



SPD Field Services: *In the Loop*

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Chatting with Janet Morse

Karen Gulliver (KG) met and interviewed Janet Morse (JM), Hearing Coordinator and Administrative and Technical Assistant For SPD Field Services.



KG: How long have you worked for Field Services and what do you do?

JM: I started in July of 2006 Prior to that I worked at Worker's Comp Division at DCBS.

KG: And DCBS is?

JM: Department of Consumer and Business Services. The umbrella with a bunch of divisions underneath of it; Worker's Comp was one of them and I worked for Worker's Comp for ten years and decided to make a change so I came over here. And I've been here ever since then in Field Services. My duties have changed dramatically since when I first started. I am more involved with the hearings, the hearings reps working with them.

KG: You didn't do anything with hearings initially?

JM: I did, but on a smaller scale. Now that we have more hearings reps it involves a little bit more juggling of the rotational schedules and working with the database and I'm coming up more now with statistics. Not counting the number of "widgets" but further down the road of how long it takes to process those "widgets" and I think that is coming on down the pike. It's going to change for measurements, for metrics. Because we don't want to measure how many we've done, it's how
(continued on next page)

(continued from previous page) timely they've been processed. Which leads along the lines of the Lean, which we used to call it back over there its Process Improvement, but it's all the same thing.

KG: How does the field interact with you when they have hearings?

JM: The local offices will fax or scan/email hearing requests and that's the first contact I will have with the local office. The second contact I might have with them is if they do not complete the requirements of sending a hearing request so then I usually contact them by phone or by email and ask them for the correct information or if they have incomplete information then I have them send that back to me. I work a lot with folks in the field. I work a lot with them on preparing invoices that may have to do with ALT format, interpreters, translations...

I work on a large scale with a lot, with *all* of the District Managers. Mostly working with answering any questions about invoices, motor pool cars; TRIPS. Processing all of their TRIPS and making sure that they get their money – cha-ching! I show them the money. That's a big priority for me because if it's somebody else's money, then that's important to me to get that processed first. I go way beyond the normal person probably, maybe more than I should, uh, but I know how I want to be treated if I asked for something, a task or a request, or whatever. That to the best of my ability I will get that to the person as timely, as effectively as possible. If I don't have an answer, I'll go find the answer; if I don't know how to do it, I'll go find out how to do it; and make sure that it gets done and then follow up on it.

KG: You participated in the quilt for the Governor's food Drive, you made a square.

JM: I made two squares.

KG: Ok, two squares. What else can you tell us about you?

JM: I guess the first thing people notice about me is my sense of humor; you have to have a sense of humor. Sometimes I lose my sense of humor, I lose my perspective and then something will happen to put it right back. Let's see... I have an anniversary coming up. I've been married; it'll be 35 years June 14th to the same man. He is the most incredible person I have met in my lifetime. I'm just kind of biased but I wish I could share him with more people in the world. We met at my brother's wedding - he was the best man and my brother's roommate when they were in the Air Force. So we met each other at my brother's wedding and the rest is history.

And we have a son, Aaron, who will be 28 this year. Aaron came six weeks early. He spent a month up in the intensive care unit in Spokane, Washington. And now he is 28 years old, he is married, gonna be two and a half years. I have the most wonderful, again I'm biased, wonderful daughter-in-law, Whitney, who is the most incredible young woman I could ever be blessed with for a daughter-in-law. She was diagnosed with Hodgkin's disease which is the exact same disease that my husband had 27 years ago. And she is doing fantastic. She has a wonderful attitude about all of it.

And the knitting. Normally, I was a crotchetier. I just knew how to do basic knitting and purling and stuff like that. However now that I've joined the Tuesday at lunch time knitting group and we made the quilt for the Food Drive, *(continued on page 10)*



SNAP

Transportation Service Payments treatment

One of the Special Needs Payments for clients which began as a result of the monthly \$1.70 SIP payment ending is the Transportation Service Payment (TSP). Clients with SSI as their only source of income and presumptive clients who have a non-medical, non-waivered transportation cost not covered by any other source, could be eligible for a TSP of up to \$25 per month.

