

In the Loop

EDMS is coming to your area!

In late August, the Roseburg APD offices piloted the new release of EDMS. Based upon their experience and feedback, APD leadership gave the go-ahead to roll out EDMS to all APD and AAA offices. Each regional training consists of conference calls, three in-person training days (with focus on the entire process) and hands-on practice. Below is the schedule for APD and AAA offices:

Week of	Location	Districts
Oct 12	Beaverton	1 & 16
October 19	Grants Pass	7 & 8
October 26	Redmond	10 & 11
November 2	La Grande	12, 13 & 14
November 9	Oregon City	15 & 9
November 30	TBD	AAA Group 1
December 7	TBD	AAA Group 2
December 14	TBD	AAA Group 3
Oct 12	Beaverton	1 & 16
January 4	TBD	AAA Group 4

Once each region has been trained, staff will begin packaging and scanning documents into EDMS and no paper case files will be transferred.

What can you do now to be ready: Web based training is available on the [DHS Learning Center](#).

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

CCA updates

The Counting Client Assets (CCA) [worker guide](#) has been completely revised. Changes to this worker guide are not indicated in red text; however sections which reflect rule changes are marked.

All other items have been rearranged or otherwise rewritten – assume the entire worker guide is different than it was previously. [Manual Letter #69](#) will provide details about major changes and additions.

Remember, these worker guides are intended to help interpret and apply policy and ultimately make your work easier. If you find something which directly conflicts with that premise, in other words, if something is confusing, unclear, or incorrect, please e-mail Heather Williams: heather.d.williams@state.or.us.

Live-in services and exceptions

Note: Please reference [APD-PT-15-025](#) and [411-030](#) for additional details.

As you are aware, there are new rules in place for live-in services. We anticipate many individuals will not be eligible under the new criteria once an assessment is completed.

However, for those who have been previously determined eligible for and receive live-in services prior to 8/31/15, the individual may continue receiving live-in services as an exception if all of the following are true:

1. The individual does not qualify under the new criteria for live-in services;
2. The most recent assessment prior to 8/31/15 has eligibility determined (not assigned) at 159 live-in hours;
3. There is a live-in HCW for at least four (4) days a week on the most current service plan (or identify the provider who is providing the majority of the care for ICP);
4. The individual has at least one of the following qualifying needs as determined in the most recent assessment:
 - Full assist in mobility, including at least an assist in ambulation or transfers;
 - Full assist in cognition;
 - Full assist in at least two ADLs under elimination.



*Mae Ling and
Nemesis - Joan Crane,
Beaverton*

Please note the provision of required ADL or IADL tasks every hour is **not** required for an exception.

Also, please note spousal pay cases must be converted to hourly regardless of if they meet the criteria or not.

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When a live-in exception is approved, the case manager must identify the name of the homecare worker (HCW) or Independent Choices Program (ICP) provider in narration who is tied to the exception. The exception must end with a ten-day notice when the identified HCW or ICP provider is no longer working for the consumer.

It is also important for the case manager to make it clear to the consumer their live-in plan will end if the provider leaves employment for any reason.

For further questions, please contact Mat Rapoza: Mathew.G.Rapoza@state.or.us or 503-945-6985.



Don't forget! Staff should never ever be printing screen shots of the mainframe (DHS) system. DHS doesn't have the rights to print some of them and the screens we own will always be there. Narrate what you saw, on what day, and where and you will be covered for an audit or review. (BTW – stop printing the narrations! So much wasted paper....)

Questions about Voter Registration? Ask your local site coordinator, check the [manual](#), or contact [Karen Kaino](#), or 503-569-7034.

Why does coding matter?

When income on a SNAP case is coded as SSD instead of SSB, the SNAP system would recognize a need member of the household is disabled, therefore coding the system with a higher shelter offset.

When the income is coded as SSB, the system doesn't allow the higher shelter offset, because the system doesn't recognize any need members as disabled. This is because customers can receive SSB income without being elderly or disabled. **Example:** Children who are not disabled are receiving survivor benefits (SSB) from a deceased parent.

