 210TMD. Case Manager sends an email to the District Management Team letting them know the participant has followed through with the requirements and requests that the application be approved.
 - iv. If the participant only tells us they could not schedule an appointment until after the application is denied, they must reapply and start the process over again.
- c. 210TMD is returned—indicates the applicant is not eligible for a modification/deferment:
 - i. For a single parent household Case Manager contacts the applicant informing them that they must participate in a CSP or employment (or other countable work activities, if necessary) for the remainder of their initial two-weeks in order to receive their benefits. If participant follows through send an email to the District Management Team requesting that the application be approved. CATN

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B. Medical Modification or Deferment of Work Requirement (Continued)

Example: Participant applies, meets with a Case Manager and requests a deferment on Thursday 4/21/16. The initial two-week period is from Thursday 4/21 to Wednesday 5/4. 210TMD is due Friday 4/29/16 (within 10 days), but form is returned Monday 4/25/16 stating they are not eligible for a modified or deferred work requirement. Applicants work requirement is 20 hours.

1. *If Case Manager can get applicant to come in earlier, this week would be prorated and applicant must meet a portion of their work requirement for that week (applicant returns on Tuesday and agrees to start CSP on Wednesday—prorate Wednesday/Thursday/Friday at 12 hours), as well as the partial next week that would end the two-week period (Monday/Tuesday/Wednesday at 12 hours) before being granted. Applicant can choose how to split these hours over the partial weeks—for example: 3 four hour days, 2 six hour days, etc. Verification is returned to Case Manager by end of day Wednesday 5/4/16. Case can be granted.*
2. *If Case Manager cannot get applicant to come in prior to their scheduled meeting on Friday 4/29/16, then applicant only has to meet the prorated work requirement for the partial next week that would end the two-week period (Monday/Tuesday/Wednesday at 12 hours) before being granted. Applicant can choose how to split these hours over the partial week—for example: 3 four hour days, 2 six hour days, etc.*
 - ii. For a two parent household see (B)(2)(a)(iii).
- d. 210TMD is returned but is incomplete:
 - i. Case Manager calls the applicant's provider to gather the missing information.
 - ii. If information cannot be gathered in 5 business days, Case Manager will contact applicant and give them the option of participating in a CSP. If they don't comply for the two-week period [see P-2349(A)(c)] send an email to the District Management Team requesting that the application be denied. CATN
- e. 210 TMD indicates 60 day or less modification/deferment is needed:
 - i. For two parent households the second parent may now be adjusted to have a 30 hour per week work requirement for the remainder of their initial two-week period and ongoing after approved. Case Manager codes the modified/deferred parent as a 33 regardless.

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- ii. For single parent households if modified 10 hours or more, Case Manger enters a code of 55 in Work C. If modified less than 10 hours or completely deferred, enter deferral code 33 in WORK C.
- iii. Enter a review date that matches the number of months on the 210TMD (remember that the end dates must always be at the end of a month)—this would either be one or two months

Example: 210TMD returned on Thursday 4/21/16 states participant should be deferred for up to 30 days. Review date for deferment should be 5/31/16.

- iv. For single parent households with a modification case manager contacts the applicant informing them that they must participate in a CSP or employment (or other countable work activities, if necessary) to meet their suggested modified work requirement for the remainder of their initial two weeks in order to receive their benefits. If participant follows through send an email to the District Management Team requesting that the application be approved. CATN

Example: Participant applies, meets with a Case Manager and requests a deferment on Thursday 4/21/16. 210TMD is due Friday 4/29/16 (within 10 days), but form is returned Monday 4/25/16 stating they can participate in 10 hours per week of work activities. Case Manager gets participant to return to office on Tuesday 4/26/16. Participant must complete a portion of their work requirement for that week (6 hours of countable work activities by end of week) as well as for the partial next week which would end the two-week period (Mon, Tue, Wed—6 hours) before being granted. Applicant can choose how to split these hours over the partial weeks—for example: 3 two hour days, 2 five hour days, etc. Verification of hours is returned to Case Manager by Thursday 5/5/16. Case can be granted.

Example: Participant applies, meets with a Case Manager and requests a deferment on Thursday 4/21/16. 210TMD is due Friday 4/29/16 (within 10 days). Participant attends scheduled appointment with Case Manager and brings in form on the 29th stating they can participate in 10 hours per week of work activities. It is now too late to set up work activities for that week, but the partial next week which would end the two-week period (Mon, Tues, Wed—6 hours) can be set up. Case can be granted when verification of hours is received. Applicant can choose how to split these hours over the partial week—for example: 3 two hour days, 2 five hour days, etc. Verification of hours is returned to Case Manager by Thursday 5/5/16. Case can be granted.

