SPD Field Services: *In the Loop*

November 2009

This month:

The last hurrah!

On November 5th Morgen Brodie, Lead Worker for the Adult Protective Services (APS) and Adult Foster Home teams, delivered her very last training having carried the torch for nine very accomplished years with the APS unit. The training was especially designed for SPD/AAA District and Program managers and APS managers. Her compassion for our vulnerable clients and appreciation of our APS workers was both evident and contagious. Here is an interview that she made some time for as she gets ready for her last days here with us at SPD.

1. What brought you to SPD? I've been working in not-for profits as a volunteer or paid staff since I was sixteen (except for that brief stint as a cab driver…), including the Corporation for Public Broadcasting and a Quaker pre-trial release program (where I sat across the table from Gordon Liddy in the D.C. jail), a nonprofit management consulting firm in San Francisco and a community foundation in Little Rock. In 1984 I came to Oregon and worked for the Center Against Rape and Domestic Violence, where I made occasional referrals to Senior Services, which I pictured as a few elderly ladies taking phone calls. Poetic justice: three years later I was working for the Council of Governments for Linn and Benton Counties, doing APS, risk intervention and eventually foster home licensing as well. It took me about nine years to figure out that people here in central office were getting paid to train full time, and I was lucky enough to be hired in the SPD training unit. That segued to the APS unit where I've been ever since (except for that brief stint in the legislative/advocacy unit…). It's been a great ride, working with absolutely incredible people. ***(continued on page 10)***

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

Quality control

Help from family and friends

Many of our food stamp clients, when asked how they meet their financial obligations or their basic daily needs, indicate they have help from a family member, a friend or even their church community. Most workers dutifully note the information but do not count or verify this income. Ongoing or recurring funds given to the client need to be addressed regardless of the source.

What to ask: When a client reports help from their friends and family find out what sort of help they receive. Ask if the help is financial – meaning a third party gives the client money – or if they buy the client toiletries or clothing but no money changes hands.

If the assistance is financial, also ask how often the money is received and how much they receive. If the client receives a few dollars on their birthday, you will not need to count the money. If the client receives $50 every month you will need to take additional steps.

What to verify: Non marginal income must be verified. When the income comes from a church, family members or friends the verification needs to come from the person who is making the payment to the client. So if Mom sends the client money, verification should come from Mom.

Then what? Code the countable monthly income on FSUP as OTH. If applicable, include the income for other programs and *narrate*. Remember the narration should include the name of the person who provides the income, how it was verified and if it is a loan or a gift. If you can, speak to the person paying the client directly instead of asking for a written statement.

Marginal income

Few things unify DHS workers like a discussion over marginal income and the just-pick-a-number-and-tell-us issue. Everyone knows marginal income does not have to be verified for the SNAP program, but defining marginal income remains tricky.

For example – a client earns money every month recycling. Talking with him leads you to believe the income is variable and marginal. So, narrate and ignore, right? But what if the client has a vehicle he drives to collect recycling? And he pays rent? The “marginal income” is his sole source of maintaining his residence and income, so it needs to be verified. (DHS 858 will help.) If the same client with the recycling income does not have any monthly bills, the effort involved on both sides to verify the income may not be worth it.

So when is income marginal? It changes from client to client, but is largely a worker decision. If the client has monthly bills paid with the income declared as marginal, you will have to verify it. Marginal income exceptions do not apply to income received from a third party - usually. Again, use your best judgment – if the money received is less than the cost of a single meal, it’s not worth the effort to verify. If it keeps them in designer jeans – or college – it definitely is.

In any case, marginal income = countable income and should always, always be coded on FSMIS.

SNAP

SNAP self-employment verification

Clients who are self-employed must have an allowable cost in order to receive the income code SEC (self-employed with costs). Some costs that could be allowed are listed in Section C.2 of Counting Client Assets. Once an allowable cost is identified, be sure to name the cost in the narration – you can list all allowable costs, but only one is required.

