

In the Loop

Mandatory reporter rule change

As an employee of DHS or OHA you are a mandatory reporter for elder abuse. Prior to 1/1/2015, DHS and OHA mandatory reporters for elder abuse were only mandated to report the abuse they came into contact with during their official working hours. However, the law has changed to mandate this rule 24 hours a day, seven days a week, beyond regular working hours.

This new rule only applies to older adults, age 65 or older, and residents in nursing facilities regardless of age. It is important to note this new requirement applies to all DHS and OHA employees, regardless of their work. It even includes county DD and AMH offices.

Please take a few minutes to review this important transmittal and thank you for all you do to help keep vulnerable older Oregonians safe.

The transmittal noted above is available on the DHS website at:

<http://www.dhs.state.or.us/policy/spd/transmit/pt/2015/pt15002.pdf>, or <http://www.dhs.state.or.us/policy/spd/transmit/transmit.htm>.

APD Directors Office

In this edition:

Mandatory reporter rule change	1	More NVRA Q&A	8
Thank you North Bend!	2	Behavior Support Services (BSS) update	9
Don't forget - manual letter #66	2	SNAP Civil Rights	9
February 2015 CBC payment schedule	2	OAAPI assistance	9
Oregon ACCESS help	3	MMIS manual updates	9
Case Management Essentials	3	Home and community-based transition plans: Person-centered planning	10
December 2014 SNAP honor roll	4	Home vs. institution study	11
Don't forget - verification	4	February 2015 calendar of events	11
Voter registration deadline	4	APD CI sheets	11
February 2015 training calendar	5	Working towards a dementia-capable OR	12
Active benefits on MMIS	6	ODHHS A/C update	13
Excel tip - Pinning folders	6	TTT highlights - CES tips	14
Forms update	7		
Assistance animals	7		

Supporting APD/AAA field structure by providing efficient, timely, and accurate information through superior customer service.

Thank you North Bend!

APD The Dalles staff and management sending you kudos and thanks to North Bend APD for helping us during a shortage of staff and resources. We appreciate you assisting us and hope someday we can return the favor. Great team work across the APD system.

TY APD The Dalles Staff and Management



Don't forget! Please review the [Manual Letter #66](#) on the APD Staff Tools [website](#) for updates to rules and procedures affecting your work. Please see [SS-PT-14-028](#) and [SS-PT-14-030](#) for a complete list of the updates.

February 2015 Community Based Care payment schedule

February provider service payments for the APD and DD 512 Programs will issue the night of Sunday, February 1st, and mail to providers the next business day, Monday, February 2nd.

January provider payments for the CEP Program will issue the night of Monday February 2nd and mail the next business day which is Tuesday, February 5th.

The difference in payment schedules is as follows:

- CBC payments issue the night of the first date of each month and mail the next business day;
- CEP payments issue the night of the first business day of each month and mail the next business day.

Direct Deposit (EFT) payments will also issue per the schedule above.

However, rather than being mailed, they will be sent to the Department of Treasury and out to individual banks for processing. *Banks are allowed to use up to three (3) banking days to process direct deposit payments which does not include weekends or holidays!* Please note: DHS does not have any control over how

and when individual banks process their direct deposit payments.

Per the agreement signed by the provider to begin direct deposit of their payments, the provider is required to confirm funds are available before making purchases out of their account. DHS will not reimburse providers for overdraft charges due to insufficient funds.

- EFT payments for CBC programs will be available on or before 11:59 pm of Wednesday, February 4th;
- EFT payments for the CEP program will be available on or before 11:59 pm of Thursday, February 5th.

Direct Deposit information, sign-ups, changes to account information, and other questions should be directed to the E-Commerce Unit at 503-945-6872.

Kristen Hutton, APD Provider Relations Unit



*Willow - Chad
Cox, Central
Office*

Oregon ACCESS help

Oregon ACCESS (OA) policy questions: Email *policy only questions* related to OACCESS releases to this newly created email box at OregonAccess.release@state.or.us.

