



In the Loop

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SNAP QC accuracy rates are amazing

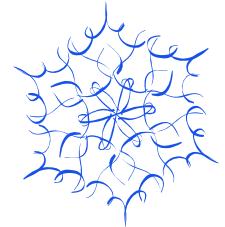
Carolyn Ross, Field Services Manager

This year has been absolutely amazing in the Food Stamp/SNAP world. I have been involved in the QC efforts for the last 8 years. At that time, we all thought it would be great if the state could reach an accuracy rate of 93%.

Today, it is so wonderful to report that we have achieved the highest accuracy rate ever! We will actually finish the fiscal year with 98.53% accuracy in September and a cumulative rate for CAF, SPD and AAA of 96.23%. Our AAA/SPD branches have done such an excellent job. The past month both areas had no errors.

During this last year, in the AAA/SPD world, we had so many changes and such a high workload with the MMIS implementation. To finish with such a success is even more outstanding.

I want to say THANK YOU to all of the AAA/SPD staff. You are a great workforce. You care about our clients with the quality work that you do on an everyday basis.





Quality control

Moving costs for nursing facility transition

Consistent with the Department goal, SPD field staff are working hard to transition clients from nursing facility placements to community-based care placements, when appropriate. A recent review of special needs payments revealed that staff may not be aware of which rule to use when the cost of moving these clients' belongings could be paid under 2 different rules. One rule is Moving Costs (OAR [461-155-0610](#), pay reason 42) and the other is Community Transition Services (CTS - OAR [461-155-0526](#), pay reason 49). So which rule do you choose?

When a client is transitioning from a nursing facility or acute care hospital, the preference is CTS. The Department receives federal matching funds under this rule but not under Moving Costs. Also, the client who receives a CTS payment does not have the restriction of being ineligible for another payment for a 12-month period. For these reasons, remember to authorize payments under CTS for moving costs as a priority over Moving Costs whenever possible.

For other questions on special needs payments, feel free to contact Joanne Schiedler at (503) 947-5201 or Joanne.r.schiedler@state.or.us.

OHP-OPU processing information

An issue causing problems for OHP-OPU Reservation List application process is workers pending an applicant for either a face-to-face or a phone interview. An interview is *not* part of the OHP-OPU program requirements, so pending for one as part of the eligibility process is not allowed. Additionally, it appears some workers are over pending for SSN verification and holding up the application. Both of these issues might be caused by confusion with the different program requirements.

Here is some helpful information from the [SSP Medicaid Analysts](#) to help clarify these issues:

- We cannot require a face to face for CAF SSP medical programs.
- Although it is helpful to have a phone conversation with the client, a phone call cannot be required as part of the eligibility process for CAF SSP medical programs.
- Instead of an intake appointment, pend for any necessary eligibility item or verification you cannot verify using available screen or other information or contacts.
- As long as we know the Social Security number (SSN), SPD/AAA/SSP workers cannot delay medical benefits to verify the SSN provided by the client, i.e., we cannot delay benefits to ask for a copy of the SS card.
- Workers are also required to assist the client in verifying the SSN. One verification source is the TPQY process available to all workers (or the W204 screen if the client has already been approved for benefits). Other verification possibilities are the BEIN screen or Employment Department screens.

Rule [461-115-0230](#) was amended for January 1, 2010 to clarify the policy around intakes. The OHP clarification is on number 1.

SNAP

Verifying or over pending?

Considering how many types of reviews are conducted within DHS, it is pretty easy to become hesitant about accepting the client statement and over pend – just to be safe. But for the SNAP program, there are some things workers should *not* automatically pend for –shelter costs, for instance.

Be careful not to delay the SNAP benefits while pending for verification for a different benefit. Remember, the pending process should not present a barrier to obtaining services. Program requirements vary, so make sure pending notices clearly indicate what is needed for which program.

Of course when information is questionable – meaning inconsistent, not just un-verified – the worker can and should request verification. As always income, with very few exceptions, will need to be verified. For clarification on other eligibility factors for SNAP, see the [Food Stamp](#) program manual, Chapter B, [sections 10 and 11](#).