To help with income verification, be sure to send your clients who identify themselves as self-employed the new DHS 858. This form is for clients who are certified without proof of income and meets the requirement to inform your clients in writing of the need to keep records to maintain eligibility.

If the client is self-employed at a job earning minimal income – think bottles and cans recycling – please do not send them the DHS 858, it is intended for those folks who must keep records. Minimal earners do need an allowable cost – narrated – to receive the SEC code.

October 2009 SNAP honor roll

100% Accuracy!

0411	Gearhart ADS	100%	2117	Toledo DSO	100%
0511	St. Helens SPD	100%	2311	Ontario SPD	100%
1211	John Day SPD	100%	2818	N/NE Portland ADS	100%
1311	Burns SPD	100%	3112	Enterprise SPD	100%
1611	Prineville SPD	100%	3211	Florence AAA	100%
1811	Klamath Falls SPD	100%	3311	The Dalles SPD	100%

90% or Better Accuracy!

2217	Albany DSO	96.97	2411	North Salem ADS	93.33
1011	Roseburg SPD	96.67	2412	South Salem ADS	93.33
3411	Hillsboro SPD	96.67	2711	Dallas ADS	93.33
2011	Eugene LCOG	96.00	3617	McMinnville ADS	93.33
3515	Portland ADS	96.00	1513	Medford SSO	93.10
0914	Redmond SPD	95.00	0314	Estacada SPD	91.67
1911	Woodburn ADS	95.00	2111	Toledo SSD	91.67
2911	Tillamook ADS	95.00	0111	Baker City SPD	90.00
3013	Hermiston SPD	95.00	0811	Gold Beach SPD	90.00
2211	Albany SSO	94.12	1017	Roseburg DSO	90.00
3111	LaGrande SPD	93.75	1717	Grants Pass DSO	90.00
1517	Medford DSO	93.33	3415	Tigard SPD	90.00

Policy

American Recovery and Reinvestment Act of 2009

ARRA changed the way that SPD looks at earned income for 1) eligibility determination, 2) the calculation of liabilities/offsets for long term care and waivered services, and 3) EPD Participant Fees. It does this by creating a new earned income exclusion, which will impact countable income calculations.

In 2009, if a person did not receive SSDI, SSI, or any other Social Security benefit, we need to exclude $100 per month (September – December) from their earned *income* only. If the client received SSDI or SSB, we would deduct $38 per month from their *earned income* in 2009, because they would have received a $250 economic stimulus payment in 2009. In 2010, we will exclude $33 per month from a client's *earned income.* Below are three examples of how this exclusion changes our countable income calculations, and the income is excluded in the same way for liability and Participant Fee calculations:

1) EPD applicant receives $1000 per month of SSDI, and $1000 per month of earned income. From the earned income, we first take $38, leaving $962 as the countable income (in 2010 we would deduct $33). The $962 would be coded on the OSIPM case as the ECE, or countable earned income for EPD. This is the figure that the CMS system will use to compute the Participant Fee. For eligibility, we would deduct $20 from the $962 (leaving $942). We would then deduct $65 (or $85 if the client is blind), and half of the remaining income. This would leave $438.50 as the EEI adjusted income, unless there were additional Employment and Independence Expenses (EIEs) of Blind Work Expenses (BWEs) that could be deducted. $438.50 is well below the EPD adjusted income standard of $2257, therefore the client is eligible.
2) For non-EPD OSIPM and Medicare Savings Programs (MSPs: QMB-BAS, SMB and SMF), we would compute countable income differently. Applicant has $500 SSDI and $500 earned income. We would deduct $20 from the unearned income, leaving $480. From the earned income, because the client received SSDI, we would deduct $38, leaving $462. From the $462, we would deduct $65 (or $85 for a blind client) and half of the remaining earned income, leaving $198.50. Adding the $480 to the 198.50, we get a total of $678.50. The client would be over the income standard of $675.70 for OSIPM, but would be eligible for QMB-BAS because the adjusted income would be below the standard of $903.
3) For non-EPD LTC or waivered service clients, SPD uses a countable income standard of 300% of the SSI payment standard in 2009. So a client's countable income must be below $2022/month to be eligible without an Income Cap Trust. If a client has $1000/month in SSDI, and $1040 in earned income, we would exclude the $38 from the earned income, leaving $1002. Adding the $1000 to the $1002, we get a total of $2002, which is less than the countable income standard of $2022. The client is eligible. Their liability/offset would be based on their countable unearned and earned income, which would be their gross earned income minus the ARRA exclusion, in this case $38. ***(continued page 10)***

