

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

**Attendees:**

Angela Munkers	Karen Kahl
Brenda Lattion	Kurt Kessler (Teleconferenced)
Gene Sundet	Marci Howard
Jenny Sneddon (Teleconferenced)	Terry Ford
Joe Easton	Vicki Horn

**Guests/Presenters:**

Lauren Mitchell  
David Imeson

**Scribe:**

Janet Morse

**Absent:**

Charlene Gibb, Jessie Anderson, Jeanette Wilson, Karen Gulliver, and Dale Marande.

**Announcements:**

Joe Easton was introduced as the new co-chair of the Operations Committee replacing Cathy Clay-Eckton. Karen Kahl from the Medford SSO office is replacing Carol Mauser on the committee.

The South Salem branch office (NWSDS) is scheduled for closure effective August 13<sup>th</sup>. Staff are being relocated to the Dallas, McMinnville, and North Salem offices.

The Milton-Freewater (Branch 3014) will be obsolete effective July 1<sup>st</sup>. This was a 'satellite' office in association with the Pendleton APD branch.

Volunteers from the committee will be meeting with Tricia Baxter and Jennifer Stallworth to review submitted CI sheets as part of the APD Governance group.

<b>TOPIC:</b>	<b>Action/Task Decision Log:</b>	<b>Responsible Person(s):</b>	<b>Due Date:</b>
<b>UC Benefits (Angela Munkers) Referral# OPS 127</b>	A draft transmittal for distribution clarifying the UC Benefits policy.	Angela Munkers	08-09-12

It was recently discovered and, after raising the question at OPS last month, many offices may not be treating UC benefits correctly. This creates Medicaid errors in relation to not following full intent of policy. The QC review of a case revealed this error. The OPS committee agreed a more formal communication needs to go out to the field staff to clarify this policy.

<b>TOPIC:</b>	<b>Action/Task Decision Log:</b>	<b>Responsible Person(s):</b>	<b>Due Date:</b>
<b>Clarification of PT 004 re: SDS001 and 003 (Terry Ford) Referral# OPS 128</b>			

The SDS003 is a new form to be distributed and mimics what is in the client details section of CAPS. This form is appropriate for many of our clients, but there are mental health clients who would not like seeing a diagnosis of a mental illness as this would cause stress to the client. Currently, only medications are listed on cases which need MED, or need requested for a particular case. If medications are listed, but not a full list, the client may want to have them all listed can be a workload issue. For example, the client may not want to sign the form unless the list is complete. The same can be true for diagnosis. The committee discussed if all the medications should be moved to history.

The committee agreed Jane-ellen Weidanz and Suzy Quinlan should be invited to attend the next meeting to discuss this subject and the waiver.

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<b>Eligibility specialist determining the offset amount for clients in group care homes on DD/MH waived services and monitor payments (Terry Ford)</b> <i>Referral# OPS 129</i>	Get clarification on the memo that was distributed.	Angela Munkers	08-09-12
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The committee reviewed a memo from Veronica Gentle, AMH Medicaid Coordinator, re: Social Security Income (SSI) cost of living increase (COLA) for AMH residential providers. It explains that it is the eligibility specialist from APD who is to determine the offset (liability) amount for clients in group care homes on DD/MH waived services and monitor payments. Eligibility specialists are being asked to inform the clients of the liability amounts and inform the provider and representative of this amount. APD does not set the rates for MH and DD and there are separate rules for each of the programs. If there is a hearing, and the department sends out 540's on MH/DD eligibility, the question is who is responsible at the hearing to explain how they were placed and how the cost was determined. We do not code the rates on UCMS. It is not clear are the costs of a MH client on MMIS and do they set up a POC in MMIS.

The issue seems to be that the 512 went away for MH and DD clients and providers do not get them any longer. The providers do not know what to charge their clients for their liability. Training by MH and DD to their providers on how to read MMIS for offset amounts is the key for them, not to ask the APD workers to determine the offset amount.

Angela will contact with Mental Health to get clarification on the memo distributed.

<b>TOPIC:</b>	<b>Action/Task Decision Log:</b>	<b>Responsible Person(s):</b>	<b>Due Date:</b>
<b>Issuing EBT card when client is not present (Terry Ford)</b> <i>Referral# 130</i>	None at this time.		

The process for issuing an EBT card when the client is not present changed on April 1, 2012. The new process eliminates the signature form and potential barriers to obtaining a card. There is a concern that the case manager should be the one identifying the client and signing the log. The Business Service person should assign the card and mail it. It does not state

anywhere in the procedure that two employees should be involved. This is a discrepancy in the checks and balances set up in local offices. Checks and balances need to be clarified in the procedure.

After discussion, the committee agreed this issue is resolved because all replacement cards will be issued via Central Office later this fall.

<b>TOPIC:</b>	<b>Action/Task Decision Log:</b>	<b>Responsible Person(s):</b>	<b>Due Date:</b>
<b>Service Delivery Model (Gene Sundet)</b>	None at this time.		

There are four groups that make up the Service Delivery Model: self-service, assisted service, consistent outcomes and culture change. The self-service and assisted service groups are distributing a survey to clients that includes asking the client e.g. how comfortable are they with technology, what kind of technology they currently use, what kind of access do they have to technology, etc. Two more surveys will be conducted in August.

<b>TOPIC:</b>	<b>Action/Task Decision Log:</b>	<b>Responsible Person(s):</b>	<b>Due Date:</b>
<b>Transportation forms: reimbursement form available but not prior authorization form (Kurt Kessler) Referral# 131</b>	Submit the forms to the Forms Committee to be prioritized and added to the forms server.	Karen Gulliver	8-9-12

The committee reviewed and discussed the medical transportation reimbursement form. This form is available on the forms server but the prior authorization form is not. The committee recommended Karen Gulliver take these forms to the Forms Committee so they can be prioritized and added to the forms server.

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<b>Narrative templates excessive and vary across the state (Kurt Kessler) Referral# 132</b>	ALP Leadership project	Gene Sundet	01-01-2013
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It is a concern there are excessive and varied narrative templates in ORACCESS which seems to cause loss of important elements in a mass of unnecessary narration. Gene agreed to connect with ALP participants to discuss the minimum requirement for narratives.

<b>TOPIC:</b>	<b>Action/Task Decision Log:</b>	<b>Responsible Person(s):</b>	<b>Due Date:</b>
<b>Income Calculation Tool (David Imeson) Referral# 126)</b>			

David Imeson presented to the committee an “Income Calculation Tool” currently used by Self Sufficiency. It was suggested a separate ‘tab’ for prescriptions and income be created. The committee recommended a pilot be conducted to test this toll. WA County, Multnomah and Clackamas will do a pilot to see how it works and provide feedback. Once that is complete, Gene, Vicki and Joe will send recommendations to David who will make the edits specific to APD.

**MISCELLANEOUS ITEMS:**

None at this time.