

SPD Operations Committee Meeting
Thursday, April 12, 2012
1:00 – 4:00 pm

Attendees:

Angela Munkers
 Carol Mauser
 Cathy Clay-Eckton
 Charlene Gibb
 Gene Sundet
 Jenny Sneddon (Teleconferenced)
 Karen Gulliver

Kurt Kessler
 Marci Howard
 Nancy Sargent-Johnson
 Phil Deas
 Trina Lee
 Vicki Davis

Guests/Presenters:

Caryn Whatley
 Lauren Mitchell
 Dennett Taber
 Hazel Lefler

Erika Miller
 Brian Kirk

Scribe:

Janet Morse

Absent:

Jeanette Wilson, Cheryl Wells.

Announcements:

Phil Deas will be retiring at the end of June.

TOPIC:	Action/Task Decision Log:	Responsible Person(s):	Due Date:
Clarification re: parameters of 24 hour availability in R-AFH settings (Dennett Taber and Hazel Lefler) <i>Referral# OPS 114</i>			

Clarification is needed re: the parameters of 24 hour availability in R-AFH settings. Reports from managers and staff suggest communication from state policy analysts about 24 hour care and provider availability has been inconsistent. As a result, the application of the policy varies between case managers and across branch offices. The needs of R-AFH clients vary from minimal to substantial. Therefore, for some clients, a safe care plan can be developed even while allowing the provider to leave the client for brief periods during the day. After discussion, Dennett and Hazel asked the committee to send them ideas and tools for development.

TOPIC:	Action/Task Decision Log:	Responsible Person(s):	Due Date:
Workgroup re: completed APD/AAA case transfer procedures (Carol Mauser) Referral# OPS 115			

APD had a workgroup that completed APD/AAA case transfer procedures but were never finalized and put on the web. This tool would clearly line out when and who should be responsible on case transfers when clients leave their home branch and go to a new location. Angela will try to locate the 'statement of understanding' from this workgroup.

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TOPIC:	Action/Task Decision Log:	Responsible Person(s):	Due Date:
Worker Guide re: presumptive medical cases (Erika Miller, Brian Kirk)			

Section 8, Effects of SSA Decisions on Active Presumptive Medical Cases, in the Worker Guide appears outdated and requires increased work by staff to monitor it regularly. A handout was distributed with options for the local office monitoring of SSA decisions on PMDDT cases. It lists the following important procedures:

- Obtain a list of open Presumptive Medicaid cases every two weeks using ORACCESS.
- Maintain a list of pending PMDDT cases.
- Review ongoing cases for SSA decisions using the BEIN screen.
- Review ongoing cases for Initial and Reconsideration DDS decisions via the DDS Data Extract report. PMDDT will obtain a Data Extract from DDS for all open PMDDT cases on a quarterly basis. PMDDT will disseminate DDS case status information via Data Extract to APD/AAA Program Managers.
- APD/AAA field office review reports provided by PMDDT and take action when necessary.
- Cases in PMDDT that are also pending with SSA/DDS are monitored by the analyst at PMDDT. Medical information is shared with DDS to help expedite these cases.

The Worker Guide will be updated.

TOPIC:	Action/Task Decision Log:	Responsible Person(s):	Due Date:
Website updates and ability to search transmittals (Phil Deas) Referral# OPS 116			

Previously, when a policy was revised, changes were highlighted. Recently, there have been policy revisions that have not been marked or highlighted. Therefore, it is unclear as to what has changed. For example, the updates to the Worker Guide agreement between 5503 and APD/AAA offices give no indication what was changed. Additionally, in the past, manual letters contained a brief synopsis of changes and now that no longer occurs. It was suggested to indicate the changes in the manual and summarize the changes in the manual letters; or provide the ability to search transmittals. Also, the case management tools under service programs such as in-home, list all the pertinent transmittals. The eligibility and SNAP programs currently do not. It was also suggested to make the 411/410 rules searchable like the 461 rules.

The committee agreed a CI sheet needs to be created for this issue. Angela will discuss this in further detail with Tricia.

TOPIC:	Action/Task Decision Log:	Responsible Person(s):	Due Date:
SPD-IM-12-017 (Diagnosis Exceptions in Memory Care Communities)			

Recently DHS has become aware of residents living in Residential Care Facilities (MCC/RCF) who do not have a diagnosis of dementia as required OAR 411-057-016(1). In the past, DHS staff has granted exceptions when a spouse wishes to live with their husband or wife in a MCC/RCF. Because most MCC/RCFs receive the supplemental rate, the facility has been paid that rate for any client living in that setting. A new policy went into effect March 15, 2012 in which CBC policy analysts are reviewing these exception requests more thoroughly to determine if the spouse is a Medicaid client. If the spouse is a Medicaid client and does not have a diagnosis of dementia, the MCC/RCF can accept the spouse only if they have a standard RCF contract. Exception requests are still required for those spouses that do not have a diagnosis of dementia regardless of payment source. Memory Care Communities were notified of this change via Administrator Alert on March 15, 2012. Angela asked the committee if they would like it released as an AR, pulled back as an IM, or reissued. It is the facility responsibility, not the manager.

MISCELLANEOUS ITEMS:

1. Karen Gulliver (OPS Referral re: 539R Rights and Responsibilities) The field offices would like to know if the 539R Rights and Responsibilities is required to be sent when they do a yearly review of an SSI client. WG B.8 says to send a 539R with each eligible determination – is the SSI yearly check a determination requiring a 539R? The hearings group do not believe the form is needed. The WG is not specific about this group of clients. The current practice is not consistent across the field. One solution would be to add a qualifier to WG B.8 to clarify the process for SSI clients and send a transmittal to the field with the decision. The committee agreed there needs to be an AR created and distributed. Karen will prepare a draft AR for review.