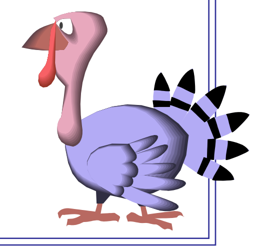
Training opportunities

Changes to training from the Medicaid analysts

1) We are restructuring the days we offer training for three of our trainings. Starting in January, we will offer Advanced Eligibility Calculations, EPD, and PMDDT on sequential days quarterly. AEC will be on Tuesdays, EPD on Wednesdays, and PMDDT on Thursday morning. Folks can sign up for one of the trainings or for all of them. The change should cut down on travel costs.

2) One-day training for SSP staff on OSIPM and QMB will be offered starting in January. All trainings will be held at the Cherry Avenue Training Center.

If you have any questions or would like more information, please contact Jeff Stell at jeff.stell@state.or.us or by phone at (503) 945-6834.



SPD training calendar for December 2009

Monday	Tuesday	Wednesday	Thursday	Friday
	1 Strengthening Case Management: Module II (8:30 – 4:30)	2 SPD Presumptive Medicaid (8:30 – 12) DHS New Employee Orientation (8 – 5)	3 SPD Advanced Eligibility Calculations and Trusts (8:30 – 4) Cultural Competency and Diversity at DHS (8:30 – 4)	4
7 Benefit Plans and Assignment Plans - MMIS Course # 2 (O&M)) (1:00 – 4:00)	8 Homecare Worker Collective Bargaining Agreement: Netlink (1:00 – 3:30)	9	10	11
14	15 SPD Eligibility 101 (8:30 – 4:30) SPD CBC 512 (8:30 – 4:30)	16 SPD Eligibility 101 (8:30 – 4:30) SPD CBC 512 (8:30 – 4:30) SPD Lean Practitioner Training (Medford) (8:30 – 4:30)	17 SPD Eligibility 101 (8:30 – 12) Homecare Worker Collective Bargaining Agreement: Netlink (8:30 – 11:00)	18

Here is the link to the SPD Training page: http://www.dhs.state.or.us/spd/tools/training/index.htm

Under the Training curriculum heading you will find training curriculums for Eligibility Workers, Case Managers, Support Staff and Case Aides. These curriculums outline both the required and recommended trainings for each job.

Strengths-based case management

Background

In the fall of 2008, Jeanette Burket Administrator of Senior and Disability Services initiated work toward a long time goal of re-emphasizing and rejuvenating social work values, skills and methods in SPD case management practice. Central Office staff collaborated with Portland State University's Center for the Improvement of Child and Family Services to develop modules on strengths-based case management. For staff performing case management activities, Module I focuses on introducing concepts of strengths based work while Module II expands on the basic concepts and includes more practice for skill development, self-reflection and professional goal setting.

What is Strengths-based case management?

Strengths-based case management means performing the job of a case manager using a collaborative framework to empower clients. It focuses on recognizing underlying needs that drive behavior, identifying strengths to build client confidence and self-reliance and using active listening skills to establish trust and improve communication. DiClemente and Prochaska's model of the stages of change is used as a basis to guide case management interventions.