Because a client can use this benefit for any non-covered activity – including shopping or visiting friends – some clients will request and receive \$25 TSP every month. The payment is not meant to replace natural supports nor can it be used for purchase or maintenance, including purchase of gasoline, of a vehicle. Although this payment may be regular, it is *not* countable SNAP income.

If you are unclear how to treat or code this income, please see the OSIPM manual, H: Special Needs, 17: [Transportation Services Payment](#) and rule [461-155-0693](#).



April 2010 SNAP honor roll

100% Accuracy!

0311	Oregon City SPD	100%	1717	Grants Pass DSO	100%
0313	Milwaukie SPD	100%	1811	Klamath Falls SPD	100%
0314	Estacada SPD	100%	1911	Woodburn ADS	100%
0511	St. Helens SPD	100%	2412	South Salem ADS	100%
0913	LaPine SPD	100%	2711	Dallas ADS	100%
1211	John Day SPD	100%	2911	Tillamook ADS	100%
1311	Burns SPD	100%	3112	Enterprise SPD	100%
1612	Madras SPD	100%	3617	McMinnville ADS	

90% or Better Accuracy!

3515	Portland ADS	97.44	3011	Pendleton SPD	93.33
2411	North Salem ADS	96.00	3013	Hermiston SPD	93.33
3411	Hillsboro SPD	96.00	2311	Ontario SPD	92.00
1513	Medford SSO	95.83	0914	Redmond SPD	92.00
2011	Eugene LCOG	95.00	1517	Medford DSO	92.00
0911	Bend SPD	94.12	3518	East Mutlnomah ADS	92.00
0111	Baker City SPD	93.33	2111	Toledo SPD	90.91
0411	Warrenton ADS	93.33	2818	N/NE Portland ADS	90.00
2019	Cottage Grove AAA	93.33			

Policy

Postponed disqualifications for transferring assets

For disqualifying transfers of assets that occur on July 1, 2006 or later, the penalty must be served when the client applies for and would be eligible for Medicaid services, except that the client must serve the disqualification instead. Most applicants receive the *Notice of Disqualification for Transfer of Assets (SDS 540T)* notifying them of the period of ineligibility, and Medicaid services are approved after the penalty has been served.

However, some applicants who disclose a disqualifying transfer at intake cannot serve the disqualification at that time, because the client is not otherwise eligible. For example, the client may have resources in excess of the limit or may not have a condition that meets the required service priority level. When the client is not eligible, the case must be denied for the non-transfer reason (e.g., for excess resources). The disqualification is postponed until the client reapplies and is found eligible.

But wait! For postponed disqualification cases such as this, the eligibility worker's responsibility does not stop there. When the worker has information that may result in a disqualifying transfer at a later date, the worker needs to let the client know the disqualification process for planning purposes. The *Information on the Transfer of Assets Penalty (SDS 543)* may be helpful in doing this. The client needs to know the disqualification penalty will not begin until they reapply and are determined eligible. The client also needs to know about the penalty because it may affect:

- plans for spending excess resources;
- arrangements for the cost of care during the disqualification; or
- whether they take action to recover gifted assets.

Although it may be difficult to discuss a disqualifying transfer situation when the client is being denied for another reason, in order to best serve our clients, we must give them the full picture about what affects their eligibility at each application. As always, narrate in Oregon ACCESS all oral explanations and forms given to the client regarding the future disqualification.


Another fact about postponing disqualifications: If a client who has made a disqualifying transfer is eligible for Medicaid services except that the client has not established an income cap trust (ICT), do not require the trust in order to start the disqualification period. The only reason for establishing an ICT is to become eligible for Medicaid.

The client should not be required to establish an ICT when it will not make them eligible for Medicaid, but will only start a penalty period instead. If the ICT is the only eligibility factor lacking, begin the disqualification and assume that the client will establish an ICT to become eligible for Medicaid services after the penalty period has been served.



