

In the Loop

A division by any other name...

When the Department of Human Services and the Oregon Health Authority became two separate agencies both agencies had an opportunity to look at their programmatic structure and determine what works, and what might work better if organized differently. DHS used this opportunity to re-define our structure to be more program and outcome driven and more focused on the delivery of services to the populations we serve.

As a part of the redefined structure, rather than maintaining the divisional structure that previously existed, Children, Adults and Families and Seniors and People with Disabilities, we have structured ourselves in support of the service delivery system into the five programmatic areas: Self-Sufficiency, Child Welfare, Vocational Rehabilitation, Aging and People with Disabilities, and Developmental Disabilities. Although this

caused some minor changing of names, the changes are not significant.

The division formerly known as Seniors and People with Disabilities, are Aging and People with Disabilities and Developmental Disabilities, or APD and DD.

Field offices do not need to change signage, order new letterhead or business cards, or make any other changes which could be costly: the new initial does not change the population served or the work completed in the field.

If you have questions or concerns, or hear rumors you would like to check, please contact me. When I have more information or updates, I will share them with the field.



*Trisha Baxter, Chief Operating Officer
Aging and Disability Programs*

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

Student update

Effective October 1, 2011, SNAP policy made a couple of minor changes to student eligibility. As a result, the SNAP analysts have received a large number of questions relating to student policy that has not changed.

Students will now be eligible if they are receiving unemployment compensation (UC) benefits. This was not true prior to October 1. The ECLM screen will verify receipt of these payments. Students also can be eligible if they are participating in one of the employment department's training programs. This piece is not new policy.

The second change has to do with work study. If a student is **awarded** work study **and** the school has no work study positions available, the student will be eligible provided they did not turn down a position. Prior to October 1, a student had to have been awarded work-study and be assigned a position in the current term.

The confusion seems to be about being awarded work-study. Nothing will qualify a student based on work-study unless it has actually been awarded. So start with the award letter. If work-study isn't on the award letter, the student is not eligible unless they qualify under one of the other student criteria.



SNAP policy analysts



Frequent email contacts

Since the address book for DHS has moved to Outlook, some groups have become a little more challenging to locate. Below are some of the most requested addresses.

- Service Desk: dhs.servicedesk@state.or.us
- CES : ces.dmap@state.or.us
- Exceptions: spd.exceptions@state.or.us
- HCW terminations: hcw.terminations@state.or.us
- Hearings (SPD): spd.hearings@state.or.us
- OPAR -HIG : reimbursements.hipp@state.or.us
- ICP: icp.spd@state.or.us
- MED: med.spd@state.or.us
- SNAP analysts: snap.policy@state.or.us
- SSP medical: medical.ssp-policy@state.or.us
- 5503 transfers: 5503sspcasetransfers@state.or.us



CAPI tip of the month

Did you know the 3400 form was added to the Online Application? When a client applies for benefits they will have electronically received the 3400 form. Remember - there is no longer a need to narrate the client receiving the form.

TTT highlights

Below are some highlights from the December 22, 2011 Train the Trainer (TTT) meeting. More is discussed in the meeting, so please regard this as *only* a highlight. To find out more about attending or presenting at the TTT meetings, contact [Lauren Mitchell](#).

QMB:

- QMB-BAS recipients who also have a buy-in start their medical coverage the first of the month following the eligibility determination - just like non buy-in QMB-BAS clients.
 - The rules for the buy-in unit do not match the QMB rules so the buy-in may start the month before the month of eligibility due to the ability to receive a Federal match.
 - See the [QMB program manual](#) for more information.
- QMB recipients who become incarcerated may be eligible for continuation of their benefit if the client is released before their Medicare benefit has stopped.
 - If Medicare stopped during the incarceration, QMB cannot be opened again until the Medicare is reinstated.
 - Once Medicare is reinstated, the client may be eligible again the first of the month following the eligibility determination.

Case management:

- *Reminder:* do not assign hours to natural supports; only assign hours to paid providers.
 - Please continue to identify the tasks provided by the natural support.
 - Use *Natural Support* from the drop down list on the CAPS hours segments to documents the reason not all hours have been assigned.
- Check the [DHS Learning Center](#) for upcoming training in February and March on case management, including a training on Service Priority Levels.



Transfer on Death deed:

- Effective January 1, 2012, Oregon will allow real estate to be transferred to another person at the owner's death through a Transfer on Death deed. The change of ownership in the deed takes effect only upon the original owner's death and avoids probate.
 - Transfer on Death deeds are always revocable.
 - The transfer will not supersede recovery by the Estates Administration Unit.

