

# In the Loop

## Wise Giving Guide

The approaching holiday season makes many people feel especially generous. Before you open your bank account, the Oregon Department of Justice (DOJ) has some advice in the form of their *Wise Giving Guide* [pamphlet](#).

Although most charities provide vital services to our communities, not all are created equal. The DOJ suggests potential donors check their [database](#) to make sure the charity is real, visit the IRS [page](#) to see if the donation is tax-deductible, and do some research about how your donation will be used.

Resources such as [www.charitynavigator.org/](http://www.charitynavigator.org/) and <http://give.org/> can help you decide if your money is doing what you want it to *before* you give it.

Be suspicious if the “charity” is trying to pressure you into a donation and never wire money or mail cash. Imposter charities may use a name or logo that is *almost* the same as a charity with which you are familiar to intentionally confuse you so be on the lookout for strange addresses or donation plans - if they send you an invoice be skeptical!

Take a look at the DOJ’s pamphlet for more advice on protecting yourself and getting the biggest bang for your buck. If you suspect fraud, call the DOJ at 971-673-1880 or file a complaint [online](#).

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## HCW hourly caps

**REMINDER:** For assessments conducted on or after September 1, 2016, case managers must evaluate and apply the weekly hour limitation to each homecare worker (HCW). HCWs who worked an average of 40 hours per week (176 hours per month) or more in March, April, and May 2016 may work up to 50 hours per week.

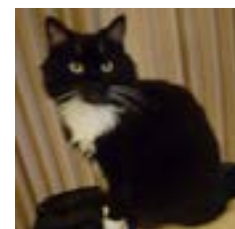
*\*Central Office (CO) has a list of HCWs who have been approved to work up to 50 hours per week (220 hours per month).\**

The hourly cap is applied at the beginning of month following the assessment. For example, if the assessment takes place October 20 the hourly cap would begin in November.

Providers are limited to the hourly cap regardless of the number of consumers they serve. For example, a provider can work only 40 hours per week but works for three (3) consumers. The provider must divide the 40 hours of work each week between all three (3) consumers. Case managers should review screens (see [APD-PT-16-032](#)) for guidance on evaluating how many hours a HCW is authorized to work.

**Note:** If the HCW is working for a consumer through ODDS or HSD (formally AMH), the case manager is not expected to know that; it is the responsibility of providers to manage their time between programs and consumers. Their provider number and ability to work as a care provider is at stake if this policy/rule is violated.

CO will be monitoring hours worked by HCWs by referencing pertinent systems with APD, ODDS, and HSD (formerly AMH). CO staff will be identifying and addressing violations of the hourly cap. CMs will be notified via email but are not expected to take any actions unless the consumer needs to hire a new HCW.



Luna - Scott  
Burman,  
Milwaukie

**Overtime (OT) REMINDER:** Retroactive OT payments were made to providers for overtime earned during January 1, 2016 through August 30, 2016. The amount of retroactive OT was based on hours paid per month divided by the number of days in the pay periods to determine the average hours per day. The average hours per day was applied to each day in the work week to determine the hours per work week.

Staff can view how many hours/minutes, units, and wages paid for each work week for each provider on the SOTI screen. By marking the line and clicking <Enter>, staff can view voucher details on the SOTD screen (see [APD-IM-16-090](#)).

Moving forward, overtime will be paid on the check for the following pay period. For example, if a HCW earns OT during the work week of October 16 – October 22, the straight time will be paid November 15. The OT will be paid the following period with November 1 – November 15 straight time on December 1, 2016.

## Your Outlook information

Please check Outlook and make sure all your information is up to date, especially your telephone numbers. Outlook is the primary way someone is able to locate and contact you so if the information is incorrect or absent, you may be missing essential information.

For directions on how to update your telephone number in Outlook, or add a mobile phone number, see the [FSAM](#), section X. Procedures for state offices, [F. Outlook: 2. Updating or adding a phone number in Outlook](#).

FYI – the FSAM section on Outlook will also explain how to ignore a conversation, recall a message, or create a contact from an email outside of the state system. If there is another Outlook topic you would like included, please let [Karen Kaino](#) know!

## Bend Halloween

Looking good Bend!



