



On Target

February '11 Contributors

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SSP Medical Program Income Verification Overview

Effective November 1st 2010, the way we verify income for SSP medical program clients was streamlined and simplified. When determining the income amount and verifying income, consider the following:

Anticipated income amount

Consider the client's stated anticipated income amount.

- If the client didn't provide anticipated amount, call them. It's OK if the statement of anticipated income is from the phone call.
- If the client says they don't know how much they will make, ask questions about their income and jointly determine with the client their countable anticipated income. For example: Explain the income we need is gross, not net. Ask what dates they are paid (as opposed to pay periods) or if their work hours are changing.
- It sometimes helps to refer to prior income amounts and ask the client if the new anticipated income is likely to be the same. If the client declares their income for subsequent paychecks will change and the change makes sense (pay increase, loss of job, etc.), accept the client's statement and narrate the circumstances. Ultimately the client's anticipation is the last stop in determining anticipated income amount.

Important: For OHP, do not annualize, convert or prorate the financial group's income at certification or recertification. Use the OHP countable income available for the budget month. For MAA/MAF/SAC with a new applicant, do not annualize, convert or average the client's income. For ongoing MAA/MAF/SAC clients, average, annualize or convert as necessary so that each month's anticipated income amount is the same.

Verification

Review all available income information, including pay stubs, Work Number, ECLM, WAGE and the SNAP proof of income verifications. Use any documentation available to verify the income/income source.

- Please note that paycheck stubs do not have priority over other verifications. Don't pend if there is verification available, but it is not a pay stub.

Common sense test

Does the client's stated anticipated income amount make sense?

- There are times when you can see income on our system or verification that has been provided by the employer is different from what the client is reporting.
- If necessary, contact the client and resolve the discrepancy.

SSP Medical Policy Analysts

In this issue:

SSP Medical Program Income Verification Overview	1
Assumed Eligible Q&A	2
Not feeling confident about your interview and narration skills?	2
Temporary Assistance for Domestic Violence Survivors Myth Busters	3
Approving ERDC Benefits and Updating the ERDC Reservation List	3
The Pre-natal CAWEM Program Expands	3
SNAP honor roll	4
Strong Finish for 2010 QC SNAP Accuracy!	4
SNAP Interviews: Can I See You Now?	4
Medical honor roll	5
Disregard Federal Tax Refunds	5
Congratulations from the Office of Healthy Kids	5

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 • Don't forget to update your Combined
 • Income Standards Sheet. DHS 5530
 •••••

OAR 461-135-0010 defines an AEN as a child born to a mother who is eligible for and receiving Medicaid/OHP-CHP. The AEN status follows the child and protects their eligibility for medical benefits until the end of the month in which the child turns one year of age. Here are some common questions:

When can I add the AEN to Mom's medical case?

In most scenarios, you can add a baby to the medical case as soon as you are notified of his/her birth. No new Date Of Request (DOR), application, or verification of the birth is necessary. Even when there are questions about the household's ongoing eligibility, the AEN's medical can be started while sorting out other issues. For example, don't delay adding the AEN's medical while clearing TANF eligibility.

Can an AEN lose eligibility?

An AEN's eligibility is protected through the end of the month in which they turn one year of age as long as they remain in Oregon. This is true even if the child leaves their mom's household or is adopted.

Medical may end if a caretaker requests closure or the child is no longer a resident of Oregon. Once closed, if the caretaker requests the AEN medical be reopened and/or the child regains Oregon residency, restore AEN medical through the balance of the AEN protected eligibility period.

Do I have to wait for the hospital certificate or birth certificate?

Babies born in Oregon to moms on Medicaid/OHP-CHP are exempt from the requirement to provide verification of U.S. citizenship. Their citizenship on the Person/Alias screen can be updated as verified, using the AN source code. Additionally, if an applicant reports that her infant was born while on Medicaid outside of Oregon, Oregon DHS can honor the AEN status from another state. Verifying the AEN status with another state agency can provide verification of U.S. citizenship *and* allow the worker to honor the remainder of the baby's AEN protected eligibility.

What if Mom never reported or verified her pregnancy? How does having a baby affect Mom's eligibility?