Elective Share statute:

- A spouse may not disinherit a spouse completely; the surviving spouse has a right to elect against a will and take an "elective share," which is a percentage of the deceased spouse's estate. Previously, this was 25%. Changes were made in this statutory scheme, effective for decedents who die on or after January 1, 2011 (that's right: a year ago).

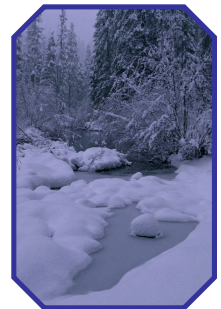
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- The percentage is now on a sliding scale, from 5% for marriages of less than two years to 33% for marriages of 15 years or more.
- Importantly, the timing has changed, too. The surviving spouse must claim the elective share, by filing certain specified paperwork in court, within nine months after the death of their spouse.
- As always, when workers learn of the death of an institutionalized spouse's spouse, we must insist the institutionalized spouse take appropriate action in a timely manner.

SNAP:

- The information used to update a Medicaid program with a new COLA amount is considered verified upon receipt for SNAP and the SNAP case must be updated, regardless of the reporting system.
- When a client sends in a Social Security award letter – or other income verification – the new amount is considered verified upon receipt and the SNAP case must be updated, regardless of the SNAP reporting system.



Miscellaneous:

- The 512 is not a notice of liability.
- See [SPD-IM-11-077](#) regarding COLA updates for each program.
- Clients who have an outstanding bill and receive an Aid and Attendance check must pay the bill, even if they spend the money prior to telling their worker.
- Use the original date of disqualification to recalculate the end date of the disqualification when a client is incrementally paying back an invalid transfer.

If you have questions on these topics, please contact your lead worker or manager, or the policy analysts for the program. Look for additional TTT updates also in this newsletter.

Fair housing: Sexual harassment

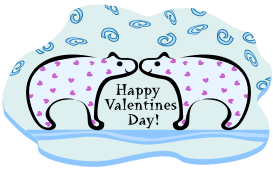
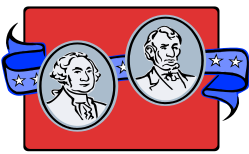

Gender, as a protected class under federal fair housing law, specifically includes sexual harassment. It is disturbing how often offers (or demands) for sex in lieu of rent are made. Also, unwanted or unwelcome touching, crude jokes, inappropriate conduct and inappropriate access to residents' units.

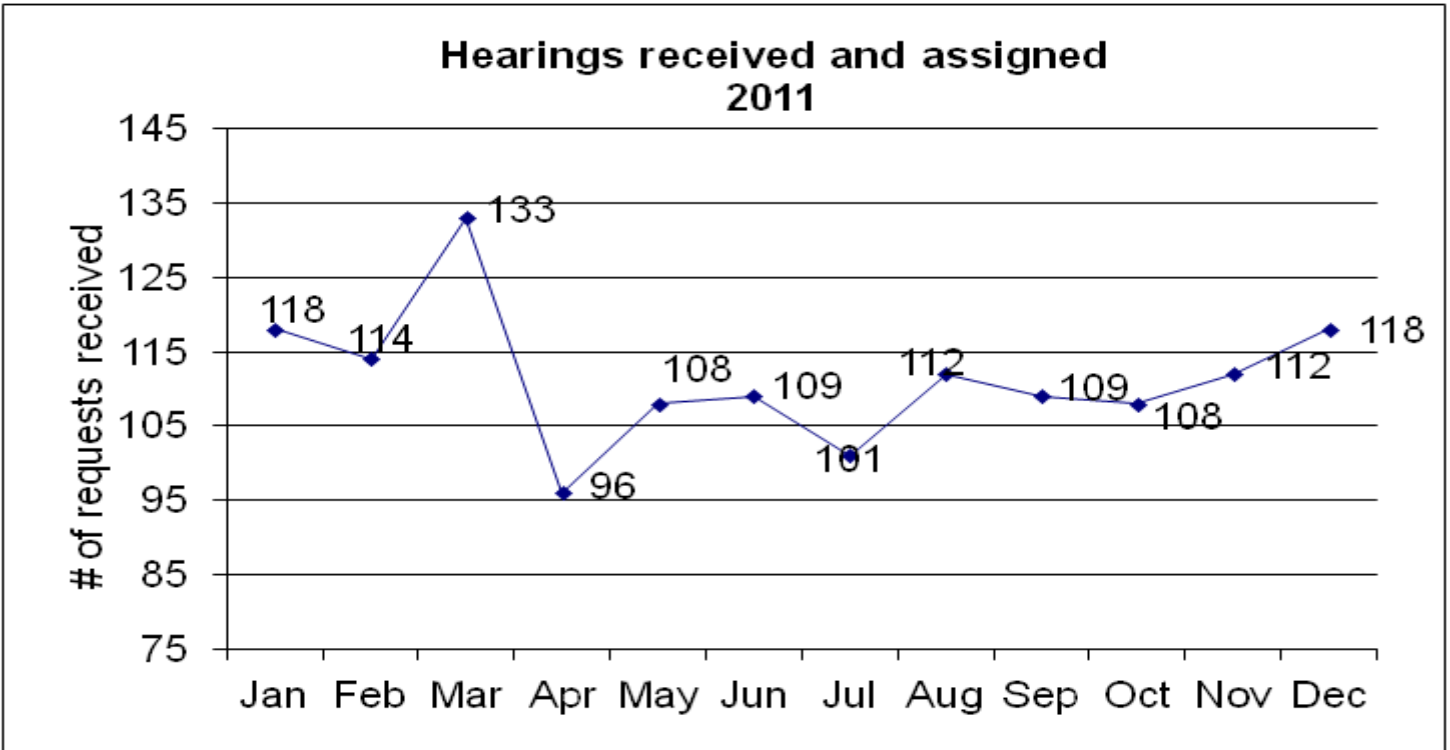
It is often those who may be less equipped to protect themselves or who have less alternatives who are targeted. The risk group includes single-parent households, those with low incomes and persons with disabilities.