- v. For single parent households if deferred send an email to the District Management Team requesting that the application be approved. CATN

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vi. The next business day after the modification or deferment ends, the participant must engage in countable activities to meet their full work requirement or he/she will be terminated from the Reach Up program.

f. 210TMD indicates more than 60-day modification/deferment is needed:

i. For two parent households the second parent may now be adjusted to have a 30 hour per week work requirement for the remainder of their initial two-week period and ongoing after approved. Case Manager codes the modified/deferred parent as a 33 regardless.

ii. For single parent households if modified 10 hours or more, Case Manger enters a code of 55 in Work C. If modified less than 10 hours or completely deferred, enter deferral code 33 in WORK C.

iii. Enter a review date at least 60 days from the date the modification/deferment was requested (remember that end dates must always be at the end of a month).

vii. For single parent households with a modification see (B)(2)(e)(iv).

viii. For single parent households if deferred send an email to the District Management Team requesting that the application be approved. CATN

v. If the application is approved follow steps (B)(1)(e) for ongoing MRT process.

3. MRT has granted the modification or deferment

a. For two parent households the second parent must continue to meet the 30 hour per week work requirement. Case Manager codes the modified/deferred parent as a 34 regardless.

b. For single parent households if modified 10 hours or more, Case Manger enters a code of 55 in Work C. If modified less than 10 hours or completely deferred, enter deferral code 34 in WORK C.

c. Enter a review date for length of time suggested by MRT from the month of notification the modification/deferment decision was sent to the Case Manager (remember that end dates must always be at the end of a month).

Example: A 3-month deferment decision is emailed on 05/16/16; the end date of the deferment should be 08/31/16.

d. Code 34 should create a DISA panel in ACCESS. Indicate W for Reach Up disability.

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- e. Case Manager sends themselves a TODO one month before the modification/deferment is scheduled to end to remind them to check if the participant would like to continue to maintain their modification/deferment and if so give the participant a new 210TMD.
- f. Modified and deferred participants in two parent households and single parents deferred with less than 10 hours of a requirement can be encouraged to take part in work activities as described in the MRT decision, but cannot be required to participate in work activities. If they agree to participate they may take part in appropriate medical treatments or nonmedical FDP activities. Failure to follow through on suggested activities that may address the need for a deferment may impact the ability to obtain an extension of their modification or deferment when up for review and may result in pursuit of good cause, conciliation and or sanction, or in the case of individuals over 60 countable months, their grant may close for noncompliance.
- g. If new 210TMD is returned see section (B)(1)(e) again.

4. Retaining the Modification or Deferment

- a. The participant should be encouraged to participate in activities as outlined by the MRT in their FDP.

Example: A deferment given based on a substance abuse problem would require participation in substance abuse counseling to remain in place.

- b. Participants are asked to return the treatment logs from the providers bi-weekly to verify compliance with the treatment.
- c. If at any time a participant with less than 60 countable months of assistance does not comply with their FDP activities and does not have good cause, the case manager should proceed to conciliation or sanction.

NOTE: For participants who are in their 59th month of assistance (SPEC C CLOCK shows 58 countable months), send appointment letter to talk to participant about impending consequences for continued noncompliance (do not conciliate or sanction) (see P- 2344 C(c)(2)).

Example 1: Deferred participant misses a counseling appointment because they just didn't want to go. They have no more available conciliations and have received 56 months of assistance. They may not be eligible for an extension of their deferment after this one ends.

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Example 2: Same situation as above, but the participant is modified and mental health counseling is an agreed upon activity on their FDP. They can be sanctioned for not following through with their signed FDP.

Example 2: Participant misses a counseling appointment because their child was ill and had to go to the doctor. They retain their deferment.

Example 3: Participant misses a counseling appointment because they just didn't want to go. They have received 58 months of assistance. They would be sent an appointment letter to discuss impending consequences for continued noncompliance.

- d. If at any time a non-deferred participant in their 60th or more countable months of assistance does not comply with their FDP activities and does not have good cause, the grant must be closed immediately for non-compliance, with a 2-month break in benefits.

Example 1: Modified participant with 60 plus months misses a counseling appointment because they just didn't want to go. Attending counseling was an agreed upon activity on their signed FDP. Their case would close for non-compliance with a 2-month break in benefits.

Example 2: Modified participant with 60 plus months misses a counseling appointment because their child was ill and had to go to the doctor. Their case would remain open because they had good cause.