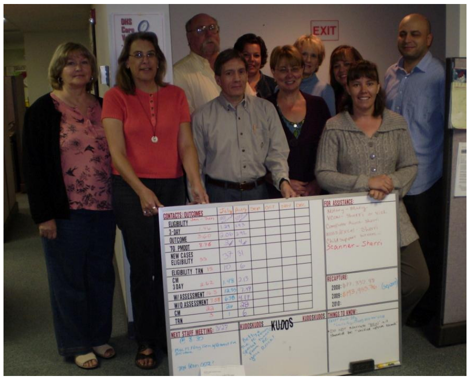
Scope and Field Impact

Training was designed for managers as well as line staff so that staff engaged in the work has understanding, direction, support and resources they need to be successful. Since April, 173 case managers have participated in the training. Field Services Manager Carolyn Ross shared that, "From my perspective, doing this training has been one of the best things that we have been able to do for our case managers and supervisors in a long time. They are able to look at their work from a social work perspective and not just from the focus of technology and processing paperwork".

Applying the Concept in the Field

Case Manager Arlene Morris of Roseburg shared a story in a recent Module II Strengthening Case Management training about how she had assisted a client who needed to be interviewed alone, separate from a controlling companion. The client was extremely anxious as the companion was resistant to any separation. Arlene approached the client focusing on the past history of independent actions and the client's demonstrated strengths. The client responded positively and agreed to be interviewed by herself which gave staff an opportunity to better explore the client's thoughts on her needs. Other staff cited instances of using strengths-based methods to help reduce the incidence of calls by a frequent caller, get more accurate assessment information, reduce client anger, frustration and hearing requests. ***(continued on page 7)***

St. Helen's Lean Daily Management System experience

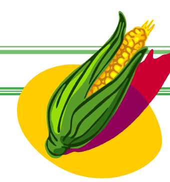


Change, even good change, can be stressful. We started with small steps in our office - the morning huddle. It's a great way to share "the plan" for the day, information in a timely manner, and we laugh together. While some were resistant at first, I think all would agree that it has brought a more cohesive feel to our branch and with that we have experienced an improvement in several processes.

While we have not had the opportunity to experience a formal RPI, as a team we looked at our transfer in/out process and were able to eliminate several steps. The Worker of the Day duties has been clarified, eliminating extra steps for both the client and our workers. Desk maps have made covering for co-workers simpler and unified the eligibility and case management teams. To track our outcomes a Primary Visual Display board hangs in the front office by the mailboxes. It provides the daily feedback that what we do matters and we do a lot.

In short, many of the LEAN ideas have made us a better team. While we can't avoid the stress entirely, working together has made the process fun and has improved the quality of our work.

~ Vicki Davis, Manager, St. Helens SPD Branch 0511



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A Value-Added Piece

In the Module I sessions for case managers, participants frequently cited time as a barrier to using strengths-based methods. In Module II sessions, case managers returned saying that while using strengths-based methods might take more time initially, they had noticed significant time savings in the long term as clients were more willing and likely to make their own phone calls and problem solve before calling the case manager. Some case managers noticed an increase in client sense of self-efficacy and less dependence on the case manager to fulfill client needs.

On The Horizon!

The strengths-based case management training is an on-going commitment to embedding social work skills and values into SPD case management. Strengthening Case Management has become part of the core case management training. Module I and Module II for case management staff will be offered again starting in February, 2010. All staff performing case management activities that have not yet participated are expected and encouraged to attend! Registration for these sessions will soon be announced.

Next month: Supervisors and managers are involved too! An on-going management training track on "Supervising to Strengths" will be featured in the next newsletter.

