In the Loop

50th anniversary of Older Americans Act

This year marks the 50th anniversary of the Older Americans Act, signed into law by President Lyndon B. Johnson in 1965. This movement laid the foundation for many of the programs and initiatives we see benefitting today's aging population.

Meals on Wheels, elder abuse prevention, adult day care, and transportation are just a few of the many examples of the efforts originating from this directive. The Aging and Disability Resource Connection (ADRC) of Oregon is a state-wide resource helping to identify, connect, and provide resources at the local level.

The theme for this year's celebration of Older Americans Month is "Get into the Act," a call for engagement, outreach, and action. More and more, older Americans are taking charge of their health and engaging in their communities. Family members are educating themselves and raising awareness for the next generation.

Here at DHS, we believe every Oregon adult deserves to live in safety – free from abuse, neglect and financial exploitation, and we believe that every Oregonian has the right to live as independently as possible -- with dignity, choice and self-determination.

Reprinted from http://www.oregon.gov/dhs/Pages/feature-older-americans-act.aspx.

In this edition:

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

Home and community-based transition plans: Person-centered planning

This is the fifth 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 that states have a person-centered process and person-centered planning system in place. 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.

In past articles in this series we have mentioned the important role of the case manager as the neutral party, someone who is conflict-of-interest-free, and can listen and look objectively at the individual and their situation. Today we will talk about the important role of advocacy.

Nearly any description of case management mentions the importance of advocacy. Here are three similar but varied general definitions/descriptions of case management all noting advocacy as a component of the definition/description.

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and **advocacy** for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.

Case management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the customer's health and human service needs. It is characterized by **advocacy**, communication, and resource management and promotes quality and cost-effective interventions and outcomes.

Keys to case management: Coordination, monitoring of service delivery, a**dvocacy**, evaluation, reassessment, closure, or repeat the cycle.

Advocacy can be defined as: *The act of pleading or arguing in favor of something, such as a cause, idea, or policy; active support.*

Advocate is sometimes the term used for lawyer or attorney. It may help to think of the role in this way as an attorney is looking out for the rights of the customer and speaking in favor of the customer and providing active support.

Emily and Sonya - Joan Crane, Gresham

Your role as an advocate in case management is as important as the role of attorney in a court case.

In a court case, the customer is often unfamiliar with the process, terminology, and the legal system. Likewise, in case management the individual is often unfamiliar with the process, terminology, or the long-term care system.

Continued from the previous page

Advocacy can take many forms. You can help the individual understand their rights and find their own voice so they can effectively self-advocate. You can recognize the individual is facing a situation or event in which the balance of power is against the individual and step in as an added voice of support to help equalize the power imbalance.

For example, one of the most fundamental desires of most people, is to be in control of the decision making process and to remain independent and in their own homes. As relatives, neighbors, doctors, and others begin to question the ability to remain independent you may be the only voice that can effectively speak on behalf of the individual as pressure mounts to make a decision which is not the goal or the preference of the individual.

A case manager has many responsibilities. Advocacy is at the heart of case management and person-centered planning, and one of most critical, vital, and important roles you play.

Who have your advocated for today?

Oreo - Debi Quant, Burns

For questions or comments e-mail: bob.weir@state.or.us.

Don't forget! Remember to look on MMIS <u>before</u> opening any medical case. You cannot see all open medical benefits on WEBM,FIND if the medical was opened outside of APD or AAA. If there is more than one medical case open, problems with the benefit level and therefore access to care will result. ***Check MMIS first!***

July 2015

Independent retailers month
Social wellness month
Wheelchair beautification month

July 4 - 10: Freedom week
July 9 - 12: Comic Con International
July 18 - 26: RLS awareness week

July 2: World UFO day
July 3: **CLOSED**
July 4: **Independence day**
July 10: Don't step on a bee day
July 11: Cheer up the lonely day
July 13: Embrace your geekness day
July 20: Get out of the doghouse day
July 23: Gorgeous grandma day
July 28: World hepatitis day
July 30: Medicare's birthday

Find past issues of In the Loop and indices on the APD Field Services web page.

SNAP Civil Rights training

The 2015 online SNAP Civil Rights training is now available on the DHS Learning Center. This is an annual mandatory course for anyone working with SNAP benefits, including Aging and People with Disabilities (APD) staff and AAA partners. It is beneficial and recommended for other DHS staff and community partners.

To locate the course, log in to the Learning Center and search by keywords or course number:

- Course number: C049484
- Keywords: Civil Rights

The training has changed from prior years; you must take the entire course including the quiz to receive a *Complete* status on your training records.

May 2015 SNAP honor roll

100% accuracy!

