

April 2010



# SPD Field Services: *In the Loop*

## *This month:*

Self-sufficiency modernization project	1
Diverted income reminder	2
Pension verification for SNAP	2
Don't forget	2
SNAP documentation	3
SNAP honor roll	3
MMIS ongoing user training	4
CEP specialist training	4
ENCC: Exception Needs Care Coordinator	6
Updated SDS 514	6
Hearings received	7
Exception requests received	7
Meet Amy Namitz!	9
Bragging rights	9
May 2010 training calendar	5
Costs over income	10
Verification Time Frames on PMDDT/OSIPM cases	10

## **Self-sufficiency modernization project**

*Keep an eye on this project!*

Jennifer de Jong

I recently accepted a position as the SPD Business Transition Manager for the Self-Sufficiency Modernization Project. I am both thrilled and thankful to have the opportunity to serve the SPD/AAA field on this exciting and innovative project.



If you have not tuned into the happenings of this project, check it out in the most recent newsletter, [On the Horizon](#).

Over the next several months you will begin to hear more and more about the progress of the project. In addition, **I want to hear from you**. This project will be implementing applications that affect how we do business in the SNAP and Medicaid programs and your input is critical.

In the future, the project will have various tools for communication and soliciting, but for now if you have any questions or concerns, please let me know at 503.945.5856 or [Jennifer.d.dejong@state.or.us](mailto:Jennifer.d.dejong@state.or.us).

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

# Quality control

## Diverted income reminder

SNAP clients who are owners or officers of an incorporated business may have diverted income in addition to wages from the corporation. Diverted income is the money paid by the corporation for the client's personal benefit and is countable for SNAP.

For instance, if the client's mortgage and utilities are paid through the corporation, the monthly payments are considered income. This is also true if the client uses their corporate account to purchase food, personal items, or other non business related items.

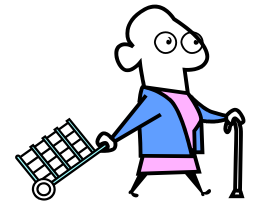
One clue the client receives diverted income from their business is when their declared income is below their costs but the client continues to meet their basic living expenses. In that case, workers will have to talk to the client to discover how the client meets costs above their income and narrate very clearly.

For help locating the status of a client's self-employment business, go to the Oregon Secretary of State [corporate business name search page](#) where you can search for a business by the business name or the client name. Please see below for other border state sites:

California: <http://kepler.sos.ca.gov/>

Idaho: <http://www.sos.idaho.gov/corp/corindex.htm>

Washington: <http://www.sos.wa.gov/corps/Default.aspx>



## Pension verification for SNAP

Client pensions are one of the least verified income sources for AAA and SPD clients. Many narrations, if verification is addressed, use phrases such as "set amount", "not variable" or "per file" as a substitution for obtaining yearly documentation.

Many pensions are based on the economic welfare of the company and may not be the same amount they were the last time verification was obtained. Also, some pensions are based on the age or the marital status of the pensioner.

Since a pension is income for SNAP, the pension will need to be verified at least yearly. Ask the client for their current financial statement or their annual 1099R form provided by the pension company for IRS reporting. Do not accept a bank statement as primary verification of a pension.



### Don't forget!

Check the BEIN screen to see who is paying the Medicare

premiums. The number 380 in the "Payer" field means the state of Oregon is paying; SEL mean the beneficiary is responsible for paying. Use the F1 key to see an explanation of other payers.

*Remember to use the W-series screens for your income verification - not BEIN.*

# SNAP

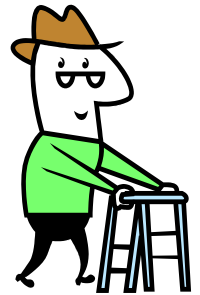
## SNAP documentation

Last November the SDS 0539H was updated to help workers avoid extra work when pending for SNAP verification and clarify for the client exactly what they need to provide to receive food benefits. It has been a long standing “tradition” in many offices to use their own locally created forms for obtaining information from the client, but effective immediately, all local forms should be eliminated.

Policy around requirements for SNAP verification has changed over the years and it is important to use only approved and official forms to avoid creating any barriers – or the perception of creating barriers – to accessing benefits.

Some of the most commonly requested are rental agreements, bank statements and original Social Security cards.