Hearings

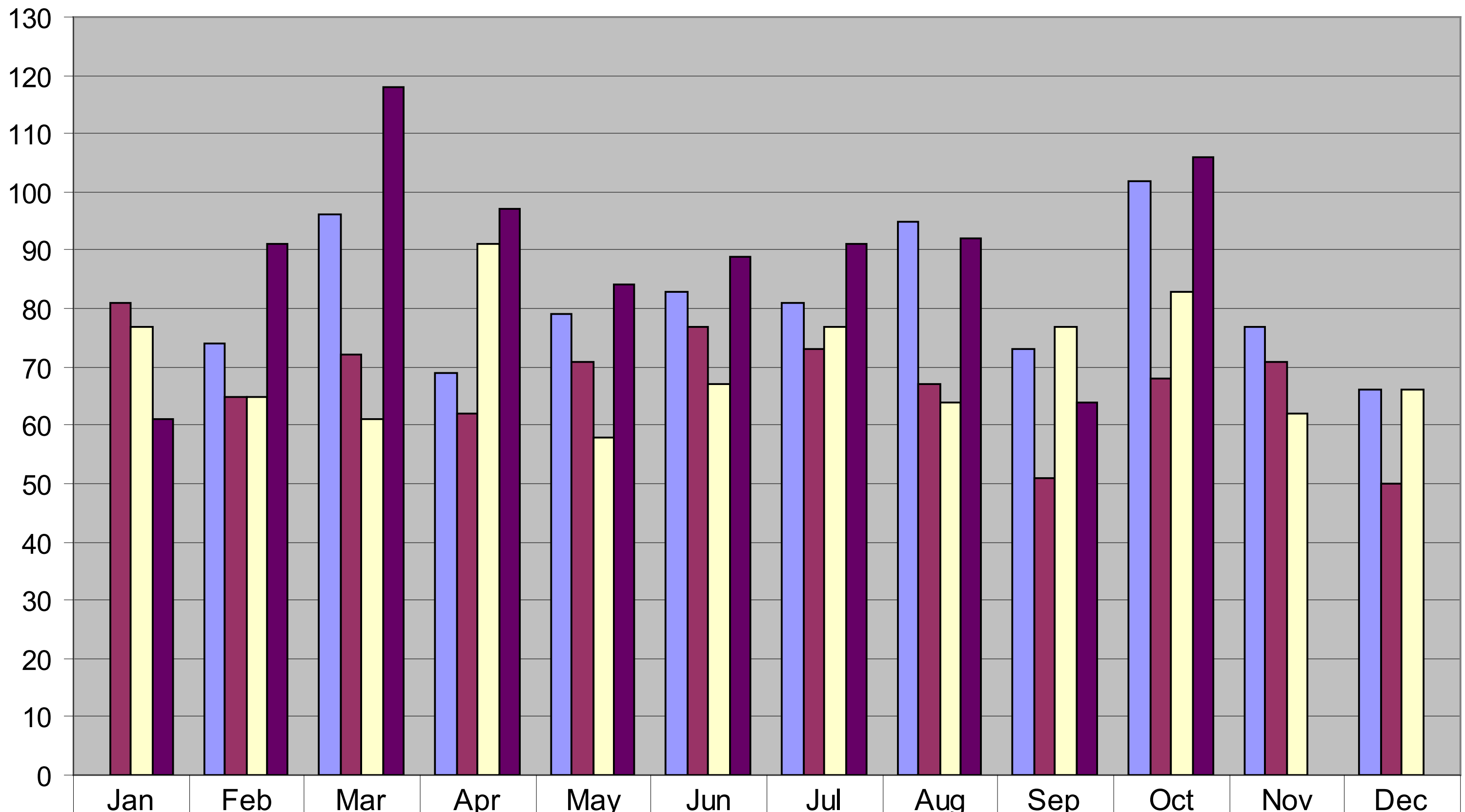
Hearings data

If it feels like more hearings than ever have crossed you desk - you may be right.

This data shows 2009 to be a high hearings year for AAA and SPD cases. As of the end of October, the number of requested hearings has almost reached the previous four year high of 2006 and there is every reason to believe the total will top 900 by year's end.

If you would like some tips for dealing with the hearings process, talk to your local hearings representative or look on the SPD Hearings website.

