

# ***In the Loop***

## **Veteran Employee Resource Group literary project**

The Veteran Employee Resource Group (VERG) has an exciting new project to honor veterans and their contributions to this nation and community.

The DHS Veteran Literary Project is looking for individuals to contribute short stories, poems, and other media to show the veteran experiences of our employees as well as to show how we serve and work with veteran consumers on a daily basis. Themes could include life in the military, life as a family member of a veteran, overseas experiences, working with consumers who are veterans, or families of veterans and transition from military life to DHS.

Submissions should be short stories, poems, letters and other media which express the Veteran experience. The submissions should:

- Not contain vulgar language or excessive violence and be work site appropriate;
- Show how Veterans and our/their experiences affect the work we do;
- Be no more than three pages.



Materials should be submitted for consideration no later than October 11th, 2016, to [jeb.s.oliver@state.or.us](mailto:jeb.s.oliver@state.or.us). Stay tuned for information about availability and display.

Thank you for your service and commitment to this nation and your community!

*DHS VERG*

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

## 5515 case transfers reminder

“Branch” 5515 in Oregon ACCESS is not an actual branch and staff should never assign cases to 5515 for any reason. Cases which appear in the 5515 designation can be reassigned to local branches, as needed, by contacting:

- Karen Kaino: [karen.l.kaino@dhs.ohsastate.or.us](mailto:karen.l.kaino@dhs.ohsastate.or.us);
- Lauren Mitchell: [lauren.e.mitchell@dhs.oha.state.or.us](mailto:lauren.e.mitchell@dhs.oha.state.or.us); or
- Angela Munkers: [angela.p.munkers@dhs.oha.state.or.us](mailto:angela.p.munkers@dhs.oha.state.or.us).

To have a case moved out of 5515, send an email with the prime number and the branch number where it should be assigned. If there is more than one person on the case who is also listed in 5515, please let us know if you want everyone on the case, or a single person.

Please do not contact this group for transfers from the mainframe, MMIS, or for branches other than 5515.

We will do our best to get the case reassigned right away. Please send the request urgent if it is; it is okay to email everyone at the same time. See [APD-IM-16-018](#) for more information.



**Don't forget!** The yearly online SNAP civil rights course is *mandatory* for all staff who work with SNAP consumers and is recommended for everyone. Find the class on the [DHS Learning Center](#), course # C05454, key word: Civil Rights. Please allow 20 minutes to complete the training.

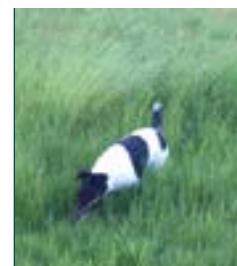
## HCW overtime and hours

The agreement for homecare worker (HCW) overtime (OT) has been finalized for retroactive, and ongoing payments, and for caps on hours going forward. For full information, including screen shots and procedures, see [APD-PT-16-032](#).

By September 30, 2016, all retroactive payment across all program areas will be paid to eligible HCWs. Payments for retroactive overtime are for the *difference* between the standard rate, which the HCW has already received, and the gross OT. Homecare workers reporting more hours than those authorized will not be compensated for the extra hours.

Every homecare worker will be limited on the number of hours they can provide care in a week. The limit is inclusive of their travel time and applies to the combination of all consumers for whom they provide care. Exceptions will only be allowed based on the needs of the specific consumer-employers; please review [APD-PT-15-028](#).

Central Office will conduct payment audits to track the hours limitations – this is not the responsibility of the local office. However, CMs should review the appropriate screens before authorizing a HCW to work with a consumer.