0913	La Pine APD	100%	1611	Prineville APD	100%
0914	Redmond APD	100%	2019	Cottage Grove AAA	100%
1211	John Day APD	100%	2311	Ontario APD	100%
1311	Burns APD	100%	3617	McMinnville AAA	100%

90% or better accuracy!

1717	Grants Pass SSO	95.16	3211	Florence AAA	93.33
1418	Portland South East AAA	93.00	3311	The Dalles APD	93.33
1811	Klamath Falls APD	96.00	0111	Baker City APD	92.86
2411	Salem AAA	95.35	0311	Oregon City AAA	92.86
3411	Hillsboro APD	95.00	0611	North Bend APD	92.00
0911	Bend APD	94.44	2518	Portland West AAA	92.00
2911	Tillamook AAA	93.33	1017	Roseburg APD	91.84
3013	Hermiston APD	93.33	1517	Medford DSO	91.67
3111	La Grande APD	93.33			

51% of all AAA and APD branches are on the honor roll!

Have a question about Voter Registration? Ask your local site coordinator, check the manual, or contact Karen Kaino: 503-569-7034; karen.l.kaino@state.or.us.

BCU contacts

The Background Check Unit (BCU) has updated its homepage to include the most up to date information regarding:

- The online Long Term Care Registry with QE specific guidebooks;
- Updated QED manual;
- Categories for CMS Requirements.

Visit this link
http://www.oregon.gov/dhs/chc/Pages/crims/index.aspx.

Background Check Unit (BCU)
Main line 503-378-5470
Toll free 888-272-5545
BCU.INFO@state.or.us

New HCW voucher update

In April 2015 case managers and others heard a new HCW voucher was being created to address changes required by the US Department of Labor (DOL). Changes include required time in/time out data collection. After a series of meetings with stakeholders including field staff, consumers and HCWs, the new HCW voucher implementation date of July 1st 2015 has been delayed. The delay will allow the project team to address concerns raised by stakeholders, complete more in depth user testing, and provide intensive training for CEP Specialists and others who will be entering time in the new STIM screen.

Kooper - Christine Maciel, Central Office

Questions? Contact DOL.Questions@state.or.us.

July 2015 training calendar				
Monday	Tuesday	Wednesday	Thursday	Friday
	Dates and availability of classes are subject to change. Please review availability on the DHS Learning Center.	**1**	**2**	**3** **CLOSED**
6	**7** Medical financial eligibility, week 1 (8:30 - 4:30) CBC: 512 (8:30 - 4:30) DV 101, Portland (8:30 - 4:30)	**8** Medical financial eligibility, week 1 (8:30 - 4:30) CBC: 512 (8:30 - 4:30) Working with challenging behaviors. (8:30 - 4:30)	**9** Medical financial eligibility, week 1 (8:30 - 4:30) Working with challenging behaviors. (8:30 - 4:30)	**10**
13	**14** DD and mental health eligibility for OSIPM (8:30 - 4:30)	**15**	**16** EPD (8:30 - 4:30) Ask diversity (9:00 - 4:00)	**17**
20 Medical financial eligibility, week 2 (8:30 - 4:30) Cultural competency and diversity, Portland (8:30 - 4:00)	**21** Medical financial eligibility, week 2 (8:30 - 4:30) Field Leadership meeting (8:00 - 5:00)\ Ask diversity. Portland (9:00 - 4:00)	**22** Medical financial Medical financial eligibility, week 2 (8:30 - 4:30)	**23** Medical financial eligibility, week 2 (8:30 - 4:30) Cultural competency and diversity (8:30 - 4:00)	**24** *Durin - Karen Kaino, Central Office*
27	**28** DV 101, Eugene (8:30 - 4:30)	**29**	**30** Ask diversity (9:00 - 4:00)	**31**

The CA/PS SPL is not equal to Classification for AFH placement

It's not as easy and clear as one would think; the two paths cross a number of times and confuse many. For example: the case manager goes into the field and completes a CA/PS assessment of Maude. Due to Maude's decline in cognition, frequent need for help with elimination and clean up, the algorithm generates a level 3 SPL. The case manager contacts Tina, a licensed adult foster home (AFH) provider in the area who has a history of being successful with residents with similar care needs. Tina has agreed to complete an AFH screening for Maude.

During her screening Tina is aware Maude needs hands on support in many ADLs, including bowel and bladder, and constant verbal cuing for behaviors and eating. Tina completes her screening document which indicates Maude is assist in mental status and behaviors, bathing, dressing, toileting, and eating. Since Maude is able to assist in some small part of each task Tina assesses her as assistance required, meeting the foster home licensing definition of a class 2 home.