Oregon ACCESS service desk tickets: Email all *non-policy issues*, such as OACCESS problems that need to be fixed to the service desk email address at: ServiceDesk.DHS or ServiceDesk@state.or.us or phone 503-945-5623.

Case Management Essentials

The **Case Management Essentials** training is intended for APD/AAA Medicaid Case Managers who have been in their positions for one year or less. Case Management Essentials is an introduction to the program, services, and case management expectations involved in your daily job duties. It is intended to provide an overall grounding in the APD system. Additional trainings are available for more specific requirements of how to administer the services/programs. The Case Management Essentials training primarily focuses on an overview of the following:

- Medicaid overview/1915k;
- Waivered case management;
- Case manager roles and responsibilities;
- Assessment/Interviewing;
- Narration;
- Person-centered service planning;
- In-home services including adult day services;
- Community based care overview;
- Nursing facility program;
- Special needs;
- K ancillary services;
- Writing notices which will help us at hearings;
- What to do when you suspect fraud;
- Getting exceptions approved;
- Case manager's roles regarding adult protective services and safety;
- Advocacy on behalf of consumers,



*Gustav - Karen
Kaino, Central
Office*

Space is limited so Central Office will prioritize new case managers responsible for Medicaid funded Long Term Services and Supports.

December 2014 honor roll

100% accuracy!

0111 Baker City APD	100%	1311 Burns APD	100%
0314 Estacada APD	100%	1611 Prineville APD	100%
0913 La Pine APD	100%	1811 Klamath Falls APD	100%
0914 Redmond APD	100%	2019 Cottage Grove APD	100%
1211 John Day APD	100%	3112 Enterprise APD	100%

90% or better accuracy!

2411 Salem AAA	97.78	3211 Florence AAA	93.33
1513 Medford SSO	96.00	1418 South East Portland AAA	92.00
1717 Grants Pass DSO	96.00	2211 Albany AAA	92.00
2111 Toledo AAA	96.00	1017 Roseburg AAA	91.67
0310 Canby APD	95.00	1517 Medford APD	91.67
0811 Gold Beach APD	93.33	3518 Gresham AAA	91.30
1911 Woodburn AAA	93.33	0911 Bend APD	90.48
2311 Ontario APD	93.33	1612 Madras APD	90.00
3013 Hermiston APD	93.33		

57% of all AAA and APD branches are on the honor roll!



“Like” ADRC of Oregon on Facebook to get the latest news and information from the ADRC project; visit the ADRC [website](#) to keep up with what’s happening!



Don't forget! Watch out for over pending when a customer or applicant requests SNAP benefits.

Please hand or mail out the [DHS 223](#), *Proof of Eligibility* form - NOT a form made in your branch! Be careful of the language on the pending notices. Watch how you ask for verification and make sure your language does not limit what the customer can provide - see suggestions on the DHS 223. If there is a reason you need additional verification, your narration should very clearly explain why the verification is needed.

Voter registration deadline

The next deadline for registering to vote is **Tuesday February 17th**.

Please make sure all registration cards are collected and post-marked that day. Also, please let customers know when they complete a new registration after the deadline, they cannot vote in the March 10 election, they have to wait for the May 19th election.



DeeDee - Debi Quant, Burns

If you have any questions contact Karen Kaino: 503-569-7034, or karen.l.kaino@state.or.us.