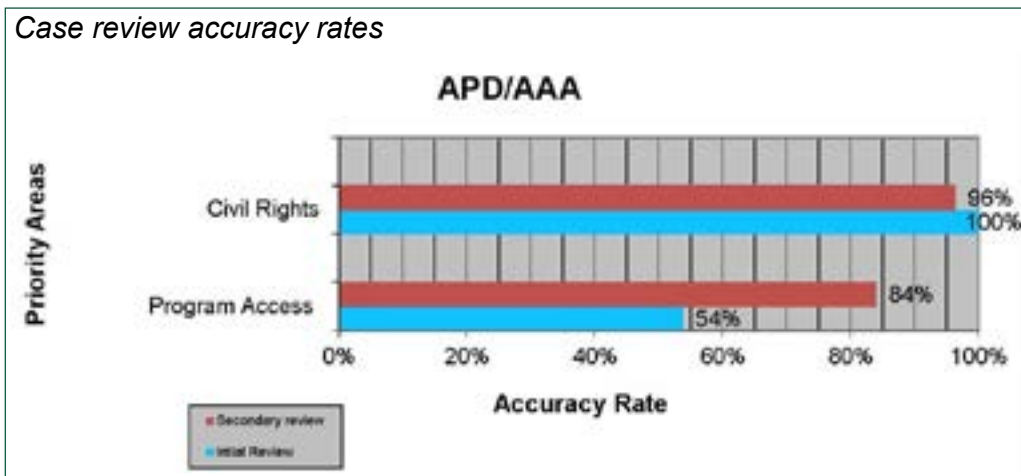
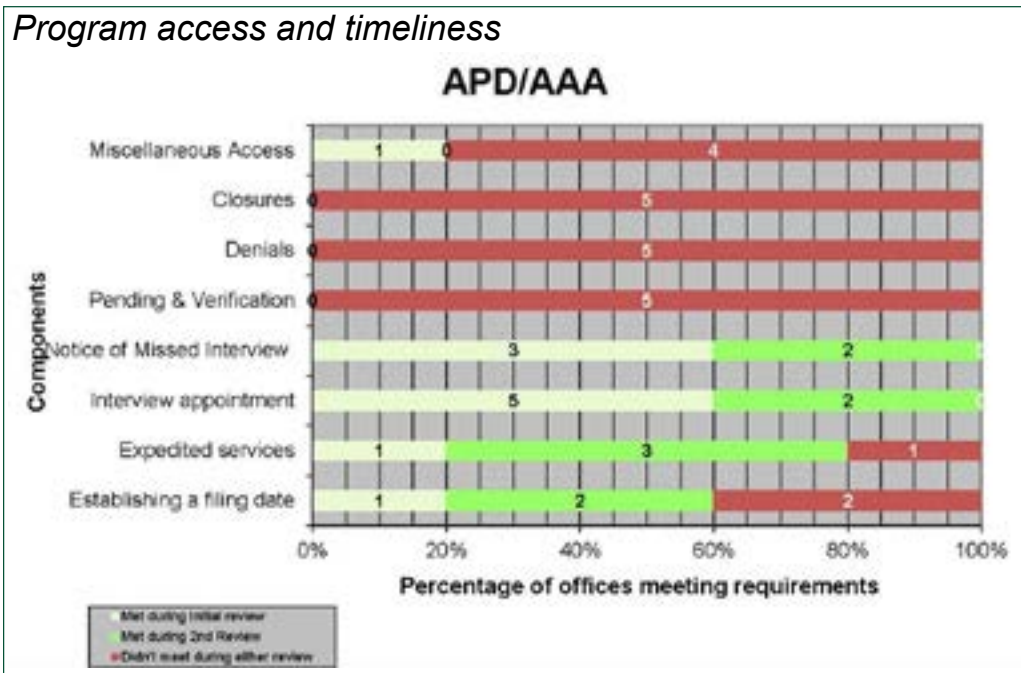


Jessie - Suzanne  
Gurney, North  
Bend

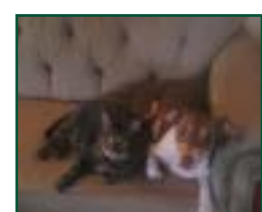
### 2015 FFY PME results

The 2015 federal fiscal year (FFY) results for the Program Management Evaluations (PME) are finalized and available on the Office of Program Integrity’s reports and data intranet site (scroll to just below the tables).

For details, criteria, explanations, and complete data, please review the report. Below are two of the findings presented in the report for your information.



**Don't forget!** Some staff and offices habitually narrate days or even weeks after seeing consumers, which is *not* an acceptable practice. Staff should follow guidance on [Eligibility For Medicaid Services](#): *Narration should be done at the time of contact or activity, or within at least 3 days.* Narration continues to fall under more scrutiny and a timely narration will always be more accurate, and easier for staff, than a late one.