Sunnie - Sherrie Frebus, Grants Pass

Maude qualifies for admission into Class 2 AFH operated by Tina. **This is the first time these two paths cross.** The SPL level 3 qualifies Maude for services and drives the payment for the foster home but the customer is assessed as at a class 2 foster home customer.

Maude lives at the AFH but gradually declines, so Tina needs to hire additional staff because Maude is now wandering and there needs to be more one-on-one staffing. Tina has discussed the cost issues with Maude's case manager and asked for an exceptional payment. The case manager completes all of necessary steps, speaks to their supervisor and submits the SDS 0514. The field supervisor asked the AFH licensor if there were any concerns with Tina providing care. While researching the Medicaid customers in the home, the licensor looks up Maude's case in Oregon ACCESS and discovers she is assessed at a SPL 3 and dependent in 5 ADLs. Because Maude is dependent in 5 ADLs the licensor equates this with the OAR stating a class II home can only admit a resident who is dependent in no more than three ADLs. **This is the second time the two paths cross**.

The AFH licensor immediately contacts the provider stating per Oregon Administrative Rule Tina must request a variance in her licensing in order to allow Maude to remain at the foster home. However, the comparisons of the two are **not equal**.

OAR 411-015-0010 defines full assist in the following ways:

- **Bathing:** even with assistive devices, the individual is unable to accomplish any task of bathing without the assistance of another person. The individual needs hands-on assistance of another person through all phases of the activity, every time the activity is attempted;
- **Personal hygiene:** the activities of shaving, caring for the mouth, or assistance with the task of menstruation care. Full assist is warranted if even with assistive devices

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the individual is unable to accomplish at least two personal hygiene tasks, without the assistance of another person. This means the individual needs hands-on assistance of another person through all phases of the activity, every time the activity is attempted;

- **Cognitive and Behavior:** full assist in 5 of the 8 following areas

  o <u>Adaptation</u>: requires constant emotional support and reassurance or is unable to adapt to change daily;

  o <u>Awareness</u>: lacks the ability to understand basic health and safety needs and requires daily, ongoing intervention by another person;

  o <u>Judgment</u>: decisions require daily intervention by another person;

  o <u>Memory</u>: inability to remember or use information and requires assistance beyond reminding;

Ruger - Aaron Malvaney, Redmond

  o <u>Orientation</u>: disorientated daily to person, place, or time and requires the assistance of another person;

  o <u>Danger to self or others</u>: more than one episode of aggressive, disruptive, agitated, dangerous, physically abusive, or sexually aggressive behavioral symptoms to self or others;

  o <u>Demands on others</u>: habits and emotional states can be modified only with a 24-hour specialized care setting or individualized behavioral care plan;

  o <u>Wandering</u>: wanders outside or inside and jeopardizes safety.

Just because a customer is dependent in four or more activities of daily living may qualify them for services with APD but it does not mean they are not qualified to go into a classification II foster home. The screening for admission into a foster home is an evaluation process performed by the licensee to determine if a prospective resident's care needs exceed their classification of home (OAR 411-050-0655 (1)(a)).

Marsha Ellis, Central Delivery Supports

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!)

BCU information online

A variety of information geared to assist Qualified Entities (including APD, DD, and AAA offices) using the Background Check Unit (BCU) Long Term Care Registry (LTCR) for background checks is now online at the following BCU webpage: http://www.oregon.gov/dhs/chc/Pages/crims/index.aspx.

This information will also be shared with our Qualified Entity Designees and Qualified Entity Initiators throughout Oregon.

Frank Miles, Background Check Unit

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: Can you clarify how to send in the MSC 504, *Agency Voter Registration Reporting Form?*

A: The MSC 504 is used to report the total number of cards mailed to your county elections office in the previous 7 days. The local site coordinator should report *only* the cards which were completed and given to the office to mail – <u>not</u> the number of cards handed out or the number of declinations. Recently the Oregon Secretary of State Elections made available an online database for submission of the form. By clicking on the *Submit* in the upper right corner of the form, your information is logged directly into the Election database eliminating the need for coordinators to email the form, or Elections to manually tally the information. For more information about this change, please see APD-AR-15-034.

Things to remember for successful submissions:

- Submit the form once every 7 days;
- Choose a day in the middle of the week instead of Monday or Friday to submit the form;
- Use the agency number assigned to you by the Elections Office, not your branch number;
- Report <u>only</u> the number of completed cards your office mailed to County Elections;
- If your office mailed in no cards in the previous 7 days, submit the form with a "0".

Bun-Bun - Jennifer Pickerell, Gresham

Q: I ran out of envelopes. Can I mail the cards in a regular envelope instead of ordering more?