L to R: John Eckholt, Kelly Alexander, Doris Adams, Karren Ruesing, Julie Krajacic



L to R: Julie Krajacic, Karren Ruesing, Doris Adams, Kelly Alexander and in front, Kristyn Combs

## Speare phishing: Don't get caught!

Speare phishing is when a cyber attacker gets information from Facebook, Linked In, or other sources and then creates a customized email which appears relevant. This sort of attack is far more successful than the random email from general phishing.

Protect yourself, and the agency, from speare phishing by looking for:

- The email address. If the return address looks personal - @gmail, @yahoo, or @hotmail - it's probably a scam.
- Dear Customer. If the company *really* needed to speak with you, they would probably know your name.
- Grammar and spelling errors. Most businesses use spelling and grammar checks.
- Heightened urgency. Speare phishers want you to feel rushed or panicked so you forget to be cautious – don't fall for it!
- Links and attachments. If you aren't sure if you should click, you can hover over the link to see where it actually goes – or just don't click.
- Let's be realistic. You didn't win anything you need a link for, I'm sorry.
- Mean friend email. A sudden unexpected, unpleasant email from a friend is probably a scam. Your friends are nicer than that; call or text if you think they really need to hear about it instead of responding to the email.



Jack - Camille Hang, Hillsboro

For more information on speare phishing and other cyber security topics, please visit the ISPO intranet [webpage](#).

## Excel tip – Separating cell information

In September, you learned to combine info in separate Excel cells using the *Concatenate* function. You can also take combined cell information and move separate it.

- Add a column to the *right* of the cells with the information you want to be separated;
- Highlight the column with the data to be separated;
- On the ribbon at the top, click *Data > Text to column* to open the wizard;
- On Step 2, choose how to separate the data by clicking preview options - try commas and spaces;
- Step 3 allows you to format the columns. Or just press *Finish* and view the results.

## Oregon City Halloween

Thanks for sending this in !



Jessica Langsford, Jessica Guadarrama-Torres, Christine Romo, DeDe Kraft, Front: Jessica Solomon

## ASPEN news

ASPEN, Automated Survey Processing Environment, is the database mandated by the Centers for Medicare and Medicaid Services (CMS) for surveying nursing facilities and non-long term care facilities. ASPEN captures information about facility compliance and is used by many DHS and OHA licensing units including assisted living and residential care facilities, intellectual/developmental disabilities facilities, and addictions and mental health facilities.

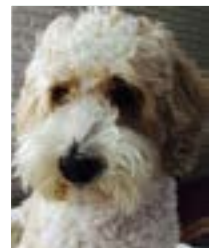
ASPEN will replace requests for corrective action based on rule violations by reporting directly to the APD AFH Corrective Action Team; it does not replace the need to submit requests for more serious sanctions to be issued. In the future, these requests will be smoother and quicker as the history of the facility will be in the database thereby eliminating the need to submit multiple documents and narratives. We are now moving APD AFH Licensing functions into this system centralizing this data, streamlining the licensing process and driving consistency across the state.

NCR forms have been re-created within ASPEN and, where possible, functionality added to capitalize on the auto-population features available in ASPEN to reduce data entry. Next, ASPEN will replace the survey process currently used for HCBS visits. Reporting is already occurring out of ASPEN for facility inspections.

Training is planned for January, February and March 2017. Trainings will be conducted regionally to provide easier access is anticipated to take 2 ½ days. These classroom trainings will be preceded by pre-requisite web-based training which are currently in development. These will be made available in iLearn once complete.

The ASPEN project team will be reaching out to local IT staff very soon to ensure ASPEN functions properly. For those who license for an APD office new software will soon be available to download from the Software Center. Look for more information as it is available.

Your ASPEN project team



Boomer - Kim Welsh, Portland



**Don't forget!** Look on MMIS before opening any medical case. You are not able to see all open medical benefits on WEBM, FIND when medical is opened outside of APD/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!***

### TTT highlights – Completing an MSC 443

*The October 20, 2016 Train the Trainer (TTT) meeting included information about completing the hearing request form; see below. For information on attending TTT in person or via v-con, or about presenting at the TTT meeting, please contact [Lauren Mitchell](#).*

Consumers may request a hearing, for any benefit, either verbally or in writing. For SNAP, anytime there is a request it must be acted on as a verbal request; for medical and services consumers can ask for the form and staff can wait for them to return it. SNAP is always verbal and the form should always be completed and sent that day.