Jasper and Ricky - Vicki Silva, Portland

## TTT highlights – SNAP 24 month cert

The August 25, 2016 Train the Trainer (TTT) meeting included information from the SNAP policy analysts in response to submitted questions; see below. For information on attending TTT in person or via v-con, or about presenting at the TTT meeting, please contact [Lauren Mitchell](#).

Please review the SNAP policy [manual](#) first, then contact the SNAP policy analysts directly with any questions.

**Q: How important are the HH Type codes on the SNAP cases? Are there certain ones that will change the benefit amount if not coded correctly?**

**A:** HH Types are important for many reasons. Not only are they used for tracking and reporting purposes, but some codes affect the benefit amount if not coded correctly. AD coding on a case with a disabled individual will remove the shelter cap in the system and allow medical deductions to be calculated on the case. For 24 month certifications, the 24A and 24B codes are very important because it tells the system, and anyone else looking at the case, if the individual is in their first or second set of 12 months. If this coding is not correct, then the correct notices will not be sent to the customer.

**Q: Do one time medical deductions get divided by 24 months or continue to be annualized? Do we continue to put on as a one time and remove the following month?**

**A:** This needs updated in our manual, but this straight from the CFRs: *For households certified for 24 months that have one-time medical expenses, the State agency must use the following procedure. In averaging any one-time medical expense incurred by a household during the first 12 months, the State agency must give the household the option of deducting the expense for one month, averaging the expense over the remainder of the first 12 months of the certification period, or averaging the expense over the remaining months in the certification period. One-time expenses reported after the 12th month of the certification period will be deducted in one month or averaged over the remaining months in the certification period, at the household's option.*

**Q: If someone becomes NED mid-cert, do we update the NED coding and at recert change to a 24 month?**

**A:** If they are currently on a 12 month certification, we would code NED if the system will allow it, but would not extend to a 24 month certification. Consumers would need to reapply at the end of their current certification. At that time you could certify them for 24 months, if they are eligible.

**Q: When does the mid certification letter go out to clients in month 11?**

**A:** The same as 852s and current redetermination letters; consumers typically see these around the 20th of the month.



Dottie Rose -  
Cindy Pryor,  
Central Office

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**Q: On month 11 when contact is made with the consumer and they report a change in unearned income for which they must provide verification, do we pend using a 210A? What happens if the information is not provided timely and the 12th month is gone?**

**A:** Yes, pend with a 210A, and provide at least ten (10) days for the consumer to turn in the verification. If the verification is not turned in by the end of the 12th month and the case closes, the consumer will need to reapply for benefits with a new application and a new interview. If there are not ten (10) days left in the first 12 months to allow time to pend, staff must recertify the case for the 13th month using the current information. If the pending items are not turned in by the due date on the 210A, the case would be closed for the end of the 13th month with timely notice.

**Q: Some staff are concerned this is 24 month recert process may be more work for them in the long run. Has the 24 month recert been an issue for CMs?**

**A:** *(From pilot branch Oregon City)* The 24 month Cert has had a hugely positive impact on the ability of our small office to manage the non-service workload. We've been participating in the pilot since early 2014 so have had opportunity to come full circle on cases. By arranging our shared workload duties in such a way that we are conducting SNAP interviews for the next month as soon as the 10-day notice deadline has passed, we are able to complete half of our recerts by the end of the first week of each month. This has allowed more flexibility for times when we are short-staffed. This past week, despite having one HSS3 vacancy, we were able to assist another branch with 25 medical redets! This is in a large part due to the amount of time saved by using the 24 month cert process.



*Durin - Karen Kaino,  
Central Office*

## **SNAP medical deductions rumors**

Many people have heard the rumor of a standard medical deduction coming for SNAP cases.

A request for a waiver to have a standard medical deduction has been submitted to Food and Nutrition Services (FNS) by the SNAP Policy Unit. Other states have received a waiver similar to the one Oregon is requesting. Staff cannot start using a standard medical deduction before FNS approves the waiver.

If the waiver is approved, it will not make medical deductions work exactly like shelter deductions, as some have heard. There will be some similarities but there will also be some differences. If the waiver is approved there will be instruction and training available.