For more information please see transmittal [SS-AR-10-007](#) which further explains documentation and provides a link to the relevant portion of the SNAP manual. Offices will receive a copy of the new [DHS 9774](#) poster to clarify SNAP documentation for client.



## March 2010 SNAP honor roll

### 100% Accuracy!

0111 Baker City SPD	100%	1311 Burns SPD	100%
0310 Canby SPD	100%	1517 Medford DSO	100%
0311 Oregon City SPD	100%	1911 Woodburn ADS	100%
0313 Milwaukie SPD	100%	2011 Eugene LCOG	100%
0314 Estacada SPD	100%	2911 Tillamook ADS	100%
0411 Warrenton SPD	100%	3013 Hermiston SPD	100%
0511 St. Helens SPD	100%	3112 Enterprise SPD	100%
1211 John Day SPD	100%		

### 90% or Better Accuracy!

0914 Redmond SPD	96.00	0911 Bend SPD	93.75
1017 Roseburg DSO	96.00	2211 Albany DSO	92.50
2411 North Salem ADS	96.00	1418 Portland South East ADS	92.00
2412 South Salem ADS	96.00	1717 Grants Pass DSO	92.00
2518 Portland West DSO	96.00	1811 Klamath Falls SPD	92.00
3411 Hillsboro SPD	96.00	2111 Toledo SPD	92.00
3518 East Multnomah ADS	96.00	3417 Beaverton SPD	92.00
2818 N/NE Portland ADS	95.00		

# Training opportunities

## MMIS ongoing user training

MMIS user training classes are currently available through the [Learning Center](#) from March 2010 through March 2011. The training is classroom-based and will be available remotely using Webinar technology.

Ongoing MMIS training will focus on workers who did not attend previous training, those who want a refresher, training for new employees and customized training for individual units or offices. If your area would like additional customized training the local manger can send a request to the MMIS Training Manager, Robert Costa at [robert.m.costa@state.or.us](mailto:robert.m.costa@state.or.us).

Beginning May 2010, three new online courses will be added to the online courses currently available:

### Current:

- Course 34: Member and Provider Call Center (CTMS)
- Course 45: MMIS for the Local Office - Data Inquiry & Update
- Course 53: MMIS for the Local Office - SPD Plan of Care
- Course 55: MMIS for the Local Office - Account Payables



### Starting in May:

- MMIS Navigation Basics
- Prior Authorization
- MMIS Data Inquiry Overview (replacing MMIS Fundamentals course)

If you do not see a course offered around a specific need you have, contact the MMIS Training Manager to discuss development of customized training for your needs.

## CEP Specialist training

CEP Specialist Training is being offered June 30, 2010 at the Cherry Avenue Training Center from 8:30 am - 4:30 pm. This class is designed for SPD/AAA support staff who work with the Client-Employed Provider program. This one-day class will cover a variety of topics, including:

- Homecare Worker enrollment process, ranging from the initial application to entering information into OACCESS and the Registry and Referral System;
- Issuing and paying vouchers;
- Error messages when issuing vouchers;
- Issuing paid time off vouchers for live-in providers with or without available paid leave;
- Understanding and using the screens on OACCESS and the Mainframe;
- Inactivating and terminating provider numbers.

There will be guest speakers from the Provider Payments Unit, Background Check Unit and the Oregon Home Care Commission. Those wishing to attend can register on the [DHS Learning Center](#). Course C01076. If you have any questions, please contact [Jenny Cokeley](#), 503-945-5799.