As long as workers are correctly determining the correct sources of income, SSI, SSD, SSB, and coding accurately, the SNAP case should reflect the correct allotment.

There are some HH Types such as AD, AB, and VET when used appropriately, also give a higher shelter allotment.

Example: A Veteran is receiving veterans benefits, you as the worker verify the veteran meets 100% disability, therefore we would want to code the income as VET, but also code HH Type VET to tell the system someone in the need group of the household meets the SNAP definition of disabled which allows a higher shelter offset. *(Reminder: Only use the VET coding if the veteran has a 100% disability.)*

Remember, the way we code our cases really does make a difference.

SNAP Policy



*Callie - Amy Namitz,
Central Office*

September 2015 SNAP honor roll

100% accuracy!

111 Baker City APD	100%	3112 Enterprise APD	100%
1211 John Day APD	100%	3411 Hillsboro APD	100%
1717 Grants Pass DSO	100%	3415 Tigard APD	100%
2019 Cottage Grove AAA	100%	3615 Multnomah Transition/Diversion	100%
2311 Ontario APD	100%	3518 Gresham AAA	100%
3111 LaGrande APD	100%		

90% or better accuracy!

0611 North Bend APD	96.00	2411 Salem AAA	93.02
1517 Medford DSO	96.00	0310 Canby APD	92.86
2711 Dallas AAA	84.74	1513 Medford SSO	92.31
0914 Redmond AAA	94.12	1811 Klamath Falls APD	92.00
1017 Roseburg APD	94.00	1612 Madras APD	90.00
0313 Milwaukie APD	93.33	2011 Eugene AAA	90.00
2911 Tillamook AAA	93.33	2111 Toledo AAA	90.00
3211 Florence AAA	93.33		

55% of all AAA and APD branches are on the honor roll!

Authorized representatives for SNAP

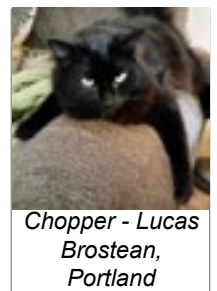
If a customer wants to designate a person outside their filing group as an authorized representative (AR) the [MSC 231](#), *Designation of Authorized Representative or Alternate Payee*, must be completed. The AR needs to be a person who is aware of the filing group’s circumstances and can represent the filing group. Sometimes the customer chooses a person we cannot permit to be an AR. The office must notify the customer when this happens.

People currently serving an Intentional Program Violation (IPV) cannot serve as an AR unless the agency determines there is no one else who can serve as an AR and the customer needs an AR. There are others who cannot serve as an AR or as an alternate payee; see [SNAP B15](#) for more details.



How do you know if someone is currently serving an IPV?

1. On the **WEBM,Find** screen look in the **Other** section near the bottom of the screen. If there is a Y in the IPV field you will find more information by typing over the dot in front of IPV and hitting F13 to get to the WIP2 screen.
2. You can also get information by typing WIP2,SSB on a blank screen.

You must check every proposed AR before coding the person as an AR on FCAS or in OACCESS.



November 2015 training calendar

Monday	Tuesday	Wednesday	Thursday	Friday
<p>2</p>	<p>3</p> <p>Medical financial eligibility, week 1 (8:30 - 4:30)</p> <p>Case management essentials (8:30 - 4:30)</p> <p>Cultural competency and cultural humility (8:30 - 4:00)</p>	<p>4</p> <p>Medical financial eligibility, week 1 (8:30 - 4:30)</p> <p>Case management essentials (8:30 - 4:30)</p>	<p>5</p> <p>Medical financial eligibility, week 1 (8:30 - 4:30)</p> <p>Case management essentials (8:30 - 4:30)</p> <p>DV 101, Portland (8:30 - 4:30)</p>	<p>6</p>  <p>At Wildlife Safari - Cindy Wolford, Roseburg</p>
<p>9</p>	<p>10</p> <p>Ask diversity (9:00 - 4:00)</p>	<p>11 CLOSED</p> 	<p>12</p> <p>Ask diversity, Eugene (9:00 - 4:00)</p>	<p>13</p>
<p>16</p> <p>Medical financial eligibility, week 2 (1:00 - 4:30)</p> <p>Ask diversity, Portland (9:00 - 4:00)</p>	<p>17</p> <p>Medical financial eligibility, week 2 (8:30 - 4:30)</p> <p>SPL rule training (8:30 - 4:30)</p>	<p>18</p> <p>Medical financial eligibility, week 2 (8:30 - 4:30)</p> <p>SPL rule training (8:30 - 4:30)</p>	<p>19</p> <p>Medical financial eligibility, week 2 (8:30 - 4:30)</p> <p>SPL rule training (8:30 - 4:30)</p>	<p>20</p>
<p>23</p>	<p>24</p> <p>Cultural competency and cultural humility (8:30 - 4:00)</p>	<p>25</p>	<p>26 CLOSED</p> 	<p>27</p>
<p>30</p>	<p><i>Dates and availability are subject to change. Please review availability on the DHS Learning Center.</i></p>			

