



On Target

January '11 Contributors

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Reapplying at the end of OHP-OPP eligibility

A pregnant woman who is eligible for a Medicaid program, including the OHP-OPP, EXT, MAA, MAF and OSIPM programs, has protected eligibility through the duration of her pregnancy, and through the last day of the month in which the 60th day falls, following the end of her pregnancy. (We usually say the pregnant Medicaid client is protected through two months after the end of her pregnancy.)

Pregnant Medicaid clients are coded on CMUP with a DUE need/resource item. The DUE date is the month and year the pregnancy is expected to end. For OHP-OPP clients, the system uses the DUE date to determine when to notify the client that medical program eligibility needs to be redetermined. (For EXT, MAA, MAF and OSIPM clients, the redetermination date is determined by the AE2, MAA, MAF need/resource end date and the OSIPM review date.)

Note: It is important for OHP-OPP clients to let DHS know when their pregnancy ends, especially if it is not within the estimated due date month/year. Doing so allows the worker to code the case with the correct DUE date, providing the correct period of coverage following the end of the pregnancy.

In the month prior to the end of the OHP-OPP client's protected eligibility period, the client will be mailed either a DHS 945 Medical Pend Notice or a 415F reapplication packet. (Clients whose SNAP certification end date aligns with their medical end date are sent a DHS 415F packet). The CM system establishes a Date of Request (DOR) for the 15th of the month in which the DHS 945 is mailed and adds a Bypass End Date (BED) code.

Example: A pregnant woman is determined eligible for OHP-OPP with an estimated due date of February 10th, 2011. Her husband receives OHP-OPU and they have two children receiving OHP-OPC. They do not receive SNAP benefits. She is certified for medical benefits and coded with a DUE of 02/2011. Assuming she has her baby in the month of February as expected, her protected post-partum eligibility will continue until the end of April, 2011. The baby will be added to medical effective the February date of birth as an assumed eligible newborn (AEN).

In March a DHS 945 medical pend form will be mailed. The DHS 945 will have a DOR of March 15, 2011. The March 15, 2011 DOR will be added to the OHP-OPP client's UCMS screen. At the same time, a BED need/resource item will be added to CMUP with a 05/11 end date.

The DHS 945 will be used to redetermine eligibility for the mother, her husband and the two children already receiving OHP-OPC (everyone in the OHP filing group except the AEN). During the 45-day redetermination period, the client is required to answer the questions on the DHS 945 by calling her eligibility worker and providing the information or by completing the DHS 945 form and submitting it. She may also need to submit additional information or verifications.

Continued on page 2....

Click here to link to the Family Services Manual



Continued from page 1...Reapplying at the end of OHP-OPP eligibility

- If the OHP-OPP client is determined eligible for an OHP Plus program, no notice is necessary. Convert to the new program effective the March 15, 2011 DOR.
- If eligible for OHP-OPU, send a timely continuing (10-day) notice of reduction and convert to OHP-OPU the first of the month after the 10-day notice period. (For the STD need/resource end date, include any month on BEDded benefits as part of the OHP-OPU six-month certification period.)
- If the client is determined ineligible, send a timely continuing close notice that includes the specific reason the client is no longer eligible and a DHS 462A notice. If she does not complete the redetermination process, the CM system will automatically send a 77B (BED) close notice. Her medical benefits will be closed by the CM system based on the BED end date.
- If the new certification would make the current benefit group ineligible, the original benefit group remains eligible for the remainder of their certification period.

SSP Medical Policy Analysts

Tips for accessing The Work Number

- 1) To request a username/password have your manager send a completed [DHS 783SSP](#) to: SECURITY-REQUESTS, CAFRACF. The 783SSP must contain the worker's accurate employee ID number, branch number and state email address before it can be processed. For SPD staff and partners, please contact your local sub-administrator.
- 2) Check your inbox, spam and trash for emails from The Work Number. These emails generally come from VerifierID@theworknumber.com.
- 3) Both username and passwords are case sensitive. Manually enter your OR# and ensure the 'O' and 'R' are capitalized and that you have the correct number of zeros. You can copy and paste your temporary password.
- 4) If you have double checked your username and password for accuracy and are still experiencing problems logging in, you may need to delete the "cookies" from your internet browser. Cookies are bits of information a website can save on your computer that the same website can pick up again the next time you return.

To delete cookies:

In your internet browser, click on **Tools**

(You may need to click **Internet Options** depending on the version of Internet Explorer)

Click on the first link **Delete Browsing History**

Click **Delete Cookies**

When prompted, click **Yes**

Click **Close** button

CAF Field Services and CAF RACF Security



Important January Change

The American Recovery and Reinvestment Act (ARRA) authorized the Making Work Pay tax credit. For 2010, the tax credit has been treated as a \$33 earned income exclusion for medical program clients. Effective January 1, 2011 the tax credit will no longer apply to Medicaid clients with earned income.