For now, it is business as usual for SNAP medical deductions. For information about medical deductions, please see [461-160-0055](tel:461-160-0055), [461-160-0415](tel:461-160-0415) and [FSM.G.21](#) *Medical deductions for elderly/clients with disabilities*.

## Lights on!

Summer is officially over (I know, I'm sorry) which means dusk is approaching faster and dawn is taking longer. Because of this, many employees will be on the road in state fleet vehicles in the dark.

All fleet vehicles must have taillights on in the dark and partial dark. Don't be fooled by the daytime running head lamps which will turn on in many fleet vehicles, but leave the taillights off. The vehicle should have a manual with light usage, if you're not sure how to set the controls.

Please make sure you know how to work the light controls on the vehicle you are driving. Police officers will pull you over if your taillights are not on when required.

## October 2016

Bat appreciation month

Domestic violence awareness month

Talk about prescriptions month

Oct. 2 - 8: Mental illness awareness week

Oct. 9 - 15: Fire prevention week

Oct. 16 - 22: Freedom of speech week

Oct. 23 - 29: Respiratory care week

Oct. 1: International day of older persons

Oct. 4: Improve your office day

Oct. 7: Personal safety day

Oct. 12: Take your parents to lunch day

Oct. 17: Clean your virtual desktop day

Oct. 21: Mammography day

Oct. 24: Lung health day

Oct. 26: National day of the deployed

Oct. 31: Knock-knock jokes day

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

## SNAP denial reminder

Program Management Evaluations (PMEs) across the state have shown that SNAP cases are being denied before the 30th day when pended information is not being submitted. Denial action should occur on the 30th day, or as soon as possible following the 30th day. (for instance, the 30<sup>th</sup> day was Saturday).

*Do not deny a SNAP application before the 30th day unless it is being denied for a reason other than failure to complete the application process following a pending notice.*

If eligibility cannot be determined at the time of the initial interview, add the case to the DHS Mainframe (Hummingbird) on the SNAP FCAS system in pending status. Include all the information available, including the applicant's full address, and the system will automatically send a denial notice if there is no activity to open the case. The mailing address information *must be complete* or the notice will be returned as undeliverable and then the worker will have to extend the application and send another notice to the correct address.



Draco -  
Camille Hang,  
Hillsboro

**SNAP: B. 9.** *Application processing time frames; 461-115-0210, Application Processing Time Frames; SNAP; 461-180-0060, Effective Dates; Denial of Benefits*

## TTT highlights – Direct and indirect contacts

The August 25, 2016 Train the Trainer (TTT) meeting included reminders about direct and indirect contacts; 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 who receive service benefits through APD are required to receive a waived case management service each month to maintain eligibility;

- The waived service must meet specific criteria and be documented;
- Without the waived case management service, most individuals would lose service eligibility;
- Direct and indirect contacts are a monthly waived case management service.

### Direct vs. Indirect contacts:

- Direct contacts are:
  - Required at least every quarter;
  - Required to be made specifically with the service recipient or their previously designated decision maker who is not being paid to provide services;
  - In-person visits with the consumer;
    - The expectation is for a conversation, not just a visit to a facility;
  - Telephone calls with the recipient;
    - Leaving a message is not acceptable;
  - *Active* back-and-forth email exchanges;
    - Sending an email without a response is not a direct contact;
  - Require “eyes-on” for non-responsive consumers.
- Indirect contacts are:
  - Required each month there is not a direct contact;
  - To answer the question: “Do I need to intervene for the person?”
  - May be made with a collateral, or third-party contact;
    - Collateral contacts may be a non-designated family member or care provider or other person who is familiar with the consumer’s needs;
  - CMs may *compare* the current voucher with the assigned need and any recent narration to see if the care level is appropriate and to determine if intervention is necessary;
    - Just signing/initialing a voucher is NOT acceptable as an indirect contact;
  - An opportunity to resolve issues before they reach a crisis level.



Slade and Avery  
- Tawnya Baer,  
Portland

Resources: For more information, see:

- Waivered Case Management [website](#);
- Waivered Case Management [presentation](#);
- Waivered Case Management [Definitions and Examples](#);
- Contact the Medicaid Home and Community-Based Policy unit.