North Bend softball

Over the summer, North Bend APD Branch Wellness Committee surveyed DHS District 7 staff to gauge interest in holding a friendly district wide sporting event. The response was very positive with softball as the number one suggestion for the inaugural team event. With autumn approaching, each office (APD, CWS and SSP) came together to discuss rules, date and location. Each office began to recruit and build their teams and get in a practice or two before the big game. Unfortunately, late conflicts with scheduling on game day kept the SSP team out of play.



On a Sunday afternoon, under pleasant early fall sunshine, over 70 staff and family members watched APD and CWS square off in a 7 inning game in North Bend. CWS's team consisted of 10 staff plus 5 family members while APD fielded 7 staff and 5 family members. It was a great opportunity to bond with peers, meet new folks, enjoy some good food and have fun cheering the teams on.



APD started the 1st inning strong and never let up, combining power hitting, effective fielding and catty pitching to win convincingly. A great team effort! CWS and APD will no doubt be playing a rematch in the spring which will allow these APD bodies to heal. Stay tuned to read more on epic D7 team sports contests as basketball, the softball rematch, bowling, and perhaps flag football are planned.

Mike Marchant, District 7 manager



Don't forget! Please hand or mail out the [DHS 223](#), *Proof of Eligibility* form - NOT a form made in your branch 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, narration should very clearly explain why needed.

Home and Community-Based Transition Plans Person-Centered Planning

This is the sixth 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. In order to aid in the transition to better meet these expectations this series is presented to educate and stimulate thinking on this topic.



Cruiser - Martha Murray, Portland

For those interested here is a link to the draft [CMS HCBS rules](#).

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If you have been following this series, you know there are new Federal rules and expectations for Home and Community-Based Services/Settings including:

- Offering a choice of a private living space and living in a non-disability specific setting.
Note: In-home services works for both;
- New protections regarding rights and freedoms about privacy (ability to lock your bedroom door), furnishing and decorating, having a say in who your roommate is, and having access to visitors and the food you want at any time;
- These rights and freedoms cannot be limited without the informed consent of the individual.
- There must be a person-centered process and plan driven by the individual and captures the individual's needs, goals, strengths, and preferences.



Zeus - Sarah
Bellini-Ross,
OCWCOG

We also talked about the important Case Manager role of advocacy.

Now let's put it all together; how does relate to the work we do?

Since we deliver case management as waived service, it is important the individuals we serve get a case management service at least once a month. It is important not only for maintaining eligibility but also for getting and receiving high quality case management.

We provide this case management service through a combination of direct or indirect contacts. These contacts are a critical part of the person-centered planning process to check-in with the individual about how the current plan is working or not working. It is also important for tracking the individual's goals.

For example, an individual may have moved from a nursing facility to a CBC facility as a "step-down" while their longer term goal is to live in an in-home situation. In this example, we can use our direct or indirect contacts to update where we are in supporting this goal. We can assess the person's readiness as well as tasks such as applying for housing assistance, obtaining needed items like furniture or equipment, or we may learn the individual's goals have changed.