A: Unfortunately, no. The need to use the special envelopes, MSC 516, has been clarified by the feds, so we can't go outside of their requirements. If you are in a district with multiple offices and run out, ask a neighboring office if they have a few until you can order more. If that's not an option, *just until you can get more*, use a regular manila envelope and write a "4" in black marker on the flap.

Q: Can we fill in customer's response on the application before we mail it for their signature? Access does not allow us to pre-fill that question so we would actually have to fill it in ourselves

A: You can ask the question and fill out the answer on the 539A before mailing – absolutely! If you do NOT asks the question before mailing and the question comes back blank you are required to keep attempting to contact them until you get an answer. So you

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DEFINITELY want to ask and fill out the question before mailing. And yes, you do have to do it manually. For those offices with a banked case load – remember that whoever takes the address or name change, does the recert, or the initial eligibility is the person who asks about voter registration. Don't forget to narrate!

Q: Just to be certain, if a customer states they are not a US Citizen, I do not have to ask them if he/she would like to register to vote? However, if he/she mark yes in one of our forms or verbally states desire to register, I give him/her a registration card?

A: Yes and yes! If the person indicates they are not a US citizen, you do NOT have to ask about voter registration. However, any person – regardless of their eligibility (like citizenship or age) – who requests a voter registration card gets to have one; NO ONE is screened out by us.

Q: I was trying to order voter registration forms with the tear-away declination through FBOS and the forms are outdated on there. Where should I go to order the latest voter registration forms for my office?

A: The FBOS is not always super updated with the form dates. You can definitely still order the form and they will send you a version which is legal for you to use. If - for some reason - they have old forms, they will still be okay to use. But I believe the forms are the newer version.

QC SNAP errors shelter and utility costs

QC has seen an increase in shelter and utility errors; some agency caused and some customer caused. Some common things QC finds which result in errors are:

- Customer lists rent as $870. QC finds there is a roommate who gives $435 to the customer who gives the full $870 to the landlord. The agency allowed $870 but the correct rent is $435;

- The customer reports rent is $795. The landlord verified the rent is $750 and with an additional $45 monthly sewer charge. The agency allowed $795 but the correct rent is $750; the $45 is part of the utility allowance;

Mya - Amy Krenz, Beaverton

- The customer reports a roommate and paying $450/month with all utilities included, plus phone. The roommate and the customer both state to QC the customer pays $300/month for rent and $150 for utilities plus his phone. The agency allowed $450 shelter + TUA; the correct amount is $300 shelter + FUA.

In all the above situations the customers thought they were answering the questions correctly, but we know they weren't. It's all in the conversation!

Quality Control

Total CAPI applications received

SNAP and medical applications received via CAPI from June 2013 to May 2015. The high of 1033 in April of 2014 is the only time we have cross the 1000 mark. Please contact your local leadership team for your office numbers.