If the consumer requests a hearing, but does not specifically request a hearing form, staff must complete the [MSC 443](#), *DHS/OHA Administrative Hearing Request* and narrate in Oregon ACCESS the date the hearing was requested and that the consumer didn't request the form.

*Note: Please use only the March 2016 hearings referral [form](#) which includes the EDMS scan in the checklist.*

The MSC 443 must be fully completed before it is submitted with particular attention paid to the top portion of the form:

- *Date Received by DHS or OHA:* This is either the date the branch received the 443, or the date the customer made a verbal request for a hearing;
- *Date of Notice:* This should match the *Date sent* of the notice which is being contested. If the notice was sent by the system, this date is on LOGI;
- *Program:* Usually one of the following: 1, A1, 3, B3, 4, D4, P2, 5, 6 (SNAP), DD (Developmental Disability);
- *Cost Center/branch #:* Use your branch number; leave blank for DD;
- *Case Number:* For medical or service eligibility use the UCMS case number; for SNAP, use *F* and/or the EBT number; for DMAP use the prime number;
- *Worker ID:* For AAA /APD use the worker load code; DD cases the ID is the program coordinator's initials.



*Buttercup -  
Cindy Pryor,  
Central Office*

The dates on the hearing form are essential to staying within requirements; please make sure they are complete and accurate. If the hearing request is made face to face, ask the customer to sign the MSC 443; however it is not required.

For more information on hearings, hearing protocols, and the hearing request form, please see the APD Hearings [webpage](#).

## Quality Assurance mailboxes

In an effort to better serve the local districts, statewide Quality Assurance (QA) has broken into regional coverage teams. Each region will have a team of reviewers to help cover their districts. To help facilitate communication with the regional teams, QA has created regional mailboxes to send questions, requests for coaching, training, etc. These boxes will also be monitored by the QA leadership team to help answer questions if reviewers from your region are not available.

Please see below for the email box names which can be found in Outlook and the districts each region covers.

- PROGRAM ACCURACY-West region, Districts 1, NWSDS, OCWCOG: [PROGRAM.ACCWest@dhsoha.state.or.us](mailto:PROGRAM.ACCWest@dhsoha.state.or.us)
- PROGRAM ACCURACY-South Region, Districts 6, 7, 8, 11, Lane: [PROGRAM.ACCSouth@dhsoha.state.or.us](mailto:PROGRAM.ACCSouth@dhsoha.state.or.us)
- PROGRAM ACCURACY-East Region, Districts 9, 10, 12, 13, 14: [PROGRAM.ACCEast@dhsoha.state.or.us](mailto:PROGRAM.ACCEast@dhsoha.state.or.us);
- PROGRAM ACCURACY-North Region, Districts 15, 16, Multnomah: [PROGRAM.ACCNorth@dhsoha.state.or.us](mailto:PROGRAM.ACCNorth@dhsoha.state.or.us).



*Durin - Karen Kaino,  
Central Office*

Thanks so much for all you do!

*Jeff Hodges, Quality Assurance Manager*

## Klamath Falls Halloween

Klamath Falls got into the Halloween spirit this year with costumes and team pumpkin decorating Great job K Falls!



*L-R, bottom to top: Gloria Pena, Andrea Fenner, Diane Mest, Shari Whitely, Mandy Trippett, Tracie Safley, Julie James, Misty Daniel, Alyssa Kapanui, Chris Stromberg, Jackie Garcia, Nicki Holmes*