February 2015 training calendar

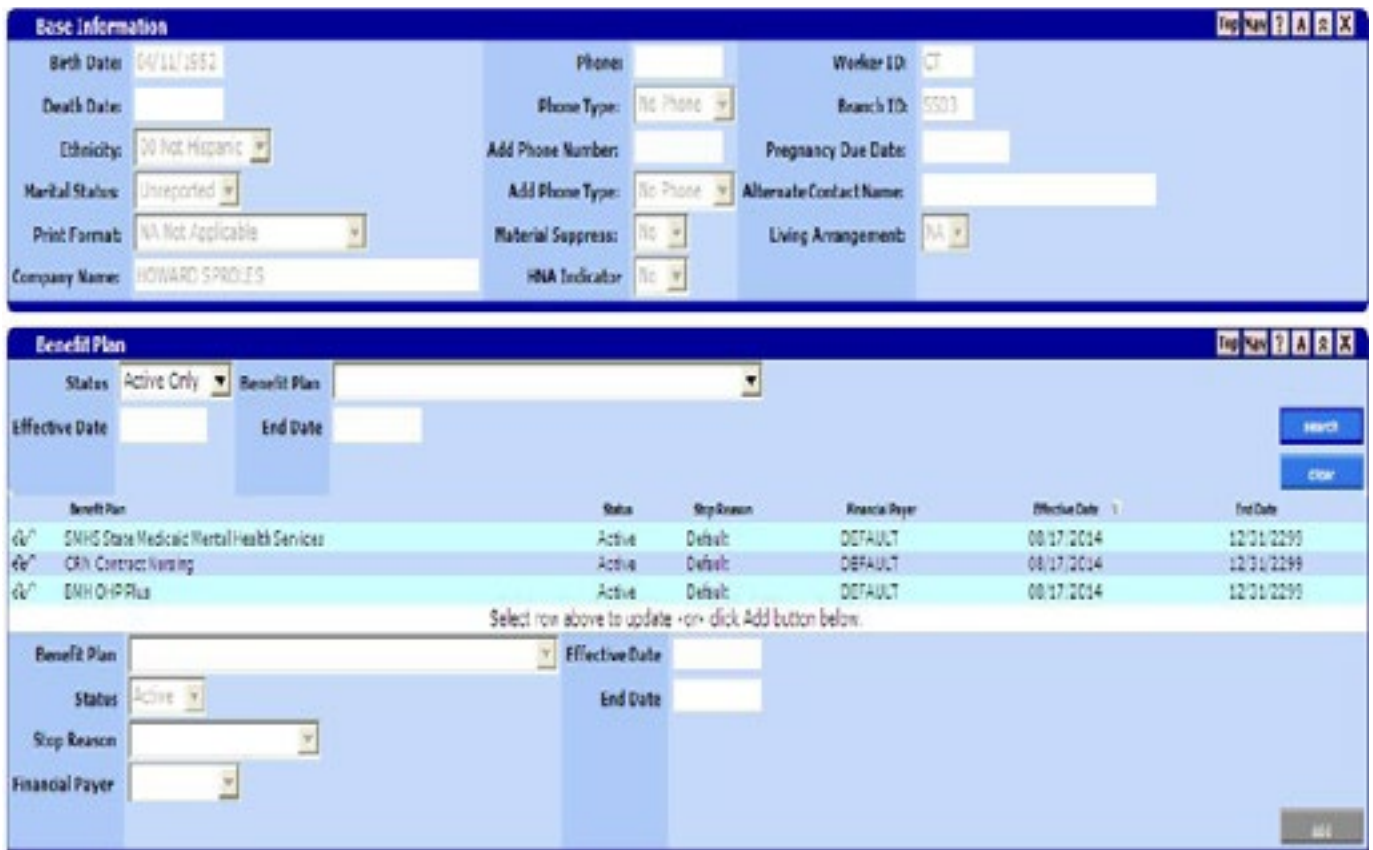
Monday	Tuesday	Wednesday	Thursday	Friday
<p>2 Cultural competency and diversity (8:30 - 4:00)</p>	<p>3 Eligibility 101 (8:30 - 4:30) Ask diversity (9:00 - 4:00) Cultural competency and diversity (8:30 - 4:00)</p>	<p>4 Eligibility 101 (8:30 - 4:30) CAPS basics (8:30 - 4:30) In-home service plan of care webinar (C03672)</p>	<p>5 Eligibility 101 (8:30 - 4:30) CAPS basics (8:30 - 4:30) Ask diversity (9:00 - 4:00)</p>	<p>6</p>
<p>9</p>	<p>10 CBC: 512, Albany (8:30 - 4:30) RACF subadminstrator (1:30 - 4:00) DV 101, Portland (8:30 - 4:30)</p>	<p>11 CBC: 512, Albany (8:30 - 4:30) Nursing home plan of care for the APD/AAA case manager webinar (C03573)</p>	<p>12 Cultural competency and diversity (8:30 - 4:00)</p>	<p>13</p>
<p>16 CLOSED - President's day</p>	<p>17</p>	<p>18 SPL rule training (8:30 - 4:30) Eligibility 101 (8:30 - 4:30) Oregon ACCESS basics (8:30- 4:30) In-home service plan of care webinar (C03673)</p>	<p>19 SPL rule training (8:30 - 4:30) Eligibility 101 (8:30 - 4:30) Oregon ACCESS basics (8:30- 4:30)</p>	<p>20 SPL rule training (8:30 - 4:30) Eligibility 101 (8:30 - 4:30)</p>
<p><i>Dates and availability of classes are subject to change. Please review availability on the DHS Learning Center.</i></p>				
<p>23 APS investigator's core competencies (8:00 - 5:00) Eligibility 201 (8:30 - 4:30)</p>	<p>24 APS investigator's core competencies (8:00 - 5:00) Eligibility 201 (8:30 - 4:30)</p>	<p>25 APS investigator's core competencies (8:00 - 5:00) Eligibility 201 (8:30 - 4:30) Nursing home plan of care for the APD/AAA case manager webinar (C03458)</p>	<p>26 APS investigator's core competencies (8:00 - 5:00) Eligibility 201 (8:30 - 4:30)</p>	<p>27 Ask diversity, Portland (9:00 - 4:00) Eligibility 201 (8:30 - 4:30)</p>