Joanne Schiedler, SPD Operations and Policy Analyst

June 2010 training calendar

Monday	Tuesday	Wednesday	Thursday	Friday
	1 Strengthening Case Mngment Module II (8:30 - 4:30) Competency & Diversity in DHS (8:30 - 4:30)	2 Regional Transition Team Training (8:30 - 4:30)	3 Cultural Competency & Diversity in DHS (8:30 - 4:30)	4 
7	8 Oregon ACCESS Basics (8:30 - 4:30)	9 Oregon ACCESS Basics (8:30 - 4:30) Cultural Competency & Diversity in DHS (8:30 - 4:30) MMIS Contact Tracking Mangmnt System (1:30 - 4:30) APS Interviewing Skills (8:30 - 5:00)	10 New Employee Orientation (8:00 - 5:00) Competency & Diversity in DHS (8:30 - 4:30)	11
14 Cultural Competency & Diversity in DHS (8:30 - 4:30)	15 CBC: 512 (8:30 - 4:30)	16 CBC: 512 (8:30 - 4:30) MMIS Data Inquiry & Update (8:30 - 11:30) DHS Core Values (8:30 - 12:00) MMIS Managed Care for Case Managers (1:30 - 4:30) Regional Transition Team Training (8:30 - 4:30)	17	18 STATE OFFICES CLOSED
21 Eligibility 201 (1:00 - 4:30)	22 Eligibility 201 (8:30 - 4:30) Competency & Diversity in DHS (8:30 - 4:30)	23 Eligibility 201 (8:30 - 4:30) MMIS Plan of Care (8:30 - 11:30) Competency & Diversity in DHS (8:30 - 4:30) MMIS Manged Care Enrollment/Disenrollment (1:30 - 4:30)	24 Eligibility 201 (8:30 - 4:30) Strengthening Case Mngment Module II (8:30 - 4:30)	25 Eligibility 201 (8:30 - 4:30)
28	29	30		

Dates and availability of classes are subject to change. Please review availability on the [DHS Learning Center](#).

Modernization

Update from the Modernization Program

I must first say that I welcome having my first month on the job behind me! There has been much to do and I was anxious for the foundation of our business transition plan to be laid. One of the most important parts of this plan will be the input and the support of the District Representative (DR) group. The vision is for the group to be the voice for the field and to provide the field with support and information during the transition.



This group convened for their first meeting on May 11 and they did not disappoint in their role as a voice for the field! They were as engaged and as enthusiastic as I could have hoped. They immediately honed in on the issues that will need to be addressed so that the impact of the roll-out is minimal. During the demonstration of the Online Application and the Caseworker Application Processing Interface (CAPI), they were paying close attention to the details that they know will be important to staff. I could almost see the wheels turning as the reps were thinking about how a pilot might work in their areas. Jesse Parsons from District 13 eagerly said “When can we start?”

*Did you ever wonder why it is called the **Self-Sufficiency Modernization Program**?*

This project was initiated by CAF-SSP during the 07-09 Legislative session. At that time, CAF was interested in the exploration of the replacement of our mainframe systems—particularly CMS and FSMIS. These systems are “owned” and maintained by CAF-SSP. The Project has expanded its scope since then, but the original goal of **Modernization** still exists.

I have been excited about this project for a long time and it is inspiring to see how many others feel the same way. I hope you will all agree and see the tremendous benefits to providing clients with **access to our benefits in a new and innovative way**.

