



August 2011

On Target

August '11 Contributors

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



App Denied – the New Filing Date Is....?

The SNAP application process begins with the filing date. This is the date a signed request for SNAP benefits - including the client's name, address and signature - is received by the department. The filing date for the electronic app is the date the client submits it (even if not a working day for us). The filing date is captured in CAPI.

Everyone agrees on that.

The sticky part is how clients set a new filing date after their application has been denied.

The SNAP Policy Unit received a federal clarification that was added to the manual in April. When an application has been correctly denied, the client must reapply to get benefits. To set a filing date, the client must:

- ☞ Submit a new filing page; or
- ☞ Submit a new application; or
- ☞ Either re-sign or initial and date the old application.

That is the basic rule, but there are two circumstances in which we have flexibility. The client does not have to set a new filing date on paper or electronically when:

1. The client is ineligible in the initial month, but eligible the next month. Deny the application for the first month (remember to issue a notice) and reset the filing date to the 1st of the following month. Most commonly, this happens when the client is over income or has already received SNAP benefits for the month.
2. An application is denied after 30 days because pended information was not returned. Receipt of the pended items 31-60 days after the filing date automatically establishes a new one. Determine eligibility using the new date.

One thing has not changed – absolutely no way, no how can a client set a SNAP filing date by verbal request.

Don't forget the Social Security Number!

Except for individuals who do not need to provide a Social Security Number (SSN) for religious reasons, an individual is not eligible for medical unless they provide an SSN or verification they have applied for one. The CM system began sending closure notices in December 2010 to medical recipients who are required to have an SSN but do not have an SSN entered on CMUP.

MEQC case reviews have found several medical case closures since December 2010 in which the client provided the SSN to the agency for SNAP, but CMUP was not updated.

It is very important to update the Person/Alias Update screen with a valid Social Security Number, so that the number will propagate to both the SNAP and the medical program cases. If the SSN will not be provided because of religious reasons or cannot be entered on CMUP because of DV issues, add an NSR case descriptor on CMUP.

Requirement to Provide or Apply for SSN: 461-120-0210

Medicaid Quality Control

Leaving so soon? Now what do I do?

When a member of an OHP certified household moves out, but remains in Oregon and you have their new address, the OHP eligibility *follows* the person to their new household. A separate case must be created for the family member that leaves.

If the person moving out has income, you may need to adjust the "#OHP" field on the UCMS screen for each of the household's cases to keep the OHP premium from being increased or OHP eligibility from going "NA" (no action on SCMS). You may also have to adjust the Needs/Resources (N/R) line on CMUP if the income places the remaining family members over the income standard (remember to narrate the income and why it is being adjusted).

For example: An OPC child who is certified through 11/11 with her mother moves to her father's house. Even though she has left the original OHP certified filing group, she can receive OPC medical at her father's house through the balance of the original certification. (Depending on the circumstances, you may need to determine if the OPC child is eligible for MAA or MAF in her father's house).

Or

An OPU couple splits up and the wife leaves, taking her OHP (HPI) income with her. If necessary, change the "#OHP" field on UCMS to keep the OHP premium amount the same on her new case. It's OK if the husband's OHP premium is reduced due to the reduced income. It may be necessary to keep the "#OHP" on the husband's case unchanged so the premium doesn't increase.

Medicaid Quality Control

CCBAT Update

The new Child Care Billing and Attendance Tracking system (CCBAT) continues to be developed by our vendor. The project is on track for testing in October 2011 by 32 child care provider volunteers.

Due to CCBAT, every child care case (ERDC, JOBS and TANF) must now have a primary provider selected. Rules have changed effective 07/01/11 that only allow a primary provider to be paid the part-time or monthly rate. All secondary providers will be paid up to the hourly rate.

Each child care situation (connection between client and provider) must have a percent of hours set for the children. The percent of hours is required to prevent paying providers over the amount for which the client is eligible. The percent of hours is only needed if the client has more than one child care provider. If the client has only one provider, the system will auto fill with 100%.

Have a conversation with your clients about who they would like for a primary provider and how the child care hours will be divided when there is more than one provider. Please remember, DPU cannot guess at the percent of hours the provider will need. As of October, DPU will be unable to send billing forms without this information.

Earlier this month [SS-PT-11-024](#) was sent out with copies of letters being sent to clients and providers asking the clients to contact DPU with their primary provider and percent of hours. We also included the new Child Care Provider listing Form (DHS7494). The new form will be mailed to staff on 08/19/11 in a mass distribution. Please use this new form as it has information necessary for DPU to set up child care situations correctly.