## May 2010 training calendar

Monday	Tuesday	Wednesday	Thursday	Friday
3  	4 Cultural Competency and Diversity in DHS (8:30 - 4:30) Strengthening Case Mngment Module I (8:30 - 4:30) MMIS #34 Contact Tracking Mangmnt System (1:30 - 4:30) MMIS #45 Data Inquiry & Update (8:30 - 11:30)	5 Cultural Competency and Diversity in DHS (8:30 - 4:30) Advanced In-Home Service Planning (8:30 - 4:30) Netlink: Independent Choices Program (1:00 - 4:00) MMIS #45 Data Inquiry & Update (8:30 - 11:30)	6 Cultural Competency and Diversity in DHS (8:30 - 4:30) Advanced In-Home Service Planning (8:30 - 4:30)	7
10	11 CAPS Basics (8:30 - 4:00) Advanced Eligibility Calculations and Trusts (8:30 - 4:00)	12 CAPS Basics (8:30 - 4:00) Employed Persons With Disabilities (8:30 - 4:30) MMIS #34 Contact Tracking Mangmnt System (1:30 - 4:30)	13 Cultural Competency and Diversity in DHS (8:30 - 4:30) New Employee Orientation (8:00 - 5:00) Presumptive Medicaid (8:30 - 12:00)	14 Cultural Competency and Diversity in DHS (8:30 - 4:30)
17 Strengthening Case Mngment Module I (8:30 - 4:30)	18 Oregon ACCESS Basics (8:30 - 4:30) Regional Transition Team Training (8:30 - 4:30)	19 Oregon ACCESS Basics (8:30 - 4:30)	20 DHS Core Values (1:30 - 5:00) Regional Transition Team Training (8:30 - 4:30)	21
24	25	26	27 Cultural Competency and Diversity in DHS (8:30 - 4:30)	28
31 Memorial Day - CLOSED	<i>Dates and availability of classes are subject to change. Please review availability on the DHS Learning Center.</i>			

# Helpful informtaion

## ENCC: Exception Needs Care Coordinator

For the Managed Care Plans for Oregon Health Plan members. When should a member contact their Managed Care Plan and seek services with an ENCC? When they need:

- Speciality Care;
- Prior authorizations;
- Complex member case reviews;
- Out of area emergencies;
- Denials;
- Second opinions;
- Pain Management services.



ENCCs can help with a variety of issues, including:

- Providing education and direction for the member for their medical care;
- Follow up with the member regarding complaints and concerns with local providers;
- Continuity of care concerns;
- Emergency room education;
- For explanation of benefits;
- Information on what services are covered through the managed care plan;
- When a member has exceptional care needs that need addressed.

Each physical Managed Care plan has an ENCC (Exceptional Need Care Coordinator) to help assist the member with their medical care needs.

See the following links on how to access ENCC through the Managed Care plan:

[Exceptional Needs Care Coordinators \(ENCCs\)](http://www.dhs.state.or.us/spd/tools/enc.pdf)  
<http://www.dhs.state.or.us/spd/tools/enc.pdf>