For more information on these protected classes visit: www.FHCO.org/gender.htm. The Fair Housing Council is a nonprofit organization serving Oregon and South West Washington. Anyone many call the Fair Housing hotline at 800-424-3247, ext. 2; or visit www.fhco.org.

Jo Becker, Education and Outreach Coordinator, Fair Housing Council

February 2012 training calendar

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p><i>Dates and availability of classes are subject to change. Please review availability on the DHS Learning Center.</i></p> </div>				
6 Eligibility 201 (1:00 - 4:30)	7 Eligibility 201 (8:30 - 4:30)	8 Eligibility 201 (8:30 - 4:30) Core values (8:30 - 12:00)	9 Eligibility 201 (8:30 - 4:30)	10 Eligibility 201 (8:30 - 12:00)
13 Cultural competency and diversity (8:30 - 4:00)	14 	15 CAPS basics (8:30 - 4:00)	16 CAPS basics (8:30 - 4:00) Netlink: Payroll reporting for new employees (1:00 - 4:00)	17 Cultural competency and diversity (8:30 - 4:00)
20 CLOSED 	21 Cultural competency and diversity (8:30 - 4:00)	22 Advanced in-home service planning (8:30 - 4:30) Supervisors quarterly training (8:30 - 4:30)	23 Advanced in-home service planning (8:30 - 4:30)	24
27	28 Oregon ACCESS basics (8:30 - 4:30)	29 Oregon ACCESS basics (8:30 - 4:30)		



December 2011 SNAP honor roll

100% Accuracy!

0314 Estacada SPD	100%	2411 North Salem ADS	100%
0913 LaPine SPD	100%	2711 Dallas ADS	100%
1011 Roseburg SPD	100%	2911 Tillamook ADS	100%
1017 Roseburg DSO	100%	3111 LaGrande SPD	100%
1517 Medford DSO	100%	3211 Florence AAA	100%
1811 Klamath Falls SPD	100%	3311 The Dalles SPD	100%
2019 Cottage Grove AAA	100%	3411 Hillsboro SPD	100%

90% or Better Accuracy!

3515 Portland ADS	95.83	3011 Pendleton SPD	93.33
2011 Eugene LCOG	95.56	2311 Ontario SPD	92.86
0311 Oregon City SPD	93.33	1513 Medford SSO	92.00
0313 Milwaukie SPD	93.33	2518 Portland West ADS	92.00
0511 St. Helens SPD	93.33	2412 South Salem ADS	91.67
2111 Toledo ADS	93.33		

52% of all the APD/AAA offices are on the honor roll!

HIPP and PHI – TTT highlights

On November 1, 2011 the Health Insurance Premium Payment (HIPP) program moved exclusively to the Health Insurance Group (HIG); Private Health Insurance (PHI) payments are also part of HIG's responsibility. See [OPAR-IM-11-024](#) and [OPAR-IM-11-025](#).

