



On Target

November '10 Contributors

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Budget Month and Beyond: Medical & SNAP

Recent medical policy changes have whittled down the budget period for OHP from 3, to 2, and now to just 1 month. Budget month income – the month in which the date of request (DOR) falls – is now aligned for MAA, MAF, OHP and HKC. Using the same budget period for all Self Sufficiency medical programs will reduce pending and make it easier to complete the medical eligibility determination.

Although the change does bring medical and SNAP closer together, there are still some fundamental differences. For example, while medical uses the budget month, companion SNAP cases use a standard month (the 30 days prior to the filing date) for budgeting.

Here's a look at some of the similarities and differences:

Budget month:

- Medical allows eligibility workers to “float” the budget month if necessary for the client to qualify for medical benefits (or for a higher level of benefits).
- SNAP begins with a look at the 30 days before the filing date, but can use a longer or shorter period to find representative income. SNAP clients who are over income are not eligible in the filing date month.

Actual income:

- Actual budget month income, meaning income already received in the month and income that can reasonably be anticipated, is always used for the initial budget month for new medical applicants. With new income sources or when clients are unable to obtain proof, take their word unless questionable, and narrate the client's statement.
- SNAP uses actual income for our few CRS cases and for SRS cases when income in ongoing months will be significantly different.

Ongoing months:

- OHP/HKC clients have to meet income eligibility in the budget month only: they have no income-reporting requirements. MAA and MAF families must meet income eligibility in the DOR month and ongoing. Past the initial month for MAA and MAF, prospective client income is converted, averaged or annualized to calculate a representative amount.
- Income for SNAP is converted, averaged or annualized from the initial month if it is ongoing: actual income is used rarely.

Verification:

- Medical allows maximum flexibility in verifying income. As long as the client's anticipated income makes sense based on available information, verification can mean just one pay stub or proof of one pay; with new income sources, it can mean only narrating the client's statement.
- For SNAP, all income, including anticipated income, must be verified. Income from a new source, typically a job, can be verified with a call to the employer or an employer statement: staff cannot take the client's word for it.

SNAP Policy Analysts and SSP Medical Policy Analysts

[Click here to link to the Family Services Manual](#)



Cooperation with the Division of Child Support for Medicaid

The parents of a child receiving Medicaid benefits (excludes OHP-CHP and HKC) must agree to cooperate with DCS.

Cooperation requirements at initial application and redetermination: Medicaid applicants at initial application and recipients at redetermination have minimal DCS cooperation requirements:

- The parent must sign the application agreeing to cooperate with DCS.
- The parent cannot be required to complete a paternity affidavit or take on any additional DCS or paternity related tasks as a condition of Medicaid eligibility.

Note: If the absent parent information on an application is not complete, the worker should pend for completion of the application. The worker can accept the statement “the father is unknown”.

Cooperation requirements for ongoing clients not at redetermination: If not at initial eligibility or redetermination, the parent may be required to work more extensively with DCS or SSP:

- The parent can be required to complete a paternity affidavit or take on additional DCS cooperation tasks.
- If the parent does not cooperate, consider if the parent has good cause.
- If there is no good cause, send a timely continuing (10-day) notice and end medical assistance. For medical only clients, add the CSM case descriptor.

Good cause: Good cause means the DCS cooperation requirement may be waived when cooperation is reasonably anticipated to result in emotional or physical harm to the client or to child(ren) in the family.

- Good cause includes when one of the following circumstances exists and DHS believes that continuing efforts to obtain support would be detrimental to the child(ren):
 - The child was conceived as a result of incest or rape.
 - Legal proceedings for adoption are under way before a court.
 - The parent is being helped by a public or licensed private social agency to resolve the issue of whether to release the child for adoption. This good cause reason is limited to three months.
- Pregnant women are not required to cooperate with DCS.
- If DCS identifies there is good cause, DCS notifies the local DHS branch office.
- The CM system case should be coded with a good cause exception. (Please enter a “B” when coding a good cause exception.)

Resources:

- Families Services Manual – Child Support Program C – Requirement to Cooperate, Noncooperation Penalties, and Good Cause
- DHS 8660 – Client Safety Packet – Available in Spanish on the forms server
- DHS DV Staff tools web page under Child Support Good Cause - <http://www.dhs.state.or.us/caf/dv/tools.htm>
- OAR 461-120-0345; OAR 461-120-0350



SSP Medical Policy Analysts

The Heat and Eat Program

The Heat and Eat Program will continue at least through September 30, 2011. Beginning November 1, 2010, households currently with the LHP code will have \$1 deposited into their EBT cash account. New households meeting the criteria listed below and added after that date will receive the LHP code the month immediately after their case is opened and \$1.00 will be deposited into their EBT cash account.