From a person-centered planning perspective, it is also important to just check in generally to see how things are going. Asking questions like: What is working well for you? What challenges or frustrations are you having? How are you getting along with your room-mate? The next step is problem solving together and advocating, when needed.

You may hear things are just fine. Or, conversely, get a laundry list of complaints. Regardless, having someone contact the person regularly who genuinely cares about his/her life, dreams, hopes, and aspirations (and can perhaps do something to help when needed) can make a big difference in the quality of life for those we serve.

More HCBS-related information, including FAQs and Fact Sheets, may be found on our HCBS [website](#). We appreciate the important work you do every day.

For comments or questions please contact: bob.weir@state.or.us.



Don't forget! Please review [Manual Letter #69](#) on the APD Staff Tools [website](#) for updated rules, procedures, and *extensive* changes to the Counting Client Assets (CCA) [manual](#). See [SS-PT-15-021](#) for a complete list of rule updates.

2016 LIHEAP

The Department of Human Services (DHS) and Oregon Housing and Community Services (OHSC) partner together on the Low Income Home Energy Assistance Program (LIHEAP) this collaboration is the “Heat and Eat” program. Eligible households receive \$21 of LIHEAP funds in order to receive the full utility standard on their SNAP case. The “Heat and Eat” program is not part of SNAP or SNAP eligibility.

The purpose of the LHP coding that is added to FSMIS automatically when the match is done and the household is found eligible by OHCS for the “Heat & Eat” program is to make sure we have a way of tracking who has received the payment in an automated way and they only received the \$21 payment once in that 12 month period.

The LHP code is removed each year on October 1st to prevent another manual field process for workers and to make sure OHCS eligibility rules for the program are being followed. The removal of the LHP coding is a system change which should not affect cases previously identified this year as eligible for the annual one-time payment.



Captain - Jillian Johnson, Canby

Other things to remember about the “Heat and Eat” program:

- The FUA coding is NOT removed from the case when the LHP coding is removed each year. The only time the FUA is removed is when a caseworker has gone in and re-determined eligibility based on a change reported or a recertification. This is the correct thing to do based on SNAP policy.
- We cannot make any assumptions the case will be eligible for LHP so we would never put FUA on the SNAP case unless they have an actual heating or cooling cost allowable by SNAP policy.
 - ***Putting FUA on the case in anticipation that a household would be eligible for the “Heat & Eat” program would mean OHCS would not match to those cases and they would not be eligible for LHP coding or the payment and therefore would have an overpayment in SNAP based on incorrect SNAP eligibility determination.***
- There is no retroactive eligibility for the “Heat & Eat” program, regardless of whether or not the delay is caused because benefits are processed late.
- Not receiving LHP coding or being found eligible for the Heat & Eat program is not a hearable issue for DHS.
- LHP eligibility is assessed by OHCS at the end of each month and SNAP benefits are adjusted automatically by the system if the case is eligible. This is done every month for every case that does not already have LHP or a FUA coded or an indication the person is homeless.

Don't let the FLU get to YOU!

Vaccines are NOT Just for Kids! Getting a flu vaccine is one of the best ways you can protect yourself and the consumers you serve!

Here are some important reasons for home care workers to get a flu vaccine:

1. **You can protect your health, and the health of those around you.** Vaccines reduce your chance of getting sick, and reduce your chance of spreading diseases. Some consumers may have weakened immune systems, making them more vulnerable to disease that vaccines can help prevent.
2. **Getting vaccinated is easier than you think.** Most private insurance covers the cost of recommended vaccinations, like the flu vaccine. Vaccines are usually available at doctor's offices, pharmacies, community health clinics, and health departments starting in September.
3. **Vaccines are tested and monitored for safety.** Vaccines are one of the safest ways to protect your health and the health of those around you. Side effects, when they occur, are usually mild and temporary.



Want to learn more? Visit these websites:

- <http://www.cdc.gov/flu/protect/keyfacts.htm>
- <http://www.mayoclinic.org/diseases-conditions/flu/in-depth/flu-shots/ART-20048000>

APD Advocacy and Development

EAP

The [Cascade Centers](#) employee assistance program (EAP) is a no-cost, totally confidential program for state employees providing help dealing with work, home, and family. No information about you or the reason for your call goes back to your employer or PEBB. The EAP includes a network of professional counselors and advisors who will listen, help sort things out and then work with you on a plan to move forward.