### Quick facts about falls from the CDC

- Residents ages 65 and older account for 91% of all fall deaths and 70% of nonfatal fall hospitalizations in Oregon.
- Falls are a leading cause of traumatic brain injury (TBI) among Oregon residents ages 65 and older, accounting for 34% of TBI deaths and 16% of TBI hospitalizations.
  - In 2014, 188 fall deaths and 827 hospitalizations among older adults were associated with a TBI.
- Projected lifetime costs associated with fall injuries in 2014 among Oregon residents ages 65 and older are estimated to be \$498 million.
- Each week, there are 116 hospitalizations, and about 11 deaths due to fall injuries in Oregon.
- In 2014, 70% of fall deaths among this age group occurred in the home, while 8% occurred in a residential institution such as a nursing home.
- From 2005 to 2014, the age-adjusted rate of fall deaths increased from 55.5 per 100,000 in 2005 to 88.0 per 100,000 in 2014.
- 49% of all fall hospitalizations were discharged to a skilled nursing facility.
  - Among falls resulting in a hip fracture, 70% were discharged to a skilled nursing facility and 9% discharged to a rehabilitation facility.
  - Among those with a hip fracture, only 12% had a routine discharge to home and 9% were discharged home with home health services.



Gracie - Darcy Turner, Grants Pass

### Hermiston Halloween

Hermiston celebrated Halloween with a costume contest. Congratulations to winner Addie Tuia!



L to R: Addie Tuia, Lesly Claustro-Sanguino, Allie Wilgus, Karina Velasco, Alicia Navarro, Becky Miltenberger, Shantel Elliott, Betsy Alvarado, Angel Moreno, Amy Andersen, Rose Gonzalez, Michael Cisneros



Addie Tuia

### Case Management Tools webpage

Your best resource tool for all things case management is the Case Management Tools page! The Case Management Tools page is full of great tools and resources to assist in your everyday case management work. There are links and short cuts to many topics, including rules, policies, how-to documents, programs, service planning – so much great stuff!



Take a look! **Make it your default page today!**

## CBC late payments and payment adjustments

There are three instances when staff will need to complete and submit a CBC late payment or adjustment:

- The facility was underpaid;
- The facility was overpaid;
- The facility was not paid.



Maggie and Cassie -  
Jennifer Lawrence,  
Washington County

**Underpayment Form: 0287C:** Use this form when a provider was paid for specific dates but the amount paid was *less* than what it should have been. The most common type of underpayment occurs when there has been a service rate change or there has been a change to the consumer service contribution.

To accurately complete this form make certain the following information is entered:

- Dates of payment from SCLM,r,primeid;
- *Consumer Service Contribution* amount;
- *Service Amount*;
- If one or both of these is different from what is on the 512, add a comment in the *Reason for adjustment*. The comment must state there was a change and the effective date of the change.

Additionally, Oregon ACCESS must be narrated, delineating the reason for the underpayment and the dates involved.

**Overpayment Form: 0287D:** Use this form when a provider was paid for specific dates but the amount paid was *more* than what it should have been. The most common type of overpayment is when a provider was paid for a full month, but the Agency later discovered the consumer was out of the facility for one or more days.

To accurately complete this form make certain the following information is entered:

- Enter the dates the dates of payment from SCLM,r,primeid;
- Enter the *Consumer Service Contribution*;
- Enter the *Service Amount*;
- If one or both of these is different from what is on the 512, add a comment in the in the *Reason for adjustment*. The comment must state there was a change and the effective date of the change

Additionally Oregon ACCESS must be narrated, delineating the reason for the overpayment and the dates involved.

**Late Payment Request Form: 0287F:** Use this form when a provider has *not* been paid for dates the consumer was in the facility.

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To accurately complete this form make certain the following information is entered:

- Enter the dates the consumer was in the facility;
- Enter the *Consumer Service Contribution*;
- Enter the *Service Amount*;
- Enter comments in the *Reason for adjustment*. The comments must explain why the late payment is being requested.



Additionally, Oregon ACCESS must be narrated, delineating the reason for the late payment and the dates involved.

*Underpayments and overpayments **MUST** be requested within 18 months of service provided. Late payments must be requested within 12 months of service provided.*

More detailed instructions on completing these forms can be found [here](#).

For clarification or additional questions contact: Coleen Thompson, 503-945-6741, [coleen.thompson@dhsosha.state.or.us](mailto:coleen.thompson@dhsosha.state.or.us).

*Looking for past issues of In the Loop? All newsletters, yearly indexes, and a master index for everything are on the APD Field Services [web page](#).*

## Canby Halloween

Canby celebrated Halloween in fine style!