Active benefits on MMIS

Some staff are struggling with MMIS eligibility screens and report a customer does not have medical eligibility when they actually do.

To review the customer’s benefits in MMIS, drill into the *Benefit Plan* and select “Active Only” and “Search”. Then select BMH OHP Plus which is showing client has benefits ongoing from 5/1/13 to 12/31/2299. Take a look at this screen shot:



If you then scroll down you can see the previous D4 case and now our active P2 case.

The *Ineligible Lines* show up when the status is on “All” and can lead staff to conclude the customer has no eligibility when the active lines are just not showing on the initial view.

Excel tip – Pinning folders

Is there a folder you open *all the time* in Excel? Instead of taking the steps to go out and locate the folder each time, use the *Recent* feature and pin it to your menu.

Click *File* on your menu bar then *Recent > Recent Places*. Locate the folder you want to always appear and click on the pushpin. And....done.



Keep sending in your questions and keep using Excel!

Forms updates

Please delete all copies of the prior versions of these forms from your desktop and archives and use only the current version going forward. Please look for and recycle any hard copies. All current forms are available on the [DHS Forms Server](#).

- SDS 310, *Behavior Support Services (BSS) Behavior Plan*, is completely reformatted for a new look and now has interactive/fillable fields;
- SDS 311, *BSS – Behavior Services Progress Notes*, is updated with interactive/fillable fields in the activity section;
- SDS 313, *APD – Request for Behavior Support Services*, now has additional verbiage in the reason for activities section;
- SDS 327, *OSH APD Referral Form*, has the appearance corrected and is reposted;
- SDS 400, *Address Change*, has an expanded name field and corrected voter registration verbiage on all languages;
- SDS 450, *Liability Worksheet for Long Term Care or Home and Community Based Care*, is updated with 2015 data.
- **Note: The SDS 553 has been discontinued. Please delete it from all systems.**

Assistance animals

It's true! Legally, under the Fair Housing Act, medically necessary assistance animals come in all shapes and sizes - and species.

A variety of assistance animals can benefit individuals who experience a wide range of disabilities and does not need to be simply a dog, as the American's with Disabilities Act (ADA) more narrowly requires.

Some of the more exceptional examples Fair Housing has seen (and all of these can be deemed reasonable in a given situation) include:

- An iguana;
- Parrots, chicken, and other birds;
- An opossum;
- Snakes;
- Miniature ponies.



It is illegal for a housing provider to prefer, allow, or accommodate some medically necessary assistance animals but not others, regardless of type or size.

