



Information Memorandum

Oregon Department of Human Services

Originating Cluster:

Seniors and People with Disabilities

Authorized by: Mary Lee Fay, Administrator
Signature

IM Number: SPD-IM-04-025

Date: March 23, 2004

Subject: Federal Poverty Levels

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County DD Program Managers |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Children Adults and Families | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Community Human Services | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Other (please specify): _____ | |

Message:

Over the past few weeks, the Federal Poverty Levels affecting Older Americans Act programs have been updated in Oregon ACCESS to reflect the 2004 poverty levels. Following the update, one minor error was noted. It is anticipated that this error will be corrected by mid March, 2004.

This update can be seen in the Case Overview (the tab with the two circular teal arrows) Tab under the "OAA" tab of Oregon ACCESS. The Income Level box of the OAA Detail section is where the new OAA income levels will be reflected. With the conversion, any previously entered OAA client incomes may not have translated correctly to the new 2004 levels.

Please double check this information of each of your OAA cases at redetermination to ensure that the proper income level is shown in this section.

Please note that the NAPIS information form contained within Oregon ACCESS has not yet been updated to reflect the 2004 federal poverty levels. This means that accurate and correct NAPIS forms cannot be printed from the Oregon ACCESS database for the immediate future. Updating this form in the ACCESS database would require a complete release. The form will be changed during a future ACCESS release, as priorities and resources allow.

In the meantime, the NAPIS information form (form # OIS 0001) has been updated on the DHS Forms Server, which can be accessed in electronic format from <http://www.dhs.state.or.us/admin/forms/>. To locate the form on the forms server, select the Search for a Form option from this website. Once the search form appears, type in the key

word NAPIS . The search results should include this form. The form can then be downloaded and printed for use.

Please use the NAPIS form located on the DHS Forms Server (a copy is attached to this transmittal for your use as well) in recording client information for both new OAA clients and at redetermination for existing OAA clients.

If you have any questions about this information, contact:

Contact(s):	Amy Evenson, OAA/OPI Program Coordinator		
Phone:	(503) 945-5734	Fax:	(503) 373-7902
E-mail:	amy.R.Evenson@state.or.us		

National Aging Program Information System (NAPIS)

Registration Record

Section 1 - Person

Client Name Last	First	MI
Client ID	Minority status:	
Phone number	African Amer./Black	<input type="radio"/>
Social Security Number	Asian American	<input type="radio"/>
Date of birth	Hispanic	<input type="radio"/>
Gender <input type="radio"/> Male <input type="radio"/> Female	Native Amer./Indian	<input type="radio"/>
Primary language	White/Non-minority	<input type="radio"/>
Number in household	Unknown	<input type="radio"/>
Monthly household income \$		
<input type="radio"/> Single	<input type="radio"/> Married	
<input type="radio"/> \$776 and below	<input type="radio"/> \$1,041 and below	
<input type="radio"/> \$777 to \$970	<input type="radio"/> \$1,042 to \$1,301	
<input type="radio"/> \$971 to \$1,552	<input type="radio"/> 1,302 to 2,082	
<input type="radio"/> \$1,553 to \$2,328	<input type="radio"/> \$2,083 to \$3,123	
<input type="radio"/> Above \$2,328	<input type="radio"/> Above \$3,123	

Section 2-Address

Street address		
City	State	Zipcode
Mailing address (if different)		
City	State	Zipcode

Section 3-Nutrition Risk

Complete this section for clients who receive OAA/OPI case management, congregate meals, home delivered meals or nutrition counseling.

(Mark as Yes, No or Undetermined)

- 1) I have an illness or condition that made me change the kind and/or amount of food I eat.
- 2) I eat fewer than 2 meals per day.
- 3) I eat few fruits, vegetables or milk products.
- 4) I have 3 or more drinks of beer, liquor or wine almost every day.
- 5) I have tooth or mouth problems that make it hard for me to eat.
- 6) I don't always have enough money to buy the food I need.
- 7) I eat alone most of the time.
- 8) I take 3 or more prescribed or over-the-counter drugs a day.
- 9) Without wanting to, I have lost or gained 10 pounds in the last six months.
- 10) I am not always physically able to shop, cook and/or feed.