Jennifer de Jong

Central Office Field Services Team

Carolyn Ross - Field Services Manager
Sandy Hata - Transition Services Manager
Carol Mauser - Operations Manager
Donna Weaver - Operations Manager
Jennifer de Jong - SPD Modernization
Program Business Transition Manager
Tammy Mazon - SPD Modernization

Debbie Harms - Executive Support
Nathan Singer - Transition Services
Caryn Whatley - Hearings Policy Analyst
Karen Gulliver - Quality Assurance
Janet Morse - Administrative/Technical
Assistant and Hearings Coordinator

Modernization

SPD-SSM District representatives



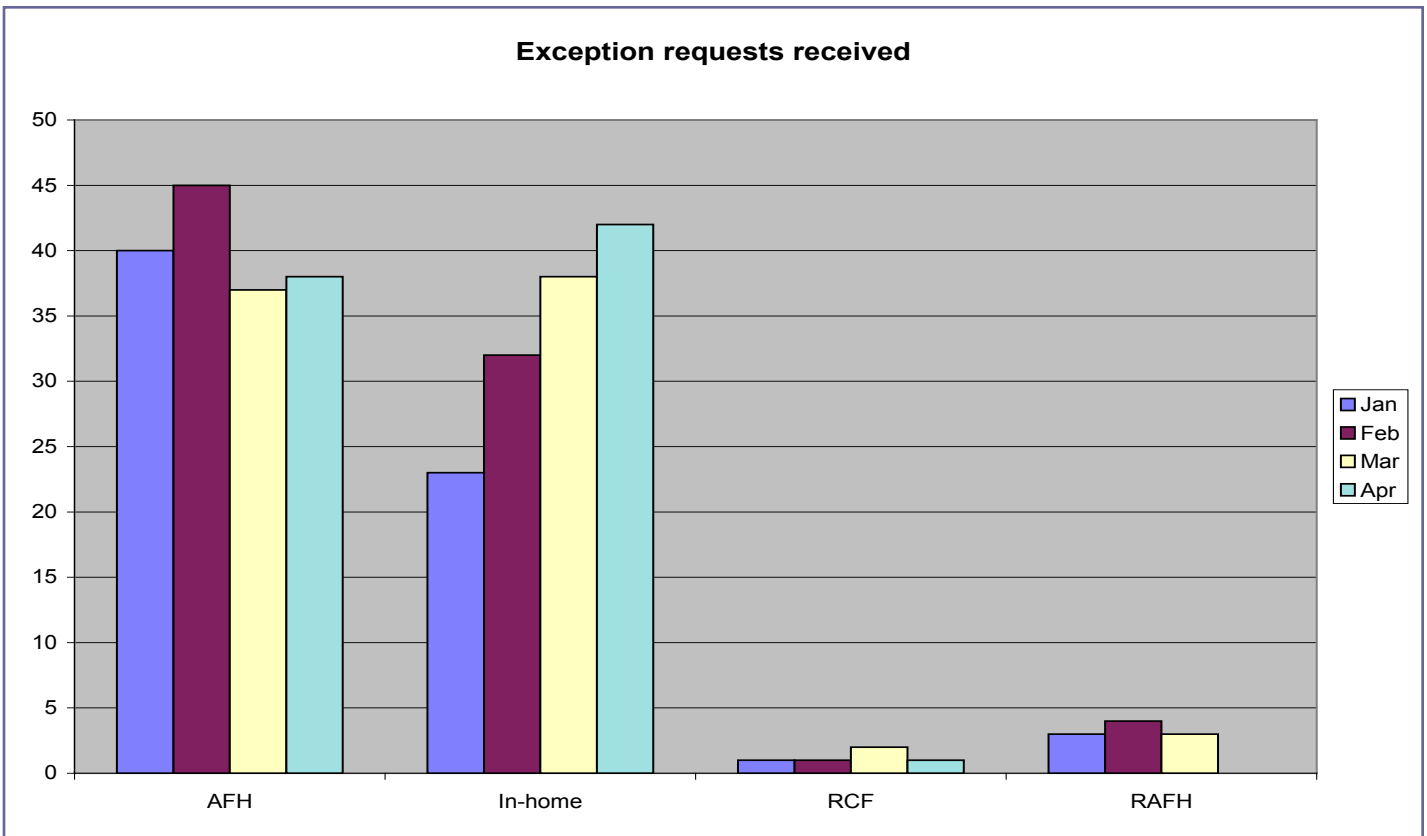
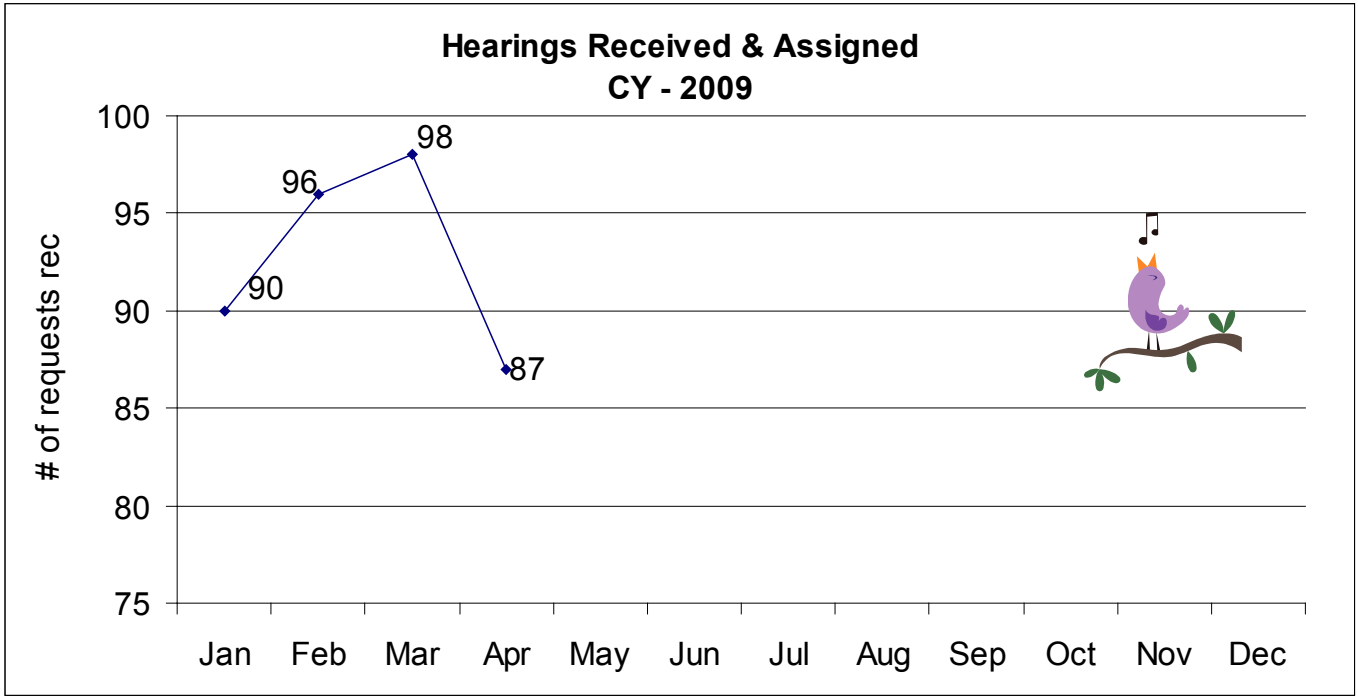
Name	Area/Office
Don Captein	District 2 - Multnomah County ADS
Alice Choi	District 16 - Beaverton
Melinda Compton	NWSDS-Salem
Tricia Costa-Hildago	NWSDS Woodburn
Andrea Fenner	District 11 - Klamath Falls
Marci Howard	District 4 - OCWCOG
Valentina Krichun	NWSDS Salem
Melodie Kozol	District 15 – Milwaukie
Megan Lofgren	District 4 - OCWCOG
Christine Maciel	District 8 – Grants Pass
Melissa Merz	District 10 - Bend
Becky Miltenberger	District 12- Hermiston
Denise Minson	District 9 - The Dalles
Peggy Nahalka	District 15 - Estacada
Chela Navejar	District 12 - Hermiston
Jesse Parsons	District 13 – La Grande
Lynette Pierce	District 16 - Tigard
Susan Roberts	District 5 - LCOG
Jenny Sneddon	District 7 - North Bend
Becky Tripp	District 2 - Multnomah County ADS
Kairi Wheeler	District 6 - Roseburg
Bob Weir	NWSDS-Salem
Central Office Staff	
Jennifer de Jong	SPD-SSM Business Transition
Kim Fredlund	SSP-SSM Business Transition
Carol Mauser	SPD Field Services
Tammy Mazon	SPD-SSM Business Transition
Donna Weaver	SPD Field Services