L-R: Kacey Dodson, Stephanie Cruz, Jillian Johnson, J. Jay, Lupe Avila, Jeremiah Vosler

Check the [manual](#) first then email or call [Karen Kaino](#) with NVRA questions (503-569-7034).

## EAU and annuities

There are many potential assets in an estate which may be subject to recovery by the Estates Administration Unit (EAU). When Estate Administrators are reviewing a case with an annuity, additional information is usually needed.

Was it a pension or retirement annuity? If so, please identify this in Oregon ACCESS.

If it was purchased with the consumer or spouse's funds, having a copy of the full contract is important. It provides the name of the beneficiary, the date of purchase, the amounts paid, and the name and address of the company.

This information can be very helpful in determining if EAU should initiate recovery efforts against an annuity.

Thank you for providing this information in Oregon ACCESS and the EDMS scanned file!

*Kathleen Rossi, Estates Administration Unit*

## A letter from Lean Academy

### Cohort 4 – Recruitment open

Cohort 4 Recruitment is now **open!** Look for our e-mail in your inbox or contact us on our Lean Academy specific e-mail address: [OCIDirector.LeanAcademy@State.or.us](mailto:OCIDirector.LeanAcademy@State.or.us). Or check us out on our [intranet site!](#)



Frankie - Diana Burney, Medford

*The greatest thing that Lean Academy helped me with in every way is my attitude: I've learned to have a light heart about people, things, work - and my project allowed me to grow in this area. To have an open mind about anything, to think outside the box, to listen to everyone that nothing is permanent and that there's always another way. My quote would be 'ATTITUDE is EVERYTHING and EVERYTHING is ATTITUDE'. Maria Santos, Cohort 3*

### The smelly ladybug problem

When Cohort 3 member, Brenda Pearson, utilized an icebreaker to get her team started on brainstorming solutions for her project, she found success in an otherwise alternative exercise:

“Our workgroup engaged in an icebreaker exercise to wrap our minds around Brainstorming techniques in a fun and non-threatening manner. I asked the group to come up with a hypothetical problem; *the sillier the better so that we can get our creative juices flowing.*”

Brenda states the team took opportunity in the activity and brought in a real life issue of *Ladybugs in their conference room*, as one team member stated “they smell when you smash them.” Upon deciding on their problem, “Each group member wrote two possible solutions on Post-it notes then passed the notes to a colleague beside them. The colleague then added to the brainstorm idea and passed the note one more time to another member.” After a few rotations, the group read the notes and categorized them. Through process elimination, they found a practical solution of submitting a request to DAS, who is responsible for building maintenance.

While the activity seemed “silly”, the results were not. The team ran with momentum created from the activity and enthusiastically brainstormed solutions for her project of Solicitation Process Improvement. A great example of Cohort members working to build and innovate with their teams.

### Cohort 2 –Graduation

During a ceremony at the Human Services Building on November 16<sup>th</sup>, Cohort 2 celebrated their graduation and transition into Local Lean Experts. which adds to the growing number of Lean Academy graduates and provides a local opportunity for process improvement using Lean Methodology.

We'd like to thank all those who were able to attend from around the state and from all levels of work. Congratulations Cohort 2 and good luck to you all!



## APD and ODDS shared eligibility CI sheet: Closing document

Sponsor: Angela Munkers

Project Mgr: Tori Algee

Lean Leaders: Tracy Wilder and Paul George

Date: 11/1/2016

In June 2013, a CI Sheet was submitted by the APD Hearings Unit identifying a problem with communication between APD eligibility workers and the Office of Developmental Disability Services. ODDS was not notified timely when their consumers' medical eligibility was due for redetermination, was reduced, or closed. The APD Governance Team referred this CI sheet to the Office of Continuous Improvement with the positive results below.

**Background:** For ODDS waiver consumers the tasks associated with eligibility, service referral, and delivery are completed by independent entities. Eligibility is performed by APD, while ODDS is responsible for assessing consumer needs and referring them to community providers who can address identified needs. To promote continuity of services, all work needs to be completed in a harmonious manner to ensure consumer services are not discontinued without a transition plan. Currently ODDS is not notified when:

- Benefits for OSIPM are closing or being reduced;
- Performing coding updates to OSIPM;
- When as a result of a hearing, services or being added or continued.

