

OPS Referral Tracking Log

Referral# Date Date Added Submitted By Issue Submitted In Meeting

OPSS030 04/01/2009

Rodney Schroeder

Requesting that OPS discuss centralizing public disclosure files for facilities and place them on the Internet for public use/viewing. This would provide a workload savings to the field, as well as a higher level of customer service and support to the public who wish to view these files.

Updated 06/14/2012

Action No update at this time.

Updated 07/12/2012

Action No update at this time.

Updated 09/13/2012

Action No update at this time.

OPSS058 08/06/2010

Naomi Sacks

Simplifying RAFH plans. With the waiver being renewed this year, could the RAFH providers (essentially live-in family providers) become part of the In-Home services rather than licensed settings? This would expedite opening cases and reduce workload since there would be no need for licensing or inspections. It would also stop some of the struggles we see around applying the program scope rule, OAR 411-030-0033, especially when settings cannot be licensed and cannot be in-home. In some areas, case managers are already monitoring for fire extinguishers and exiting/safety issues rather than the licenser so they are familiar with the issues. Also, we already do the same safety planning for RAFH as for in-home situations. This would help expedite service plan implementation, simplify service program eligibility and cut down on staff time as only one staff person would be involved with the provider.

Updated 06/14/2012

Action No update at this time.

Updated 07/12/2012

Action Jane-ellen is currently working on this issue and will report to the committee at the next meeting.

Updated 09/13/2012

Action No update at this time.

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OPS059	08/10/2010		John Filar	For the LIS applications, SLIQ screen shows all by zip code, but not by branch, and in date order. A lot of workload is involved weekly managing this list and doing the outreach, especially due to the backlog (older) of LIS applications. If the MOBIUS report could be sorted by branch, it would reduce the workload considerably.
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<i>Updated</i>	06/14/2012	<i>Action</i>	ISM will be meeting in July and this issue is being re-prioritized. Karen reported the goal is to have the MOBIUS reports transferred to ORACLE within a year the first project goes out. This will give the ability to sort, pull and query reports.
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<i>Updated</i>	07/12/2012	<i>Action</i>	ISM will be meeting next week. Angela will find out if anything has been prioritized. She hopes to give an update at the meeting next month.
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<i>Updated</i>	09/13/2012	<i>Action</i>	ISM has been dissolved and a new group begins in two weeks to re-prioritize all submitted computer work.
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OPS073	01/24/2011		John Filar	Section 8, Effects of SSA Decisions on Active PM Cases, of the Worker Guide appears outdated and requires a lot of work by staff to monitor regularly. The negative impact: with increased workloads, tracking such items so frequently is unlike to occur and is made more difficult due to the lack of access to the necessary screens.
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<i>Updated</i>	06/14/2012	<i>Action</i>	Jessie and Jenny have established a pilot group to study the savings and workload involved with tracking SSA decisions/appeals. It was agreed while the data is being gathered, the field needs to track at least every 6 months.
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<i>Updated</i>	07/12/2012	<i>Action</i>	No update at this time.
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<i>Updated</i>	09/13/2012	<i>Action</i>	The pilot group continues to work on this issue. It was agreed there should be a report back in November.
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OPSS077	03/21/2011		Phil Deas	DHS has been unable to release the new real time SSA TPQY information system to the field as it keeps crashing. It has been shelved for the time being. SSA is telling out field offices that they are too busy to provide us with information that the State should have access to. The field needs this real time access to do their work.
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				<i>Updated</i> 06/14/2012 <i>Action</i> This referral remains in the 'parking lot' for further discussion.
				<i>Updated</i> 07/12/2012 <i>Action</i> This referral remains in the 'parking lot' for further discussion.
				<i>Updated</i> 09/13/2012 <i>Action</i> This referral remains in the 'parking lot' for further discussion.

