



April 2011

# On Target

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Click here to link to the Family Services Manual



## Upcoming Changes to Quality Control Negative Action Reviews

The Food and Nutrition Service (FNS) has made changes to the SNAP Quality Control (QC) review process conducted on denied, closed or suspended cases. These are known as negative case reviews in QC. The changes will be effective October 1, 2011 but QC wanted to get the word out early to help offices understand the impact. While October may feel like a long way away, it will be here before we know it.

QC is currently sending out 372 “Information Only” reports to branch offices for incorrect notices and untimely processing as a “heads up” for the upcoming changes. In addition, QC is working closely with SNAP Policy to determine what is needed in preparation of the changes and ways to minimize the impact of these changes.

There are two major changes that are being made.

**The first change is that all negative actions will be reviewed,** even if there is not a break in benefits. What does this really mean? Currently, cases that suspend because an ICR was not processed timely are not reviewed by QC. As of October 1, 2011 these cases will be reviewed under the new federal rules. Complete interim change reports that come in before the last day of the month they are due will be cited as an error if they suspend because DHS did not process the report. This is because we must review the action, and not the outcome. This action (the suspend) is incorrect because we had all the information prior to the end of the month.

**The second change is that all incorrect notices to the household will be errors.** Currently, notices are not part of the QC review process. Beginning in October, if notices do not list the correct reason, rule number, etc, for the negative action, they will be cited as an error. If no notice is provided to the household as required, or if copies of manually generated notices are not available, these will be cited as errors as well. As a reminder, certain reason codes will if appropriately coded, generate a denial notice for SNAP. The closure notices are manually generated or hand written.

While QC doesn't know yet what the full impact of these changes will be, it is anticipated the changes will increase our negative error rate significantly.

*Quality Control and SNAP Policy Analysts*

## Another Urban Legend To Bust!

We have heard folks are denying SNAP or Medical benefits for children when the parents have a 50/50 custody agreement.

**For SNAP** this should not be done. SNAP looks at household composition to determine who can and must apply together. Household comp for SNAP is based on the meals... not the time. After all, we are a nutrition program. For your SNAP cases you do not even need to follow up on the custody arrangement because we take a clients statement on household comp. If they apply for a child, take their word for it. If the child is on another person's case, send the appropriate reduction notices to the other person and remove when appropriate. Believe us; you will hear from the other parent if there is a conflict. Then you may need to do some more research.

In SNAP if you do need to do more research, you need to ask specifically about the meals the child receives in each household. This will help you determine which household they are in. Sometimes you will even need to use a calendar to help you figure this out. If it is really close, you may even get the parents to agree to one having them the first six months and the other parent having them the second six months. This is very much an ok thing to do and we would expect workers to try to work out any reasonable option with the parents. If, for some rare reason the parents cannot agree on where the child gets the majority of their meals and neither is willing to budge, then and only then would we make the child ineligible for SNAP until they can come to some sort of agreement, or the situation changes. It is not our decision to choose for the parents. You can find this in policy at SNAP.C.1.

**For Medical**, when people live in more than one household during a month, they are considered to be living in the household where they spend 51 percent or more of their time. For Medical, do not use a legal custody agreement to determine whether a child resides with the mother or the father. Instead, ask the parent where the child resided during the budget month. Be specific; you may need to ask questions about the particulars. *For example, ask: Did the child reside with you on the first of the month? Where does the child live during the week?*

For Medical, once you have the answers, determine the number of days the child resided in each household and calculate the percentage, for eligibility decision. You can find this policy in Medical Assistance Program.C.2.

*SNAP and CAF Medical Policy Analysts*

## Are You a Hunger Champion?

The federal Food & Nutrition Service (FNS) is once again asking local SNAP offices to nominate themselves as Hunger Champions. To be a champion, your office must have provided exemplary service in helping clients obtain SNAP benefits. Last year, these Oregon SSP offices won national recognition as champs:

- Newport
- Portland Metro Processing Center
- St Helens

The nomination for your office should state clearly and briefly how you have helped increase access to the program. Details may include such things as partnerships, process improvements, targeted help for specific groups, helpfulness of staff, timely processing, etc. You must also include a contact name, title, e-mail and phone number. The limit is one page.

Branch offices will be selected by a national committee based on outreach, access and customer service. Winners will be announced at the 2011 State SNAP Directors conference. All Hunger Champion nominees will be recognized with a certificate and will be listed as exemplary offices on the FNS web site

You are invited to send your nominations to Sandy Ambrose at [sandy.ambrose@state.or.us](mailto:sandy.ambrose@state.or.us). She will complete and submit your nomination on-line. The deadline for entries to Sandy is June 1.

Any questions can be directed to the same e-mail. Let's get Oregon some more of the recognition we so richly deserve!