One dollar may not be much in face value but it means the household is automatically qualified for the Full Utility Allowance (FUA). It, in turn, increases the amount of benefits a household will receive each month. The LHP code is controlled by the system; it cannot be removed by staff. See Transmittal, [SS-IM-10-035](#), for further information.

Child Support/Health Care Coverage and Cash Medical Support and Good Cause for Noncooperation with Support

Support is a valuable resource in helping our clients to move towards self-sufficiency. By Federal and State law:

- A person receiving cash assistance must assign their rights to child support and must cooperate with DHS and the DOJ Division of Child Support (DCS) to pursue paternity and child support.
- A parent of a child receiving medicaid must assign their rights to cash medical support and must cooperate with DCS to pursue paternity and health care coverage/cash medical support. (Paternity establishment is part of on-going cooperation. You can't pend an application at intake or re-determination for paternity information.)

Sometimes, though, pursuit of Medicaid and/or child support can put a person or the child at risk of harm. DHS can grant a good cause exception for non-cooperation with pursuit of child/medical support when there is possible risk. DHS makes the decision about granting good cause because we work closely with our clients, including meeting with our clients in person, and generally have more information about safety risks than DCS does.

- The DHS 8660 - child support safety packet can be used to help explain safety options to clients including good cause and non-disclosure based on claim of risk. (The DHS 8660 is available on the DHS Forms Server.)
- A client does not need to fill out a form to be granted good cause. Verbal requests in person or by phone are as valid as a written request.
- *Claim of risk* is an option that should be offered to clients considering good cause. This allows for the client to receive child and/or medical support without certain information such as resident address, place of employment and the child's school being included in court records. (Normally in child support cases information is shared between parties.)

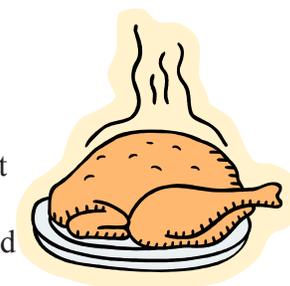
To request *claim of risk* a client does need to complete the *claim of risk* form and it needs to be sent to DCS.

Note: Please code good cause on the absent parent until you know DCS has granted a claim of risk. Once DCS has granted claim of risk, please remove the good cause coding.

- Starting in December if DCS receives a good cause request either verbally or in writing they will contact the DHS worker. Since safety can be at risk in these situations the DHS worker should add good cause coding on the absent parent the same day they receive the request even if they aren't able to contact the client immediately. The coding can be removed if it is later found there is no good cause.

In reviewing over 440 cases where DCS was contacted about good cause over the last year, there are some recommendations we have related to good cause.

- It is important at application or re-determination to discuss good cause with the client and document the out-come of your conversations.
- If you are working with a TANF or medicaid client on a TA-DVS case and the alleged abuser is the absent parent offer good cause or claim of risk as an option even if the client hasn't identified a problem in the past.
- Even though any code will work to stop DCS pursuit of child/medical support, the "B" code is the preferred code to use when coding an absent parent with good cause.



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

New Oregon Minimum Wage

Effective January 1, 2011 the Oregon minimum wage will increase to \$8.50/hour. See transmittal, [SS-IM-10-041](#), for further information.



October 2010 Targeted SNAP Reviews

100% Accuracy Honor Roll

0310 Canby SPD	1202 Condon SSP	1612 Madras SPD
0313 Milwaukie SPD	1211 John Day SPD	1811 Klamath Falls SPD
0314 Estacada SPD	1404 Refugee Branch	2901 Tillamook SSP
0501 St. Helens SSP	1517 Medford DSO	2911 Tillamook ADS
0511 St. Helens SPD	1603 Warm Springs SSP	3013 Hermiston SPD
0903 LaPine SSP	1611 Prineville SPD	3111 LaGrande SPD
0913 LaPine SPD		3211 Florence ADS