OPSS079	04/07/2011		Gene Sundet	SNAP notice regarding the end of a client's certification period.
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				<i>Updated</i> 06/14/2012 <i>Action</i> No update. Charlene will find out who the rep is for NWSDS on the steering committee.
				<i>Updated</i> 07/12/2012 <i>Action</i> No update at this time.
				<i>Updated</i> 09/13/2012 <i>Action</i> Lauren report there could possibly be the option to request a waiver so an actual signature would not be required. Staff could call and narrative the client agreed with everything and client has agreed the dept can use that as an electronic signature. The committee agreed this is a good suggestion and asked Lauren to push forward with this issue.

OPSS090	04/18/2011		Marci Howard	PMDDT referrals from 5503; we receive the referral without income/resource, etc screening and we send a letter requesting client call us to apply for PMDDT. If we do not hear from them, we have to send a denial notice. This has created a lot of tracking and extra work. 5503 will not do this piece, however possibly there is a way we can set up the system that a case can be pending and a pending notice sent (to contact local office, what items we need) and then it can auto deny the case vs. staff having to track all of this work. Many of these referrals do not follow through (out of 17 referrals in Oct, 12 were denied for not following through.)
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				<i>Updated</i> 06/14/2012 <i>Action</i> No update at this time.
				<i>Updated</i> 07/12/2012 <i>Action</i> CAF Medicaid owns the AP notice and they are willing to work with us to alter the language on it so it can be used for PMDDT. Transfers work group, along with Chris Ellis, are looking into it. working with Yonda Daniels for changes to the notice.

				<i>Updated</i> 09/13/2012 <i>Action</i> Per Karen's update, OHP/SSP state they are not comfortable with not referring all potential PMDDTs because APD has a way of discounting income. 5503 does not want to screen them.
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<i>Referral#</i>	<i>Date Submitted</i>	<i>Date Added In Meeting</i>	<i>Submitted By</i>	<i>Issue</i>
OPSS093	07/18/2011		Brooke Emery (Elizabeth Willis)	<p>There are a few cases that are getting R&B and PIF payments issued through 437's on a monthly basis. Few of them are PMDDT cases in which they have no income (until SSA determines disability and issues payments to them) and they have been placed in CBC facilities. They meet criteria in 461-155-0700. Is it possible to have these payments go out automatically through the CMIS system? This is becoming an additional workload issue since not only the CMIS have to routinely create the 437's, then the clerk has to process them.</p> <p><i>Updated</i> 07/12/2012 <i>Action</i> This referral continues to remain in the 'parking lot' until further discussion.</p> <p><i>Updated</i> 09/13/2012 <i>Action</i> This referral continues to remain in the 'parking lot' until further discussion.</p>
OPSS098	10/05/2011		Terry Ford & Multnomah County Supervisors	<p>There are not a lot of teeth to the RAFH rules and corrective plans. From my research with other AAAs, everyone handles them differently. I would like the Worker Guide to be updated with a clear process of RAFH corrective plans to ensure that I am doing it according to rule.</p> <p><i>Updated</i> 06/14/2012 <i>Action</i> No update at this time.</p> <p><i>Updated</i> 07/12/2012 <i>Action</i> No update at this time.</p> <p><i>Updated</i> 09/13/2012 <i>Action</i> No update at this time.</p>
OPSS099	10/10/2011		Gene Sunder (Melodie Kozol)	<p>Case coding and eligibility determination for DD Waiver clients. There is multiple touching of case - forms, coding, data entry, etc. Multiple databases that don't communicate, multiple agencies (SPD field office, county/community DD, Central Office DD/SPD) involved that each do separate miniscule steps for actions on case. There's lots of waste for time and waiting for client.</p> <p><i>Updated</i> 06/14/2012 <i>Action</i> Angela met with Jeff, Leahla, and Christina to discuss the DD coding process. On the APD Staff Tools page, there are directions on how to code foster care cases for which issue. The website has been updated. Angela will forward the link to the committee members via Janet. The committee agreed this issue needs to be moved to a CI sheet.</p> <p><i>Updated</i> 07/12/2012 <i>Action</i> Volunteers from the committee will be meeting with Tricia Baxter and Jennifer Stallworth to review CI sheets.</p> <p><i>Updated</i> 09/13/2012 <i>Action</i> The CI sheet is being reviewed by Tricia Baxter and Jennifer Stallworth.</p>