Talking with an EAP professional can help you deal with:

- | | |
|-----------------------------------|-----------------------------|
| ▪ Marital or premarital problems; | ▪ Physical or sexual abuse; |
| ▪ Divorce or separation; | ▪ Behavioral disorders; |
| ▪ Alcohol or drug abuse; | ▪ Interpersonal relations; |
| ▪ Gambling addiction; | ▪ Stress and anxiety; |
| ▪ Parent-child relationship; | ▪ Depression. |

It takes just a phone call to access the EAP:

- Portland (503) 639-3009;
- Salem (503) 588-0777;
- Toll Free (800) 433-2320.



*Norm and Bates
- Jessica Ty,
Portland*

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: Where do we order the voters registration forms to go in the lobby customers can seal and take with them, not the ones that I order on FBOS?

A: All NVRA forms are ordered thru FBOS. The lobby forms, which are for NON customers, are the SEL 500 (instead of 503). The 500 should never be handed, mailed, or otherwise given to customers (yes, sometimes they just take them and that's fine). The law requires us (just like the post office and DMV) to have a stack of voter registration forms on hand for random people who want them. **FSAM:** E. Registration forms; 3. **General information.**

Q: Do you know if the Worker Guide (WG) will be updated with the newest NVRA changes?

A: It will not be updated – and thank you for pointing out the issue! This has been fixed - the link in the [APD Worker Guide](#) now redirects to the [voter registration section](#) of the Field Staff Support Manual (FSAM); there is also a link on the [case management page](#) for voter registration which will also direct you to the [FSAM section](#).



Baxter - Rebecca Reynolds, Portland

Q: If we are doing a redetermination of benefits and do not speak to the consumer because they have an authorized rep who is assigned to do this on their behalf, do we do a declination? And what should be narrated?

A: Only the person who is the potential voter can say yes or no to registering– an authorized rep cannot answer and cannot be asked. If you're not dealing with the potential voter, no action is needed so you will not do a declination. If voter registration is in a narration template you are allowed (only in this case) to use N/A. **HOWEVER:** If you then go and do an assessment, you're required to ask the customer at the time of the assessment if they would like to register to vote. They absolutely cannot be skipped just because we also saw an authorized rep.

If your customer is unable to respond, please see the FSAM, Voter Registration, H. Special situations, [Persons with cognition issues](#). Either way if the customer is seen, or spoken to, the law requires a declination be completed (in whatever form) and APD is still requiring narration at this time.

Q: Thew Secretary of State's office told me to order envelopes by phone - do you have the number?

A: Fiest - please don't ask the SoS for directions on how to do you job - check the [manual](#) or ask an agency coordinators (Karen or Chere LeFore). Second, ALL supplies for NVRA, including envelopes, are ordered via the FBOS system. [Section E.3](#)

FSAM updates

Extensive updates have been made to the Field Staff Support Manual (FSAM) in the following areas:

- Section II: RACF
 - Changed the name of section II to *RACF* and moved non RACF content.
- Section IV: Provider payment systems
 - Updated the entirety of [Section B](#), *Client Employed Provider (CEP) payment screens* with current information;
 - Updated the entirety of [Section C](#), *Community Based Care (CBC) provider payment screens* with current information;
- Section V: Case records and archiving
 - Changed the name of the section to *Case records and archiving*;
 - Removed information about hard files;
 - Updated information in [Section B](#), *Archiving* to include new [archive box](#) information and remove outdated procedures;
 - Updated [Section C](#): *Retention* with APS information and fixed formatting.
- Section VII: EDMS
 - Removed out dated information related to receptionist work;
 - Changed the name of the section to [EDMS](#) and added all new content.
- Section X: Miscellaneous
 - Updated [Section C](#): *APS complaint investigation reports*;
 - Updated information in [Section D](#). *Public disclosure file*;
 - Removed outdated section on licensing support;
 - Renumbered sections [E](#): *Medical cards*; [F](#): *Case transfers*; [G](#): *Request for audit or review files*; [H](#): *Recalling an email message*; and [I](#): *Adding or changing a telephone number*.
- Section XII: *under construction*
 - Moved the previous XII section (*Additional resources*) to XIII;
 - Changed the name of the section to *Privacy and Security*;
 - Moved privacy information from the old section II to this new section;
 - Added [Section A](#): *Original identity documents left by customers*.