The most noticeable change for the field is workers can no longer issue HIPP checks.

- Do not send the client an approval notice for payments;
- Do not attempt to issue a payment on a 437 form.
- If a client appears eligible, complete the [MSC 415H](#) and send it to HIG for review.
 - Be sure to use only the current version of the 415H;
 - Make sure every field is completed on the 415H before you send it to HIG; it's okay to pend for the missing information.

Cost effectiveness has been updated and is based on both the program for which the client is eligible and any special medical condition.

- If an applicant does not meet the cost effectiveness test for HIPP, HIG will make a PHI eligibility determinations using diagnosis codes – see [DMAP Worker Guide VII](#) for the full list and details.
- The change in cost effectiveness rates mean more people can be eligible for a payment.
 - Payments for employer sponsored medical (HIPP) or private health insurance (PHI) are more cost effective for the state and can save millions every year.
 - Clients receiving Medicare part A and B are not eligible for a premium reimbursement because there are no cost savings for the state.

Eligibility: Rules around who can be eligible for a HIPP or PHI payment have expanded and allow reimbursement for payments made for a policy holder even if they aren't in the recipients household.



- For example – a parent may be eligible for a payment for a child who lives in a group home; a non custodial parent may receive a payment for a child living with the other parent.
 - The state does not pay the cost of court-ordered health insurance.

Verification: To verify a payment has been made, look on MMIS in the TPL panel.

Hearings: Effective January 1, 2012 denial for HIPP is not a hearable issue because it has been determined HIPP is not a medical benefit.

Third party insurance cost avoids an average of \$4.5 million per month. Please review the new eligibility rules and the transmittals from DMAP so the program can continue to grow and save money. If you have questions please contact one of the Premium Reimbursement Coordinators: Janine Kelty 503 378-3324 or Lori Babcock 503 378-3226; or Carolyn Thiebes 503 378-3507, the TPL Analyst for OPAR. You can also email questions to [Reimbursements Hipp](#) or hipp.reimbursements@state.or.us.

Returned mail

Every case load generates some returned mail and since policies for our programs have different requirements, the action required on the returned mail varies by program. For all benefits, check Oregon ACCESS, the mainframe and the file for an updated address before taking action to close any benefits.



Medicaid:

- If Department mail or benefits are returned with no forwarding address, the Department gives the client the benefits if the client's whereabouts become known during the period covered by the returned benefits.
- Medicaid cases cannot be closed without a notice. Even if the mail is returned with no forwarding address or an out of state address, a notice of closure is required.
- For all benefits except SNAP, send a basic decision notice to the last known address when mail is returned with no forwarding address.
 - Use the *OM – Unable to locate* reason code to close the case.
 - The [SDS 540 Notice of Planned Action](#) (current version only, please) is the preferred notice. See [Worker Guide G.9](#) for some suggested notice language.
- For all benefits except SNAP, send a timely continuing benefit decision notice to the last known address when mail is returned with an out of state forwarding address.
 - See [OAR 461-001-0000](#) for definitions of both types of notices.
 - The [SDS 540 Notice of Planned Action](#) (current version only, please) is the preferred notice. See [Worker Guide G.9](#) for some suggested notice language.
- Watch the calendar; the same notice rules apply. Even when the client has no valid address, the notice for closure of benefits has to be sent on time or the case has to remain open another month.

SNAP only (SRS):

- If there is an updated or forwarding address on the returned piece of mail, update the mailing address on the system and resend the mail with the new address. Narrate the change only once; there is no need to narrate multiple pieces of returned mail.
- If there is NOT an updated or forwarding address on the returned piece of mail, check to see if one has been reported. When there is no new address, narrate the returned mail and do nothing else. Do not close the SNAP case when it is in SRS.
- When the forwarding address is out of state, consider this information verified on receipt and close the case using the *OS* reason code. No notice is required on the SNAP only cases, so remember to narrate.

SNAP only (CRS): CRS is more complicated and still uses the *RM* reason code for a closure. For details on CRS cases, see [SS-PT-10-013](#).

NOTE: Be sure to act on ALL benefits when a closure is needed. If the client is out of state for Medicaid, they are also out of state for SNAP!