Rosa Frank, PHP Coordinator, DMAP

## Updated SDS 514

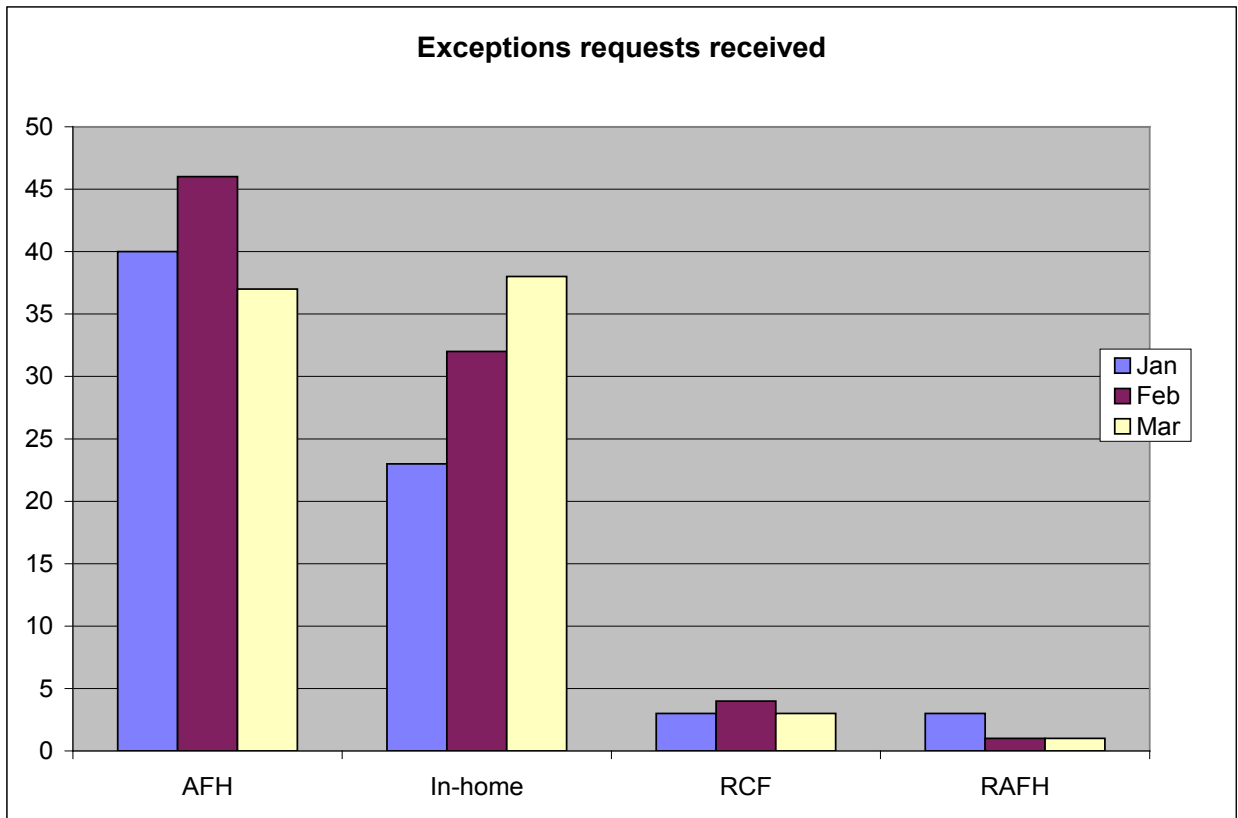
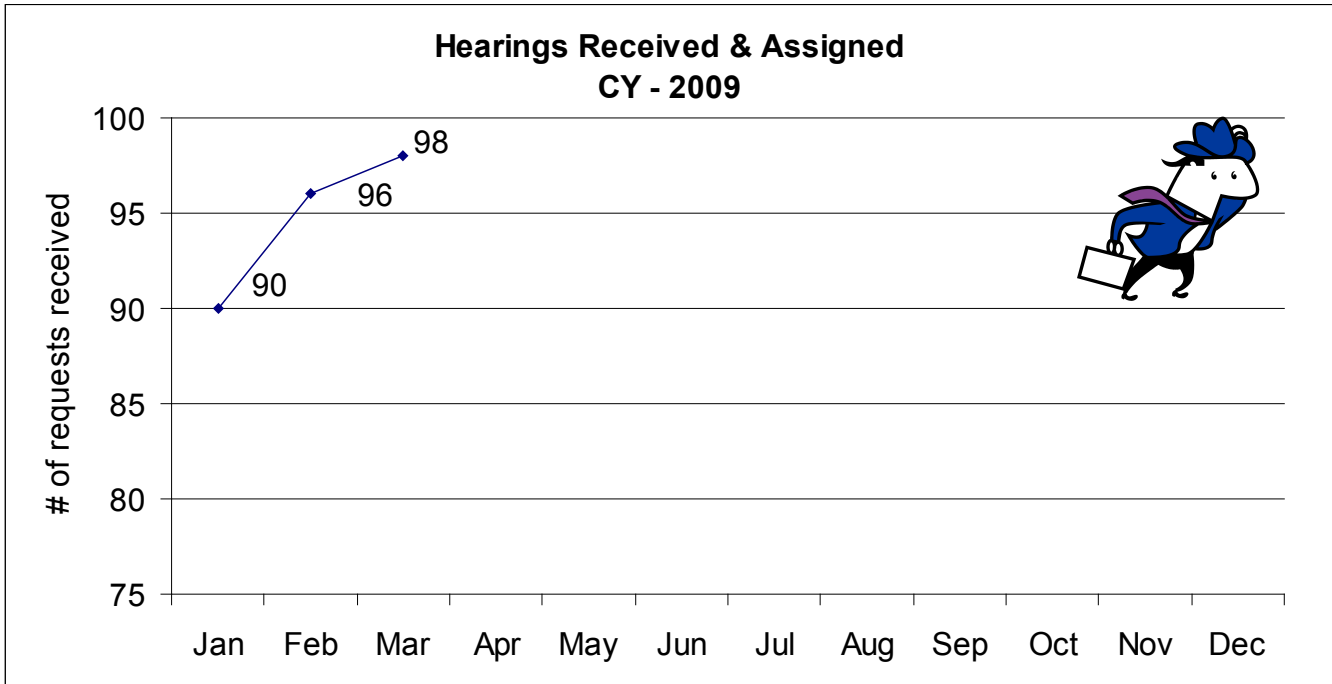
The [SDS 514 Request for Exception](#) form was recently changed - then changed again. The form has been updated to eliminate unnecessary information and streamline the exceptions request process even further.