Section 4-ADL/IADL

Complete this section for any client who receives OAA/OPI personal care, home care, chore, home delivered meals, adult day care or case management.

(Mark as **I** for Independent, **A** for Needs Assistance or **D** for Dependent)

<input type="checkbox"/> Bathing	<input type="checkbox"/> Toileting	<input type="checkbox"/> Medical Management
<input type="checkbox"/> Behavior	<input type="checkbox"/> Transferring*	<input type="checkbox"/> Shopping*
<input type="checkbox"/> Dressing	<input type="checkbox"/> Food Preparation*	<input type="checkbox"/> Taking Medication
<input type="checkbox"/> Eating*	<input type="checkbox"/> Heavy Housework	<input type="checkbox"/> Using Telephones
<input type="checkbox"/> Mobility/Walking*	<input type="checkbox"/> House Keeping	<input type="checkbox"/> Using Transportation*
<input type="checkbox"/> Personal Hygiene/Grooming	<input type="checkbox"/> Managing Finances	

Section 5-Services

Provider name	Service type	Start date	End date	Site Name
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section 6-Emergency Contact

Contact Name	<input type="radio"/> Child	<input type="radio"/> Neighbor	<input type="radio"/> Parent
Phone 1	<input type="radio"/> Friend	<input type="radio"/> Not Related	<input type="radio"/> Sibling
Phone 2	<input type="radio"/> Grandchild	<input type="radio"/> Oth Family Mbr	<input type="radio"/> Spouse
Contact Name	<input type="radio"/> Child	<input type="radio"/> Neighbor	<input type="radio"/> Parent
Phone 1	<input type="radio"/> Friend	<input type="radio"/> Not Related	<input type="radio"/> Sibling
Phone 2	<input type="radio"/> Grandchild	<input type="radio"/> Oth Family Mbr	<input type="radio"/> Spouse

Section 7-Special Diet

(Check all that apply)

<input type="radio"/> Bland	<input type="radio"/> Dairy Free	<input type="radio"/> Diabetic	<input type="radio"/> High Calorie	<input type="radio"/> High Fiber
<input type="radio"/> High Protein	<input type="radio"/> Kosher	<input type="radio"/> Liquid	<input type="radio"/> Low Calorie	<input type="radio"/> Low Cholesterol
<input type="radio"/> Low Fat	<input type="radio"/> Low Fiber	<input type="radio"/> Low Salt	<input type="radio"/> Low Sodium	<input type="radio"/> Low Vitamin K
<input type="radio"/> Nasogastric Feeding	<input type="radio"/> Non Applicable	<input type="radio"/> Other	<input type="radio"/> Renal	<input type="radio"/> Soft
<input type="radio"/> Supplements	<input type="radio"/> Vegan	<input type="radio"/> Vegetarian	<input type="radio"/> Wheat/Gluten Free	

Comments

Worker Name

INSTRUCTIONS

The following instructions apply to HOME DELIVERED MEAL CLIENTS ONLY

A person is eligible for home delivered meals if:

- 1) they are age 60 or older **AND**
- 2) they need Assistance (A) or are Dependent (D) in one or more of the marked (*) ADL's and IADL's in Section 4; or
- 3) they are an OPI client or Title XIX in-home services client; or
- 4) they are the spouse (any age) of an eligible client; or
- 5) they are the disabled dependent child of and eligible client; or
- 6) they are under age 60 and disabled and live in public, low-income housing where a mealsite is located; or
- 7) they have been authorized for meals by the Disability Services Office **AND** they pay their share of the cost of the meal IN ADVANCE each month.