February 2012

Low vision awareness month
International expect success month
Wise health consumer month

Feb. 1 -7 : Women's heart week

Feb. 5 -11: Dump your significant jerk week

Feb. 14 - 21: Alzheimer's staff education week

Feb. 2: Groundhog day

Feb 4: World cancer day

Feb. 8: National stop bullying day

Feb. 11: National shut-in visitation day

Feb. 14: Extra terrestrial culture day

Feb. 20: Northern hemisphere hoodie hoo day

Feb 20: CLOSED

Feb. 23: National chili day

Feb. 26: Academy Awards day

Feb. 28: Rare disease day

Feb. 29: Leap year day

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Don't forget! Manual Letter #54 is now available on the [SPD Staff Tools](#) web site. The Manual Letter summarizes changes to the SPD manuals, provides links to the updated sections and to the rule changes. #54 is full of changes related to the COLA and to policy for 2012. Check it out!



Modernization newsletters are archived on the [Modernization web page](#). Don't miss a thing!

Verification choices

Identity verification does NOT have to mean a state issued picture ID; income verification does NOT have to mean a pay stub. State ID or pay stubs are always welcome because they are easy for workers to use – but they are *not* mandatory and not always easy for our clients to provide.

[Worker Guide B.1](#) number 5 explains requirements around verification and the [DHS 223 Examples of Proof of Eligibility](#) provides the same information in the Worker Guide as a take away form for clients. If your local area has any other form which is given to clients explaining what they need to bring in, it could be violating DHS policy and should likely be discontinued.

Eligibility workers and case managers who pend for a specific type of verification - driver's license, pay stub, etc. – are actually doing a disservice to the client by limiting what the client is able to provide and potentially delaying benefits or services. If the client does not have or cannot get a state issued picture ID will they call and ask about an alternative? Or will they assume they can't get help without it?

Limiting verification is also strictly against policy and is reviewed by the Program Management Evaluation team as part of their Federal reviews. By using less specific language you will be preventing errors!

If you are in an area where workers were instructed to always ask for specific types of verification, please let that outdated notion go. You can ask for proof of gross income received on 12/15/11 but do not ask for a copy of the pay stub received on 12/15/11. General instead of specific is the way to go!

Every person, every time

Every client, or potential client, seen in person who is applying for any benefit, reapplying for any benefit, changing their address or changing their name must be asked about voter registration – every person, every time.

Clients seen in their own homes and clients seen in the office for benefit eligibility determinations are treated exactly the same - ask about voter registration with every person. If the client says they are already registered, it's a declination and the client needs to have a declination form – every time.

The requirements of the National Voter Registration Act (NVRA) say the agency needs *either* a completed voter registration form or a completed declination form for anyone who is a first time applicant, recertifying, or updating their contact information – every person, every time.

If you asked last year, or six months ago you still need to ask again – it's a Federal requirement. The potential penalties for not asking are expensive, so ask and ask again (and narrate that you did). Remember: every single person, every single time will keep us in compliance and out of penalty.

Need more information or have a questions? Contact [Karen Gulliver](#), 503-945-6460 or see chapter [VII.C](#) of the SSAM.

Hunger Champion Awards

The 2011 Hunger Champion Awards have been announced by the Food and Nutrition Services and Oregon received a number of recognitions:

- Gold category: Portland Metro Processing Center
- Silver Category: Ontario Self Sufficiency Office
- Bronze category: Corvallis Self Sufficiency Office;
Hillsboro Self Sufficiency Office;
Medford DHS,
North Bend SPD;
North Salem Self Sufficiency Office;
Roseburg DHS.



Awards are given to offices which provide exemplary service helping SNAP clients obtain benefits in a unique or creative way. Branch nominations come from the local community, so not only do we think these areas are doing a great job, so do the people they serve.

Congratulations everyone!

Past issues of the *In the Loop* newsletter and an index of articles are both on the SPD Field Services web page: <http://www.dhs.state.or.us/spd/tools/field/index.htm>

Electronic health records and CCO update

In order to create a system of better health, better care and lower costs, we must be able to increase efficiency and provide people access to the information they need to manage their health and stay healthy. That's why the implementation of paperless, electronic health records (EHR) in hospitals and practices across the state is part of the discussion as we look toward coordinated care organizations.

Electronic health records can help improve quality and coordination of care by providing health care providers immediate access to their clients' complete and secure health records. The hope is with EHRs widely adopted, clients and their doctors could manage their health care together, scheduling appointments, filling prescriptions and even emailing each other. With access to a client's record, doctors could be notified of past medical tests, medications and allergies, avoiding repetition and unnecessary administrative costs.