June 2010

Adopt a Shelter Cat Month
 Professional Wellness Month
 June 6 - 12: Headache Awareness Week
 June 14 - 20: Men’s Health Week
 June 6: National Cancer Survivors Day
June 18: State offices CLOSED
 June 20: Father’s Day
 June 21: Summer Solstice

Hearings and Exceptions

	Food Stamps	Medical	OVRPMT	PMDDT	Services	OTHER	DD case	UI
January	11	15	18	25	13	3	5	13
February	15	22	17	19	19	1	3	8
March	19	19	11	25	18	4	2	7
April	19	30	7	14	14	2	1	5



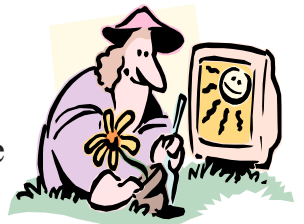
Older adults and gambling

Recent studies show that among adults over 65 years of age, gambling is the most frequently identified social activity. For some it is fun, for others it becomes a serious problem. More than 6,000 Oregonians age 62 years or older are believed to have gambling problems, and some of them are your clients.

Seniors are catered to by some gambling venues. Stories like this are not uncommon: “the casino was supplying older adults with scooters and wheelchairs...many even provided oxygen...casinos always remember their birthday, and if they stayed away too long, the casino would send them a card saying that they were missed.” Of course, casinos aren’t the only ones promoting gambling to elders—senior centers and retirement homes routinely sponsor bingo nights and poker clubs.

Older adults’ gambling is of particular concern because many of them face life transitions and losses (deaths, retirement, illness, isolation) that make them more vulnerable. Many older adults have easy access to gambling and are drawn to it to fill their time or to be with other people.

Further, older adults may hide a gambling problem because of the stigma and health professionals rarely assess for problem gambling. Older adults may also have cognitive impairments that can affect their ability to make sound decisions. All this is complicated by the fact that older adults who have gambled away their retirement savings don’t have working years to make up their losses.



What can you do? First, learn more about the issue—go to <http://www.problemgamblingprevention.org/older-adults.htm> or <http://www.1877mylimit.org/resourcetoc.asp#seniors>. DHS Problem Gambling Services staff are available for brief presentations at inservices or meetings; email wendy.hausotter@state.or.us for more information.

Second, familiarize yourself with treatment resources--in Oregon, treatment for problem gambling is free. Help options include telephone counseling, in-person individual counseling, and group counseling. **Oregon’s problem gambling helpline is a confidential, 24-hour resource for information or help at no cost: 1-877-MYLIMIT or 1877mylimit.org.**

Dr. Lia Nower, national problem gambling researcher, advises, “If you’re a social worker who works at a senior center and your senior center sponsors casino trips or poker night, you should also be actively sponsoring programs to educate older adults in the dangers of gambling and dispel some of the myths. We need to provide prevention at every opportunity, particularly since a majority of older adults won’t seek out help on their own.”

Wendy Hausotter, AMH, Problem Gambling Services



Don’t forget! Make sure you code medical recipients with the correct citizenship codes. If you are pending for documentation, code “CIP” and the due date. If the client needs more time, send a new pending notice with a new due date, code the case “CIE” and the new due date.

(continued from page 2) I've started doing more knitting now and have really learned so much from these ladies. And not just in knitting. But in their lives and it reminds me of the circle of life of the women, of the sisterhood you might say; yeah, of the generations. I'd like to think I'm the youngest in the group but I think we're all pretty much along the same age group. There are some newer people who are coming in and to be able to pass that talent on to other women is really kind of nice.