	2006	2007	2008	2009
Jan	0	81	77	61
Feb	74	65	65	91
Mar	96	72	61	118
Apr	69	62	91	97
May	79	71	58	84
Jun	83	77	67	89
Jul	81	73	77	91
Aug	95	67	64	92
Sep	73	51	77	64
Oct	102	68	83	106
Nov	77	71	62	0
Dec	66	50	66	0
Jan-Jun	401	428	419	540
Jul-Dec	494	380	429	353
Totals	**895**	**808**	**848**	**893**



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2006	0	74	96	69	79	83	81	95	73	102	77	66
2007	81	65	72	62	71	77	73	67	51	68	71	50
2008	77	65	61	91	58	67	77	64	77	83	62	66
2009	61	91	118	97	84	89	91	92	64	106	0	0

Quality Assurance Team

Coming to an area near you!!!

The Quality Assurance Team is responsible for conducting quality assurance and improvement activities as a part of Centers for Medicare & Medicaid Service (CMS) requirements for the State of Oregon to maintain the 1915(c) HCBS waiver. The Quality Assurance Team consists of Chris Avery, Carole King, Aymie Olsen and Gini Shaw.

The team is currently presenting 'Technical Assistance and Training' sessions to offices throughout the state. These sessions, scheduled to be completed by the end of January 2010, include a general discussion of the CMS waiver assurance requirements, as well as quality assurance outcomes from the previous review. Staff are also provided one-on-one time specific to their request or to have a member of the team accompany them on a client visit. To date we have visited 23 offices with a total of 272 attendees. Attendees include managers, case managers, PAS specialists, eligibility workers and On-The-Move staff.

In an effort to measure the success of providing information to staff pertaining to the waiver assurances, attendees are given pre- and post-quizzes. The current statewide result for the pre-quiz is 66% accuracy and the post-quiz is 90% accuracy. Specific areas that showed the most improvement directly tie into the waiver. Examples include: Who is responsible for providing the Task List (SDS598) to the Home Care Worker; when the waiver requires a Service Plan (SDS001N) to be updated; and when a Service Options form (SDS914) must be completed.

The future plan for the team will be to begin the next "Review" process in March 2010. As mentioned during the training sessions, there will be several changes to the review process: The number of reviews and visits will increase; more local office involvement; better statistical information will be available to the local offices; and finally, results of the reviews will be made available much sooner than the previous review process. To be inline with CMS expectations, the goal of the Quality Assurance Team is to complete the reviews statewide within two years. The new process has been designed to provide more of a training atmosphere with a real benefit to local office staff, rather than an antagonistic process in which auditor's 'sweep in and sweep out', without providing any real service to staff.

While we cannot change that reviewing service cases is a waiver requirement, we can change how we *utilize the time spent* to satisfy this requirement. We are very hopeful that local office staff will view this process as a benefit, rather than just another 'audit'. The new process is not yet 'set in stone' therefore we welcome any comments and suggestions. Our email address is QA.Team.SPD@state.or.us.

Congratulations to **Marjie Veverka of the Cottage Grove SDS** for submitting our winning newsletter name! We had a LOT of great entries and the selection was tough. Thank you to everyone who came up with fun, clever and meaningful names. We appreciate your help!

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So the important things to remember about ARRA exclusions:

1) The ARRA exclusions affect only earned income.
2) SSI clients with earned income are unaffected by ARRA: they are assumed eligible under OAR 461-135-0010 and have no liability for LTC or waivered services under OAR 461-160-0610.
3) If earned income impacts a client's eligibility, the ARRA exclusions must be given to each person with earned income. For example, if both the applicant and the applicant's spouse work, and the spouse's income affects the client's eligibility, the ARRA exclusion is given to both the applicant and spouse.

If you have any questions, please contact Jeff Stell at jeff.stell@state.or.us or by phone at (503) 945-6834.