90% or Better

97.67 Springfield SSP	1101	93.33 Corvallis SSP	0201	91.67 North Salem ADS	2411
97.50 N/NE Portland ADS	2818	93.33 Oregon City SPD	0311	91.67 West Portland ADS	2518
96.67 Newport SSP	2101	93.33 Warrenton ADS	0411	91.43 West Eugene SSP	2002
96.00 SE Portland ADS	1418	93.33 Woodburn ADS	1911	91.11 North Clackamas SSP	0303
96.00 Medford SSO	1513	93.33 Cottage Grove ADS	2019	90.91 Burns SSP	1301
96.00 South Salem ADS	2412	93.33 Ontario SPD	2311	90.00 Ashland SSP	1502
96.00 McMinnville ADS	3617	93.33 The Dalles SPD	3311	90.00 Cottage Grove SSP	2003
95.56 D4 Processing Center	2203	92.50 Albany ADS	2211	90.00 Lebanon SSP	2202
94.87 Ptlld Mid-Area ADS	3515	92.00 Redmond SPD	0914	90.00 Pendleton SSP	3001
94.74 Baker City SSP	0101	92.00 Grants Pass DSO	1717	90.00 Milton-Freewater SSP	3004
94.74 Florence SSP	3201	92.00 Hillsboro SPD	3411	90.00 Hood River SSP	3302
		92.00 Beaverton SPD	3417		

2011 Medicaid Eligibility Quality Control (MEQC) And Customer Service Reviews

A quick update on what's happening for the coming year in Quality Control around the Medicaid Eligibility Quality Control (MEQC) pilot program. Beginning with October 2010, QC will be conducting these 2-phase reviews. First we will request 25 active (approved) and 25 negative (closed / denied) cases to be reviewed in our office.

Then, approximately a week after conducting the case reviews, QC Staff will visit the branch to conduct a 1-day customer service review. This phase of the review will include observing office procedures and interviewing staff and leadership to understand how business is conducted. At the end of the day's review, we will meet with leadership to report our findings and provide feedback to answer questions, acknowledge best practices to share with other branch offices, discuss possible training needs and provide assistance.

Our goal is to make this process as positive as possible and provide the branch staff with valuable information for their use in program delivery and accuracy.





October 2010 Targeted Medical Reviews

100% Accuracy Honor Roll

0201 Corvallis SSP	1404 Refugee Branch	2101 Newport SSP
0401 Astoria SSP	1505 Rogue Family Center	2202 Lebanon SSP
0501 St. Helens SSP	1602 Madras SSP	2404 Santiam Center
0903 LaPine SSP	1701 Grants Pass SSP	2601 St. Johns SSP
1102 Gateway Center	1702 Cave Junction SSP	3001 Pendleton SSP
1201 John Day SSP	1802 Lakeview SSP	3005 Boardman SSP
1202 Condon SSP	2002 West Eugene SSP	3201 Florence SSP
1301 Burns SSP	2003 Cottage Grove SSP	3301 The Dalles SSP
1402 New Market Theater		3302 Hood River SSP

90% or Better

96.67 Springfield SSP	1101	91.43 Oregon City SSP	0302	90.00 Ashland SSP	1502
95.00 Woodburn SSP	1901	91.43 N. Clackamas SSP	0303	90.00 D8 Processing Center	1503
94.74 Bend SSP	0901	90.00 Baker City SSP	0101	90.00 McKenzie Center	2001
93.33 Dallas SSP	2701	90.00 Coos Bay SSP	0601	90.00 Tillamook SSP	2901
92.50 Metro Processing Ctr	1403	90.00 Alberta SSP	0701	90.00 Milton-Freewater SSP	3004
92.31 Hermiston SSP	3003	90.00 Gold Beach SSP	0801	90.00 Hillsboro SSP	3402
92.00 NE Processing Ctr	2803	90.00 Teen Parent SSP	1406	90.00 D2 ERDC Proc Ctr	3503

There are two new citizenship source codes:

The two new citizenship source codes are AN (assumed eligible newborn) and TM (tribal membership). Both are primary citizenship sources:

- AN identifies assumed eligible newborns (AENs). AENs are not required to document citizenship. If the child was an AEN born out of state, use an e-mail or other documentation from the out of state worker to verify AEN status.
- TM (tribal membership) is used when the medical client's citizenship has been documented by proof of tribal membership.

See transmittal, [SS-IM-10-040](#), for further information.

December

Universal Human Rights Month



Dec 1: Rosa Parks Day

Dec 1: World AIDS Day

Dec 7: Pearl Harbor Remembrance Day

Dec 10: Human Rights Day

Dec 15: Bill of Rights Day

Dec 16: Underdog Day

Dec 21: Humbug Day

Dec 21: Winter Solstice

Dec 24: **OFFICE CLOSED**

Dec 25: Christmas

Dec 31: **OFFICE CLOSED**

The e-mail address for SNAP questions is now Policy, SNAP (SNAP.Policy@state.or.us). E-mails sent to Policy, FS will be forwarded.



In TRACS, secure narratives are only used for diagnosis, prognosis, and treatment information purposes for A&D/MH.