*SNAP Policy Analysts*



In Oregon, to be paid by the Department as a child care provider, an individual or facility must meet certain requirements as well as bill the Department appropriately once they've passed the background check and been approved.

To begin the process, the provider must submit a completed Child Care Provider Listing Form ([DHS 7494](#)) to the Department. The provider and each individual identified is considered a *subject individual* and must complete and sign the authorization for a records check through the Criminal History (CH) record system maintained by the Oregon State Police and the Child Protective Service (CPS) record system maintained by the Department and, if necessary, an authorization to release information and fingerprint cards. The provider must fully disclose all requested information as part of the records check.

As part of completing and signing the DHS 7494 providers attest to the following requirements (these are only a portion of the requirements):

- Not be in the same filing group as the child cared for and cannot be the *parent* (see OAR [461-001-0000](#)) of the child.
- Keep daily attendance records showing the arrival and departure times for each child in care and billing records for each child receiving child care benefits from the Department. The provider must keep the records for a minimum of 12 months and provide the records to the Department upon request.
- Be the individual or facility listed as providing the child care. The provider must notify the Department before using someone else to supervise a child on a temporary basis.
- Provide evidence of compliance with the Department's administrative rules, upon request by Department staff.

If a client/provider situation seems questionable, an example would be that the client is using a provider that may be the absent parent of a child or children in the filing group, pend the client to provide more information or documentation on who the parent of the child(ren) is. If the client is not able to provide more documentation or information on the identity of the absent parent, then deny the case or offer the option of having the client choose a different DHS approved provider.

If you suspect a provider is billing for more hours than would be necessary, please make a referral to your local investigator. The following is a list of some the screens that can be used to identify how many hours the provider is billing for each child. Don't forget that providers may change between certification periods and the client's provider situation should be looked at each application and re-application.

### DPCS (Direct Pay Claim Summary)

*DPCS,case#{ENTER}* (CM or FS case number)

Displays a list of all claims paid, suspended or denied for this client.

### DPCM (Direct Pay Claim Master)

*DPCM,provider#,case#{ENTER}* (*DPCM,voucher#* also works)

Access to an individual provider's claim file or a specific billing form.

### DPCR (Direct Pay Claim Record)

*DPCR,claim#{ENTER}*

Information on a specific claim.

### DPPS (Direct Pay Payment Summary)

*DPPS,provider#{ENTER}*

A chronological list of payments made to this provider.



Cassie Day, ERDC Policy Analyst

## Medical Benefits: Employment Department screen information

When determining if a client has available UC from Oregon, first look at the EPC2 screen (F22 from the WAGE screen). If EPC2 shows a nonvalid claim, then review the claim list on ECLM (F5 from ECLM).

On the claim list screen, review the list for the following: Are there any active claims? If yes, look at the BYE (Benefit Year End) date of the claim(s). The BYE is listed as WW/YY – the week and year that the claim ends on the BYE calendar. Do any of the active claims have a future BYE date? If yes, this is a claim from which the client may be able to start claiming benefits. Whether or not they are eligible for benefits from this claim will be determined based upon their job separation.....see transmittal [SS-IM-11-016](#).



# March 2011

## Targeted SNAP Reviews

### 100% Accuracy Honor Roll

0111 Baker City SPD	1211 John Day SPD	1911 Woodburn ADS
0311 Oregon City SPD	1311 Burns SPD	2411 North Salem ADS
0313 Milwaukie SPD	1404 Refugee Branch	3004 Milton-Freewater SSP
0411 Warrenton ADS	1502 South Valley SSP	3005 Boardman SSP
0913 LaPine SPD	1517 Medford DSO	3013 Hermiston SPD
0914 Redmond SPD	1611 Prineville SPD	3112 Enterprise SPD
1202 Condon SSP	1802 Lakeview SSP	3201 Florence SSP
	1811 Klamath Falls SPD	

### 90% or Better

98.00 D4 Processing Center 2203	93.33 Estacada SPD	0314	92.00 Ptlld Mid-Area ADS	3515
96.67 Redmond SSP 0902	93.33 St. Helens SPD	0511	92.00 McMinnville SSP	3601
96.00 Portland West DSO 2518	93.33 Roseburg SPD	1011	91.67 Burns SSP	1301
95.65 South Salem ADS 2412	93.33 W. Medford Proc Ctr	1504	91.67 La Grande SSP	3101
95.65 E. Multnomah ADS 3518	93.33 Eugene LCOG ADS	2011	90.91 La Grande SPD	3111
95.24 The Dalles SSP 3301	93.33 Ontario SPD	2311	90.00 Integrated Srvs SSP	0702
95.00 Gateway Center 1102	93.33 Dallas ADS	2711	90.00 Springfield SSP	1101
95.00 Cave Junction SSP 1702	93.33 Tillamook ADS	2911	90.00 Grants Pass SSP	1701
94.74 St. Johns SSP 2601	93.33 Florence ADS	3211	90.00 Woodburn SSP	1901
94.44 Bend SPD 0911	93.33 The Dalles SPD	3311	90.00 Newport SSP	2101
94.00 Oregon City SSP 0302	92.00 D8 Processing Center	1503	90.00 Albany SSP	2201
94.00 West Eugene SSP 2002	92.00 Albany ADS	2211	90.00 Lebanon SSP	2202
93.88 North Clackamas SSP 0303	92.00 Hermiston SSP	3003	90.00 Pendleton SSP	3001