To learn more about disability protections and assistance animals in housing, visit www.FHCO.org/disability.htm and www.FHCO.org/assistanceanimals.htm.

The Fair Housing Council is a nonprofit civil rights organization serving Oregon. Call the FREE Fair Housing hotline at 800-424-3247 ext. 2, or visit www.fhco.org.

More NVRA Q&A

Here are more questions and answers about the National Voter Registration Act (NVRA) procedures. If you have a question, contact Karen Kaino by phone, 503-569-7034, email: karen.l.kaino@state.or.us, or IM.

Q: How often should I be sending in the 504, Agency Voter Registration Form? I was told by self-sufficiency to only send it once a month.

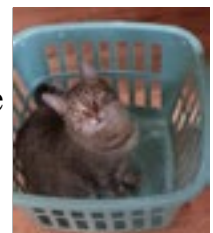
A: We are not self-sufficiency, so please do not go to that agency for guidance on office procedures. the APD and AAA procedure is to send in the form once every seven (7) days; a.k.a., once a week. When the old (unsuccessful) procedure was to send the report in once a month, nearly every office sent it in once or twice a year – which is not acceptable. To avoid that problem, and the habit of forgetting, the procedure changed to once a week and now nearly every office hits the requirement, nearly every time. So please, email the 504 once a week, every week.

Q: Is this correct: The worker completes the declination, prints it, and gives it to the site coordinator who date stamps and files it.

A: What you are doing is fine, BUT you don't have to print the declination. Instead you can make a folder in your shared drive called "Declinations" with subfolders for the years and months (2014>December; 2015>January; etc.) and then just save the declinations in the right month and year folder. You will have to save by at least the last name or you'll overwrite the declinations when you save. You can also scan the paper declinations you have and save them by the appropriate year and month then shred the paper. This way you don't have any paper to keep track of and nothing gets lost!

Q: Do I need to date stamp the declinations when the customers declines voter registration?

A: Yes. All declinations – regardless of if they are a "yes" or "no", or if they are completed by the customer or the worker - must be date stamped. Please use the same non-identifying date stamp you use on all of the completed registration cards. *BTW – If you use an electronic declination, the form is considered "stamped" when it is saved in the shared drive folder (see above).*



Sparkle -
Janice Castle,
Central Office

Q: Can we track declinations on a spreadsheet instead of getting a card?

A: We actually need the card because it is specified in the bill. Remember, the bill was written in 1993 and things have changed dramatically since then, but we are still obligated to meet the bill requirements until told differently. This may change in the future, but for now, keep getting those declinations completed!

Send in your branch photos and news stories to karen.l.kaino@state.or.us to share in the newsletter and inspire others with your remarkable deeds!! (And send your pet pictures!)

Behavior Support Services (BSS) update

This past December Matthew (Matt) Baldwin joined the DHS – APD Delivery Supports Team. Matt has experience with behavioral planning and is a great addition to our team. He will be coordinating the Behavior Support Services program including doing Behavior Consultant competency evaluations. He is also a member of the Specific Needs Contracting group and is responsible for all Endorsed Memory Care facility Medicaid contracts.

BSS is now available across the state and the program is in its fully operational phase. Case managers and transition coordinators are encouraged to increase BSS referrals. Behavior Consultants are trained to make an extensive person centered evaluation and produce a meaningful activity plan to include in the behavior plan. This means that even if an individual living in a CBC placement does not have any reported challenging behaviors, they and in turn their care providers, could potentially have an increase in quality of life with an activity plan that addresses history, goals, abilities and environment. With the right approach, almost all the consumers we serve could benefit by this program service.

Please do not hesitate to call or email Matt if you have questions, comments, or could use any assistance in increasing usage of this program. Matt's contact information: matthew.baldwin@state.or.us phone number – 503-974-5497.

Send in your branch photos and news stories to karen.l.kaino@state.or.us to share in the newsletter and inspire others with your remarkable deeds!! (And send your pets!)