**Total CAPI applications
June 2013 - May 2014**

**Total CAPI applications
June 2014 - May 2015**
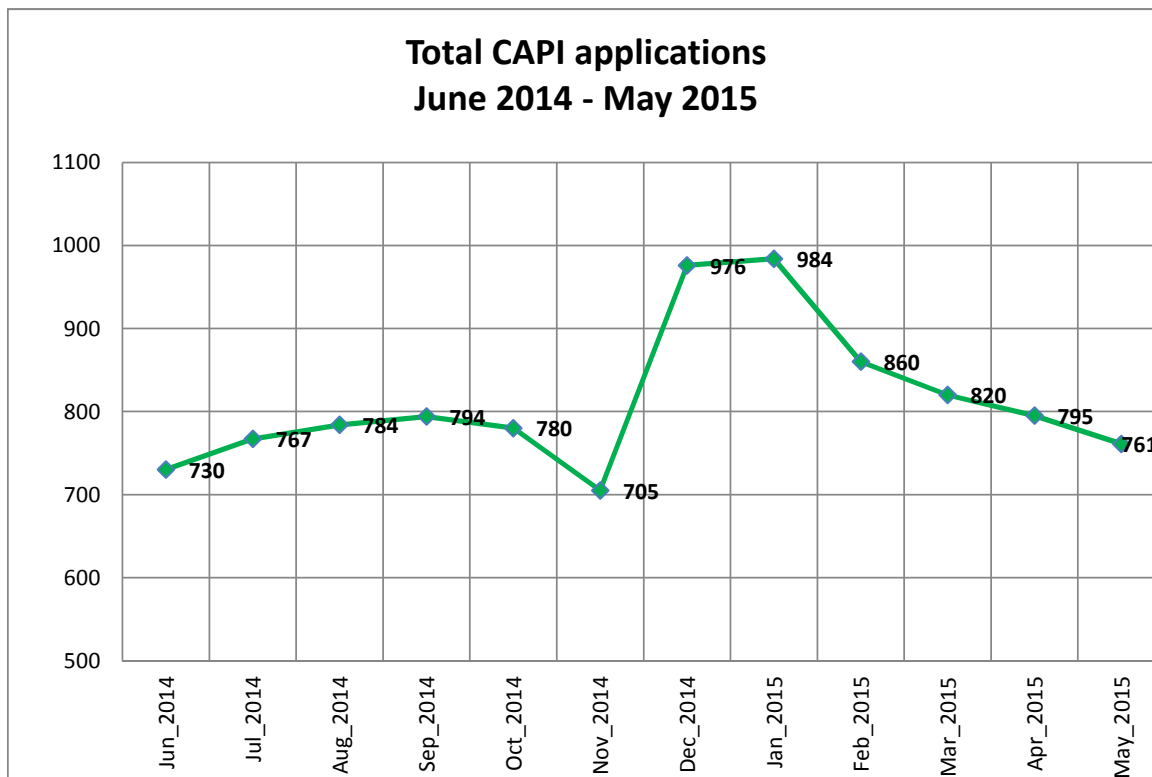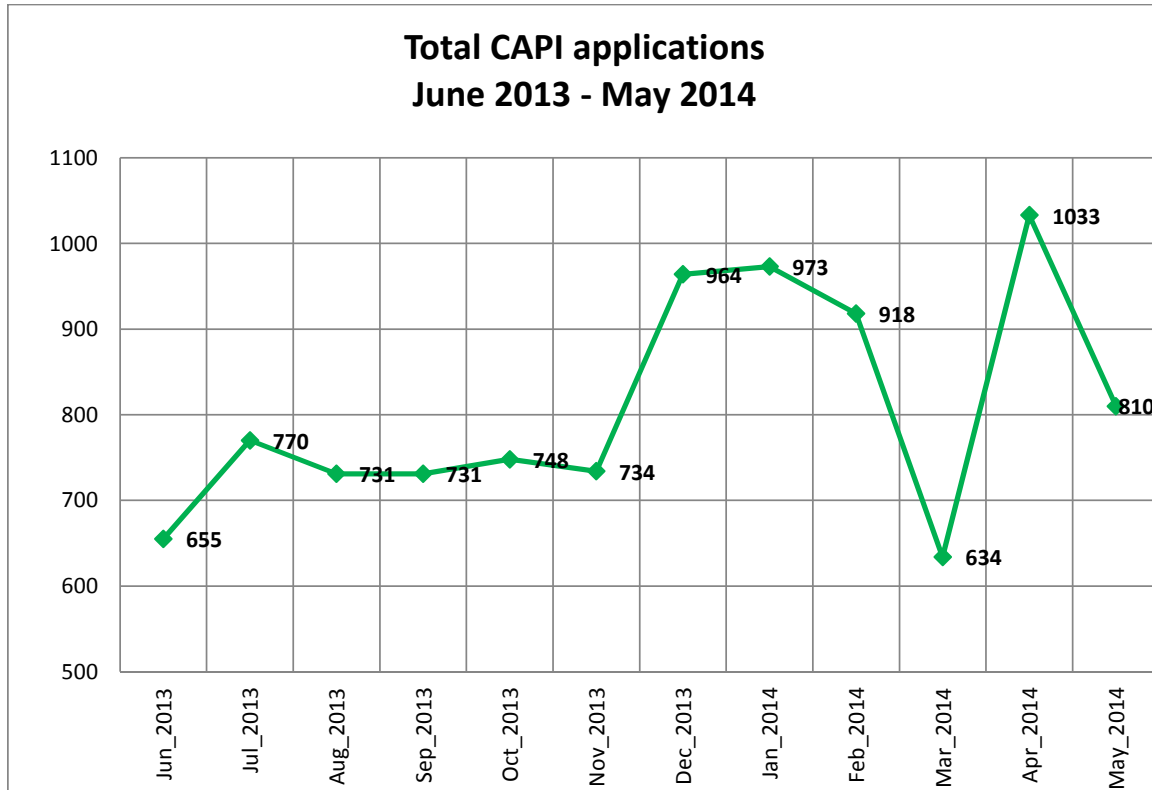
AFH summary report

The Oregon Community-Based Care (CBC), Resident and Home Characteristic Report specific to Adult Foster Homes (AFH) for 2014 has been released. The report was created in collaboration with DHS, Oregon Health Care Association, Leading Age Oregon, SEIU, Portland State University, Multnomah County Aging Disability and Veterans Services, and the CBC providers.

This report is based on a survey mailed to a sample of 500 of the 1,542 licensed AFHs in Oregon which served a total of 828 residents. Here are some of the survey findings. For complete results, please read the survey.