Charlie - Michael Palmer, OPAR

Work is also in progress to seek out and remove old links which lead to out-of-date information. Please contact Karen Kaino (karen.l.kaino@state.or.us) and Janet Morse (janet.e.morse@state.or.us) if you find a link going to old information.

Please update your book marks to the new content.

November 2015 Community Based Care payment schedule

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

November Provider payments for the CEP Program will issue the night of Monday November 2nd and mail the next business day which is Tuesday, November 3rd.

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 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.



Roxy
- Karin
Olson, The
Dalles

- EFT payments for CBC programs will be available on or before 11:59 pm of Wednesday, November 4th;
- EFT payments for the CEP program will be available on or before 11:59 pm of Thursday, November 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, SPD Provider Relations Unit

Voter registration envelopes

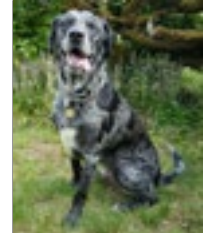
When sending completed voter registration cards to the local County Elections office, you must use the specially designated envelope, SEL/MSC 516.

Depending on your stock is, the envelope may or may not have a #4 on the flap (newer stock will not have the number on the flap). All AAA and APD offices are *required* (we checked with the feds) to use only this envelope when sending in the completed voter registration cards. It's part of the law, so let's get it right!

SNAP Accuracy Committee

In March of 2015, the SNAP Accuracy Committee was formed to focus on statewide strategies to improve the Payment Error Rate for the SNAP program. The payment error rate is a term used by Quality Control (QC) to measure the accuracy of the SNAP benefits issued each month. QC reviews open cases each month to determine if the correct amount of benefits were issued to the household. An error of more than \$38 results in a Payment error for the state, whether the benefits were over or under issued.

Oregon's payment error rate for fiscal year 2014 was 4.79% which is higher than the national rate of 3.66%. When Oregon's rate is higher than the national rate, there is a risk we will face a financial penalty; the higher than national average error rate created the need to act quickly to reduce the error rate to avoid penalties. DHS also wanted to be responsive as a method to improve our customer service. Customer service is a pivotal piece when discussing accuracy. Ensuring customers receive the correct benefit amount is important to all aspects of the work we do.



Whiskey -
Katherine
Nunley, Central
Office

The Accuracy Committee has taken several steps towards improving SNAP Accuracy since it was formed in March:

- Focused all Targeted reviews on the most error prone areas—income and household composition;
- Worked with District/Program managers to develop SNAP Master Accuracy Plans (MAP) for each district; these plans lay out how each district will work to improve their accuracy.

Next steps for the committee include:

- Developing a Master Accuracy Plan for the state;
- Make recommendations about how to use information from Targeted Reviews to improve accuracy;
- Develop a process for initiating training that is necessary to fix identified accuracy issues.

SNAP policy analysts

Mileage only vouchers

Staff will no longer be able to create mileage only vouchers for Homecare Workers (HCWs). Case managers must authorize service related hours with mileage in order for HCWs to be eligible for service related mileage reimbursement. CMS requires mileage authorized for reimbursement with Medicaid funds, be tied to services in the consumer's service plan to support a particular ADL or IADL.

HCWs must review their vouchers when received and report any issues, questions, or concerns to the consumer's case manager as soon as possible, prior to the services being delivered.

Once a voucher has been signed by both the consumer and HCW and is submitted for payment the voucher is considered a complete document. If mileage needs to be added to an existing voucher, staff will need to void the voucher and create a new one with the mileage added. A transmittal will be issued soon with additional information and instructions.

APD Medicaid Long-Term Care Policy