

May 2010

On Target

May '10 Contributors

Catherine McDonald
Melanie Tavernier
Don Main
SSP Medicaid Policy Analysts
Joanne Schiedler
Carol Krager
Medicaid Quality Control
JoAnn Lindorfer

In this issue:

Additional Use for ESP Coding	1
Postponed Disqualification for Transferring Assets	2
Safety Considerations-Making the Connection	2
Making Work Pay!	3
Taking Another Look at BBCN	3
SNAP honor roll	4
Direct Deposit for Child-care Providers	4
Medicaid honor roll	5
Didja Know??	5

Click here to link to the Family Services Manual



Additional Use for ESP Coding

As you may remember in the Healthy KidsConnect training, the ESP code should be applied to medical cases for families in the 201-301% FPL range with AVAILABLE but NOT RECEIVING employer-sponsored insurance.

Now, the Office of Private Health Partnerships (OPHP) provides a full subsidy option for non-CAWEM **Medicaid** and **CHIP** children who have AVAILABLE but NOT RECEIVING employer-sponsored insurance (ESI). OPHP will work with clients receiving Medicaid or CHIP to help them enroll in their ESI with a full subsidy. If the client chooses to enroll in their ESI with a full subsidy from OPHP, their Medicaid or CHIP benefits will need to be closed.

The process:

- ❖ When setting up a medical case when there is AVAILABLE but NOT RECEIVING employer sponsored insurance for the children who are eligible for Medicaid or CHIP medical, the worker will code ESP with a Continuous end date. The ESP coding is in addition to the Medicaid and CHIP eligibility coding.
- ❖ The worker will then send an email to [INFO,OPHP](#). This email should include:
 - ✓ Case name
 - ✓ Name and phone number of the employer
 - ✓ Names of the child(ren) that can potentially be covered by the insurance
- ❖ OPHP will review the family's AVAILABLE but NOT RECEIVING ESI to ensure the insurance meets certain benchmarks.

If the ESI meets the benchmarks and the client chooses to end their Medicaid or CHIP and be covered by their ESI, OPHP will notify the worker and the worker will end Medicaid or CHIP benefits with a 10 day notice.

If the ESI meets the benchmarks and the client chooses NOT to end their Medicaid or CHIP and be covered by their ESI, the family will continue on Medicaid/CHIP benefits.

If the ESI does not meet the benchmarks, the family will continue on Medicaid/CHIP.

Note: Do not code these cases with a KCA code as these cases are not Healthy KidsConnect cases.

SSP Medicaid Policy Analysts

Postponed Disqualifications for Transferring Assets for SPD/AAA Cases

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* form (SDS 543) may be helpful in doing this. The client needs to know that 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

Safety Considerations – Making the Connection

About 63% of the TA-DVS approved applications are on on-going TANF cases. We also see combination medical and TA-DVS cases. It is important that when we've approved an application for TA-DVS and the abuser is also an absent parent on the case that we discuss with the client whether or not it is safe to pursue support. (TANF and many medical program applicants and recipients are required to cooperate with DHS and DCS to establish paternity and pursue support (medical and/or cash support) unless there is good cause for non-cooperation with support.)

The DHS 8660 – Safety Packet is a great tool to use in the discussion of good cause (for non-cooperation with support) or, if the client wants to pursue support, the possibility of using the safety option titled “Non-disclosure based on a Claim of Risk”. Claim of risk allows for pursuit of support while keeping information confidential in support court documents. Things like address, social security number, driver's license number, child's school, etc..

If you have question about good cause or claim of risk you can contact Carol Krager at 503-945-5931 or Amy Sevdy at 503-945-7017.

Making Work Pay!

With so many recent changes to medical programs, don't forget to allow the American Recovery and Reinvestment Act (ARRA) Making Work Pay (MWP) tax exclusion when calculating earned income for MAA, MAF, OHP, HKC, OSIPM, QMB or SAC.

Effective January 1, 2010 every working MAA, MAF, OHP, HKC, OSIPM, QMB or SAC client qualifies for the \$33.00 earned income exclusion per month. This replaces the former MWP tax exclusions of \$38.00 and \$100.00 that ended on 12/31/09.

The MWP tax exclusion is applied to each month you are using to determine eligibility and is allowed for clients who have ANY type of earned income including self-employment and wages received under the table.