Boo Radley and Winnie Cooper - Jennifer Nettles, Portland

Resident ambulatory status and acuity

- 41% of residents needed help from staff to get around;
- Residents required assistance with bathing/showering (86%), bowel/bladder care (71%), dressing (63%), and eating (29%);
- 54% of residents had dementia;
- 22% of residents went to the emergency department and 15% were hospitalized in 2014;
- 46% of homes allowed capable residents to self-administer medication;
- 50% of residents took nine or more prescription medications.

As you know, AFH residents have a variety of medical diagnoses and health-related risks that require staff support and on-going supervision or monitoring. Below are the diagnosis, health risks, and ADL needs as found in the survey.

Medical Diagnoses, Health-Related Risks, and ADLs	AFH %	Residents %
Dementia	80% (179)	54% (448)
Risk to self	38% (85)	17% (140)
Risk to others	27% (60)	9% (75)
Mental health diagnosis	51% (114)	28% (232)
Substance abuse	14% (31)	5% (39)
Diabetes	51% (113)	19% (161)
Skin issues	37% (84)	15% (126)
Falls	33% (74)	11% (89)
Treatment for injury due to fall	23% (19)	3% (24)
9 or more medications	80% (180)	50% (415)
Eating assist	61% (135)	29% (237)
Dressing	90% (201)	63% (521)
Bathing or showering	97% (218)	86% (712)
Bowel and bladder care	92% (208)	71% (585)

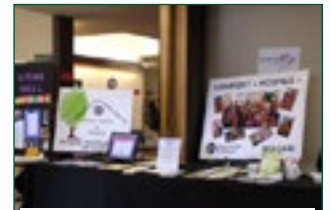## Older Americans Act celebration in District 13

Union and Wallowa counties celebrated the 50th Anniversary of the Older Americans Act (OAA) and Older Americans Month by "getting into it" in a big way. The local APD offices joined forces with Community Connection of Northeast Oregon (AAA) to organize a month of activities to increase the public visibility of the agencies and raise awareness regarding the programs available to older residents.

During the month of May, Community Connection offered free bus rides to the senior meals in Union, Baker and Wallowa counties.

Local radio stations—KWVR in Wallowa county and KLBM in Union county—broadcast interviews throughout the month. Pam Latta, APD Transition Coordinator, offered a historical perspective of the Older Americans Act and its importance in our service delivery system. Todd Steele, Long Term Care Ombudsman for Eastern Oregon, spoke about his program and how it assists people living in facilities. Ashley Burgess, APS Specialist, described the many types of abuse and how she works to protect older persons and people with physical disabilities from harm. Connie Guentert, Community Connection County Manager, outlined the many helpful programs funded by the Older Americans Act.

The Wallowa County Chieftain printed guest columns each week on the same topics written by Greg Musgrove APS Supervisor; Gretchen Jordan Coordinator of Volunteers for the LTCO State office; Pam Latta APD; and Connie Guentert, CCNO.

Union County CCNO led by County Manager Carmen Pearson offered a free luncheon on Monday, May 11th with over 120 people attending. Local service providers and businesses from the county were invited to mingle and offer information about their services. APD was ably represented by Danielle Bechtel Case Manager, and Shawn Walker APS Specialist, with Eastern Oregon Audiology, Grande Ronde Hospital,

Grande Ronde Hospital display

Umpqua Bank, Encompass Home Health, and Reid Insurance offering information on living wills, fraud protection, home health services, and other topics.

Rowena Patton, Enterprise, talks with Kris Clarkson, CCNO Care Coordinator for Wallowa County

In Wallowa County, the Older Americans Month activities culminated with a well-attended afternoon celebration at the Enterprise Senior Center. Following the luncheon, Connie Guentert welcomed the guests with a short speech about the OAA. Throughout the afternoon, guests were awarded door prizes of potted mums and daisies donated by the local Safeway store. Steve Lear, Mayor of Enterprise and owner of Lear's Main Street Pub, donned his chef's hat, providing a variety of finger foods and deserts. Local service providers set up displays and visited with the guests explaining their programs. Providers included Veterans Affairs, APD, NEON (Healthcare Information), Olive Branch Family Health, Wallowa Memorial Hospital, and CCNO.