A baby born to an eligible Medicaid/OHP-CHP (including CAWEM) mother is an AEN regardless of whether or not DHS knew of the pregnancy or had proof of pregnancy.

The level of coverage that a standard or plus medical client receives is far less inclusive of prenatal, vision, and dental coverage than a BMP plan (OPP, or other plus plan with DUE coding). Workers should ask the client if they received any services or incurred any costs related to these things that were not covered by their Medicaid coverage at the time.

- If no (unlikely), simply add the AEN to the medical case, and code the mother with the appropriate DUE month/year if she's still within the two calendar months following the last day of her pregnancy. If she was an OPU recipient, convert her to OPP for the remainder of her protected eligibility. No redetermination is necessary to convert from OPU to OPP.

If you do not receive report of the newborn until after mom's protected eligibility period would have ended, add the AEN as of their birth date and leave mom's eligibility as-is.

- If yes, determine the earliest date within her pregnancy that she received prenatal, vision, or dental services that were not covered by her previous plan. If it's quite recent (i.e. the beginning of the previous month), you may be able to use a MEDI incoming code on UCMS with the appropriate effective date to add the DUE coding to the case. If the client needs to be converted from standard to OPP, update the medical start date to match the effective date on UCMS.



If the client's BMP medical needs to begin further back than the system will allow, a DHS 148 will need to be completed and e-mailed to "Maintenance, Client" in Groupwise. In the meantime, make the necessary changes as far back as the system will allow.

SSP Medical Policy Analysts

Not feeling confident about your interview and narration skills?

A refresher on interviewing and narration is available! PSU is offering a half-day training tailored to meet individual branch needs. Yes, this training can be presented on site, at your branch. Activities will focus on screening an application, conducting an interview and writing an appropriate, concise narration. This will be a hands-on, practical training working with multiple programs. Sessions will be scheduled by request. Please direct questions to Sara Reed with the PSU/SSP partnership. Sara can be reached at sarar@pdx.edu or by cell at (503) 367-8222.

Temporary Assistance for Domestic Violence Survivors (TA-DVS) Myth Busters

Page 3

Myth: Clients can only get TA-DVS once a year.

Fact: If a client meets all the eligibility criteria, they can get TA-DVS up to four times a year. Although, it is seldom clients get TA-DVS more than once a year. How do we know this? An annual report is generated to look at how many times a client receives TA-DVS. The most recent report showed that out of 6,639 families, 96% received TA-DVS once within the 12 month period; 3.9%, about 257 families received it a second time; .1%, about 11 families received it a third time; and no families received it a fourth time.

We should not be telling clients they can only receive TA-DVS benefits once a year. This is likely to discourage them from applying if their safety is at risk in the future. Sometimes staff are confused because there is a requirement that TA-DVS cases be staffed with central office if the client has received benefits under TA-DVS in the prior 12 months and is applying for a second or subsequent eligibility period. These staffings are not part of the eligibility criteria for clients, the requirement is for staff. The purpose of the call is to help staff identify any eligibility issues, potential safety risks, resources and to support the worker in their decision making process. (See TA-DVS J – Time Limits in the FSM)

Myth: We can never waive the 90 day eligibility period.

Fact: Normally we do not waive the 90 day eligibility period. Although clients can reapply once the period has ended. There are some exceptions to the 90 day eligibility cut off (See TA-DVS J – Time Limits in the FSM). Exceptions can be made if during the 90 day eligibility period the client was unable access benefits due to health or safety issues or if the client had requested a payment within the 90 days and the branch did not act on it before the end of the 90 days.

Be a myth buster. If you hear information about TA-DVS and you think it may not be true or you want to learn more about TA-DVS, don't hesitate to contact Carol Krager (503-945-5931). You never know, your myth may be included in a future On-Target newsletter or the Domestic Violence newsletter, Fragile: Handle with Care.

Carol Krager, TANF Policy Analyst

Approving ERDC Benefits and Updating the ERDC Reservation List (RL)

The ERDC Policy Unit has received a few questions about how to update the ERDC RL after processing an application. The good news – you don't. Once a reservation is pulled from the list, as they all were on January 21, its status changes to deactivated. The only time field staff need to access the list is to check for the client's number. You can access the ERDC RL at: <https://apps.state.or.us/cf3/erdcReservation/index.cfm?fuseaction=login.login>

Only OIS and DPU staff can do updates on the ERDC RL: field access is read-only.