It is essential ODDS understand when it is necessary to send timely notices to providers and change payments to Title XIX.

**In scope:** A notice to reapply is sent to the consumer through closure of case to include distribution of closure notice(s).

**Problem statement:** Due to inconsistencies in communication regarding case closure(s) or reduction in benefits, a considerable amount of rework and hearings take place to resolve payment issues to providers often resulting in general fund expenditures increases.

**Expected benefits:**

*Benefits for ODDS consumers* - A transition plan for benefits is established prior to consumers being removed from needed services.

*Benefits for the providers internal consumers* - Providers are paid for services rendered in a timely manner.

*Benefits for ODDS* - Ability to refer consumers to resources that are in line with their accurate eligibility status

*Benefit for ADM/hearings reps* - Fewer duplicative hearings for the same consumer.

*Benefit for APD* - Less rework; improved communications; reduction in general fund expenditures; increased utilization of XIX funds

**Out of scope:**

- |                    |            |
|--------------------|------------|
| ▪ MAGI medical     | ▪ 5503     |
| ▪ MAGI DD Services | ▪ Children |

**Closing:** The project is being closed at the request of the sponsor. New information has been added to the process which, it is believed, will address the identified problem statement. eXPRS now displays Medicaid eligibility and this information can be viewed by the CDDP's. DD Central office began sending monthly reports in September 2015. The reports have medical eligibility dues dates. CDDP staff are able to communicate the eligibility due date to their consumers and support them in completing their financial eligibility.



Maggie - Dena McDonald, North Bend

## Case transfer reminders!

Before transferring cases out of your office, remember to take all required action on the case to prevent delay of benefits for the consumer and extra work or rework for staff.

**Note: Make sure you are transferring to the correct branch!**

Check for unprocessed forms and incomplete information on the systems, narrate all actions – including the transfer, scan into EDMS, and clear up any loose ends. Think of how you want a transferred case to look when it gets to you and do the same level of work before sending yours to another branch.

**SSP cases:** If you receive an application or other document which needs to be sent to SSP, scan it into EDMS but also send as an attachment via the case transfer mailbox. Items needing immediate attention will not be available quickly enough with the current delays in uploading documents into EDMS.

Your effort on the front end of a transfer will prevent a lot of headache on the receiving end – thank you for your help!



Phoenix  
Huga-Muga -  
Sean Phillips,  
LaGrande



**Don't forget!** Use the closing checklists to complete actions in the correct order for ending benefits for consumers. **Make sure you are using the UPDATED versions!** The ACCESS team reports a large number of Help Desk tickets due to workers using out of date versions. Closing checklists come in two forms, **financial** and **case management**, and are located under *Eligibility* and *Case Management*, which appear below *Worker Helps* on the APD Staff tools [webpage](#).

## McMinnville halloween

McMinnville had a sea of Waldos and a few Things for Halloween - thanks for sharing!



Front row L-R Marya Rivera, Berenice Bravo, Stephanie Lux  
2nd row L-R Katheryn Cowan, Nancy Skowrup, Alina Mendez, Julie Olds  
Back row L-R Lori Pattullo, Lisa Hahn, Janelle Landis, Chris Hammond, Charlene Gibb, Mark Kelley

## December 2016

Impaired driving prevention month  
Universal human rights month

Dec. 3 - 9: Hand washing awareness week

Dec. 4 - 8: Cookie exchange week

Dec. 4 - 8: Older driver safety week

Dec. 17 - 23: Gluten-free baking week

Dec. 2: National mutt day

Dec. 3: Day of persons with disabilities

Dec. 7: Pearl Harbor remembrance day

Dec. 10: Nobel Prize day

Dec. 15: Ugly Christmas sweater day

Dec. 21: Winter solstice

Dec. 25: Christmas

Dec. 26: Christmas observance - **CLOSED**

Dec. 31: New Year's Eve

## More NVRA Q&A - Authorized reps

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](mailto:karen.l.kaino@state.or.us), or IM. See [FSAM. VIII](#) for the complete NVRA manual, including procedures and examples.