When the first update was made, the new version of the form erroneously had a field for a *case* number, but now the field is requesting a *prime* number. Please be sure the *prime* number is on the form when it is sent to Central Office.

If you have book-marked the form previously, please check to make sure you are using the latest version. Thanks for your help!

# Hearings and Exceptions

	Food Stamps	Medical	OVRPMT	PMDDT	Services	OTHER	DD case	UI Hearings	TOTALS
January	11	15	18	25	13	3	5	13	<b>103</b>
February	15	22	17	19	19	1	3	8	<b>104</b>
March	19	19	11	25	18	4	2	7	<b>105</b>



# Profiles

## Meet Amy Namitz!

*Amy very graciously agreed to provide this profile for the newsletter.  
Thanks Amy!*



My name is Amy Namitz and you have probably seen my name on Transmittals you have received. I send out the Action, Information, and Policy transmittals for SPD. Most people have seen my name, but not too many have met me, or know what I do for SPD.

I work in the Provider Payments Unit. I set up direct deposit requests for Home Care Workers, process returned checks and answer the phone. I'm also the Learning Center expert for SPD. I provide assistance, maintain session lists, send session reminders, print out sign-in sheets, certificates and give session credit.

I have been involved with the Senior Farm Direct Nutrition Program (SFDNP) for the past 6 years. I really enjoy working with this program and love the opportunity to talk with the seniors. I am the person who answers the toll free number for the SFDNP. The amount of calls that come through this line is amazing! This year there is a program change, so we anticipate a lot more calls. There is a new SFDNP website so field staff can help answer questions. Here is the link to the website: <http://www.sfdnp.dhs.oregon.gov/>

I'm the remote access coordinator for TTT (Train the Trainer). I receive VCON requests from the field offices who want to participate and get them scheduled for the meeting. I enjoy participating in TTT because they're such a fun group! I've really enjoyed working for the State for almost 11 years now and all of it has been with SPD. I like my current job, but would be open to a new challenge sometime in the future. I will definitely continue working for the State.

## Bragging rights!

Last December SPD District 6 had two new HSS3 staff that attended SPD Eligibility 101. Sarah Hansen-Ravel and Cary Mataya both scored 100% on the summary activity at the end of the training on their first attempt.

Trainer Jeff Stell stated, "Given the complexity and difficulty of the activity, it is rare that someone is able to do that. Remarkable performance such as this needs to be noted." Congratulations to Sarah and Cary, as well as lucky District 6!

*Merry L. Bayly, SPD District Manager, Douglas County*

## May 2010

ALS Awareness Month  
Older Americans Month

May: 2 - 8 : National Pet Week

May 9 - 15: National Nursing Home Week

May 3: Melanoma Monday

May 5: Great American Grump Out

May 9: Mother's Day

May 11: Fibromyalgia Awareness Day

May 15: Armed Forces Day

May 26: Senior Health and Fitness Day

May 28: Slugs Return from Capistrano Day

May 31: World No Tobacco Day

**May 31: Memorial Day - CLOSED**

# More QA

## Costs over income

When a client reports costs which exceed their income, there is more work to be done. Ask questions about how they are paying their expenses.

There may be another person in the household who is paying part of the costs or someone outside of the home (family members, friends, church groups) assisting the client.

Discuss income the client may not have considered. Some clients think of income differently than we do. Talk about help from family members or friends. Ask if they have about pensions, annuities or investments. Instead of saying “income” try using the word “money” instead.

Whatever you discover, remember to verify the income and narrate carefully!

## Verification Time Frames on PMDDT/OSIPM cases

*461-115-0010(2) If the Department requires additional information to determine eligibility, the client is entitled to a written notice that includes a statement of the specific information needed to determine eligibility and the date by which the client must provide the required information.*

Per the above rule, applications can only be pended when the Department lacks sufficient information to determine eligibility. The Department must provide written notification specifying what we require, and the due date. The case cannot be denied or closed for failure to provide requested information in any of the following situations:



1. The Department has enough information to determine eligibility.
2. The pending notice is does not specify what information we need to determine eligibility or the date that information is due.
3. The calculated or extended deadline has not passed.