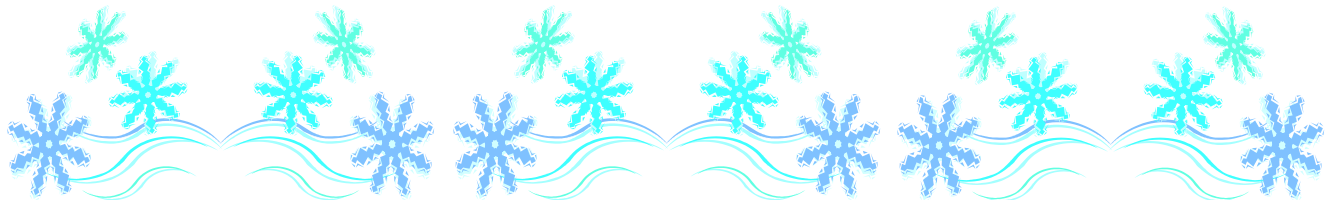
December 2009 SNAP honor roll

100% Accuracy!

0411	Gearhart ADS	100%	2518	Portland West ADS	100%
0511	St. Helens SPD	100%	2911	Tillamook ADS	100%
1611	Prineville SPD	100%	3112	Enterprise SPD	100%
1911	Woodburn ADS	100%	3411	Hillsboro SPD	100%
2411	North Salem ADS	100%			

90% or Better Accuracy!

2011	Eugene LCOG	98.00	0311	Oregon City SPD	92.31
2818	N/NE Portland ADS	98.00	2211	Albany SSO	92.00
2111	Toledo SSD	96.67	3515	Portland ADS	92.00
3617	McMinnville ADS	96.67	1311	Burns SPD	90.91
0313	Milwaukie SPD	93.75	0911	Bend SPD	90.48
1011	Roseburg SPD	93.33	0811	Gold Beach SPD	90.00
1418	Portland South East ADS	93.33	1513	Medford SSO	90.00
1717	Grants Pass DSO	93.33	1811	Klamath Falls SPD	90.00
3518	East Multnomah ADS	93.33	3415	Tigard SPD	90.00
3417	Beaverton SPD	93.10			



Policy changes

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 waived 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, first take \$38, leaving \$962 as the countable income (in 2010 we would deduct \$33). \$962 would be coded on the OSIPM case as the ECE, or countable earned income for EPD. This is the figure the CM 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 waived 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 per month to be eligible without an Income Cap Trust. If a client has \$1000 per 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 income and their countable earned income, which would be their gross earned income minus the ARRA exclusion, in this case \$38.

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Training opportunities



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- 4) So the important things to remember about ARRA exclusions:
- The ARRA exclusions affect *only earned income*.
 - 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 waived services under OAR 461-160-0610.
 - If earned income impacts a client's eligibility, the ARRA exclusions must be given to each person with earnings. For example, if both applicant and applicant's spouse work, and the spouse's income affects 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-

February 2010 training calendar

Monday	Tuesday	Wednesday	Thursday	Friday
1 SPD Eligibility 201 (1:00 – 4:30)	2 SPD Eligibility 101 (Basic) (8:30 – 4:30) SPD Eligibility 201 (8:30 – 4:30)	3 SPD Eligibility 101 (Basic) (8:30 – 4:30) SPD Eligibility 201 (8:30 – 4:30)	4 SPD Eligibility 101 (Basic) (8:30 – 12:00) SPD Eligibility 201 (8:30 – 4:30)	5 SPD Eligibility 201 (8:30 – 12:00) Cultural Competency & Diversity (PDX) (8:30 – 4:00)
8	9	10	11	12
15	16 Cultural Competency & Diversity (Salem) (8:30 – 4:00)	17 SPD CBC: 512 (8:30 – 4:30)	18 SPD CBC: 512 (8:30 – 4:30)	19
22 Transition Coordinator Technical Assistance Training (Keizer) (8:30 – 4:30)	23 SPD Oregon ACCESS Basics (8:30 – 4:30) Transition Coordinator Technical Assistance Training (Keizer) (8:30 – 4:30)	24 SPD Oregon ACCESS Basics (8:30 – 4:30) Transition Coordinator Technical Assistance Training (Keizer) (8:30 – 4:30)	25 Transition Coordinator Technical Assistance Training (Keizer) (8:30 – 4:30)	26 Transition Coordinator Technical Assistance Training (Keizer) (8:30 – 4:30)

Check the [Learning Center](#) for upcoming Strengthening Case Management training which will soon be available for mid-February and details on all training.