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OPSI00 12/02/2011 Vicki Davis

OHP training is now included in a nine day (three week) training. The training covers all SSP medical programs. SPD does not determine eligibility for all of the programs. In order for new staff to receive formal training on OHP programs they would have to attend all three weeks of the training. The negative impact is 1) Staff are attending training that does not apply to the programs we administer; 2) there is a travel cost for an additional six days of training; and 3) it results in staff time away from the office which impacts delivery of service. It was suggested a specific OHP training could be a computer module or NetLink session.

Updated 06/14/2012 *Action* No update at this time.

Updated 07/12/2012 *Action* The meeting to review trainings was canceled. Therefore, there is no update at this time.

Updated 09/13/2012 *Action* Per Karen, there is no update, but the discussion is still continuing.

OPSI06 02/02/2012 Cheryl Wells

New DHS 3971-Oregon DHS Prior Authorization Request Form. Although SPD IM 12-001 appears to be only a minor update to what we do now, the change has a bigger impact. The reason for this is that the DHS 3971 mentioned in the IM is to be filled out by the CM (per Kelsey Weigel). This is a Prior Authorization form, which is something CMs did not complete in the past. This form is designed for providers to request services that require a prior authorization. The previous procedure had the provider complete the form and send it to us for authorization (which consists of a worker approving and entering information into MMIS for a PA number). When we asked why we could not have the provider complete this new form, we were informed that completing this form by the provider is not a prior authorization, and that this is an internal form to SPD/AAA.

Also, the previous procedure had the provider sending us the form for service renewal. If we are filling out the form, then it is not clear how we will be contacted for renewal, or if we are expected to track that now.

Updated 06/14/2012 *Action* No update at this time.

Updated 07/12/2012 *Action* Angela spoke with Kelsey. The workgroup is being formed to pursue this issue.

Updated 09/13/2012 *Action* The workgroup did not meet. Cheryl will follow up on this issue.

<i>Referral#</i>	<i>Date Submitted</i>	<i>Date Added In Meeting</i>	<i>Submitted By</i>	<i>Issue</i>
OPSI10	03/08/2012		Angela Munkers/Karen Gulliver	<p>SDS 3401, Resource Assessment, was in three versions: the PDF and OA versions were incorrect and could result in incorrect calculations and decisions. The Word version on the web is correct. The APD forms committee removed the PDF until it is corrected. The OA form will be hidden because it cannot be updated. Systems is working with Publications to get a version of the on the web which will fill from OA, until then the worker will have to complete the form manually.</p> <p><i>Updated</i> 06/14/2012 <i>Action</i> The first version of the IM was distributed. Not everyone received it. Therefore, Angela will forward it to the committee members for review via Janet.</p> <p><i>Updated</i> 07/12/2012 <i>Action</i> Bill Brautigam sent out the IM for comments. The committee agreed the IM shouldn't be distributed until he has re-drafted the IM and returned to the committee for final review.</p> <p><i>Updated</i> 09/13/2012 <i>Action</i> Lauren revised the SDS 3401, Resource Assessment. It was suggested something be in the IM as a reminder of the four calculations. Lauren will ask Bill if he can produce Worker Guide material and present it and see if it works for the field.</p>
OPSI11	03/09/2012		Carol Mauser	<p>There is not a written procedure for what needs to be done and in what order and coding issues when a DD person is admitted to NFC and needs to be opened in APD office for service payments.</p> <p><i>Updated</i> 06/14/2012 <i>Action</i> No update at this time.</p> <p><i>Updated</i> 07/12/2012 <i>Action</i> No update at this time.</p> <p><i>Updated</i> 09/13/2012 <i>Action</i> No update at this time.</p>
OPSI14	03/28/2012		Terry Ford	<p>Clarification is needed regarding the parameters of 24 hour availability in RFH settings. Reports from managers and staff suggest that communication from state policy analysts about 24 hour care and provider availability has been inconsistent and as a result the application of the policy varies between case managers and across branch offices. The needs of RFH clients vary from minimal to substantial; so, 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.</p> <p><i>Updated</i> 06/14/2012 <i>Action</i> No update at this time.</p> <p><i>Updated</i> 07/12/2012 <i>Action</i> No update at this time.</p> <p><i>Updated</i> 09/13/2012 <i>Action</i> The committee agreed this referral should be merged with OPS098.</p>