Pam Latta, Transition Coordinator, Union and Wallowa Counties

Don't forget! The NED coding on SNAP is slipping away from us again. <u>Remember</u>: No member of the filing group (the people applying together) can have earned income; adults in the filing group must be aged 60 or older; or the non 60-plus filing group members must meet the SNAP definition of disabled.
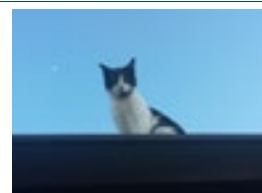
Zorro - Kathie Young, Medford

Excel tips – Shared workbook

Excel worksheets used by several people, such as a tracking spreadsheet or a phone list, can be shared to allow updates by several people at the same time. Everyone who has access can enter information for a project (or whatever) into the same workbook or worksheet. The owner of the workbook decides who has rights to make updates and can approve all changes,

Note: Some features of Excel are not available in a shared workbook. You will not be able to create a table, delete worksheet, merge cells, split merged cells, use drawing tools, assign or change passwords, or insert automatic subtotals.
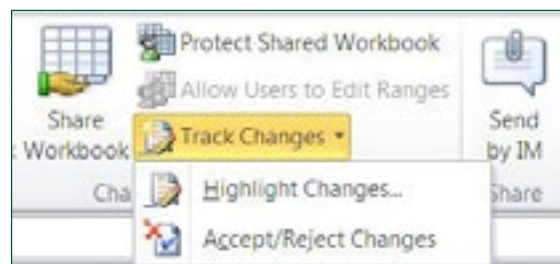
1. On the *Review* tab, in the *Changes* group, click *Share Workbook*;

2. The *Share Workbook* window will open. Click the box for *Allow changes by more than one user at the same time*. This also allows workbook merging;

3. On the *Review* tab, select the options you want to use for tracking and updating changes and click *OK*;

4. Do one of the following:
    - If this is a new workbook, type a name in the *File name* box;
    - If this is an existing workbook, click *OK* to save the workbook;
5. If the workbook contains links to other workbooks or documents, verify the links, update any broken links, and click *Save*.

July 2015 Community Based Care payment schedule

July provider service payments for both the CBC (APD and DD 512) Programs and the CEP program will issue the night of Wednesday, July 1st, and mail to providers the next business day which is Thursday, July 2nd.

Due to the weekend of July 4th and 5th, there may be a delay in the mailing and delivery of provider checks from the post office.

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 of 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.

Fiona - Janice Driver, Gresham

- EFT payments will be available on or before 11:59 p.m. of Monday, July 6th.

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

Don't forget! Employed Persons with Disabilities (EPD) participants may now pay participant fees by credit card via the web. Information for using the website has been added to their monthly statement. Please encourage EPD participants in your office to use this option. For more information, please see APD-IM-15-042.

EAU work change

Estates Administration Unit (EAU has something NEW! Our Assistant Estate Administrators (AEAs) have switched from an individual caseload assignment to a "pooled" approach effective 06/08/15! All new cases will be in specific work "queues" for AEAs to work in date of death order. Our goal is to provide more efficient and timely customer service.

When you call EAU, *please use our main number* 503-378-2884. All of our calls will be coming into a phone queue as well. You will get an AEA expert answering your call directly which should minimize our customers having to play phone tag with their assigned case worker. For general questions, you can continue to use our email box at estate.admin@state.or.us. Please let us know if you have any questions and we can include any FAQs in the next edition!

Kathleen Rossi, Estate Administration Unit

Bonus Excel tip - 0s

Excel wipes out the 0s at the beginning (the far left) of a string of numbers making it hard to accurately sort things like SSNs.

You have to tell Excel to keep what you type; instead of starting with 0, type an apostrophe, then the 0. It looks like this '0.

The apostrophe will disappear when you leave the cell and the 0s will stay in place.

SNAP summer meal program identification

DHS Central Office will add narration to APD cases with coding for SEBTC (Summer Meal Program). The narrative would say *Children in this household will receive Summer EBT for Children (SEBTC) benefits from June 6, 2015 through September 8, 2015.* See SS-IM-15-014 for further details.

There is concern APD case managers do not recognize the coding and in some cases have removed it. These are approximately 500 FSMIS cases with HH type PPO PPS HNO and HNS coding.

Elder abuse in Oregon

Due to diminished capacity, older adults with cognitive impairment are at greater risk of abuse. Additionally, African American, Latino, low-income, and socially isolated older adults are victimized disproportionately. About two-thirds of elder abuse victims are women. Financial exploitation of older adults can cause large economic losses for older adults, families, and society and increase reliance on federal health care programs. Research suggests victims of elder abuse may be four times more likely to be admitted to a nursing home, and three times more likely to be admitted to a hospital. DHS offers many resources on the web, including signs of elder abuse and where to call for help: .