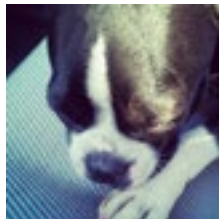
OAAPI assistance

Wondering minds, remember the OAAPI APS Technical Assistance e-mail for questions which are not imminent and *can* wait 24 hours.

Each workday OAPPI/APD has an APS Policy Analyst available to answer imminent, time sensitive questions about Adult Protective Services.

That person also checks the OAAPI APS Technical Assistance in-box and has 24 hours to answer questions or responds to comments.

OAAPI.APSTechAssistance@dhsosha.state.or.us or it is OAAPI APSTechAssistance in Outlook for those who have Outlook.



Zoe - Matt Baldwin, Central Office

SNAP Civil Rights

The mandatory Civil Rights training is currently unavailable on the Learning Center. The current version is being updated for 2015. Staff will be notified when the revised online version is available again. If you have questions about this course, please contact SNAP Policy or SSP Training via email.

MMIS manual updates

The [APD MMIS resources](#) Desk Manual located on the APD staff tools [webpage](#) and linked from the APD Case Management Tools [webpage](#) has been updated with current information for Lifeline prior authorization, contract RN prior authorization, and managed care enrollment exemptions (including CCO).

Note: Please forgive the construction mess on the APD Field Support Assistance Manual as it continues to be updated! Look for updates in the February newsletter.

Home and community-based transition plans Person-centered planning

This is the second in a series of articles regarding person-centered planning. On January 16, 2014 CMS published new Home and Community-Based Services rules and requirements. Among these are requirements for states to have a person-centered process and person-centered planning system in place. In order to aid in the transition to better meet these expectations this series is presented to educate and stimulate thinking on this topic.

For those interested here is a link to the CMS HCBS rules:

<https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>.

In our first article we introduced the concept of person-centered planning and some of the history behind this approach to service planning. In this article we will begin to discuss the CMS expectations for states in implementing person-centered processes and plans. Here is the first concept:

Does the individual lead the process or is the process driven by the individual?

At first glance this may seem like a pretty simple concept. We might even say we have language which puts the individual first or procedures to honor the individual's decisions above all others. Yet, if we polled the people we serve and asked if they led their service planning process how many would answer "yes" to that question? If we think the majority would answer "no" to this question, what changes would we have to make in our system to change their answer to a "yes?"



Able - Kris Boler, The Dalles

In Aging and People with Disabilities, for example, we know many of the individuals come to us in crisis, often referred by social workers, family members, friends, or neighbors. When you are not the one who called and asked for the help, what impact, if any, does that have to the feeling or perception you lead the process? How can our approach, words, and actions help offset any impact this might have? How do we effectively communicate to those we serve they are in-charge of their care plan?

While there are many questions, we believe we have the foundational processes and principles in place for transitioning to the expectation the individual lead the process.

Perhaps we create materials to explicitly let individuals know they lead the process. Maybe we measure how many of those we serve feel they lead the process and improve on the results over time. Most importantly we hope to learn from you what techniques and actions work best and incorporate those best practices into tool boxes for others to use.

Please share your best tips and best practices to let the person know they lead or drive our

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planning process. What are your ideas for improving our current practice around this expectation? Please email: Bob.WEIR@dhsosha.state.or.us.

Next time we will discuss: **How are representatives and others included in the process? How do we ensure the necessary support and information is available for the individual to direct the process to the maximum extent possible and to make informed choices and decisions?**



Roxy - Karin Olson, The Dalles

Medicaid Long Term Care Policy Unit

Home vs. institution study

Researchers in Korea conducted a study of over 22,000 persons receiving care either in their home or in a nursing home setting to determine the association between ADL changes and types of long-term care.

Results showed patients receiving nursing home care experienced greater loss of functionality after 1 year compared to home care patients. The authors concluded ADLs of older adults could differ based on the type of long-term care received, but home care likely results in better maintenance of functionality.

The full study is published in the *Journal of American Medical Directors Association*.

Many thanks to TC Jaime Midhorst of Ontario!