Example: A family of two adults and their two children request medical on 4/05/10 and report receiving \$1400.00 in 3/10 and anticipating \$1500.00 in 4/10 from the father's employment. The MWP is deducted from each month separately as follows: \$1400.00 minus \$33.00= \$1367.00 (3/10) and \$1500.00 minus \$33.00= \$1467.00 (4/10), for a total of \$2834.00, divided by 2 months= \$1417.00 total average income. The two children in the family meet financial eligibility for OPC.

Using the same scenario, mom anticipates earnings of \$450.00 in 4/10. We can allow the MWP tax exclusion for her as well. So, \$450.00 minus \$33.00= \$417.00. The family's income is now \$1417.00 (dad's income) plus \$417.00 (mom's income) for a total average income of \$1834.00. The children still meet OPC financial eligibility.

How about MAA? You would allow the MWP tax exclusion from the earnings in the budget month before comparing the income to the adjusted standard. Example: \$300.00 earnings in 3/10 minus \$33.00= \$267.00. Take the countable income of \$267.00 and divide by 2 to get your adjusted earned income of \$133.50.

How about MAF? In situation #5, allow the MWP tax exclusion before you allow deductions for allowable cost associated with self employment income. All other MAF scenarios allow the MWP tax exclusion when there are earnings from persons in the financial group.

Remember, this exclusion is taken off earned income regardless of whether they receive SSI, SSDI, SSB, Railroad Retirement, Veterans disability or Veterans pension payments. Also, allow the MWP *before* you take any other deductions or adjustments allowed for the medical program under determination. (*Exclusions are subtracted prior to the countable income test and deductions are not*).

It is a lot to remember and \$33.00 doesn't probably sound like much, but every little bit helps...

Medicaid Quality Control



Taking Another Look at BBCN

The Division of Child Support (DCS) has been reaching out to different departments, including DHS, to assist in improving the number and quality of their cases. For medical, DCS has identified three main areas for improvement.

Areas to Improve

1. There is a "FA" coding when the father is in the home. If the child's father is in the home, the coding should "IA", "NO" or "AD".
2. The codes "FA" and "AF" are often switched around. The "FA" code should be used when paternity has been legally established by court order or by administrative process order. The "AF", (alleged father) code should be used when the father has been identified but paternity has not been established.
3. The child's name is misspelled. Sometimes other mistakes occur when entering data such as the wrong date of birth or even gender.

Solutions

Care should be taken when adding a child to the CM system and when coding the father on the case.

1. Take the time to look at BBCN (if applicable) while coding the parents. This is the same process that DCS implements. By checking BBCN, any spelling errors and accurate paternity information may be addressed.
2. When inputting data on the Client Maintenance (CM) system, take the time to ensure all the information is correct. While understanding the increase in caseloads have put time pressures on workers, putting on incorrect data may be more time-consuming in the long run.
3. Along with narrating changes in the filing group, please take the extra step to code the updated information on the CM system.

Reminder: On the OHP 7210 and DHS 415F applications, there is a question regarding safety. Please act according to procedure. For additional information, please refer to the "Safety Considerations - Making the Connection" section of this issue.

SSP Medicaid Policy Analysts



April 2010 Targeted SNAP Reviews

100% Accuracy Honor Roll

0201 Corvallis SSP	1201 John Day SSP	2203 D4 Processing Center
0311 Oregon City SPD	1202 Condon SSP	2412 South Salem ADS
0313 Milwaukie SPD	1211 John Day SPD	2711 Dallas ADS
0314 Estacada SPD	1311 Burns SPD	2911 Tillamook ADS
0501 St. Helens SSP	1612 Madras SPD	3102 Enterprise SSP
0511 St. Helens SPD	1717 Grants Pass DSO	3112 Enterprise SPD
0913 LaPine SPD	1811 Klamath Falls SPD	3617 McMinnville ADS
	1911 Woodburn ADS	

