

Mike McCormick

Authorized Signature

Number: APD-PT-16-026

Issue Date: 6/23/2016

Topic: Cash Payments

Transmitting (check the box that best applies):

- New policy
 Policy change
 Policy clarification
 Executive letter
 Administrative Rule
 Manual update
 Other: _____

Applies to (check all that apply):

- All DHS employees County DD Program Managers
 Area Agencies on Aging County Mental Health Directors
 Aging and People with Disabilities Health Services
 Children, Adults and Families Other (please specify):

Policy/rule title:	General Assistance Program Implementation		
Policy/rule number(s):	461-135-0700, 461-135-0701, 461-155-0210	Release no:	
Effective date:	July 1, 2016	Expiration:	N/A
References:	Section 2, Chapter 93, Oregon Laws 2016		
Web Address:			

Discussion/interpretation:

[House Bill 4042](#), now [section 2, chapter 93, Oregon Laws 2016](#), passed during the 2016 Legislative Session, creating a new General Assistance program in the Department of Human Services' Aging and People with Disabilities Program.

This new General Assistance (GA) program becomes effective July 1, 2016. The program is based on a [Housing First](#) model, and will be administered by the Collaborative Disability Determination Unit (CDDU). The program will serve Presumptive Medicaid (OSIPM) consumers who are not yet receiving Social Security benefits. Direct service will be provided by our Disability Benefits Liaisons (DBL) staff, who are located throughout the state.

GA Benefits will include housing assistance, utility assistance, and a personal incidental fund in the following amounts:

GA Benefit Type	One-Person Payment Standard	Two-Person Payment Standard
Housing Assistance	Up to \$545	Up to \$818
Utility Allowance	\$90	\$139
Personal Incidental Fund	\$60	\$93

GA consumers will also receive free assistance with the Social Security application and appeals process. GA housing, utility, and personal incidental payments can be recouped by the department when GA consumers are awarded Supplemental Security Income (SSI).

To be eligible for the GA program, a consumer must meet all of the following criteria:

- Be an adult without minor children in the home;
- Be receiving OSIPM – Presumptive Medicaid medical assistance;
- Not be in a nonstandard living arrangement (see OAR 461-001-0000) other than at home receiving in-home services (see OAR 411-030-0020);
- Meet financial and nonfinancial eligibility criteria for SSI;
- Apply for Supplemental Security Income (SSI);
- Sign an Interim Assistance Reimbursement agreement, allowing the department to recoup assistance paid to the GA consumer once they are awarded SSI benefits; and
- Be homeless as defined by OAR 461-135-0700(1).

Implementation/transition instructions:

Prior to July 1, 2016, CDDU staff will conduct outreach to OSIPM-Presumptive Medicaid consumers who appear to be eligible for General Assistance due to homelessness or imminent risk of homelessness. This focused outreach will continue through December of 2016.

Beginning July 1, 2016, APD/AAA consumers who are homeless or at imminent risk of homelessness and who allege severe physical and/or mental health conditions that will keep them from working for 12 months or will result in death can be referred to CDDU using the [Disability Benefits Liaison \(DBL\)-General Assistance \(GA\) Referral Form](#) (DE 4640).

Local office staff should complete the [DBL-GA Referral form](#) on the consumer’s behalf and submit it to the DBL Referrals email address (see link on form). A consumer will be evaluated for the GA program if the box stating “Customer is experiencing

homelessness or is at risk of homelessness” is checked.

If a homeless consumer is not an OSIPM-Presumptive Medicaid or MAGI recipient when the GA referral is made, the local office should provide the consumer with a 7210 to apply for MAGI benefits and ask them to return it to OHP Customer Service via the ACA Procedure document.

GA Referrals will be processed in the order they are received. A GA wait list will be created once 200 individuals are accepted into the program. Consumers on the wait list will be offered DBL assistance with Social Security applications and appeals while they wait to be evaluated for GA.

If the General Assistance program is open and the consumer is not an OSIPM-Presumptive Medicaid recipient, CDDU will make an OSIPM-Presumptive Medicaid disability determination first. If a consumer meets OSIPM-Presumptive Medicaid disability impairment criteria, the case will be referred to the local office case manager for a full OSIPM eligibility determination.

If there is a waiting list for the General Assistance program, CDDU will make an OSIPM-Presumptive Medicaid disability determination when there is space available in the GA program.

Reminder: Individuals who are referred to CDDU without medical assistance should be given a 7210 and referred to OHP Customer Service for a MAGI determination if they are not current MAGI recipients. The transition to OSIPM will occur once there is space available in the GA program.

When consumers are determined to be eligible for the GA program, CDDU staff will narrate in Oregon ACCESS, send approval notices, code GA cases in Oregon ACCESS using Program _4 with GAE and CPA case descriptors and SIP, GAU, and GAI need/resource codes, and integrate to the Mainframe. Utility assistance and personal incidentals payments will be loaded onto the consumer’s EBT card. Housing assistance payments will be issued directly to landlords via the 437 system.

Note: OSIPM-Presumptive Medicaid recipients who are receiving special needs payments will already be coded as Program _4 with the CPA case descriptor.

GA benefits will continue until the consumer is awarded SSI benefits, or until their Social Security case is denied at the Appeals Council level. When a consumer is awarded SSI benefits, or if their case is denied at the Appeals Council level, the consumer’s case worker will be notified by CDDU via Oregon Access narration and a phone call. At that time, the consumer should be evaluated for all other Medicaid programs.