February 2015

American heart month

Care about your indoor air month

Responsible pet owners month

Feb. 1-7: Just say no to PowerPoint week

Feb. 7-14: Risk awareness week

Feb. 15-21: Justice for animals week

Feb. 22-28: Eating disorders awareness week

Feb. 1: Spunky old broads day

Feb. 6: Wear red day

Feb. 8: Autism Sunday

Feb. 11: National shut-in visitation day

Feb. 14: Congenital heart defect day

Feb. 16: **CLOSED**

Feb. 23: Iwo Jima day

Feb. 28: Rare disease day

APD CI sheets

Have you wondered what ever happened to the Continuous Improvement (CI) sheet you submitted? Check out the APD CI Governance Team [website](#) on the DHS Intranet.

Quick links to information about the Governance Team is available at the bottom of the page. There you will find the charter, a list of team members, meeting dates and times, and the CI tracker. The CI tracker is a list of all CI sheets submitted and is categorized by CI sheets currently open as well as all those that have been closed and the reasons why.

All CI sheets are voted upon by the Governance Team. To work within the resources available, the voting results inform the team about which submissions have more importance to APD and should be worked on first.

If you have questions about a CI sheet you submitted, check the intranet website first. If you would like additional information, contact Caryn Whatley, APD Field Services, at 503-947-5427, or caryn.whatley@state.or.us.

Working towards a dementia-capable Oregon

Oregon is one of five states that received a 3-year grant from the Administration for Community Living (ACL) in 2013 to support “dementia-capable systems”. With the aging of our population, Alzheimer’s disease and other forms of dementia are having an increasing impact on state and long-term care services. ACL has developed recommendations for states to address public education, early identification, and access to services including self-direction, training, quality assurance, and communities that support people with dementia.

Oregon’s grant builds on the work and recommendations in the [2012 State Plan for Alzheimer’s disease in Oregon](#). Grant funds are helping support four areas:

- **ADRC staff training.** Portland State University’s Institute on Aging has developed two tiers of training: Tier 1 focuses on key information for ADRC staff to know in responding to calls or questions from the public. Tier 2 provides additional guidance for options counselors, case managers, and others who provide more in-depth support to individuals and families. The Tier 1 training is available on the [SUA website](#) and will soon also be available through the [DHS Learning Center](#). ADRCs are developing referral protocols to help people get diagnosed early, and to track dementia as an issue through the statewide ADRC database.
- **Alzheimer’s website.** www.HelpforAlz.org was developed as part of the statewide ADRC website to enable families and providers to access credible information on Alzheimer’s and related dementias, caregiving resources, and local services.
- **Support for people in early stages.** The Alzheimer’s Association Oregon Chapter is supporting availability of two [early memory loss programs](#) developed by the University of Washington. The four-week programs – Staying Connected, and Staying in Motion – are designed for people in early stages of memory loss and dementia, along with a family member or friend.
- **Outreach/marketing.** ADRC ads with the theme “it’s not like her/him...we can help” are being run in statewide newspapers, radio spots are being piloted in the Portland metro area, and work is underway to develop Spanish-language materials to link people to both the Alzheimer’s Association and ADRCs.

I've told Mom the same thing three times
...but she seems to keep forgetting.

IT'S NOT LIKE HER.



WE CAN HELP.

Call us with questions
about aging and Alzheimer's.

1-855-ORE-ADRC
HelpForAlz.org



ADRC
Aging and Disability
Resource Connection
of OREGON

OREGON DEPARTMENT OF HUMAN SERVICES PROGRAM

For more information on this project, contact Jennifer Mead – jennifer.mead@state.or.us or 971-673-1035.

Oregon Deaf and Hard of Hearing Services Advisory Committee update

Since its revival in March 2014, the Oregon Deaf and Hard of Hearing Services Advisory Committee (ODHHS A/C) has provided feedback and recommendations to State agencies to make programs available and accessible to individuals who are deaf or hard of hearing. Executive committee co-chairpersons, Chad Ludwig and Carol Mauser, have successfully advocated for the deaf community and have dedicated themselves to ensuring equity and empowerment for all deaf and hard of hearing Oregonians.