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What are you going to miss about training APS workers? Part of what I love is the experience of preparing the training. Although it's always anxiety-producing, it's a marvelous opportunity to step back and really think about what we do and why we do it, to research what's going on in different parts of the country – and the world – and to try to bring the best of that to our folks here in Oregon.

The biggest benefit for me is the chance for interaction with the people doing the work. My hope is that training gives them a breather, some respite and support, as well as some usable techniques for the incredible work they do, and that they hear how tremendously appreciated they are for their dedication, professionalism and compassion. I will miss that personal time with APS staff, supervisors and managers (not to mention my fabulous team members!) more than I can say.

What would you consider your greatest success in training? I think the biggest reward for me comes in those moments when we "get real" in the classroom or on the phone. By that I mean when we talk together in a passionate and very personal way, acknowledge the pain and frustration involved for the people we see and for ourselves, are able to connect our personal ethics with the requirements of our jobs, and really get in touch again with that sense of mission that compels us to continue.

What was the most moving experience you've had while doing APS training? I think that no matter how long you do this, someone's story will hook you. I think that's good, so we never forget the real people we're working for, their bravery and seemingly endless ability to cope with horrendous challenges. At the same time, the plight of our staff really moves me. We do a vast disservice in not encouraging and enabling them to take adequate care of themselves. It's heartbreaking to have a worker share how the high cost of the job can play out—lack of sleep, obsessive thoughts, disproportionate sense of responsibility, inability to set boundaries or say no to unreasonable demands. If I can leave one legacy, I'd like it to be a concerted effort to recognize and address the costs of what we ask people to do, day after day, and to offer them the humane protections they extend to other vulnerable adults.

News

Preventing Violence Against Caretakers

The Preventing Violence Against Caregivers project is moving along nicely. Focus groups with case managers, home care worker clerks and supervisors have been completed. Over the course of the 12 focus groups, there were 99 participants in several locations. The participating locations were Eugene, Cottage Grove, Portland-Mid County, Coos Bay, North Salem, South Salem, Woodburn, Medford and Ontario.

The focus groups had some great discussions, gathered important data and gained new insights. The next step in the project is to meet with the Advisory Board and plan focus groups and interviews with consumers and employees.

All of the supervisors and participating offices were extremely welcoming and accommodating.

Lindsay Nakaishi, Research Assistant OHSU-CROET

December 2009

World AIDS Month
Dec 6-12: Handwashing Awareness week
Dec 10-17: Human right week
Dec 14 - 28: Gluten Free Baking week

Dec 1: Bifocals at the Monitor Liberation Day
Dec 3: International Day of Disabled Persons
Dec 8: Pearl Harbor Remembrance Day
Dec 10: Human Rights Day
Dec 15: Cat Herders Day
Dec 17: National Re-gifting Day
Dec 21: Winter Solstice
Dec 25: Christmas - CLOSED
Dec 26: Thank-you Note Day
Dec 31: New Year's Eve

In-home services

The 2009-2011 Collective Bargaining Agreement between the Oregon Home Care Commission and SEIU was signed November 6th. The contract can be found on the Staff tools website at: http://www.dhs.state.or.us/spd/tools/cm/homecare/index.htm.

Netlink training will provide an overview of the changes to the 2009-2011 Homecare Worker Collective Bargaining Agreement, which includes changes to: paid time off for live-in providers, emergency cash-out of accrued paid leave for live-in providers, live-in orientation, and much more. The class is listed as CO1493 in the Learning Center and will be held in November and December.

In-Home Services Unit

Central Office Field Services Team:

Carolyn Ross - Field Services Manager
Carol Mauser - Operations Manager
Donna Weaver - Operations Manager
Sandy Hata - Diversion Manager

Sudha Ramakrishnan -SPD Training Coordinator
Karen Gulliver - Quality Assurance
Debbie Harms - Executive Support
Janet Morse - Administrative/Technical Assistant and Hearings Coordinator