Data Sheet

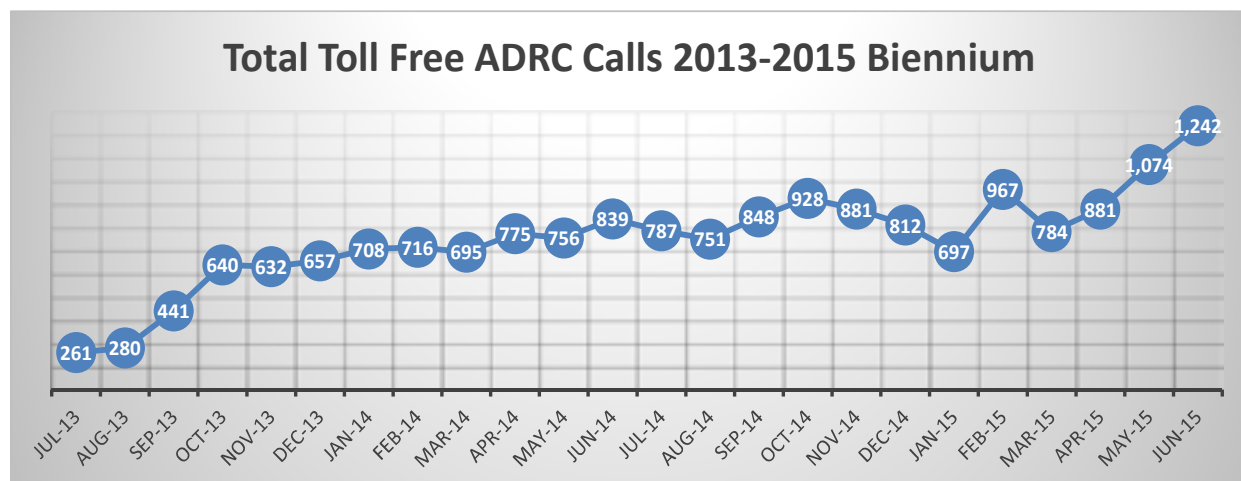
## Aging and Disability Resource Connection (ADRC) of Oregon

**The ADRC of Oregon** is a collaborative public-private partnership that streamlines consumer access to a complicated aging and disability service delivery system. ADRC Information & Assistance and Options Counseling services are **free for people of all ages, incomes and disabilities**. The ADRC raises visibility about the full range of options available, provides objective and trusted information and assistance, empowers people to make informed decisions, and helps people easily access services and support.



### INFORMATION AND ASSISTANCE

- **Trained and certified staff** assess consumer needs over the phone or in-person, help them understand their service options and available resources, and empower them to make informed decisions.
  - *111 ADRC Information and Referral specialists certified by Alliance of Information and Referral Systems (AIRS) across the state.*
  
- **Toll free number** 1-855-ORE-ADRC (673-2372) with knowledgeable staff who provide in depth information and assistance about long-term services and supports statewide.
  - *136,229 total calls received. 18,052 were received via the toll free ADRC number.*
  - *139,897 referrals made for needed long-term services and supports.*





## INFORMATION AND ASSISTANCE CONT.

- **Consumer-focused website** [www.ADRCofofOregon.org](http://www.ADRCofofOregon.org) with un-biased long-term services and supports information, planning toolkit, cost of care calculation worksheets, information to support family caregivers, and other tools.
  - *The ADRC of Oregon website was visited 164,225 times by 74,943 people.*
- **Searchable database** of private and public long-term services and supports resources with local provider contact information.
  - *Nearly 6,000 public and private resources maintained in the database.*
- **Veterans direct referral service** to state and county offices for benefits counseling.
  - *889 referrals made.*

## OPTIONS COUNSELING

- **Trained Options Counselors** provide individualized **person-centered decision support** to consumers, family members and/or significant others in the home, office, or over the phone depending on consumer preference.
  - *237 ADRC community partners trained to deliver and supervise Options Counseling services statewide.*
  - *125 ADRC community partner staff delivered Options Counseling services as at least 0.25FTE of their job duties statewide.*
- **Person-centered decision support is provided and action plans** are developed when appropriate to address long-term services and supports needs that align with consumer preferences, strengths, values, and needs. **Follow-up** is provided with every consumer to ensure consumer needs are addressed.
  - *7,273 Options Counseling consumers served statewide.*
  - *3,874 action plans developed for Options Counseling consumers statewide.*