Please continue to refer denied families to the ERDC RL so they will have another chance at a child care subsidy. Access the template on the Staff Tools page at: <http://www.dhs.state.or.us/cf/ss/erdc/index.html>

Another thing generating questions is the statement in SS-IM-11-007: "When approving ERDC benefits, certify the case for a full six months". What we *really* meant is, don't short-cert the case to the end of June because of unresolved program funding issues. Yes, full 12-month certs and aligning with companion program benefits are still our priorities!

Finally, please remember to code either the ERL (ERDC reservation list) or ETL (ERDC TANF leaver) case descriptor (C/D) on the payee for every ERDC case approved or denied. This will help us track data to support how crucial child care subsidies are.

ERDC Policy Analysts



The Pre-natal CAWEM Program Expands

The Pre-natal CAWEM Program (CWX) expands medical services for pregnant CAWEM clients who reside in one of seven counties: Benton, Clackamas, Deschutes, Hood River, Jackson, Multnomah and now Lane. The program uses title XXI (CHIP) funding to pay for an enhanced benefit package called "CAWEM Plus."

The CAWEM Plus medical benefit package is a slightly reduced version of the OHP Plus benefit package and will provide pre-natal Medicaid services to pregnant CAWEM women.

Effective January 1, 2011, the CWX program and eligibility process will be extended to include Lane County. The CWX case descriptor and need/resource item will automatically be added to all CAWEM eligibles in Lane County who have a DUE need/resource item and who do not have an AEN on the CM system case. See [Transmittal SS-IM-10-045](#) for further information.



January 2011 Targeted SNAP Reviews

100% Accuracy Honor Roll

0111 Baker City SPD	1404 Refugee Branch	1911 Woodburn ADS
0310 Canby SPD	1418 SE Portland ADS	2601 St. Johns SSP
0313 Milwaukie SPD	1603 Warm Springs SSP	3005 Boardman SSP
0913 La Pine SPD	1612 Madras SPD	3013 Hermiston SPD
1202 Condon SSP	1717 Grants Pass DSO	3112 Enterprise SPD
1211 John Day SPD	1802 Lakeview SSP	3211 Florence ADS
1311 Burns SPD		3617 McMinnville ADS

90% or Better

97.96 West Eugene SSP	2002	94.44 Bend SPD	0911	92.50 Gateway Center	1102
96.67 W Medford Fam Ctr	1504	94.00 Oregon City SSP	0302	92.00 Medford SSO	1513
96.55 Lebanon SSP	2202	94.00 Springfield SSP	1101	92.00 Beaverton SPD	3417
96.00 Klamath Falls SPD	1811	94.00 D8 Processing Center	1503	92.00 Portland Mid-Area ADS	3515
96.00 North Salem ADS	2411	93.33 Redmond SPD	0914	91.67 E Multnomah ADS	3518
96.00 Hermiston SSP	3003	93.33 Ontario SPD	2311	91.11 Metro Processing Ctr	1403
95.83 West Portland ADS	2518	93.33 Pendleton SPD	3011	90.00 Integrated Srvs SSP	0702
95.56 Eugene LCOG ADS	2011	93.33 The Dalles SPD	3311	90.00 Grants Pass SSP	1701
95.00 Corvallis SSP	0201	93.33 Tigard SPD	3415	90.00 Newport SSP	2101
95.00 South Valley SSP	1502	92.86 Roseburg SPD	1011	90.00 D4 Processing Center	2203
95.00 Milton-Freewater SSP	3004	92.86 Cottage Grove ADS	2019	90.00 Ontario SSP	2301

Strong Finish for 2010 QC SNAP Accuracy!

September was the last month of the federal fiscal year (FFY) and, after struggling for several months preceding September, we finished with a bang! Statewide we finished the year with a 95.40 accuracy rate. That was an improvement from the eleven month mark of 95.06. September by itself was 98.69.

In the CAF branches we finish the year at 95.19, up from 94.77 the previous month. September alone is 99.07.

