

**SPD Operations Committee Meeting**  
**Thursday, June 9, 2011**  
**1:00 – 3:30 pm**

**Attendees:**

Angela Munkers	Marci Howard
Bob Weir	Phil Deas
Brooke Emery	Selina Hickman
Carol Mauser	Terry Ford
Caryn Whatley	Tracy Villarreal
Gene Sundet	Trina Lee
Karen Gulliver	Brenda Reed (Teleconferenced)
Jenny Sneddon (Teleconferenced)	Jeanette Wilson (Teleconferenced)

**Guests/Presenters:**

Kurt Kessler (Teleconferenced)

**Absent:**

Dale Marande	Selina Hickman
Melinda Compton	

**Scribe:**

Janet Morse

**Announcements:**

Bob announced is stepping down as co-chair of the Operations Committee. Bob has offered Cathy Clay-Eckton the option of continuing as co-chair of the Operations Committee.

<b>TOPIC:</b>	<b>Action/Task Decision Log:</b>	<b>Responsible Person(s):</b>	<b>Due Date:</b>
<b>“Medical Transportation” forms</b> (Kurt Kessler)	Research on the CAF side their process and, since these are DHS forms, determine the next steps to distribute the forms to all DHS.	Kurt Kessler	

Previously, the local office rendered decisions re: medical transportation and DMAP conducted the hearings. There were inconsistencies in how the hearings were done. DMAP referred the hearings back to SPD for processing. Kurt reviewed the “Medical Transportation Prior Authorization Decision” and “Medical Transportation Reimbursement Denial” forms with the

committee. Before these forms are distributed, the committee requested Kirk research on the CAF side their process and, since these are DHS forms, determine the next steps to distribute the forms to all DHS.

TOPIC:	Action/Task Decision Log:	Responsible Person(s):	Due Date:
<b>Inappropriate Behavior to Caregivers</b> (Jenny Cokeley) (Referral OPS 080)	None at this time.		

Jenny researched with DOJ and our privacy office and provided a handout with the following information:

- Oregon Administrative Rule gives SPD the authority to deny a service plan based on dangerous conditions in the service setting that jeopardizes the health and safety of a provider. Verbally, physically, and sexually aggressive and inappropriate behaviors fall into this category.
- Per DOJ, the best approach is to have consent from the client to disclose pertinent information related to his/her needs. However, there is a risk if SPD knows and do not disclose to the provider. If the client chose to not participate in disclosure, SPD could choose not to authorize the plan due to safety concerns. DOJ has reviewed the rule and concurs we can deny In-Home services due to provider safety.
- Privacy Officer consulted re: client confidentiality – able to disclose information about conditions that are relevant to the services that will be provided.
- SPD must provide information about service alternatives. “Service alternatives” is not specifically defined in the rule. Therefore, limiting option to female or male providers (depending on the situation) would fit under this requirement.
  - If the client refused this option, you would inform him or her of other service settings and could issue a notice closing In-Home services. However, explore all available resources, including mental health services.
- Prior to taking steps to close any case related to safety or client-employer responsibilities, the manager should refer the case to Central Office: SPD-INHOME, Risks or [risks.spd-inhome@state.or.us](mailto:risks.spd-inhome@state.or.us) Information about specific information needed is on the Case Management Tools website:  
[http://www.dhs.state.or.us/spd/tools/cm/ce\\_respon\\_safety/referrals.pdf](http://www.dhs.state.or.us/spd/tools/cm/ce_respon_safety/referrals.pdf)

Next steps include the following:

- Central Office will consult with the new SPD Administrator before creating standard disclosure form with review by DOJ;
- Formalize policy and procedures after recommendations are received by PVAC committee; and
- Update CM tools website with helpful information re: this specific rule.

TOPIC:	Action/Task Decision Log:	Responsible Person(s):	Due Date:
<b>OHP WG.1:Branch 5503 transferring 60+ applications</b> (Marci Howard) (Referral# OPS 089)	<b>Recommendation:</b> A workgroup consisting SPD, AAA and OHP staff be formed to review all of the referral procedures were made with 5503.	Karen Gulliver	7/11/11

Per OHP WG.1, Branch 5503 transfers 60+ applications to the local office even if the client is not eligible (OHP is closed to new enrollees unless they are pulled from the reservation list.). Often times, the 60+ applicant has minors in the home and SPD field is denying the 60+ applicant, opening OHP for the children, and transferring the case out. In the WG, it states “A local SPD/AAA office receiving a medical application for a situation where they will not hold the case will do a courtesy intake and transfer the case to the appropriate branch.” However, this does not apply to 5503. This creates extra work and frustration with field staff.

It was recommended a workgroup consisting SPD, AAA and OHP staff be formed to review all of the referral procedures made with 5503.

TOPIC:	Action/Task Decision Log:	Responsible Person(s):	Due Date:
<b>PMDDT Referrals from 5503</b> (Marci Howard) (Referral# OPS 090)			

Numerous PMDDT referrals are received from 5503 without income/resource, etc. screening which results the local office having to send a letter requesting the client contact them to apply for PMDDT. If no response is received, a denial notice has to be sent. Clients are confused as to why they were sent to the local office, they do not understand the questions on the OHP application and what impact it has on them. Staff have to track these referrals and send denials which creates further confusion for the clients.

A suggestion was made to create a statewide process where 5503 or the local office pend the case and an auto-pending notice be sent to the client letting them know why it is being pended. An auto-denial would be sent if there is no contact. This would eliminate multiple steps and re-work.

All of the referral procedures that were made with 5503, including PMDDT referrals, will be discussed at a workgroup consisting SPD, AAA and OHP staff.

TOPIC:	Action/Task Decision Log:	Responsible Person(s):	Due Date:
<b>New 541 Form Discussion</b> (Brooke Emery) (Referral# OPS 091)	Angela will research this issue with Central Office and report back to the committee.	Angela Munkers	7-14-11

The new 541 form increases the workload for the field offices particularly re: the special needs payments. In addition, to attach a 512 to this form is redundant since it is auto-generated from Central Office. The client would receive multiple copies. Also, there are concerns with the overall form:

- The section marked for CBC settings and NF's for the liability will be confusing to clients.
- The term "without liability" relating to the CBC's contradicts the language on the 512, and might lead clients to assume they have no payment obligation whatsoever.

Additionally, the notice for approving medical benefits is auto-generated only if the worker completing the UCMS action enters the correct code in the notice field on the UCMS/Access integration screen. ORACCESS does not feature the mainframe help screens to assist workers in selecting the correct notice code.

It was suggested staff do not attach the forms that are auto-generated. In addition, this form does not need to be sent by the CM's for every special need payment.

**MISCELLANEOUS ITEMS:**

1. Continuous Quality Improvement Team needs to be a standing agenda item again for updates. Someone from the team will be contacted each month asking them come and provide updates for the committee.