Situation #1 most commonly arises when branches receive a referral from an SSP branch using the OSIPM/PMDDT referral process. If the application provides enough information to  
*(continued next page)*

## Central Office Field Services Team:

Carolyn Ross - Field Services Manager

Carol Mauser - Operations Manager

Donna Weaver - Operations Manager

Sandy Hata - Transition Services Manager

Jennifer deJong - SPD Modernization

Program Business Transition Manager

Caryn Whatley - Hearings Policy Analyst

Nathan Singer - Transition Services

Karen Gulliver - Quality Assurance

Debbie Harms - Executive Support

Janet Morse - Administrative/Technical Assistant  
and Hearings Coordinator

determine the claimant isn't eligible for our program, we should not send the initial contact letter. Determine eligibility and issue the denial. We are not allowed to pend in this situation.

Situation #2 most commonly occurs when a letter is used, such as the initial contact letter, which says something like "you are required to contact the branch with in 45 days of this letter". Such letters not only fail to specify what information we need to determine eligibility and fail to give the due date; it also suggests an incorrect way of calculating the due date.

If an initial contact letter is going to be sufficient as a notification of pending status, it needs to specify what information we need. It is sufficient to list the disability related information we need to submit a referral to PMDDT:

- 15 yr. work history
- Education
- Impairments
- List of health care providers accessed within the last two years, with a release of information for each.
- Activities of Daily Living forms (SDS 620A & B)

The deadline should be given as a date (eg. not "45 days from the date of this letter" but "5/13/2010") and, of course, the deadline needs to be correctly calculated.

Situation #3 most often occurs because the due date was incorrectly calculated. We can give more time than the correctly determined deadline; we can also extend the deadline after the notice is sent if the client is having problems obtaining the verification for reasons beyond their control. But we can never deny or close for failure to provide requested verification prior to the correctly determined deadline. The deadline for providing verification is the later of the following:

- The end of the processing timeframe
- 10 days after the notice of pending status was sent

For information that isn't related to a disability determination, the processing timeframe for all Medicaid programs is 45 days after the date of request. This is the soonest claimants can be considered to have failed to provide verification. If the notice of pending status is sent after the 35<sup>th</sup> day, make the due date 10 days past date of notice, with an additional day for mailing. If the 11<sup>th</sup> day falls on a holiday or weekend, make the due date the next working day.

When we are requesting the information we need for presumptive disability determination, the processing timeframe is 90 days from DOR. That is how long the Department has to make its disability determination, and so it is also the how long the client has to provide disability related verification.

Because referrals from Self Sufficiency often arrive at SPD offices after a substantial delay, we've modified the verification time frame for presumptive OSIPM cases so the client has adequate time to respond. For presumptive OSIPM cases, the time frame for receiving disability related verification is the later of the following: *(continued next page)*

- 90 days post DOR
- 45 days post initial contact

To meet the notification of pending status requirements, an initial contact letter specifying what information we need and the due date should be sent even if an appointment is set up over the phone or in person. Otherwise when you go to deny you may find yourself having to send a pending notice with an additional 10 days to provide the verification.

Best practice, and probably easiest method of determining and documenting the due date is to use simple narrative templates as follows:

(45/10 day time frame) Non-disability related verification:

DOR: 45 days post DOR

Date of pending notice: 10 days post pending notice

(90/45 day time frame) For disability determination related verification:

DOR: 90 days post DO;

IC: 45 days post IC;

Date of written request: 10 days post written request for verification.

Once you have the dates laid out, you simply pick the later date and that is the due date for the information in question.

When pending for both types of verification, you will have a different due date for each. While this sounds complicated, it actually simplifies your determination and saves the Department time and effort. If, for example, you need verification of resources, and have sent an adequate pending notice with the correct timeframe, you can deny after the 45/10 day time frame, for failure to provide requested verification regarding the income, even if you have also pending the case for disability determination related information and given them the 90/45 day deadline for that information. The disability information is no longer relevant.

In situations where you get the disability related information early in the process, but have to pending for other information, for example, verification of pursuit of SSDI as an asset, you should refer to PMDDT, and then, if the client fails to provide the information within the 45/10 day timeframes or provides information that enables you to deny or close, go ahead and deny or close the case and notify PMDDT so they don't waste time determining disability on a client that isn't eligible for OSIPM regardless of disability.

*Kurt Kessler, SPD Hearing Representative*