

Medical Opinion Forms

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-2114-ENG>

Details:

- Used if a patient needs special consideration because of limitations to determine eligibility for county benefits
- Provider can complete form or write letter (if lacking information to fully complete form or if provider wishes to include more information than is asked)
- Focus on functioning, what the patient can/cannot do, for how long
- Forms asks for diagnoses; refer to Problem List
- Refers to physical, mental, and chemical health conditions
- If information is unknown, make a plan (e.g. CD assessment, OT assessment, PT referral)
- Always make a copy of form and give to HIM to scan
- Good for one year from the date signed, unless otherwise indicated

Access to:

Benefit:		Details
GA	General Assistance	<ul style="list-style-type: none"> • Cash assistance • Loaded onto EBT card • Benefit is \$203/month minus monthly income • MO Form required to prove individual is disabled
SNAP	Supplemental Nutrition Assistance Program	<ul style="list-style-type: none"> • Food support • Loaded onto EBT card • Formerly known as Food Stamps • Amount depends on family size & income • Maximum approx. \$180/mo • MO Form used to determine exemption from E&T program or to document functional limitations
E & T	Employment & Training	<ul style="list-style-type: none"> • If not exempt from employment and training, all SNAP participants are required to participate in employment services including: job-seeking training (resume writing, interview skills), job search assistance, literacy, adult basic education, English language training, short-term vocation or technical training, and job placement services
MFIP	Minnesota Family Investment Program	<ul style="list-style-type: none"> • Formerly known as welfare or TANF • For families with children • Amount based on family size, income, and other benefits • Requires beneficiaries to complete participation hours, which involve working, searching for work, going to school, or volunteering • MO Form used to determine exemption from participation hours, to document functional limitations, and/or to exceed the 60 month lifetime benefit limit
DWP	Diversionsary Work Program	<ul style="list-style-type: none"> • 4 month program that usually precedes MFIP • Aimed at helping adults with children achieve self-sufficiency • MO Form used to determine if individual would be better served by MFIP program. Adults with disabilities do not enroll in DWP and move directly to MFIP
CCAP	Child Care Assistance Program	<ul style="list-style-type: none"> • Can help pay child care costs for all children age 12 and younger and for children ages 13 and 14 who have special needs • Provides coverage for child care hours while working, looking for work, or working toward participation hours approved by MFIP or DWP programs • MO Form used to document ongoing need for childcare for children over the age of 12
GRH	Group Residential Housing	<ul style="list-style-type: none"> • Pays for room and board for seniors and adults with disabilities who have low incomes • Includes adult foster care homes, supervised living facilities, noncertified boarding care homes, housing with additional services establishments and other assisted living settings • Benefit provides up to \$891 maximum per month paid directly to the individual's landlord • MO Form required to prove disability status for people who do not receive Social Security benefits

For more information about eligibility and benefits, go to: <http://mn.gov/dhs/people-we-serve/>

Directions on how to complete MO form:

1. **Say what you know** about your experience with the patient
2. **Add a letter if needed** (e.g. don't know enough to fill out the form OR know so much you want to advocate for patient)
3. **Comment when needed** with qualifier, limits, or opportunities that you're aware of
4. **Let the county decide** what the patient does/does not qualify for
5. **Think to yourself—does this person need** food assistance, cash assistance, job readiness, and/or child care support to obtain their health goals? (do not focus on the word "disabled")

Topic:	Directions:
Diagnosis	Problem List
Physical or Mental Limitations	<p>Does this condition or diagnosis CURRENTLY prevent the person from working and/or engaging in participation hours for their benefits?</p> <p>This “disabling condition” is not the same as deciding if the person is disabled for Social Security purposes. This is not a SMRT.</p>
Treatment Plan	<p>This is asking about whether or not the patient is engaging in the care plan that you and the patient have decided on together.</p> <p>For example:</p> <ul style="list-style-type: none"> • If you and the patient are working on harm reduction and/or thinking about getting into CD treatment but have not yet committed to this, and the patient is attending follow-up visits, then they ARE engaging in their treatment plan. • However, if you have talked to the patient repeatedly about the importance following through on their PT referral before you'd be able to sign the MO form again, and they refuse to go, then you could mark NO they are not participating in the treatment plan. <p>Another way to consider this question: Is this patient engaged in care? Or willing to become engaged in care?</p>
Employment Capacity	<p>What you can think: What is the person able or not able to do, based on what I know about them? What are they interested, ready, or capable of doing? Has my visit given me sufficient information to comment on this? If not, what other information could we gather via referrals?</p>
Comments	<p>Space to qualify limited information Space to advocate with additional information Notes about the need to re-assess in 3 or 6 months</p> <p>Examples of phrases to use on the MO form:</p> <ul style="list-style-type: none"> • Severe impairment present, depth/breadth unknown • Pt unable to work at this time, referred to OT for assessment, re-assess in 3 months • Need past medical records and further assessment, 1st time seeing patient-reassess in 3 months • Pt may be able to work part time if child care costs were covered • Pt may be able to work limited hours per week without standing/lifting • Pt can work less than 20 hours if not exposed to exacerbating factors for her asthma • Pt has COPD and so cannot be exposed to cleaning supplies or other toxins • Pt is considering attending CD treatment, but is not ready at this time--currently focused on harm reduction, re-assess in 3 months • Pt will need job readiness support in order to start working within the next 6 months • Beyond scope of primary care visit