REPORTED TIME PERIOD: 2013-15 BIENNIUM (JULY 1, 2013 – JUNE 30, 2015)

## Form updates

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

- APD [287C](#), *SPD CBC Adjustment Request Underpayment Form*, is updated to correct the email address for CBC payments.
- APD [287D](#), *SPD CBC Adjustment Request Overpayment Form*, is updated to correct the email address for CBC payments.
- APD [287F](#), *SPD CBC Late Payment Request*, is updated to match language used in other forms in the series and is updated to correct the email address for CBC payments.
- APD [307](#), *Report of Serious Event*, is updated and now has expandable boxes.
- APD [4105L](#), *Delayed Voucher Processing Letter*, is updated to add interactive fields allowing workers to type directly in the form.
- APD [727](#), *Medicaid Fraud Referral Form*, is updated with a **new mailing address**.



Shasta - Mary Armstrong,  
Brookings

\*\* *If using an internet browser other than Internet Explorer (such as Firefox or Chrome), you may experience difficulty opening the PDF forms and will therefore need to install an Adobe Reader [plug-in](#) to the browser.*

## TTT highlights – Resource assessments

*The August 25, 2016 Train the Trainer (TTT) meeting included information about resource assessments for MAGI with services; see below. For information on attending TTT in person or via v-con, or about presenting at the TTT meeting, please contact [Lauren Mitchell](#).*

Please review [APD-PT-14-030](#) first, then contact Bill Brautigam with any questions: [bill.h.brautigam@state.or.us](mailto:bill.h.brautigam@state.or.us). MAGI medical with services are subject to home equity and disqualifying transfer of assets rules:

- The limit to home equity applies to MAGI/services and the same OSIPM rules apply for a disqualifying transfer of assets;
  - This includes the need to receive a written [SDS 540T](#), *Notice of Disqualification of Transfer of Assets* if appropriate.
- MAGI/service consumers may become OSIPM due to age, income, or disability;
  - Complete the resource assessment at the time of the MAGI/services determination for future transitions because it may be difficult to remember or collect when the information is needed;
  - Send the [SDS 539A](#), *Application Form*, and [SDS 3405](#), *Resource Assessment Information* along with any notices.

## Excel tip – Concatenate

If you would like to combine two columns of data in Excel to create a third, such as first and last name or address information, you need the *concatenate* function. (I know that's an awkward word – it's 15<sup>th</sup> century Latin – but that's the name.)

The concatenate function allows previously separate information to be combined without using a manual process or needing to do a lot of corrections.

This is easy to do if you remember the commas and spaces. Your formula will look something like this: =CONCATENATE(A1, “ “, B1). Add the cell locations, listed here as A1 and B1, you want to combine by clicking on them; you can also type the location in the formula bar.

Place your cursor in a blank cell and click on the first cell/box, (A1); type <, “ “, > to tell Excel to put an additional single space in between the two things you're combining; then click the second cell/box (B1). (Remember the parenthesis!)

A1 is the first value you want in the new cell, such as a first name; B1 is the second value, such as the last name. The quotation marks tell Excel you want to add something in addition to the stuff you clicked on (in this case, a space), and the commas keep everything from over spacing or running together.

This basic formula translates as:

=CONCATENATE(firstname,<space>”<space>”,<space>lastname).

## Privacy and security mandatory training

The Information Security and Privacy Office (ISPO) wants to remind APD staff the 2016 required privacy and security awareness training is ***due by Oct. 14***.

Over 65 percent of you have completed it so far. That's a good start, but we need to get to 100 percent.

### Course on Learning Center

You must take one refresher course on privacy and security awareness. The course is available through the [DHS/OHA Learning Center](#). New employees who have already completed the course are not required to complete it again.

You can review the course at your own pace, starting and stopping as needed. Search with course title, keyword, number, or by selecting the Information Security Office from the drop-down: *2016 Privacy and Security Awareness*, (C05817).