### DHS 456 – A notice for adverse action: denial, reduction or closing

The DHS 456 is the notice we use whenever we need to take an adverse action on a case. It is an effective communication tool if it's used correctly. So, what must be included in the notice?

**The administrative rules.** They must include the specific section letter or number that support the action. There can be one or more but more is *not* better. Choose the ones that are appropriate and related to the decision you make.

**An explanation for the action.** It doesn't need to be lengthy but it does need to be precise. For example, if you cannot add a child to a household because you have already issued benefits for the child in a different household, a simple explanation could be: *You cannot get benefits for I M Cute because she is currently getting benefits in another household.*

**Effective dates.** Make sure you tell the client the effective date of the notice and make sure you take action on the notice. If you do not take action on a notice by the effective date, the notice is invalid and you must start over.

**Clients' due process rights.** Recipients of the DHS 456 notice have the rights to a hearing when they disagree with the decision. Unlike other programs, a SNAP client does not need to request a hearing in writing nor does he or she need to discuss the issue with a line manager or a hearing representative prior to their hearing request. However, branches can offer the options and allow clients to make their decision.



# March 2011 Targeted Medical Reviews

## 100% Accuracy Honor Roll

0401 Astoria SSP	1406 Teen Parent SSP	3003 Hermiston SSP
0701 Alberta SSP	1603 Warm Springs SSP	3004 Milton-Freewater SSP
0702 Integrated Srvs SSP	2003 Cottage Grove SSP	3005 Boardman SSP
0903 LaPine SSP	2101 Newport SSP	3101 La Grande SSP
1201 John Day SSP	2203 D4 Processing Center	3201 Florence SSP
1402 New Market Theater	2601 St. Johns SSP	3301 The Dalles SSP
1404 Refugee Branch		3401 Beaverton SSP

## 90% or Better

96.43 McKenzie Center	2001	93.33 Dallas SSP	2701	90.00 Corvallis SSP	0201
95.00 Metro Processing Ctr	1403	91.67 Lebanon SSP	2202	90.00 South Umpqua Center	1002
94.74 Gateway Center	1102	91.18 Grants Pass SSP	1701	90.00 Prineville SSP	1601
94.29 Roseburg SSP	1001	91.18 NE Processing Center	2803	90.00 Cave Junction SSP	1702
94.29 Springfield SSP	1101	90.00 Baker City SSP	0101	90.00 Keizer SSP	2405
94.29 West Eugene SSP	2002			90.00 Pendleton SSP	3001



**Didja Know??** There is a [DHS 945 Questions and Answers and Miscellaneous SSP Medical Updates](#) Transmittal which will help you in processing a DHS 945. See Transmittal [SS-IM-11-010](#). It answers questions like, “What budget month do I use for the [DHS 945](#)”?

**Answer:** When redetermining eligibility for MAA/MAF/EXT clients using the DHS 945, treat the DOR month as the initial budget month if necessary to act on any reported changes; otherwise, use the last month of the MAA/MAF/EXT eligibility period. For example:

- If an MAA client reports an increase in income in the DOR month that makes the family over income for MAA, the eligibility worker must act on the reported change. The eligibility worker must redetermine medical eligibility for the DOR budget month and convert to EXT, OHP or another program if necessary.
- If an MAF client reports a child has returned to the MAF filing group in the DOR month, the eligibility worker must act on the reported change. The eligibility worker must redetermine eligibility for the filing group using the DOR month as the budget month.
- An MAA client calls and reviews the DHS 945 questions with the eligibility worker. There were no changes affecting MAA eligibility in the DOR month. The eligibility worker uses the last month of the MAA eligibility period (the 12th-month) as the budget month.

When redetermining eligibility for OHP using the DHS 945, treat the DOR month as the initial budget month if necessary to act on any reported changes, otherwise use the last month of the OHP eligibility period as the budget month. For example:

- If the OHP client reports a child has moved back to the household in the DOR month, redetermine eligibility for the OHP filing group using the DOR month as the budget month.
- If a new OHP-OPU applicant has been selected from the Reservation List in the DHS 945 DOR month, redetermine eligibility using the DOR month as the budget month.