After several months of discussion, ODHHS A/C by-laws were drafted and approved by the full committee in September 2014. The focus of the by-laws was to ensure the lasting impact of a Committee that could represent the deaf, hard of hearing, deaf-blind, and deaf-plus community and ensure their voices would be heard by policy makers in the State of Oregon. ODHHS A/C is committed to ensuring future accessibility in the areas of emergency preparedness, workforce issues, education, medical awareness, housing, policy, and ethics training.

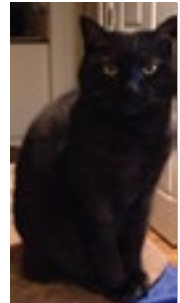
One of the most challenging projects for ODHHS A/C thus far has involved the recent Request for Proposal (RFP) to determine an interpreter service for the State. In other words, who will contract with DHS to coordinate interpreter services for the deaf and hard of hearing community's needs and requests related to public meetings?

In May, the State received seven proposals to be evaluated for the contract. Based on the proposals submitted, State staff made a decision. Unfortunately, many in the deaf community contested that decision. As a result of this tenuous situation, ODHHS A/C scheduled an open forum Town Hall meeting to allow the deaf community and the State and to work together in moving forward from the contention surrounding the contract decision. Surprisingly, in September, the selected RFP contractor withdrew from the agreement, leaving the need for a second RFP process. Now, the deaf community has the ability to provide input and suggestions in a second RFP process.

To obtain a census from the community on their interpreting needs, ODHHS A/C will again hold a Town Hall meeting to invite the deaf and hard of hearing community to share their needs and suggestions surrounding the direction of the future RFP for the interpreting contract. The Town Hall meeting is open to the public and scheduled for January 29th, 2015 at the Oregon Employment Department Auditorium 875 Union Street NE 97301 from 2 pm - 4 pm. If you or consumers you know may have an interest in providing input into the RFP for interpreter contracting services, please to join the meeting! Thank you!

For information or to ask questions, please contact Theresa Powell at: thresea.a.powell@state.or.us.

APD Advocacy and Development



*Diane -
Martha
Murray,
Multnomah
County*

TTT highlights – CES tips

The December 18, 2014 Train the Trainer (TTT) meeting tips from Client Enrollment Services (CES). For information on attending TTT in person or via v-con, or about presenting at the TTT meeting, please contact [Lauren Mitchell](#).

To contact CES, send an email to ces.dmap@state.or.us. To send an email to CES, use #secure#<space> and ONE subject line descriptor such as “Dual Prime” or “Move”. Include the customer’s prime number, their full name, date of birth, the plan they are currently in, and the requested plan.

Client Enrollment Services (CES) always tries to enroll Non-Medicare eligible customers into the most comprehensive plan available.

- If the customer wants to enroll in Kaiser Physicians Care Organization (PCO) please include a justification as this does not meet the CES aim;
- When TPL is terminated, the customer will be “rolled up” from a Dental Care Organization (DCO) to a Coordinated Care Organization (CCO), effective the next week;
- CES does not enroll customers into a dental plan; customers may contact a plan directly to arrange for a preferred provider.

Customers who change their residential address:

When a customer changes their residential address, please update the address as soon as possible.

- Do not terminate enrollment on the last day of the month because it causes enrollment problems;
- Within the same FIPS (county code), the plan will generally stay the same;
- From FIPS to FIPS, when the original plan is not available, CES sends the customer a termination date notice and enrolls the next week in the new plan;
- From FIPS to FIPS, when the original plan is available, CES send the customer a termination date notice and enrolls the next day into the same CCO;
- When the customer moved to a county with a single plan, please do not send a request to CES. MMIS will take care of both the termination and the enrollment;
- Customers who move from fee-for-service to OHA will have their managed care plan auto-assigned, unless they are a dual-eligible.



Bella - Jodi West, LaGrande

OHA triple aim:

- Better health: Improve the lifelong health of all Oregonians;
- Better care: Increase the quality, reliability, and availability of care for all Oregonians; and
- Lower cost: Lower or contain the cost of care so it is affordable for everyone.