**FYI:** *If you are using an (old, dusty) link/bookmark to the now defunct APD Worker Guide section instead of a link/bookmark to the FSAM section for voter registration – delete that link/bookmark immediately! Staff are expected to follow procedures in the FSAM.*

This month is all about dealing with the tricky authorized rep or third-party and voter registration. Please see [FSAM. VIII. A.1. Who can register to vote](#) and [G. Special Situations](#).

**Q: If we speak with an authorized rep (at recert, especially, but any time in general) and we need to address voter reg, should we default to declination or default to request for voter reg?**

**A:** Only the person who is the recipient of a benefit can answer yes or no to voter registration so staff should never be asking an authorized rep about the consumer's voter registration status. (If the A/R wants to register themselves, we can help with that).

When there is a third-party who answers eligibility questions, such as an authorized rep, and then a worker goes out to see the consumer for an assessment, the voter registration must be offered at the time of the assessment because the consumer is now available.



Shilo - Debra Lutes,  
Tigard

**Q: In terms of narratives, should we input something which reads more or less: Voter reg: spoke with auth rep only?**

**A:** If your narration *already* indicates to whom you spoke, you do not need to reiterate that fact in the voter registration section. If your narration does NOT already include information about to whom you spoke, then yes please state you dealt with the authorized rep somehow. Staff are welcome to type *auth rep*, or whatever your local office decides will be your standard response, in those situations.

**Q: Should we default to sending the consumer a voter registration card if we don't see them or talk to them?**

**A:** If the consumer cannot be, or does not need to be, reached on the phone or in person *and* you are unaware of any third-party acting on their behalf, defaulting to sending an SEL 503 (declination removed and marked NO) is a great practice.

If the consumer cannot be, or does not need to be, reached on the phone or in person and you *ARE* aware of a third-party acting on their behalf, you would *not* send a voter registration card – you would also not need to narrate.

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**Q: Can a facility answer on behalf of a consumer who is not able to answer for themselves?**

**A:** They cannot – and this is because, again, only a person who receives the benefit can answer yes or no to voter registration. If, on the day you see the consumer, they are NOT able to answer either appropriately or at all, voter registration is narrated as *No*.



*Kleen - Janice Castle, Central Office*

**Q: Can a third-party help a consumer complete the voter registration card if they can't read it themselves? What if they aren't actually an authorized rep?**

**A:** Yes! Anyone the consumer agrees to or approves can assist in completing the voter registration form WITH them (not for them) – even staff. If it is a staff member helping, please be excessively (ridiculously!) careful about not influencing the consumer in any way. If the form is being verbally translated into another language by a third party for the consumer do your best to ask the translator to remain impartial.

**BTW:** If the consumer needs help with the form because they require large print forms, we have a large print version available to order via FBOS: [SEL500LP](#).

**Estacada Halloween**

A small but fabulous group - as always!

*L-R: Cindi Lewis, Deb Weikum, Heather Piercy, Netty Curtis*



**Grants Pass community Halloween**

Not all our Halloween efforts happen in the office! Lucia McGill of Grants Pass and her husband built this lit-up Snoopy house for the children of the community.



Nicely done Lucia!

**Direct and indirect case manager contact honor roll**

The following branches completed between 98% -100% of their assigned contacts for September 2016. Great job everyone!!

Br	Completion rate	Br	Completion rate
0111	99.00%	1811	99.60%
0310	98.60%	1911	98.30%
0311	98.40%	2011	98.20%
0314	98.90%	2019	99.50%
<b>0411</b>	<b>100.00%</b>	2411	98.90%
<b>1017</b>	<b>100.00%</b>	2711	99.10%
<b>1211</b>	<b>100.00%</b>	<b>2911</b>	<b>100.00%</b>
<b>1311</b>	<b>100.00%</b>	3013	98.20%
1418	98.80%	<b>3111</b>	<b>100.00%</b>
1513	99.90%	3617	98.40%
1517	99.20%		



*“Like” ADRC of Oregon on Facebook to keep up with the latest news and information from the ADRC. You’ll also find links and consumer comments*

**Kudos!**

With all the work that needs to be done on a daily basis, you all are doing a great job in keeping up with the monthly reassessments. This is one of the most important things we do, ensuring individuals continued eligibility. Statewide, we are close to 100% for timely reassessments! **Nice job** everyone!

