

Barbara Hopkins, CAF Self-Sufficiency Programs
Authorized Signature

Number: SS-PT-08-023
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- 50
Effective Date:	July 1, 2008	Expiration:	N/A
References:			
Web Address:	http://www.dhs.state.or.us/policy/selfsufficiency/em_firstpage.htm		

Discussion/Interpretation:

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

Release #50 (effective July 1, 2008):

Changes were made to the following sections:

Introduction

Contact information for resources were updated. *(IN-c)*

Images were added to clarify use of the online search functions in the online Family Services and Administrative Rules manuals. *(IN-d)*

Food Stamps

Examples were added to clarify the circumstances when a denial notice is needed for concurrent (duplicate) benefits. *(FS-b.7, FS-b.22.7)*

Language clarified that “receiving TANF” means being in the TANF benefit group for purposes of FS student eligibility. (FS-d.3)

The section on SRS was completely rewritten to eliminate redundancies, add headings, reorganize the material and add a list of automatic FSMIS notices generated by SRS actions. (FS-f.8)

EPD participant fee and the cost of purchasing or growing medical marijuana added as allowable medical costs. (FS-f.20)

New examples added to clarify when a notice is required on concurrent (duplicate) benefits. (FS-h.9, FS-h.14.9)

New treatment facilities added that are authorized to have an EBT Point of Sale Device at their facility. (FS-i.4)

Medical Assistance Programs

The policy was updated to include the changes for new OHP applicants. Effective April 16, new OHP applicants have 45 days to return their completed application. (MA-b.2, MA-e.8)

The citizenship documentation hierarchical list was updated. (MA-WG.3)

Noncitizens

Eligibility for CAWEM has been revised to include Deshutes County in the Pre-natal Expansion Pilot Program. (NC-c.3)

Generic Program Information

About hearings is being amended to direct staff to promptly forward any request for a hearing received by a local office to the local Compliance Specialist (hearing representative). This amendment also directs staff to involve the client's legal representative for the duration of the process. (GP-e.4)

About notices and hearing requests is being amended to direct staff to send copies of decision notices to the client legal representative when the client has one. (GP-j.1)

Multiple Program Worker Guides

Various changes throughout the Alternate Formats/Translations/Interpreters Worker Guide to provide current contact information: Corrected the Telephone Language Interpreter Services contractor to Optimal Phone Interpreters (OPI); Updated the language list for core forms and notices and included the Language Code; Updated the Core Forms list. (MP-WG #11)

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 #50 (effective July 1, 2008):

TOC, pp 1-6 (all pages)

Introduction

#C, pp 1-6 (all pages)

#D, pp 1-6 (all pages)

TANF-Related Programs

TA-DVS

#K, pp 1-4 (all pages)

Food Stamps

#B, pp 1-32 (all pages)

#D, pp 3-4, 7-24

#F, pp 17-72

#H, pp 15-16, 27-28

#I, pp 3-16

Medical Assistance Programs

#B, pp 1-16 (all pages)

#C, pp 3-4

#D, pp 7-16

#E, 15-26

WG#3, pp 5-6

Noncitizens

#B, pp 3-4

#C, pp 5-6

#D, pp 1-4 (all pages)

#E, pp 1-6 (all pages) (inadvertently omitted from previous release)

WG#2, pp 1-2

Child Support Program

#B, pp 5-6

Counting Client Assets

#A, pp 1-8 (all pages)

#B, pp 1-92 (all pages)

WG#1, pp 3-4

Issuing and Restoring Benefits

#A, pp 3-14, 19-28

Generic Program Information

TOC, pp 3-4

#B, pp 7-26

#E, pp 1-4 (all pages)

#G, pp 3-8, 11-12, 21-24

#H, pp 1-6 (all pages)

#J, pp 1-6 (all pages)

Multiple Program Worker Guides

TOC, pp 1-2 (all pages)

#02, pp 1-10, 15-16

#11, pp 1-14 (all pages)

#14, pp 5-8

FSM Release #50

Insert

Release #50 (effective July 1, 2008):

TOC, pp 1-6 (all pages)

Introduction

#C, pp 1-6 (all pages)

#D, pp 1-6 (all pages)

TANF-Related Programs

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#11, pp 1-14 (all pages)

#14, pp 5-8

DHS 0079 (02/04)

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.

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