



TULALIP HEALTH SYSTEM
Disability Program
POLICY

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DESCRIPTION OF CHANGE:

<u>DATE</u>	<u>DESCRIPTION OF CHANGE</u>
05/01/2014	Original
02/01/2020	Revised

MISSION STATEMENT

The mission of our Tulalip Health System is to provide a premier integrated healthcare delivery system that is culturally relevant and addresses the physical, mental, spiritual, and emotional needs of all Tulalip tribal members.

“H.O.P.E.” Helping Our People Everyday.

PURPOSE

The Tulalip Tribes recognizes Tribal Members who require assistance due to a physical and/or mental disability. To aid our members with funds to cover the cost for supplies, transportation to doctor appointments and Durable Medical Equipment the following policy is adopted so that those in need can be equally and fairly assisted. All information received for applicants or participants is protected by HIPAA.

POLICY

Those elders reaching the age of 62 are not eligible for the disability program. Those members on the disability program when they reach the age of 62 will be moved over to the Elder Program and are eligible to apply for the Elder Support Program which is an income based program.

There are two types of disability that one can apply for through the tribe, they are:

1. Full Disability – you cannot work, you have no other income from any sources whatsoever.
2. Workers Support Disability – Where you are allowed to work and the amount of your disability will be directly affected by the level of income that you have each month.

The Medical Oversight Committee is comprised of:

1. Psychiatric Provider or Medical Provider (depending on the case)
2. Clinical Administrator or the Chief Medical Officer
3. Medical Director (or designee)
4. Psychologist (as needed) and;
5. A member from the Health Advisory Committee (HAC)

The MOC will review the application for Disability for approval. The MOC has the right to request additional documentation if needed from all sources pertaining to the medical disability diagnosis.

Retroactive funds are not available and will not be approved. Once an application is approved it will be processed through Enrollment and Membership Distribution to become effective the following month eligibility is determined.

If the Adult is living in a group home or institution, and the full cost of living and care is paid for by another organization or individual, then payments may be temporarily suspended until the Adult is no longer in an institution or group home.

DEFINITIONS

1. MOC – ‘Medical Oversight Committee’ comprised of various levels of providers and professional team members that are qualified to review and interpret medical files
2. Part-time or Full-time employment – any work that is seasonal, temporary or regular including self-employment that provides an income
3. Poverty Level – A measure of income issued every year by the Department of Health and Human Services (HHS). Poverty levels are used to determine ones eligibility for certain programs and benefits (Link to be added after approval and publication of the document)
4. Disability Application – (Link to be added after approval and publication of the document)
5. Provider Statements – (Link to be added after approval and publication of the document)
6. Medical Specialist – Physicians who practice one branch of medicine and treat patients for one medical condition related to their practice. Examples are cardiologists (heart doctors), pulmonologists (lung doctors), hepatologists (liver doctor), etc.
7. Primary Care Providers (PCP) – Medical Providers and Nurse Practitioners who take care of all of your medical issues and provide referrals to medical specialists
8. Capacity for independent living – Is the capacity to effectively plan and engage in routine activities of daily living in each of the individual’s usual environments in a manner appropriate to age, person, place, and setting
9. Urine Drug Screen – A test that analyzes urine for the presence of certain illegal drugs and prescription medications
10. Substance Abuse – Overindulgence in or dependence on an addictive substance, especially alcohol or drugs
11. Treatment Plan - A detailed plan with information about a patient’s disease, the goal of treatment, the treatment options for the disease and possible side effects, and the expected length of treatment. A treatment plan may also include information about regular follow-up care after treatment ends.
12. Functional Capacities Evaluation – A set of tests, practices and observations that are combined to determine the ability of the evaluated person to function in a variety of circumstances
13. Legally Blind – When a person has less than 20/200 vision in the better eye with glasses
14. SSI – A separate program from social security income benefits for retired or disabled people
15. SSI Award Letter – The benefit verification letter, sometimes called a “benefits letter,” or a “Social Security award letter,” serves as proof of your retirement, disability, Supplemental Security Income (SSI), or Medicare benefits. It also serves as proof that

you have applied for benefits or that you have never received Social Security benefits or SSI.

16. Agreement of Participation Form – (Link to be added after approval and publication of the document)
17. Release of Information (ROI) – Form that allows the Community Health and Patient Services teams to discuss your condition and care with those that you allow (Link to be added after approval and publication of the document)

QUALIFICATIONS

The following are the qualifications that must be met to be approved for Tribal Disability benefits:

1. The applicant must be an enrolled member of the Tulalip Tribes.
2. The applicant cannot be employed to be considered for Full Disability benefits
 - a. Applicants and participants must remain unable to work part-time or full-time while participating in the full disability program. If the applicant becomes employed after becoming eligible for the program he/she must notify the Tribes before receiving the Tribal Disability benefit to prevent the Applicant from having to reimburse the Tribes for payments that Applicant was no longer qualified to receive.
 - i. Employment consists of full-time, part-time, temporary, seasonal & participation of commission and receiving stipends. This included all or any type of self-employment ex: commercial fishing (crab, geoduck & shrimp), wood cutting sales, sales of fireworks, sale of prepared food, etc. (This is not an exclusive list and any form of working will be considered employment). Any of the above-listed forms of employment makes Applicant ineligible for Tribal Disability benefits and will result in all Tribal Disability benefits being stopped. The applicant will then have to reapply to go through the complete approval process before being reinstated to the program and receive benefits.
 - b. Applicants and participants for the Workers Support program must turn in monthly reports of income earned for part-time, seasonal, or self-employment of any kind to determine eligibility and level of distribution according to the following:
 - i. Income that is less than 150% of the poverty level will receive 100% of the disability benefit.
 - ii. Income between 150% and 200% of the poverty level will receive 50% of the disability benefit.
 - iii. Income over 250% of the poverty level will not qualify for the program.
3. The applicant must fill out the Tribal Disability 'application'
4. The applicant must provide two provider statements from their primary provider and their medical specialist who is treating them for their disability diagnosis.
5. Applicants must meet one or more of the following diagnostic guidelines below and applicants 18 years and older must be impaired to the extent that their capacity for

independence and their ability to carry out activities of daily living are markedly limited. Applicants under the age of 18 must be impaired to the extent that their functional status is markedly limited compared to what would be expected of an average child of a similar age. Applicants 18 and over must submit to a Urine Drug Screen as part of the application process and shall be disqualified and may not reapply for six months if not completed on the day of request. Applicants with a known substance abuse problem must complete a substance abuse treatment program assessment, following treatment plan and or other recommendations before applying for benefits. Applicants must submit to functional capacities evaluation if requested by MOC to verify functional status. Diagnostic Guidelines are:

- a. Legally blind in both eyes
- b. Crippling rheumatoid arthritis and/or severe ankylosing spondylitis, With X-ray evidence of severe joint degradation
- c. Quadriplegia, paraplegia, and hemiplegia.
- d. Stage 4 cancer With Oncology Doctor diagnosis and following treatment plan recommended
- e. Crippling birth defects
- f. Continued severe seizure disorder not controlled with continuous medication at therapeutic levels.
- g. Progressive neurological degenerative disease (for example Alzheimer's or Multiple Sclerosis and other dementia related illnesses)
- h. Mental Disorders
 - The Recipient must be receiving ongoing treatment for a mental disorder and have received at least monthly treatment for at least six months before the application
 - Applicant must comply with the recommended treatment plan
 - The recipient is required to verify ongoing treatment every 6 months by psychiatrist or mental health provider.
- i. Major stroke (Recipient is required to submit to review after six months and annually thereafter)
- j. Severed limbs at or above the wrist or ankle.
- k. Cardiologist documented severe congestive heart failure confirmed by Echocardiogram showing ejection fraction of 20% or less
- l. Severe lung disease requiring pulmonologist prescribed permanent supplemental oxygen.
- m. Organ transplant recipients and people on an active transplant waiting list.
- n. Kidney failure on permanent artificial dialysis.

This list is not an exclusive list and approval can be sought for other conditions that cause disability for review by the MOC committee.

6. Applicants receiving SSI through Washington State will need to provide a copy of their award letter and annually must provide their SSI award letter to maintain an updated file. Receipt of SSI will automatically qualify an applicant or recipient for Tulalip

Disability Benefits.

7. Applicants must sign an 'Agreement of Participants' form agreeing to all conditions of the program prior to their file being reviewed for eligibility.
8. Applicants must fill out and sign a 'Release of Information' for the program to be able to communicate with Providers and others as needed for the case file.
9. Following the Standard Operating Procedure, the Disability Administrator or designee will prepare an applicant's file for review at the MOC committee meeting held once a month at the KIF Health Clinic.
10. Decisions of the MOC are final
11. Applicants who disagree with the decision of the MOC are able to file an appeal through the appeal process
12. Those applications received incomplete will not be sent to the MOC committee for review until they are complete. If an incomplete file remain incomplete for a period of 90 days, the file will be closed and an applicant will need to file a new application and complete all processes. It is the applicant's responsibility to ensure that their application is complete.

APPEAL PROCESS

1. Applicants that disagree with the decision of the MOC committee have 30 days to file an appeal explaining why they believe that the application should have been approved, providing any supporting documentation that may not have been included in the initial packet. This appeal should be submitted to the Disability Coordinator and the file will be placed on the MOC agenda for their next scheduled meeting.
2. MOC will make a final decision after review of any additional information that has been provided and the Disability Administrator will send out an official letter notifying the applicant of their decision, whether it be approval or denial. If the letter is a denial it will include the reason for the denial as identified by the MOC
3. All appeal decisions will be final at the MOC level. Any action that is taken beyond the MOC, (i.e.: CEO or BOD) will require a ROI to be signed allowing the Disability team to discuss the specific case notes without violating HIPAA