90% or Better

97.44 Portland ADS	3515	93.33 Warrenton ADS	0411	91.67 Toledo SPD	2111
96.67 Astoria SSP	0401	93.33 Integrated Srvs SSP	0702	90.91 LaGrande SPD	3111
96.67 Albany SSP	2201	93.33 Gateway Center	1102	90.48 Springfield SSP	1101
96.67 Keizer SSP	2405	93.33 Cottage Grove AAA	2019	90.00 Willamette SSP	1103
96.00 North Salem ADS	2411	93.33 Pendleton SPD	3011	90.00 Warm Springs SSP	1603
96.00 Hermiston SSP	3003	93.33 Hermiston SPD	3013	90.00 Woodburn SSP	1901
96.00 Hillsboro SPD	3411	93.10 Lebanon SSP	2202	90.00 Newport SSP	2101
96.00 Maywood SSP	3501	92.86 Klamath Falls SSP	1801	90.00 Santiam Center	2404
95.83 Medford SSO	1513	92.86 Ontario SPD	2311	90.00 N/NE Portland ADS	2818
95.00 New Market Theater	1402	92.59 The Dalles SSP	3301	90.00 Pendleton SSP	3001
95.00 Eugene LCOG	2011	92.00 Redmond SPD	0914	90.00 Milton-Freewater SSP	3004
94.12 Bend SPD	0911	92.00 Medford DSO	1517	90.00 Florence SSP	3201
93.33 Baker City SPD	0111	92.00 East Multnomah ADS	3518	90.00 Hillsboro SSP	3402
		91.67 Burns SSP	1301		

Direct Deposit for Child Care Providers

Signing up for direct deposit is easy for child care providers. Once signed up, the provider will receive a statement in the mail with the amount deposited into their account. It will also indicate the names of the children the payment was for. The advantage of direct deposit is that providers do not have to take the time to go to the bank and deposit their check. Direct deposit allows the funds to be immediately available to the provider.

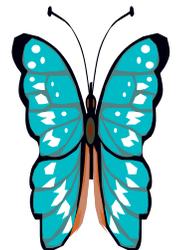
A provider may cancel at any time by sending DPU a written request.

The direct deposit form # is 7262c and is located in the form server.

The completed form can be mailed to:

Department of Human Services
Direct Payment Unit
PO Box 14850
Salem, OR 97309-0850

Direct any questions to Direct Pay Unit at 1-800-699-9074 or 503-378-5500 (Salem).





April 2010 Targeted Medicaid Reviews 100% Accuracy Honor Roll

0201 Corvallis SSP	1404 Refugee Branch	2202 Lebanon SSP
0401 Astoria SSP	1503 D8 Processing Center	2203 D4 Processing Center
0501 St. Helens SSP	1702 Cave Junction SSP	2901 Tillamook SSP
0702 Integrated Srv SSP	1801 Klamath Falls SSP	3102 Enterprise SSP
0903 LaPine SSP	1802 Lakeview SSP	3201 Florence SSP
1103 Willamette SSP	2001 McKenzie Center	3301 The Dalles SSP
1401 SE Portland SSP	2101 Newport SSP	3503 D2 ERDC Proc Ctr

90% or Better

97.14 N. Clackamas SSP	0303	92.86 Albany SSP	2201	90.00 South Umpqua Center	1002
96.43 West Eugene SSP	2002	91.67 Maywood SSP	3501	90.00 Prineville SSP	1601
95.00 Bend SSP	0901	90.91 Medford SSP	1501	90.00 Santiam Center	2404
94.29 Oregon City SSP	0302	90.91 Madras SSP	1602	90.00 St. Johns SSP	2601
93.94 North Salem SSP	2402	90.00 Baker City SSP	0101	90.00 Pendleton SSP	3001
93.33 Keizer SSP	2405	90.00 Alberta SSP	0701	90.00 Hillsboro SSP	3402

June

Effective Communications Month

Great Outdoors Month

June 1: Go Barefoot Day

June 6: Drive-In Movie Day

June 14: Flag Day

June 18: CLOSED

June 20: Father's Day

June 21: Summer Solstice

June 23: Let It Go Day

June 27: America's Kids Day



Didja Know??

In the TA-DVS program, we use the TANF countable income standard but we look at net income versus gross.



Didja Know?? For SNAP, we are tracking Census income. Census income is *excluded* income for SNAP clients. To do this, code the FSMIS case with HH Type CEN (census) and narrate the monthly average of the excluded earnings in TRACS or ACCESS.

Have a SNAP policy question? Contact our SNAP Analysts at Group Wise: Policy, FS



Have an SPD medical policy question? Try the technical assistance guide (TAG) listing all areas, people & numbers: <http://www.dhs.state.or.us/spd/tools/tag.pdf>



Have an SSP medical policy question? Contact our SSP Medical Analysts at Group Wise: SSP-Policy,Medical