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OPSI15 03/30/2012 Carol Mausser
 SPD had a workgroup that completed the SPD/AAA case transfer procedures but it never was finalized and put out on the web. This tool would clearly line out when and who should be responsible on case transfers when clients leave there home branch and go to a new location.

Updated 06/14/2012 *Action* Angela located the 'statement of understanding' and will have Janet forward it to the committee for review.

Updated 07/12/2012 *Action* Angela will send out the 'statement of understanding' and it needs to be decided who will work on this issue.

Updated 09/13/2012 *Action* The 'statement of understanding' was not sent out yet. Angela will send it out soon.

OPSI16 04/02/2012 Phil Deas
 There was a time when policy was changed you could read it and the changes were marked. Recently there have been policy changes and when you go to staff tools and look them up the changes are not marked so it is unclear as to what has changed. Example, updates to W/G agreement between 5503 and APD/AAA offices give no indication what was changed. There is nothing highlighted in the text of the manual. Additionally, in the past Manual Letters contained a brief synopsis of the changes and that no longer occurs.

Updated 06/14/2012 *Action* After discussion, it was decided Karen will create a new referral that expands on this issue.

Updated 07/12/2012 *Action* No update at this time.

Updated 09/13/2012 *Action* Vicki will send Angela the link what is and isn't updated.

OPSI19 04/05/2012 Cheryl Wells/Cathy Clay-Eckton
 At a recent O4AD quarterly meeting, the AAA Program Managers discussed some shared concerns regarding the SPD MED Team. During the past year or so Branch offices have observed changes in the MED Team process that have impacted the use of the team by the field, and its effectiveness in assisting staff with complex and difficult cases. Care planning and outcomes have also been affected. Specific areas of concern are around: Respectful Interactions, Timeliness of Scheduling, MED Team Decision Rationale, Unclear Problem Resolution Process and Lack of Appropriate Placement Options.

Updated 06/14/2012 *Action* The committee agreed this needs to remain on the tracking log. More feedback needs to be gathered. Jane-ellen will report back at a future meeting.

Updated 07/12/2012 *Action* No update at this time.

Updated 09/13/2012 *Action* No update at this time.

<i>Referral#</i>	<i>Date Submitted</i>	<i>Date Added In Meeting</i>	<i>Submitted By</i>	<i>Issue</i>
OPSI125	06/11/2012		Karen Gulliver	The Targeted review team has identified an inconsistency in how APD and AAA offices verify identification/authorization before discussing protected information; how identity is verified when processing a CAPI application and how identity verification is stored at the branch.
		<i>Updated</i>	06/14/2012	<i>Action</i> Karen reported she surveyed the field offices and asked how they verify a need whether in person or over the phone and how the need is distributed to staff.
		<i>Updated</i>	07/12/2012	<i>Action</i> This is currently in progress.
		<i>Updated</i>	09/13/2012	<i>Action</i> This is currently in process. No update at this time.
OPSI126	06/11/2012		Catherine Seminary	David Ineson, who was on the Interagency Case Transfer RPI, created an Excel tool to simplify the case transfer process. This Income Calculation tool helps staff calculate income and medical deductions much more efficiently. The reason for presenting this to the committee is to see if this adds value to the field staff and how to use it if needed.
		<i>Updated</i>	06/14/2012	<i>Action</i> David will be attending the July meeting to demo the Income Calculation tool.
		<i>Updated</i>	07/12/2012	<i>Action</i> David Ineson gave a presentation on the Income Calculator tool which helps staff calculate income and medical deductions much more efficiently.
		<i>Updated</i>	09/13/2012	<i>Action</i> Joe reported a few staff are using the Excel tool. Angela will contact Karen about creating a tool for APD.
OPSI129	06/28/2012		Terry Ford	We are being informed by Mental Health as well as DD (see letter from Veronica Gentle) 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. Our 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 we have sent out the 540's on MH/DD eligibility, who is responsible at the hearing. How can we say how they were placed and how the cost was determined? We do not code the rates on UCMS. Are the costs of a MH client on MMIS? Do they set up a POC in MMIS?
		<i>Updated</i>	07/12/2012	<i>Action</i> Angela will contact Veronica and get further clarification on this issue.
		<i>Updated</i>	09/13/2012	<i>Action</i> Veronica has not responded to Angela. She try again to follow up re. this issue.