Training/communication plan: GA Presentation at APD/AAA District Manager/Program Manager Meeting on 6/8/16, Policy Transmittal and Action Request issued prior to 7/1/16, Local office trainings on DBL-GA Referral form by CDDU Managers and DBL staff.

Local/branch action required:

Beginning July 1, 2016, submit GA referrals for APD/AAA consumers who are homeless or at imminent risk of homelessness and who allege severe physical and/or mental health conditions that will keep them from working for 12 months or will result in death using the [DBL-GA Referral Form](#) (attached).

Provide individuals with a 7210 and ask them to return it to OHP Customer Service for a MAGI determination if they are not current MAGI or OSIPM-Presumptive Medicaid recipients.

Determine eligibility for OSIPM-Presumptive Medicaid and issue EBT cards to new consumers.

For GA recipients receiving SNAP benefits:

All GA payments are counted as unearned income for SNAP. This includes the payments made directly to a landlord for housing. Count the entirety of the GA benefit amount (Housing + Utility + Personal Incidental) as unearned income with a code of "OTH".

Include the amount being paid directly to the landlord along with any additional amount the client is paying for shelter in the FSMIS shelter cost field.

Code the appropriate utility deduction on the case (FUA,LUA,IUA,TUA)

Example: Ron is receiving GA benefits. \$545 is paid by GA to his landlord for his rent and the total rent is \$545, and he receives \$90 utility assistance and \$60 for personal incidentals. He pays for electric heating in his home. Code \$545 as his shelter deduction and FUA for his utilities. On page 2 of FSMIS code \$695 of "OTH" income. State in the Ben# field that these are GA funds.

Example 2: Ron is receiving GA benefits. \$545 is paid by GA to his landlord for rent and his total rent is \$600. He also receives utility assistance of \$90 and \$60 for personal incidentals. He pays for electric heat. Code \$600 as his shelter deduction and FUA for his utilities. On page 2 of FSMIS code \$695 of "OTH" income. State in the Ben# field that these are GA funds.

Please Note: If you know of an OSIPM-Presumptive Medicaid consumer who is homeless or who is at imminent risk of homelessness, please contact CDDU Managers Marcy Mee (503-373-0775) or Brian Kirk (503-373-0271) to ensure we reach that consumer during our outreach phase.

Central office action required:

Review all current OSIPM-Presumptive Medicaid cases for housing status.

Conduct outreach to OSIPM-Presumptive Medicaid consumers who appear to be eligible for General Assistance due to homelessness or imminent risk of homelessness.

Begin to gather Interim Assistance Reimbursement Agreements for GA-eligible consumers in June and submit to the Social Security Administration for coding to ensure payments can be issued in July.

Start enrolling consumers into the GA program, code cases, send approval notices, narrate in Oregon ACCESS, and begin issuing payments on July 1, 2016.

Receive referrals from the field beginning July 1, 2016.

Make OSIPM-Presumptive Medicaid disability determinations as needed.

Help consumers identify potential housing options and coordinate with Local Community Action Agencies.

Assist GA consumers with Social Security applications and appeals.

Troubleshoot GA payment issues.

Field/stakeholder review: Yes No

If yes, reviewed by: APD DM's/PM/s, Operations, and APD Policy Group.

Filing Instructions:

If you have any questions about this policy, contact:

Contact(s):	Marcy Mee	Brian Kirk	
Phone:	503-373-0775	503-373-0271	Fax:
E-mail:	Marcy.s.mee@state.or.us Brian.a.kirk@state.or.us		



Disability Benefits Liaison and General Assistance Referral Form Referral to Disability Analyst

Date:	District:	Branch:
Customer Name:	Customer SSN:	Customer DOB:
Customer Phone Number:		Customer Email:
Customer Address:		
Prime Number:		Case Number:
Case Manager:		Case Manager's Phone Number:

<u>Referral criteria (please check all that apply):</u>	
<input type="checkbox"/>	Condition is expected to last 12-months or more or result in death, and prevents the individual from obtaining and/or maintaining gainful employment.
<input type="checkbox"/>	Customer has an active SSI/SSDI Claim.
<input type="checkbox"/>	Customer is a Program 5 (Presumptive Medicaid) recipient.
<input type="checkbox"/>	Customer has an Attorney or Authorized Representative. Name: _____ Phone: _____
<input type="checkbox"/>	Customer is experiencing homelessness or is at risk of homelessness.

Comments:

[Click here for submitting instructions](#)

Submitting Instructions

Option #1:

- Prior to clicking the **Submit Request** button on the form, write down or copy email address listed below, save document to your desk top, close the browser and open document in MSWord application.
- Click the **Submit Request** button
- Completed forms will automatically attach to the email
- Fill in the **To section** of the email with the email address below
- You may want to include a copy of the email to yourself for your records
- Send email

Submit Request

Option #2: *(Use this option if unable to use option #1)*

- Save document to your desk top and close the browser
- Open Outlook or other email system
- Attach form to email
- You may want to include a copy of the email to yourself for your records
- Send to address below

Choose email address to use	
DHS Outlook Users	AAA staff
DBL.referral@dhsosha.state.or.us	DBL.referral@state.or.us

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