If you have any questions, please send them to the ERDC policy mail box: [policy,childcare](#).

News from the CAF Training Unit!

The updated core curriculum for SSP workers uses a 3-day per week schedule. The classes have been integrated and augmented to include work-like experiences. It is even more important for managers to send new employees to classes in the following recommended sequence.

Essentials: This 3-day overview class lays the foundation for all other SSP core classes. The basics of the WEBM, FSMIS, and UCMS screens show learners where to find basic client information. Learners get hands on experience that prepares them for Computer Connections.

Computer Connections: This 3-day class expands on Essentials by more indepth exposure to the WEBM, SNAP, and UCMS screens by describing each field and why it is important in a worker's role. In addition, other screens covered in depth include SSA screens, employment screens, and child support screens. It covers using Hummingbird and setting up quick keys; using CASEM; searching the FSM, OARs and statutes; using the web for authorized social media, jail sites, address sites, etc.; and using TRACS, narration rules, and organizing case loads.

SNAP: This 5-day (two week) class expands on Essentials and Computer Connections classes by using learner's knowledge of screens to verify and apply eligibility criteria to make eligibility decisions. Case studies involve reviewing applications, interviewing, narrating, and putting cases online using FSMIS. A CAPI component provides another opportunity to build on a learner's basic understanding screens and issuing SNAP benefits.

Medical: This 9-day (three weeks) class expands on knowledge of screens to make eligibility decisions on medical cases, including MAA, OHP, MAF, HKC, OSIPM, and QMB. Learners use applications to determine what is missing, interview a mock client, make an eligibility decision, narrate the decision, and put the case on line. Cases may include combined medical cases (eg. MAA and OHP, MAF and OHP, etc.), as well as medical cases combined with SNAP. OSIPM and QMB for SSP workers are taught on the last day of class.

ERDC: This 3-day class builds on learning by using knowledge of various screens and eligibility requirements for other programs that apply ERDC eligibility criteria. Learners make eligibility decisions based on child care need and other eligibility criteria, align ERDC cases with SNAP SRS cases when appropriate, determine eligibility for combined ERDC and medical cases, and put combined cases online. Learners get information for how to work with DPU, CCR&R, BCU, provider information, PPS screens, and other child care payment related topics.

TANF Eligibility: This 6-day (two week) class enhances learning from classes already taken. Learners continue computer case coding, learn TANF with combined MAA cases and SNAP case coding. The training emphasizes the similarities and differences between TANF, SNAP, and MAA. Learners build on initial TRACS plans, determine payments that are allowable outside TANF Grants, and determine domestic violence eligibility and case coding. The last day is Making Case Management Work.

TANF Case Management: This is a 6 day (two week) class that builds on the TANF Eligibility class. Students learn advanced TRACS skills including developing case plans and data entry on the Testing, Disability and Re-engagement pages. This class now includes the stand alone DV Case Planning and Policy and Learning Needs courses. Students continue to build their interviewing, case planning, case management and client engagement skills.





July 2011 Targeted SNAP Reviews

100% Accuracy Honor Roll

0101 Baker City SSP	1202 Condon SSP	1811 Klamath Falls SPD
0111 Baker City SPD	1211 John Day SPD	1911 Woodburn ADS
0401 Astoria SSP	1311 Burns SPD	2111 Toledo ADS
0411 Warrenton ADS	1404 Multnomah Refugee Branch	2911 Tillamook ADS
0511 St. Helens SPD	1504 W Medford Extension Office	3013 Hermiston SPD
0911 Bend SPD	1611 Prineville SPD	3102 Enterprise SSP
0914 Redmond SPD	1612 Madras SPD	3617 McMinnville ADS
	1802 Lakeview SSP	