<i>Referral#</i>	<i>Date Submitted</i>	<i>Date Added In Meeting</i>	<i>Submitted By</i>	<i>Issue</i>
OPSI131	07/06/2012		Kurt Kessler	Transportation forms: reimbursement form available but not prior authorization form. <i>Updated</i> 07/12/2012 <i>Action</i> The committee recommended Karen Gulliver take these forms to the Forms Committee so they can be prioritized and added to the forms server. <i>Updated</i> 09/13/2012 <i>Action</i> These forms are on the list to be prioritized by the forms committee.
OPSI132	07/06/2012		Kurt Kessler	Narrative templates are excessive and vary across state. <i>Updated</i> 07/12/2012 <i>Action</i> Gene volunteered to form a group to discuss the minimum requirement for narratives. <i>Updated</i> 09/13/2012 <i>Action</i> Gene reported the ALP group came up with templates. It was discovered 98% of templates were not needed. It was suggested the group attend the meeting in November to present their findings.
OPSI133	08/01/2012		Marci Howard	Section II. A. of the SSAM (Oregon Trail card) is not available to those outside DHS intranet. Given the changes recently this has become a big impact for our office, not being able to review the changes, only having a copy of the original transmittal. Staff rely on manuals to make sure we are in compliance with rules/policy. <i>Updated</i> 09/13/2012 <i>Action</i> Conversation is Citrix does not work for AAA staff to use. Joe Easton will be taking this topic to the AAA Directors meeting. Angela will raise the issue again with OIS.
OPSI134	08/02/2012		Gene Sunder	Although many forms can be submitted electronically, most require a real signature. In order to do a real signature, we fill in the form, print it out, sign it, scan it back in, and then attach the PDF to an email. Why can't we use the electronic signature feature in Acrobat? If it is sent from my state or AAA email account, that should be the authority enough. <i>Updated</i> 09/13/2012 <i>Action</i> Gene will be creating a CI sheet and submitting it to the DHS Process Improvement Team. The committee agreed this should be moved to the 'parking lot'.

