

Barbara Hopkins, CAF Self-Sufficiency Programs
Authorized Signature

Number: SS-PT-08-022
Issue Date: 07/01/2008

Topic: CAF Self-Sufficiency Programs Family Services Manual (including some Senior and People with Disabilities programs)

Transmitting (check the box that best applies):

- New Policy
 Policy Change
 Policy Clarification
 Executive Letter
 Administrative Rule
 Manual Update
 Other: _____

Applies to (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): All Users of the Family Services Manual |

Policy/Rule Title:	Various (see Discussion below)		
Policy/Rule Number(s):		Release No:	FSML- 49S
Effective Date:	June 1, 2008	Expiration:	N/A
References:			
Web Address:	http://www.dhs.state.or.us/policy/selfsufficiency/em_firstpage.htm		

Discussion/Interpretation:

Release #49_S was effective and available online June 1, 2008. This hard-copy edition of Release #49_S is included with Release #50, effective and available online July 1, 2008.

Please be sure to update with the pages from Release #49_S first (see Remove/Insert section), then with the pages from Release #50.

Release #49_S (effective June 1, 2008):

Changes were made to the following sections:

Medical Benefits

Effective June 1, 2008, approximately 3,700 former FHIAP recipients were converted to OHP Standard. The Medical Chapter of the Family Services Manual was updated online June 1, 2008 to match the rule changes. (MA-d.9, MA-e.8, MA-e.12, MA-WG#2, SS-PT-08-021)

Multiple Program Worker Guides

Contact information (telephone numbers, fax numbers, email addresses) for statewide verification of assistance was updated online June 1, 2008. The format was also redesigned to include program specific contact information, if applicable. (MP-WG #4)

Implementation/Transition Instructions:

Training/Communication Plan:

Local/Branch Action Required:

Review policy changes with branch staff.

Central Office Action Required:

Systems

Field/Stakeholder review: Yes No

If yes, reviewed by:

Filing Instructions:

Please file this material in the *Family Services Manual* as indicated below:

Remove

Release #49_S (effective June 1, 2008):

Medical Assistance Programs

#D, pp 9-10, 13-16
#E, pp 1-2, 15-26
WG#2, 1-2 (all pages)

Multiple Program Worker Guides

WG#4, pp 1-4 (all pages)

Insert

Release #49_S (effective June 1, 2008):

Medical Assistance Programs

#D, pp 9-10, 13-16
#E, pp 1-2, 15-26
WG#2, 1-2 (all pages)

Multiple Program Worker Guides

WG#4, pp 1-4 (all pages)

Contact(s): If you have any questions about this *policy*, see Introduction C, Contact List, located in this manual for a list of program contacts.

If you have questions about the *filing instructions*, please contact Barbara Hopkins at the number/email address below.

Phone: 503-945-6174

Fax:

E-mail: Barbara.r.hopkins@state.or.us