For SPD branches the end of year rate is 96.8 compared with the eleventh month figure which was 97.0. The monthly figure for September by itself is 93.78.

AAA branches end the year at 96.63, which is up a bit from 96.60 in the previous month. September alone is 96.89.

With the 2010 state reviews done, we now await the final rates from Food and Nutritional Services (FNS) which could fluctuate slightly. The official 2010 rates for each state will be published by the end of June 2011 and will included data from federal review of state reviews.

Don Main, QC Statistician

SNAP Interviews: Can I See You Now?

As you know, every SNAP application and recertification requires an interview and we've encouraged phone interviews for years. They are generally convenient, save travel costs/time and allow lots of flexibility. Can you guess who gets to choose whether the interview will be by phone or in the office? That's right, the client. Phone interviews can be encouraged, but federal regs require that clients have the choice.

SNAP Policy Analysts



January 2011

Targeted Medical Reviews

100% Accuracy Honor Roll

0101 Baker City SSP	1502 South Valley SSP	2202 Lebanon SSP
0701 Alberta SSP	1504 W Medford Family Ctr	3001 Pendleton SSP
0702 Integrated Srvs SSP	1505 Rogue Family Center	3004 Milton-Freewater SSP
0903 LaPine SSP	1602 Madras SSP	3005 Boardman SSP
1201 John Day SSP	1802 Lakeview SSP	3201 Florence SSP
1301 Burns SSP	2001 McKenzie Center	3401 Beaverton SSP
1404 Refugee Branch	2003 Cottage Grove SSP	3502 Gresham SSP
1406 Teen Parent SSP	2101 Newport SSP	

90% or Better

97.14 Oregon City SSP	0302	93.33 Bend SSP	0901	90.00 SE Portland SSP	1401
97.14 NE Processing Ctr	2803	93.33 Albany SSP	2201	90.00 New Market Theater	1402
96.30 Klamath Falls SSP	1801	93.33 Hermiston SSP	3003	90.00 Metro Processing Ctr	1403
95.00 Redmond SSP	0902	93.33 Maywood SSP	3501	90.00 Prineville SSP	1601
95.00 Hillsboro SSP	3402	91.43 Springfield SSP	1101	90.00 Cave Junction SSP	1702
94.74 Gateway Center SSP	1102	91.43 Grants Pass SSP	1701	90.00 St. Johns SSP	2601
94.74 Medford SSP	1501	91.43 West Eugene SSP	2002	90.00 The Dalles SSP	3301
94.29 D4 Processing Ctr	2203	90.00 Corvallis SSP	0201	90.00 Tigard SSP	3403
		90.00 South Umpqua Center	1002	90.00 D2 ERDC Proc Center	3503

Disregard Federal Tax Refunds

The Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010 was signed into law on December 17, 2010. The law includes a provision that disregards **federal** tax refunds received after December 31, 2009, as income and as a resource for 12 months in programs funded in whole or in part with federal funds. This applies to all Self-Sufficiency programs: TANF, medical, ERDC and SNAP. Seniors and People with Disabilities Medicaid programs: QMB, SMB, SMF and OSIPM. For eligibility decisions made on or after December 17, 2010, exclude federal tax refunds as a resource for a period of 12 months from the date of receipt of the refund. [Transmittal SS-PT-11-004](#).

Congratulations from the Office of Healthy Kids

Thanks to your tireless work, we will reach our goal of enrolling 80,000 more children into Healthy Kids this month. This includes kids receiving no-cost Healthy Kids coverage (MAA, MAF, CHP, OPC, OPP, OP6, CEM, CEC, SAC, OSIPM, EXT, REFM) and those receiving low and full-cost coverage through Healthy KidsConnect (201% FPL and above).

As we approach this important milestone, I want to personally thank you for your help achieving this goal. You helped Oregon achieve something significant, something that makes a difference to the health of kids across this state right now and into the future. You've done this good work, despite the challenge of many policy changes and on top of your already high workloads.

Thank you for being part of this successful effort. This achievement is something we can all be proud of. We'll continue to work with you and spread the word about Healthy Kids so that no Oregon child ever has to go without health coverage.

With tremendous respect and gratitude,

Cathy Kaufmann, Administrator, Office of Healthy Kids