**Report period: August-16**

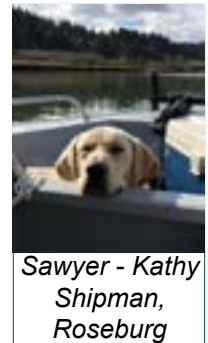
<b>Branch</b>	<b>All valid client assessments</b>	<b>A) Monthly* reassessed</b>	<b>B) Monthly* not assessed</b>	<b>C) % Past due</b>	<b>% Completed</b>
Statewide	33,806	2,222	56	2.5%	98%

**Honor roll**

100% Timely reassessments

Report period: August-16

<b>Branch</b>	<b>All valid client assessments</b>	<b>A) Monthly* reassessed</b>	<b>B) Monthly* not assessed</b>	<b>C) % Past due</b>
1017	1048	63	0	0.0%
1211	64	4	0	0.0%
1311	51	2	0	0.0%
1418	1016	77	0	0.0%
1611	177	10	0	0.0%
1811	560	35	0	0.0%
2019	276	17	0	0.0%
2311	321	19	0	0.0%
2911	205	13	0	0.0%
3013	380	22	0	0.0%
3211	188	9	0	0.0%
3311	463	24	0	0.0%
3516	1245	97	0	0.0%
0111	109	2	0	0.0%
0310	485	26	0	0.0%
0314	302	15	0	0.0%
0411	329	27	0	0.0%
0811	269	10	0	0.0%
0911	561	44	0	0.0%
0913	129	4	0	0.0%
0914	297	13	0	0.0%



*\* Reporting population - Assessments with a review by date within the month*

## General Assistance (GA) program Q&A

Looking for some extra information on the General Assistance (GA) program? The GA policy group in CDDU can help:

### Q: What is the GA program?

**A:** The GA program became operational on July 1<sup>st</sup> of this year. The GA program serves Presumptive Medicaid-OSIPM consumers with severe disabilities who are homeless or at imminent risk of homelessness, and who are not yet receiving Social Security disability benefits. The GA program provides individuals with housing assistance of *up to* \$545/month, utility assistance of \$90/month, and cash assistance of \$60/month, as well as assistance with the Social Security application and appeals process. Once a GA individual is awarded Supplemental Security Income (SSI), the department is able to recoup benefits paid to and on behalf of the individual.

The GA program is administered by the Collaborative Disability Determination Unit (CDDU), the same unit that makes Presumptive Medicaid disability determinations and provides Disability Benefits Liaison (DBL) services in APD/AAA field offices.

### Q: Does the GA program have a capped caseload?

**A:** Yes, the GA caseload is capped at 200 individuals. There are currently 40 individuals enrolled in the GA program, and 250 pending cases. Not all pending cases will be approved. Please continue to refer consumers to the General Assistance program. Once 200 individuals are enrolled, a waiting list will be created and new consumers will be added to the program when GA recipients are awarded SSI.

### Q: How many GA individuals have been housed so far?

**A:** 23 individuals have been housed, including a gentleman who had been homeless for 22 years.

### Q: Does an individual have to be receiving Presumptive Medicaid (OSIPM) benefits to be referred to the GA program?

**A:** No. CDDU staff will review medical status when GA referrals are received. If a consumer is not receiving OSIPM medical benefits at the time of referral, the case will be developed for a Presumptive Medicaid disability determination first. Once the Presumptive Medicaid disability determination is made, the case will be referred to the consumer's local office via the branch's case transfers email box for a final OSIPM decision.

If the consumer is financially and non-financially eligible for OSIPM benefits, GA will be opened once the consumer applies for SSI and signs an Interim Assistance Agreement. For process detail and program contacts, see [APD-PT-16-026](#) and the [General Assistance Program Worker Guide](#).

### Q: How do I refer an individual to the GA program?

**A:** Refer individuals to the GA program using the [Disability Benefits Liaison-General Assistance Referral Form \(DE4640\)](#).



Odie - Scott Dietrich,  
Roseburg