For help finding the course you're required to take go to the [ISPO Training page](#).

**Questions?** Email [ISPO.AwarenessEducation@state.or.us](mailto:ISPO.AwarenessEducation@state.or.us) more information.



Uno - Asha Singh, Milwaukee

## Online training in iLearn

APD online eligibility and online Medicaid Long Term Care Systems trainings which used to be in the Learning Center are available in the [iLearn](#) system exclusively.

Records and credits for all the online classes included in the switch taken in the Learning Center will carry over to the iLearn system. For a full list of classes which have moved, please see [APD-IM-16-081](#).

For information about the transition to the iLearn system, instructions for logging in, registering, and resources, please see the iLearn project [webpage](#).



Harper -  
Erin Drake,  
Umatilla CO



**Don't forget!** When documenting in CA/PS, remember to clarify why the consumer has a need, how frequent they have that need, describe how they are helped, and who is helping. Avoid using terms and phrases such as “occasionally” or “only on bad days” or “due to (whatever the diagnosis is)” to ensure the reader understands how, why, and the frequency of the assessed need.

Answer these questions using specific and descriptive words for unimpeachable assessments! Contact Lisa Bouchell with Medicaid Long Term Care Services and Policy with questions: 503-947-1136, [lisa.bouchell@state.or.us](mailto:lisa.bouchell@state.or.us).

## More NVRA Q&A and reminders

Here are more questions and answers and reminders 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.

**Reminders!** These questions have been asked at least once a month since I started with voter registration - lo, those many years ago. Please share this info so we can break this loop!

- All materials related to voter registration should be ordered through the regular forms ordering process. E. Forms, 1. [General information](#)
- There IS a manual for voter registration and it is pretty thorough. The [manual](#) should be the primary source of information for staff in all positions. If, after checking the manual, you have any questions I am always very happy to help by phone, email, or IM.
- EVERY person must have a declination – there is zero exception. Anyone who meets voter registration criteria (apply, reapply, or change of address) is required to have a completed declination and narration. C. [Declinations](#); G. [Special situations](#)
- MSC 503 is the only registration form you can use. This is the one with the tear off. I know the lick-and-stick one looks easier for our consumers, but you can't use it, hand it out, or mail it - ever. E. Forms, 3. [SEL 503](#)

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- Reporting is required weekly. Yes, it's true. Weekly. F. [Local site coordinators](#)
- Narration is required every time there is a voter registration activity. The way AAA and APD interact with consumers and complete our work is not the same as SSP and their requirements do not apply to us. B. 3. [Acting on the customer response](#)
- Authorized reps aren't asked. Only the potential voter may answer the question about voter registration. A.1. [Who can register to vote](#)

**Q: We had a consumer who didn't complete the voter registration card all the way; what should we do?**

**A:** Any voter registration card, even partially completed, has to be treated as though it is fully complete and sent to County Elections. Obviously, we want to take the opportunity to ask or assist the consumer with completing the card, but if the consumer is not available or chooses not to complete the card, send the registration card in anyway. A single piece of information, regardless of what it is, on the card makes it a valid request and we are required to act. [B.4 Mailing in completed cards](#)



Frankie - Diana Burney, Medford

**Q: Declination forms SEL 503D are often marked both Yes and NO. This happens when consumers change their choice or when both the customer and worker mark it, after they talk. In either case should there be initial by the one the consumer doesn't want by whoever marked the change?**

**A:** Two things here: 1<sup>st</sup> – if the consumer has already marked the box, there is no need for further discussion (unless they bring it up), so hopefully the worker would only rarely be “correcting” an answer for voter registration. Whatever the box is marked, we believe them and act on their response. B. 3. [Acting on the customer response](#)

2<sup>nd</sup> – if the consumer changes their response for any reason, please initial by the *correction*. The narration is going to be the final word, so if the narration indicates the actual answer and matches your initialing, we should be okay. [C. Declinations](#)

## EAU is on EDMS

The Estate Administration Unit (EAU) is excited to have access to EDMS! We're now able to view a variety of documents in a deceased consumer's file. Case managers may still be contacted on to provide documents that aren't available in EDMS or for help in retrieving Archived files. Thanks for making this info readily available to EAU!