Here are some Oregon facts:

Samson- Debra Hodge, Gresham

- A total of 2,569 older adults and people with physical disabilities were determined to have been abused in 2013;
- In community settings in Oregon, there has been a 39% increase in substantiated abuses since 2011;
- Financial exploitation and neglect are the most frequent forms of abuse, with an estimated 5 percent of the 60+ population falling victim each year;
- $11,585,475 is the estimated loss in 2013 to Oregon seniors and people with disabilities due to financial exploitation;
- In Oregon, financial exploitation allegations increased by 18% from 2012 to 2013 and represented 42% of all abuse investigations conducted by APS;
- The majority of elder abuse victims are women who live at home or community based care settings;
- Nearly 50 percent of older Americans with dementia experience some form of abuse;
- Oregon Adult Protective Services in 2013 investigated a total of 3,625 abuse cases in long-term care facilities, 8,016 in community settings, and an additional 2,609 self-neglect situations.

LGBT pride month at DHS

In recognition of LGBT Pride Month, the Diversity and Equity Advisory Committee (DEAC), in collaboration with the sponsorship of the Office of Equity and Multicultural Services (OEMS), hosted an Information Fair at the Human Services Building in Salem. The theme of the fair was *LGBT Advocacy and Support across the Lifespan*. A total of ten organizations supporting and advocating for LGBTQ youth, and young and older adults provided information on their services and also helped with referral to services provided by other organizations.

During the lunch hour, speakers from several organizations provided background information on their organizations, and shared personal experiences that helped shape the work they do today in support of the LGBTQ community and culture. OEMS Director Lydia Munoz opened the presenter portion of the event, noting OEMS's commitment to providing a safe and open forum promoting access to information and services for employees and DHS consumers. DHS Director Erinn Kelley-Siel spoke to the crowd regarding the need for DHS to recognize and support the unique needs and circumstances of the LGBTQ community.

*Tigger - J
Scott Burman,
Milwaukie*

The LGBTQQ Employee Resource Group (ERG) is a resource for DHS employees, supporting both employees and members of the LGTBQQ community involved with DHS. DHS and AAA staff can contact the ERG by the **LGBTQ Points** email group in the DHS Outlook address book, or by contacting Cari Ann King, the ERG's co-chair, at cari.a.king@ state.or.us.

Policy analysts contact information

The APD Medicaid LTC Systems and the APD Medicaid Financial Policy Units would like to remind APD/AAA staff all Policy Analysts are available to assist field staff with policy interpretation related to APD Medicaid issues and staffing difficult cases.

Please refer to the APD Medicaid Analyst and Case Management Analyst Contact List for contact information for each analyst, listing their specific areas of expertise. You can find the list on the right hand side of the APD Staff Tools Page under 'Latest News' or click directly on the link listed above.

Making connections

The online Long Term Care Registry offers training options including one-on-one coaching, web based support materials, and is open to visiting your office upon request for training and meet and greet sessions with BCU decision makers.

Why not give it a try by calling Dale Jackson at 503-378-8974 or email robert.d.jackson@ state.or.us.

Home and community-based rules and providers

- Food and visitors 24/7;
- Locked Bedrooms;
- Choice of roommates.

If you are a community based provider and the above is all you have heard or know about the new HCBS rule changes then you will likely have many questions. How is this going to work? Am I expected to follow the new expectations?

Change can make individuals feel out of control. As providers hear about the new HCBS regulations they will have questions. They might even be upset about the changes coming.

You can help by sharing information. The HCBS website has Fact Sheets which explain some of the major topic areas within the rules. Frequently asked questions will be added soon.
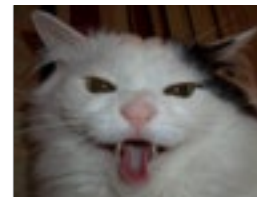
*Norm - Jessica
Ty, Portland*

You may want to share the website address or have copies available for when questions arise. You can be the voice of calm and reason.

Medicaid Long-Term Care Policy

Senior Farm Direct Nutrition Program (SFDNP)

Oregon Health Authority (OHA) completed the 2015 SFDNP selection of persons who received Farm Direct checks and a list of some participating vendors in their area. Over 44,000 customers responded to the outreach effort with a cap of 43,000 seniors eligible.

Customers who are not eligible for SFDNP and contact the information line will be referred to ADRC or the local AAA to connect with local resources. For more information please see APD-IM-15-043.

Looking for past issues of In the Loop? Do you wish you had an index to all the great information? All newsletters, yearly indexes, and a master index for everything are on the APD Field Services web page: www.dhs.state.or.us/spd/tools/field/index.htm.

MMIS - No retro closures

MMIS cannot retroactively dis-enroll customers from managed care unless the customer passed away. This means we should never, ever retroactively close or end OSIPM (or any medical benefit) for living, breathing individuals. This is because any claims paid (including capitation payments) between the intended effective date and the date the worker actually took the action in CMS cannot be recovered.

Also, when a customer does pass away, do not end the medical benefit with an **"E"** and the date of death – you must use a **"D"** with the date of death.