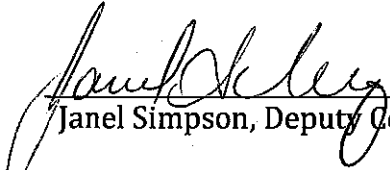


STATE OF CONNECTICUT
 DEPARTMENT OF SOCIAL SERVICES
PROGRAM INFORMATION BULLETIN


 Janel Simpson, Deputy Commissioner

June 1, 2015
 Effective Date

INFORMATION BULLETIN NO: 15-04 **PROGRAM:** TFA

Subject: TFA Incapacity Reviews – Expanded List of Providers

Introduction	This information bulletin provides an updated list of providers who can sign either the: - W-1461 - TFA Medical Exemption Form - W-1074 - TFA Medical Report for Person who Needs Care
Expanded list of medical providers who can sign medical forms	In accordance with state statutes, the list of medical providers who can legally diagnose and treat certain medical conditions is being expanded for the TFA cash assistance program. As a result, these providers can sign medical forms and statements regarding these conditions which can be accepted as medical verification by DSS. Most of these providers do not need a co-signature with the exception of a Licensed Master of Social Work (LMSW) whose statement regarding mental health disorders must be co-signed by of a supervising physician, APRN, psychologist, professional counselor, or LCSW (Licensed Clinical Social Worker*). *Please note: a LMSW and a LCSW are not the same credential even though both are social work degrees that require a master's level component. This newly expanded list of medical providers is attached to this PIB and will also be placed in the worker tool kit under "TFA."
Policy Reference	Exemptions from Time-Limits: 8540.03

Disposition: Retain for future reference.
 Distribution: Eligibility Policy and Economic Security Division
 Responsible Unit: Economic Security Unit 860-424-5540

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Date Issued: 6/11/2015

Expanded List of Medical Providers Who Can Sign TFA Cash Assistance Medical Forms.

The Department of Social Services (DSS) will now accept a signature on any medical review form submitted in the context of a TFA cash case¹ from any licensed medical provider whose statutory scope of practice authorizes the provider to diagnose the medical condition for which the form is being completed. Under the Connecticut General Statutes, some licensed providers are free to practice, diagnose and treat on their own, while others must be supervised by another type of licensed provider. For those providers who are required to practice in a supervised setting, the signature of the supervising provider will also be required on all medical review forms. You should only accept a co-signature from a provider if the type of medical condition at issue is one that the supervising provider would be authorized to independently diagnose and treat.

Please consult the below chart to determine whether you should accept a provider's signature in any given case. If a particular provider type is not listed on this table, you should not accept a medical review form signed by a provider of that type. Also, if a particular provider offers an opinion on a medical review form concerning a condition he or she is not qualified to diagnose and treat, you should not accept the form. Remember, the provider (and any required co-signer) *must* be licensed in order for DSS to accept a medical review form he or she completes.

Licensure may be verified on the Department of Public Health's (DPH's) website at the following link by selecting the appropriate provider type and searching by name or license number: <https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx>.

Provider type	Conditions provider may diagnose and treat	Co-signature Required?	Statutory authority
Advanced Practice Registered Nurse (APRN)	Any	NO	CGS § 20-87a
Chiropractor	Disorders ² of the musculoskeletal system	NO	CGS § 20-28
Clinical Social Worker (LCSW)	Mental health disorders	NO	CGS § 20-195s
Dentist	Disorders of the oral cavity or its contents, or of the jaws or the associated structures of the jaws	NO	CGS § 20-123

¹ Medical review forms completed for the purpose of establishing disability in the context of an eligibility determination for Medicaid or the State Supplement for the Aged, Blind and Disabled still must be completed by a physician, psychologist, optometrist, podiatrist or speech-language pathologist.

² As used in this chart, the term "disorder" includes diseases and injuries.

Provider type	Conditions provider may diagnose and treat	Co-signature Required?	Statutory authority
Master Social Worker (LMSW)	Mental health disorders	YES – of a supervising physician, APRN, psychologist, professional counselor, or LCSW	CGS § 20-195s
Optometrist	Disorders of the eye	NO	CGS § 20-127
Physician - Doctor of Medicine (M.D.) or of Osteopathic Medicine (D.O.)	Any	NO	CGS § 20-9
Physician Assistant	Any	NO	CGS § 20-12d
Podiatrist	Disorders of the foot	NO	CGS § 20-54
Professional Counselor	Mental health disorders	NO	CGS § 20-195aa
Psychologist	Mental health disorders	NO	CGS § 20-187a
Speech & Language Pathologist	Disorders of speech, voice, or language, or of feeding, swallowing or other upper aerodigestive functions	NO	CGS § 20-408