In-home services

Home care worker update

HCW W-4's

It's that time of year again for Home Care Workers (HCWs) to submit new W-4's to the local office if they would like to claim exempt status for income tax withholding. The current exemption expires 2/16/10. Central Office mailed a letter and blank W-4 to all HCWs who claimed exempt in 2009. They are instructed to submit a new W-4 to the local office if they would like to claim exempt status for 2010.

Yearly HCW Paid Time off Cash-Out

All HCWs who have an active provider number on 1/31/10 will be eligible to receive the annual paid time off cash-out. If a HCW's provider number is not in an "approved to work" status in OACCESS on 1/31/10, he or she will not receive the cash-out. The cash-out is considered lump sum income if the HCW receives SNAP benefits and is not considered income.

The cash-out payments will be initiated on February 1. Hourly providers' accrued paid time off hours will be paid out at \$10.20 per hour and the paid leave balance will be reduced to zero. 50% of Live-in providers' accrued paid time off hours will be paid out at their average daily authorized wage rate and the paid leave balance will be reduced. Refer to SPD-IM-10-004 for more information.

HCW 2009-2011 Collective Bargaining Agreement (CBA)

The current CBA is posted on the [Case Management Tools](#) web page, as well as informative [Netlink](#) slides detailing the changes made and important reminders for all staff.

SPD In-home Services

Adult day service reminder

[SPD-AR-09-049](#) describes the Adult Day Services Payment System change which was effective November 01, 2009. Payments to adult day service (ADS) are being processed using the CEP voucher payment system. To meet Medicaid payment authorization requirements, case managers must complete a 546AD Adult Day Services payment authorization form.

The local office CEP specialist will use this information to create a voucher prior authorizing ADS services for one month. This voucher is then mailed to the ADS Provider who will complete the voucher and return it to the local office for payment. The local office CEP specialist must pay properly completed vouchers within seven business days.

Please contact [Darwin Frankenhoff](#) (503/947-5162) with questions.



Reminder! ICP - As a reminder to those who have Independent Choices Program (ICP) cases please refer to the most recent transmittal concerning updates to the 546ic form. See the attached link to the transmittal: <http://www.dhs.state.or.us/policy/spd/transmit/ar/2009/ar09056.pdf>

SSP medical changes

Healthy KidsConnect – quick and dirty

Healthy KidsConnect (HKC) is the latest children's medical option to help DHS reach its goal of making sure every child under age 19 have health coverage.

HKC follows the eligibility guidelines for [CHIP](#) except that it has no income limit. Instead, families with children over 200% of the Federal poverty level (FPL) who meet all other CHIP eligibility criteria can be referred by DHS/AAA to the Office of Private Health Partnerships (OPHP) through our medical system to establish a connection with a private health insurance carrier.

Some families will be asked to pay a percentage of the total coverage cost for the child, and some will be asked to pay the full premium for coverage. How much the family pays for the child's coverage depends on the income of the family. There is also an option to reimburse a portion of the premium cost for approved employer sponsored coverage for the child.

There are advantages for families to cover their children through HKC and OPHP – they cannot be turned down based on the child's medical history or condition; the coverage is at least as comprehensive as DHS Plus medical coverage; and the coverage for children lasts for at least one year.

To learn more about HKC, please view the [Healthy KidsConnect/January 1 changes](#) PowerPoint.

Citizenship changes for children

Effective January 1, 2010, more noncitizen children are eligible for full medical benefits. The change included immigrant and non-immigrant children who fit specific classification set by the Immigration and Nationality Act.

All children will have to provide documentation of their status so undocumented children would not be eligible under the change. Over 90 classifications on non-immigrants are included. To see if the child on your caseload is eligible, view the updated [noncitizen chart](#).

For more information about this and all other CAF related medical changes for January, see the [Healthy KidsConnect/January 1 changes](#) PowerPoint.

February 2010

American Heart Month

Senior Independence Month

Feb 1-7: Women's Heart Week

Feb 8-14: Love Makes the World Go 'round,
But Laughter Keeps Us From Getting Dizzy
Week