Kathleen Rossi, Estates Administration Unit



**Don't forget!** Staff are not allowed to suggest, encourage, or recommend an applicant withdraw a SNAP application. Every person, regardless of their circumstances, has a right to apply for assistance and we are required by SNAP law to *encourage* people to apply. If during the interview it is determined they are not eligible for SNAP benefits, the worker must still complete the application process and send notice (*remember voter registration*). [FSM. B.7.B; 461-115-0010, Application Process; General](#)

## Heat and Eat program

The Department of Human Services (DHS), Supplemental Nutrition Assistance Program (SNAP) works in conjunction with the Oregon Housing and Community Services (OHCS) on the Low Income Home Energy Assistance Program (LIHEAP) to administer the Heat & Eat (H&E) program.

### Eligible households for the H&E program:

- Receive a \$21 payment in LIHEAP funds directly into their EBT account.
- Receive the Full Utility Allowance (FUA) which will result in a higher monthly allotment for the SNAP case.

### How do I know who is receiving H&E benefits?

Eligible households are coded with LHP in the *HH type* field on the FSUP screen. This helps OHCS track who has received LIHEAP payments and ensures the consumer only receives the \$21 payment once in a 12 month period.



*Mackaka Macaroni -  
Kathie Young, Medford*

### What do I need to do?

A new 12 month period for LHP will begin on October 1, 2016. The system will automatically add this coding to eligible cases.

	<b>Is LHP coded in the HH Types field?</b>	<b>Worker action</b>	<b>Comment</b>
<b>What to do during cert, recert, or 852?</b>	Yes	None	Leave the utility deduction alone when processing the case.
	No	Code the actual heating deduction based on consumer's response	Use FUA, LUA, TUA, IUA, or 0.00 to indicate household's actual heating costs

### A few last things...

- Do not code a case with FUA, anticipating a household will be eligible for LHP;
- There is no retroactive eligibility for the H&E program.

For additional information on LHP, please see [SS-IM-16-045](#).

SNAP Policy Analysts



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## Spotlight on the NEW Safety Oversight and Quality (SOQ) team

As many of you know, DHS made a decision to move licensing functions from a centralized structure (Office of Licensing and Regulatory Oversight – OLRO) back to a decentralized structure. This means that all APD licensed facilities and the staff who oversee these functions back into the APD structure.

The new unit that includes all APD licensing is called the Safety, Oversight, and Quality Unit or (SOQ). SOQ includes:

- APD Licensing for:
  - Community based care (CBC) - assisted living, residential care and most endorsed memory care facilities
  - Adult foster homes (AFH) - licensing is still done by APD field and AAA offices
  - Nursing facilities (NF)
- Business innovation and Research Unit (BIRU) – this unit includes staff whose work reaches across all licensing types
- Licensing Complaint Unit (LCU), which focuses on looking into allegations that do not meet the definition of possible abuse.
- Safety liaisons - policy analysts focused specifically on work related to APD’s increased focus on the safety of consumers in licensed settings.

In the future, SOQ may also include a quality assurance/improvement function as well. Most SOQ staff are housed at 3406 Cherry Ave., in the same spots they had during the days of OLRO.

Our unit’s guiding principle is an *unwavering commitment to the safety of the people we serve*. This principle includes both Medicaid and private-pay consumers in all of our licensed settings, as well as collaborating with other APD units to ensure safety for consumers receiving services at home.

We encourage ALL field staff to continue to report suspected abuse to local APS and suspected rule violations or non-abuse complaints to the Licensing Complaint mailbox ([Licensing.Complaint@state.or.us](mailto:Licensing.Complaint@state.or.us)).

If you still have concerns, however, please get in touch with one of the following SOQ staff:

- NF or CBC concerns, contact Becky Callicrate: [Becky.CALLICRATE@dhsola.state.or.us](mailto:Becky.CALLICRATE@dhsola.state.or.us)
- AFH or in-home concerns, contact Marsha Ellis: [MARSHA.M.ELLIS@dhsola.state.or.us](mailto:MARSHA.M.ELLIS@dhsola.state.or.us)



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Thank you for continuing to do all you can to keep consumers safe!