90% or Better

96.67 Cottage Grove SSP	2003	95.00 Milton-Freewater SSP	3004	92.00 Albany ADS	2211
96.67 Albany SSP	2201	95.00 Florence SSP	3201	92.00 Hermiston SSP	3003
96.43 Lebanon SSP	2202	94.00 D4 Processing Center	2203	92.00 Portland Mid-Area ADS	3515
96.00 Medford SSO	1513	93.33 Canby SPD	0310	90.20 D8 Processing Center	1503
96.00 West Portland ADS	2518	93.33 St. Helens SSP	0501	90.00 Corvallis SSP	0201
96.00 Hillsboro SPD	3411	93.33 SE Portland SSP	1401	90.00 Redmond SSP	0902
96.00 Beaverton SPD	3417	93.33 Eugene LCOG ADS	2011	90.00 LaPine SSP	0903
95.45 Madras SSP	1602	93.33 Dallas ADS	2711	90.00 Gateway Center	1102
95.24 The Dalles SSP	3301	93.33 The Dalles SPD	3311	90.00 Medford SSP	1501
95.00 Alberta SSP	0701	93.10 Woodburn SSP	1901	90.00 Rogue Family Center	1505
95.00 Integrated Srvs SSP	0702	92.86 Cottage Grove ADS	2019	90.00 Cave Junction SSP	1702
95.00 S. Umpqua Center	1002	92.31 Burns SSP	1301	90.00 West Eugene SSP	2002
95.00 Teen Parent SSP	1406	92.00 North Bend SPD	0611	90.00 Newport SSP	2101
95.00 Tillamook SSP	2901			90.00 Hood River SSP	3302

We Have Moved!!!

The Self-Sufficiency Program Accuracy Team (SSPAT) and Quality Control (QC) have moved to a new location.

The following contact information **will not** change. The 1-866-964-2136 and fax numbers (503) 373-2329, (503) 378-8645 and (503) 373-2325. Along with our mailing address P.O. Box 14070 Salem OR 97309

Please note the following changes in contact information:

New physical address is 3541 Fairview Industrial Dr. SE, Salem OR 97302.

New office phone number is (503) 373-7991

New phone numbers for following managers:

Matt Bogart (503) 373-7996

Lisa Barger-Fox (503) 373-7962

Susan Bechtold (503)373-7961





July 2011 Targeted Medical Reviews 100% Accuracy Honor Roll

0401 Astoria SSP	1502 Ashland SSP	2901 Tillamook SSP
0701 Alberta SSP	1504 W Medford Extension Office	3001 Pendleton SSP
0702 Integrated Svcs SSP	1601 Prineville SSP	3004 Milton-Freewater SSP
0903 LaPine SSP	1802 Lakeview SSP	3101 LaGrande SSP
1002 South Umpqua Center	2003 Cottage Grove SSP	3301 The Dalles SSP
1201 John Day SSP	2203 D4 Processing Center	3302 Hood River SSP
1404 Mult. Refugee Branch	2301 Ontario SSP	3401 Beaverton SSP

90% or Better

97.50 Metro Processing Ctr	1403	93.33 Rogue Family Center	1505	90.00 Corvallis SSP	0201
94.12 North Clackamas SSP	0303	93.33 Albany SSP	2201	90.00 Gateway Center	1102
93.94 West Eugene SSP	2002	93.33 Dallas SSP	2701	90.00 New Market Theater	1402
93.33 SE Portland SSP	1401	92.50 Wash Cnty Proc Ctr	3404	90.00 Keizer SSP	2405

QC Medical Error Trends

Did you know according to the latest QC Medical Error Trends report that 22.92% of errors are due to duplicate benefits? Many of those duplicate benefits are due to duplicate primes being issued. When this happens duplicate capitation fees are being paid and sometimes it will affect the client’s ability to access health care. Here are a few tips to prevent duplicate prime issuance and reduce errors:

- Always use WEBM,Find before setting up or adding anyone to a CM or SNAP case. Remember to WEBM,Find using the client’s social security number and name.
- Use the Locate Action Field in CMUP and FSNEW. This will find *anyone* using their social security number or name.

For more detailed information about the Locate Action Fields and screen prints see the 3/11 On Target Newsletter http://www.dhs.state.or.us/training/foodstamps/fs_newsletter/2011/March2011.pdf

As always, if you have any question, or need some help, your Client Maintenance representatives are always happy to help. Call them at 503 378-4369 or email <mailto:CMaint@dhs.state.or.us>.



Sharon Arrington, Operation and Policy Analyst, Office of Payment Accuracy and Recovery

TUA, When To Use It!!!

The SNAP telephone utility allowance (TUA) is given to clients whose only utility expense is a telephone. It may be a land line, cell phone or internet phone service. Filing groups could always receive the TUA if they were billed on a regular basis for a phone. But, FNS expanded the policy and now allows a *prepaid cell phone*.

A group that pays only for a cell phone qualifies for TUA even if another filing group in the household has a land line available.

Phone cards are still not an allowable utility cost.

Ref: SNAP F 22

SNAP Policy Analysts