Feb 14-21: Alzheimers and Dementia Week

Feb 1: Spunky Old Broads Day

Feb 4 : World Cancer Day

Feb 5: Wear Red Day

Feb 11: Shut-in Visitation Day

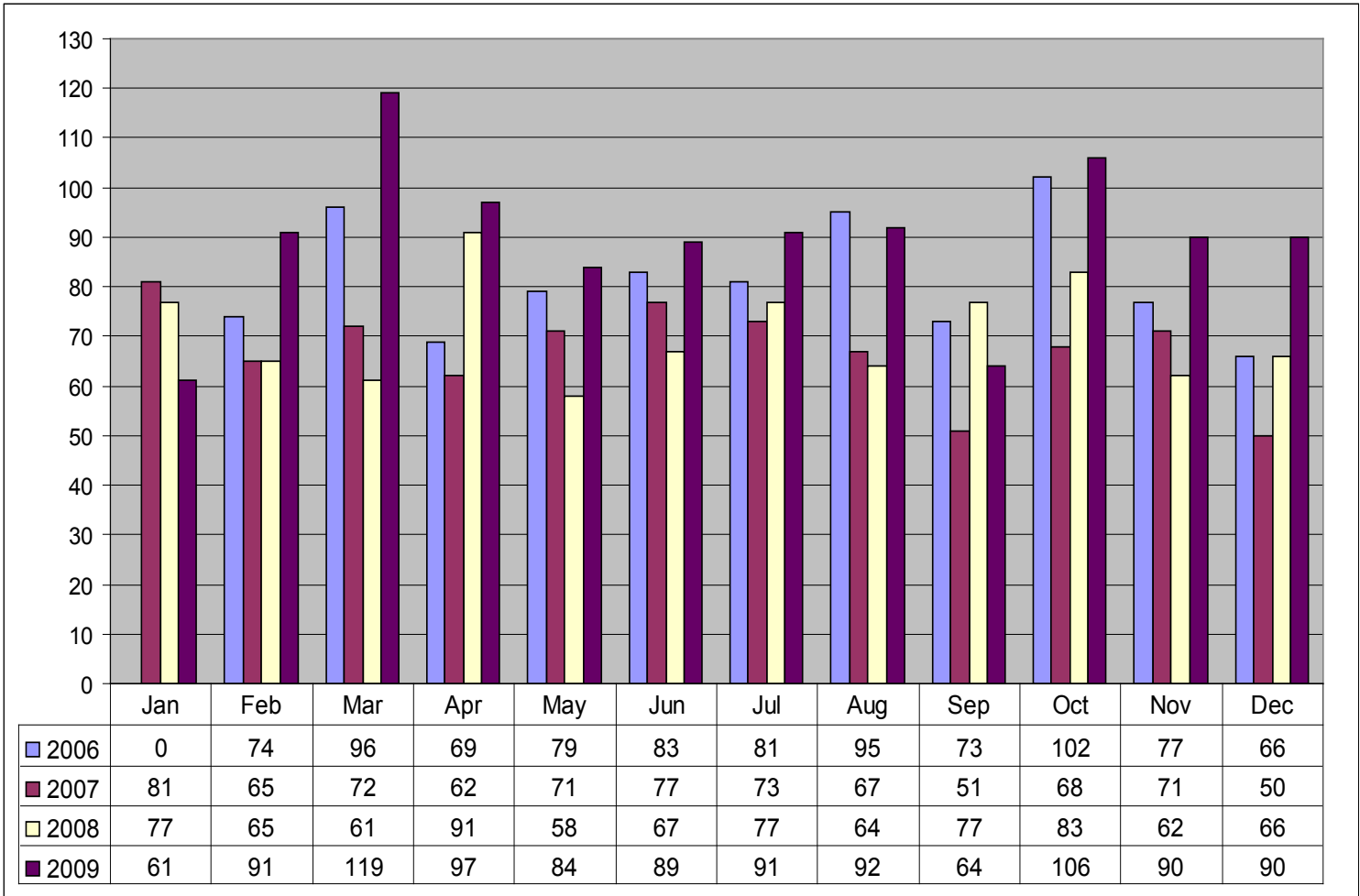
Feb 14: Chinese New Year

Feb 15: President's Day - CLOSED

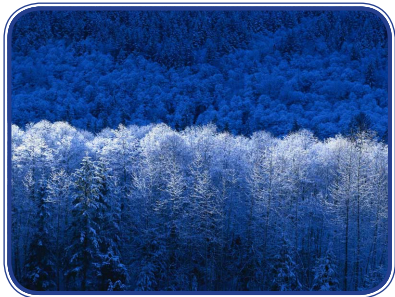
Feb 20: Northern Hemisphere Hoodie Hoo Day


Feb 28: National Tooth Fairy Day

Hearings



	2006	2007	2008	2009
Jan	0	81	77	61
Feb	74	65	65	91
Mar	96	72	61	119
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	90
Dec	66	50	66	90
Jan-Jun	401	428	419	541
Jul-Dec	494	380	429	533
TOTALS	895	808	848	1074





Don't forget! If you want to see all the SSA cases a client has, use **WQY2,SSN** on the mainframe instead of skipping straight to W204. WQY2 will display SSA cases with which the client is associated even if the case is under someone else's number. It's a quick and easy way to prevent errors!