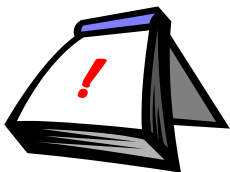
And then obviously the other thing I have gotten in to is Toastmasters. I've been a Toastmaster for probably 13, 14 years. For 13 years, I have been a member of Toasting Excellence, a Toastmasters club. When I joined Toastmasters, all I wanted to do was learn how to overcome my fear of speaking in front of a group without passing out. Over the years, Toastmasters has helped me overcome my fear so much that last year I competed in a speech contest held at the Portland Coliseum.....in front of 400 people! Learning communication and leadership skills has given me the opportunity to serve as President of my club again this year. I have also participated in the higher levels of the Toastmasters organization.



KG: What is something you've done that was a really great achievement?

JM: I was really proud of which something that started years ago was and it was something called Process Improvement. The course was called PRISM and it was a three day thing, almost like our RPI here. Out of that came me coming up with a way for the - it's called Benefit Consultation Unit. They were the ones who took the phone calls from people. Like hundreds of phone calls a month. Well they were hand writing all these phone calls that would come in, all the information on it. And I looked at that thinking there's got to be a better way. Why are they not doing this electronically? So what I did was I timed phone calls. I took a sampling of about 4 different gals and I had them answer a phone call, handwrite the stuff and it might have been like maybe 50 seconds that it took for them to handwrite all of that. Then I had the second sample of the same people, but I had them do it with a spreadsheet that I had created and it cut it down to maybe 15 seconds.

I was actually very proud of that. Only because I kept wondering, does this really work? And I proved to myself that it does; if you put your mind to it and can figure out a way there are ways that you can save. Because that's not only saving the state money, its saving people time and its more efficient and I'm kind of that kind of person anyways. Wanting to improve the way things are done, not just because we've always done it that way.



FYI:

Normally SPD would not have a check run on May 28th since it is the last working day of the month but due to the holiday in this month, there will be a special check run on the night of May 28th. Checks will not be mailed until Tuesday, June 1st.

Quality Assurance

Census Income

Census income is excluded for all DHS programs except EXT medical and for OSIPM clients in non standard living arrangements.

For SNAP, Oregon has a waiver which allows for the exclusion of census income to temporary census workers. However, the waiver requires the income be tracked.

When a SNAP household has temporary census income, code the *HH Types* field with the code *CEN*. See [SS-AR-10-001](#).

Workers need to have a conversation with the client and determine the monthly amount of

Cnty: 059 HH Types: SSI NED CEN
City St: PENDLETON, OR Zip: 97801

census income being received by the household. If the client has verification, use the information provided. If the client has no verification, accept the client's statement. Do not pend or deny a case because of lack of verification.

To track the census income, add a narration explaining who is receiving the income and how much is received monthly. Make sure the income is clearly labeled in the narrative as the excluded census income will reported to the Food and Nutrition Service (FNS) when the census project is complete.

AFH Exceptions

Here are a few tips to remember when requesting an exceptional rate request for an adult foster home—

- * Use the newest version of the SDS 0514 form. It was changed recently and includes important information that is not on the old form.
- * There is no need to attach CAPS assessments or Oregon Access narratives with your request.
- * The AFH Class Level of the adult foster home will be compared to the CAPS assessment results. As a reminder, residents who need full assistance in four or more Activities of Daily Living must reside in a Class 3 home. If you have a client who needs full assistance in 4 ADLs and the home is Class 1 or Class 2, the provider must have been granted an exception from your licensor to reside in the home. If this is the case, it will speed up the review process if you include the licensor's exception with your exceptional rate request.
- * Resident managers should not be listed on the 514A as a caregiver. We can not pay exceptional rates for a resident manager to care for a resident. They are already being paid to live there and care for the residents.
- * When completing the 514A, focus on the tasks that need an additional caregiver. Most tasks are included in the base rate. The only tasks that should be listed on the 514A are ones that require additional hours and staffing.