Electronic health records and the secure exchange of health information, is part of the initial strategies behind Oregon's drive for better coordination of care. This fall was the launch of Oregon's Medicaid EHR Incentive Program, where hospitals and eligible health care providers who serve Oregon's most vulnerable can apply for federal funds to help support the implementation and use of EHRs in their practices. In the end, we are all clients. We all want access to quality health care and timely answers to our questions. Having access to our own electronic records, and allowing doctors to securely share records electronically, we can achieve better care and better health.

Learn more about the Oregon's EHR Incentive Program at <http://medicaidehrincentives.oregon.gov/>.

Stay involved and be heard about Coordinated Care Organizations. There will be two more public comment periods before the proposal goes to the legislature. You can give your input at www.health.oregon.gov.

Coordinated Care Organizations are about changing health care so it simply works better – for the clients, for the providers, for the community and for the state. The proposal is the result of work from the 133 Governor-appointed work group members, a series of eight community meetings around the state which brought input from more than 1,200 people, and public comment at the monthly Oregon Health Policy Board. Clients, nurses, doctors, mental health and addiction providers, home health care workers, and a wide variety of stakeholders have added their voices.

The latest information can be found at www.health.oregon.gov. Staff can also receive the latest updates on the [Health Transformation Blog](#).

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As always, if you have any questions give me a call or send me an email: tina.c.kitchin@state.or.us; 503-945-5812 . My hope with these updates is to keep you in the know of what is going on with health care reform and how it affects us.

Tina Kitchin, DHS Medical Director



Don't forget! The easiest way to prevent errors, for any benefit, is to make sure all the changes are updated before you move on to another client. Errors are found every month where the worker had the information, and narrated the information, but didn't get the changes on the system. One of the best practice ideas from around the state is to wait to complete your narration until after the changes are saved. That's just one idea - if you have other ideas, send them in and we'll share your great ideas with everyone!



Want to see your area featured in *In the Loop*? Its easy! Send your photos and story to Karen Gulliver with APD Field Services (karen.l.gulliver@state.or.us).

CRIMS project

An exciting new program for completing the background check process is just around the corner. The Criminal Records Management System (CRIMS) is being implemented statewide this February.

CRIMS is a secure web-based interface used to complete and submit background checks. As a result, it will make background checks faster and more efficient. In fact, it is expected the turnaround time for the majority of background check requests will be *hours* instead of days. The goal is to eliminate the use of paper background checks all together.

Beginning in February, homecare workers and adult foster home providers will use their personal email to complete their background check information. The local office will begin the process electronically by entering basic information into CRIMS and will then send it to the provider's email to complete. Once the provider has completed their part, the local office then submits it to the Background Check Unit electronically.

Messages have been posted on all providers check messages to let them know that CRIMS is coming.

For more information about CRIMS and to see a demo, visit the Background Check Unit's website: <http://www.oregon.gov/DHS/chc/crims/index.shtml>.

Even better, subscribe to BCU's website to receive regular updates. You can find information about how by visiting BCU's website: <http://www.oregon.gov/DHS/chc/index.shtml>.

Modernization program update:

Modernization rang in the New Year with a couple of changes. First, I would like to welcome two new staff members to the APD Business Transition team - Rafael (Rafa) Bernal and Kevin Sergeant.

Second, DHS Modernization/HIX-IT took on a name change of MAX to reflect the joint work of the two projects.

Finally, the 2011 year total of Online Applications received by APD was about 4,463, which is about 5% of the applications!

The Modernization team created a business card template advertising the Online Application to distribute to clients, if you would like a copy of the template , please email Melissa at melissa.a.lantz@state.or.us and she will send it to you!



Melissa Lantz, APD Business Transition Coordinator



Don't forget!

All Health Insurance

Premium Payment (HIPP) and Private Health Insurance (PHI) determinations are now issued **only** by the Health Insurance Group (HIG). Workers no longer have rights or authority to send approval notices for the payments or to issue the payments. Please see [OPAR-IM-11-025](#) for more information.

Get connected: It's easy!

Connect to the Aging and Disability Resource Connection of Oregon by logging on to www.ADRCofofOregon.org. This website is full of information and includes searchable database of almost 7,000 resources for senior, people with disabilities, their caregivers and families.

There are many great features on this website. Besides the easy quick search function, go to [Learn about Community Services and Resources](#). You will find descriptions of the health and social services available in Oregon. Once you select a service, you will find detailed information and checklists to help you ask the right questions of potential service providers. This information will allow you to compare providers and make an informed decision on which one to hire. Check it out and let us know what you think! Click on [Contact Us](#) and send us your comments.

Kristi Murphy, ADRC