Total does not include 13 UI requests.

Case management



Supervising to Strengths

In the November, 2009 issue of In the Loop, recent and on-going training on Strengthening Case Management was profiled. In this issue, Supervising to Strengths, strengths based training for supervisors is highlighted.

Getting started

The Supervising to Strengths training began in February of 2008 with 78 supervisors and managers from across the state, both SPD and AAA, gathering for Module I, an introduction to the concepts of strengths based work. This introduction covered understanding and identifying strengths, the concepts that motivation is based on working from strengths and building on identified coping and resiliency strengths can empower people to change. The goal of strengths based work is empowerment rather than enabling and this work is accomplished through an empathetic relationship. Discussion focused on a framework for supervision that incorporates a teaching perspective and fosters a sense of professionalism including being respectful, transparent and setting appropriate boundaries.

Despite a bomb threat and building evacuation, the evaluations were overwhelming positive; reflecting interest in the material, noting the contents direct relevance to work and requesting further training and time to practice techniques.

Tools and a chance to practice

Module II, offered in the spring of 2009, focused on the supervisory tools for engagement and developing skills to model a parallel process; the ways that supervisors work with case managers can be a model for the methods case managers use to work with clients. Participants practiced recognizing different types of strengths, asking questions to prompt thinking and reveal strengths, using coaching tools such as active listening, paraphrasing, reflecting and validating emotions and summarizing. Using such techniques, supervisors can build empathetic bridges to help motivate staff and for staff to help motivate clients toward goals. Feedback from participants noted that the techniques were appealing because they were so positive, practical, gave new an approach when other approaches proved ineffective, would help workers to think more independently and gain skills and might save some time.

Module III: Motivation

Module III, just completed this month, focused on motivation. Work is a constantly changing environment, much of which is outside of direct control: how can managers cope and adapt to change and assist staff to do so successfully? Participants explored factors that influence change including motivation, skills and resources. Participants practiced increasing the awareness of risks and problems with status quo and helping workers to resolve ambivalence about change to move them towards action. Common pitfalls of advice giving and telling people what to do rather than collaborative problem solving were identified. Supervision through collaborative problem solving is the goal.

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The seeds of goals

A fun exercise showed managers how often complaints often held the seeds of goals and could be nourished into action steps to address concerns. In one situation, month after month, errors would occur when the manager was convinced the worker knew the policy better than the work product showed. The worker complained about bad reviews, time constraints and being unhappy at work. The supervisor and worker re-framed the complaints as a desire to perform better. The worker then decided to change her practice to include a checklist and a self-completed case review before moving on to more work which dramatically improved her performance. Using strengths based techniques resolved the problem in a positive manner and created sustainable new practice.

The future

Evaluations reveal that managers value these training as an opportunity to learn new techniques, re-refresh and practice skills and to share with their peers. To encourage practice, supervisors will be sharing their experiences through group emails and other methods facilitated by Field Services. Field Services and Portland State University will also offer supervisors Module IV Supervising to Strengths later this year and will be developing additional materials, such as video case studies and workbooks for those who missed earlier sessions.

Oregon Access updates

The OA release which took place on Friday January 15, 2010 allows users to create and approve benefits with a start date 60 days in the future (increased from 45). Additionally, the Home Delivered Meals option in the Select drop down list will be disabled. Look for additional web forms to be released in the future.

Still have questions about the elimination of the SIP? [Click here for frequently asked question on this policy and process.](#)



Central Office Field Services Team:

Carolyn Ross - Field Services Manager	Sudha Ramakrishnan -SPD Training Coordinator
Carol Mauser - Operations Manager	Karen Gulliver - Quality Assurance
Donna Weaver - Operations Manager	Debbie Harms - Executive Support
Sandy Hata - Diversion Manager	Janet Morse - Administrative/Technical Assistant and Hearings Coordinator
Naomi Sacks - Project Manager	
Caryn Whatley - Hearings Policy Analyst	