<i>Referral#</i>	<i>Date Submitted</i>	<i>Date Added In Meeting</i>	<i>Submitted By</i>	<i>Issue</i>
OPSI139	10/05/2012		Carol Mauser	When Central Office DD sets up a case for Admin Exam they are going in and setting up the case in the APD office that would be attached to the client. A recent case caused extra work trying to track down why a second case had been created when there was a case that had been opened at 5530 and was just transferred to the local APD office. This created extra work in trying to track down why someone had opened a second case in this case an ADMIN case which was what our local workers next step as well. <i>Updated</i> 11/08/2012 <i>Action</i> To be discussed at the meeting.
OPSI140	10/05/2012		John Crippen	Exceptional requests take a lot of time for field staff and workers in Central Office to complete. Staff spend more and more time helping providers navigate the exceptions process, and less time doing redeterminations in a timely manner, making monitoring calls, or completing other tasks that are required under the waiver. Case managers are being pulled away from their primary functions by processes that the agency has introduced. <i>Updated</i> 11/08/2012 <i>Action</i> To be discussed at the meeting.
OPSI141	10/08/2012		Jessie Anderson	Overlapping benefits for the Oregon Health Plan and the Medicare Savings Programs. The State is paying the health plans capitation on clients or maybe just paying claims when Medicare is their primary insurance; the client may even be dual eligible Medicare/Medicaid with traditional Medicare as their primary. <i>Updated</i> 11/08/2012 <i>Action</i> This referral is a larger impact and will be transferred to the APD/CI group.
OPSI142	10/08/2012		Jessie Anderson	UCMS requires a reservation number to open an OHP Standard case. We have cases in APD where clients are not selected from the reservation list, but rolled over into another program, the system will not allow an update without a reservation number; LST C XXXXXX <i>Updated</i> 11/08/2012 <i>Action</i> This referral is a larger impact and will be transferred to the APD/CI group.
OPSI143	10/01/2012		Nathan Singer/Karen Gulliver	The DHS/OHA transfers work group determined APD/AAA branches use a variety of methods to contact potential PMDDT clients when a referral is made. Additionally, branches report continuing problems with lost hearings due to inadequate notices and/or communications to referred clients. The Transfers Work Group requested the APD Hearings group create a standardized communication for referred client which will cover what is needed and meet the requirements to prevent lost hearings. The draft letter has been accepted by the work group. <i>Updated</i> 11/08/2012 <i>Action</i> To be discussed at the meeting.

<i>Referral#</i>	<i>Date Submitted</i>	<i>Date Added In Meeting</i>	<i>Submitted By</i>	<i>Issue</i>
OPSI144	10/31/2012		Nathan Singer/Karen Gulliver	When APD/AAA has an open ADM case and OHP 5503 or an SSP office opens a medical case, usually OHP, the OHP coding prevents the ADM from being paid so the two medical codes need to be on the same case. There is no procedure for this situation and strong disagreement about who the case "owner" would be. <i>Updated</i> 11/08/2012 <i>Action</i> To be discussed at the meeting.
OPSI145	11/01/2012		Angela Munkers	Need APD input on proposed revisions to 437 form. <i>Updated</i> 11/08/2012 <i>Action</i> To be discussed at the meeting.
OPSI146	11/02/2012		Kurt Kessler	High conflict positions/CW Cross training (preferred from SWLM and Labor HR Workgroup) <i>Updated</i> 11/08/2012 <i>Action</i> This referral is a larger impact and will be transferred to the APD/CI group.
OPSI147	11/02/2012		Kurt Kessler	Exempting APP from enrollment <i>Updated</i> 11/08/2012 <i>Action</i> This referral is a larger impact and will be transferred to the APD/CI group.
OPSI148	11/02/2012		Kurt Kessler	539H "other" section doesn't expand in PDF / Oaccess web version and more often than not has insufficient space to specify what verification or information is needed. <i>Updated</i> 11/08/2012 <i>Action</i> To be discussed at the meeting.
OPSI149	11/02/2012		Brenda Lation	In order to purchase items for Transition/Diversion Code 49 Workers have to go to vendor and price the items then return to office get 437 and return to vendor, pay vendor and then pick up the items. Occasionally prices change in the interim or the item is sold. This process is inefficient and results in multiple trips. <i>Updated</i> 11/08/2012 <i>Action</i> To be discussed at the meeting.
OPSI150	10/23/2012		Jane-ellen Weidanz	We would like to discuss removing the expectation of the local office submitting annual review of Exceptions to Central office if the hours/needs of the client have not changed. Also, we would like to no longer allow "save the date" for exception requests. Both of these suggestions will reduce duplicative work by staff at the local office and Central office. <i>Updated</i> 11/08/2012 <i>Action</i> To be discussed at the meeting.