CAF SSP and SPD/AAA eligibility workers will cease to use the ARRA \$33 tax credit exclusion beginning with the January budget month.

Note: If medical program eligibility has already been determined for January, don't take any action until the next redetermination. See transmittal [SS-IM-11-001](#) for further information.



A Reminder.....the *Oregon minimum wage* has increased to \$8.50/hour effective January 1, 2011.

2011 Automated Attendance Update Dates for TANF



January 13	July 13
February 11	August 11
March 11	September 13
April 13	October 13
May 12	November 10
June 13	December 13

Automated Attendance for WO, SS and FA Steps

You will continue to be able to make changes to attendance as in any other step. You can change the expected hours, adjust the actual hours, and add absence hours of any type. You can also enter attendance for as many weeks as you need. The TRACS automated process will NOT override any information you have entered, but will update actual hours for blank attendance weeks.

Note: The automated attendance entry process will occur on the 2nd working day prior to the 15th of each month. This allows you until between the 11th and 13th of each month to end WO steps if needed, or to adjust the expected hours. Attendance will update up to the last week of the previous month (and/or until the planned or actual end date, whichever is earlier).

- WO:
 - You must enter an actual start date and attendance for at least first two weeks for automated attendance to begin. TRACS will insert attendance until the step planned end date, one month at a time. These are the steps you need to follow in order to begin the automated attendance entry:
 - Verify client work hours.
 - Enter planned begin and planned end dates that are the same as the client's current TANF case or Post-TANF period.
 - Use the verified work hours as the "expected hours" amount.
 - Add actual begin date to WO.
 - Enter two or more weeks actual hours in the step attendance tab.
- SS and FA:
 - You must enter an actual begin date for automated attendance to begin. These are the steps you need to follow in order to begin the automated attendance entry:
 - Enter planned begin and planned end dates.
 - Enter the "expected hours" amount.
 - Add actual begin date to the step. (You are not required to enter any attendance in order for automated entry to begin.

Once those conditions are met, TRACS will begin automated attendance:

Once a month, TRACS will insert actual hours equal to expected hours for the prior month. (See note.)

Once the step has reached the planned end date, TRACS will stop updating the attendance.

When you update the planned end date, TRACS will resume entering attendance and stop when the new planned end date has been reached.

Leslie Potter, Business Analyst

Returned Mail and SRS

In July 2010, SNAP lost its waiver on returned mail for SRS cases. We can no longer use the RM code to close SRS cases. When your office receives returned mail for SNAP SRS cases:

- ✓ Check narration and any companion cases for an updated address. If found, readdress the mail and send it again.
- ✓ If you have no better address, narrate that you received return mail. Drop the mail in your shred bin. **Do nothing further for SNAP.**

The next time the client makes contact, ask for a new address. If the client has moved, the case will auto-close either at the end of the cert period or for failure to return the *Interim Change Report* (DHS 852) for non-NED cases. As a reminder, loss of the waiver was a federal – not a state – decision.

SNAP Policy Analysts



December 2010 Targeted SNAP Reviews

100% Accuracy Honor Roll

0311 Oregon City SPD	1202 Condon SSP	2019 Cottage Grove AAA
0501 St. Helens SSP	1311 Burns SPD	2518 Portland West ADS
0511 St. Helens SPD	1404 Refugee Branch	2911 Tillamook ADS
0911 Bend SPD	1612 Madras SPD	3111 LaGrande SPD
1002 South Umpqua Center		3211 Florence AAA

90% or Better

97.78 D4 Processing Center	2203	93.48 McKenzie Center	2001	92.00 Hillsboro SPD	3411
96.67 Ashland SSP	1502	93.33 Canby SPD	0310	91.67 S Salem ADS	2412
96.43 Lebanon SSP	0914	93.33 Milwaukie SPD	0313	91.11 Oregon City SSP	0302
96.00 Redmond SPD	0914	93.33 Estacada SPD	0314	90.24 Klamath Falls SSP	1801
96.00 Grants Pass DSO	1717	93.33 Ontario SPD	2311	90.00 Integrated Svcs SSP	0702
96.00 N Salem ADS	2411	93.33 Hermiston SPD	3013	90.00 Gateway Center	1102
96.00 Beaverton SPD	3417	93.33 The Dalles SPD	3311	90.00 Medford SSP	1501
96.00 E Multnomah ADS	3518	92.50 Eugene LCOG ADS	2011	90.00 Newport SSP	2101
96.00 McMinnville ADS	3617	92.00 Roseburg SPD	1011	90.00 St John's SSP	2601
95.00 Pendelton SSP	3001	92.00 Klamath Falls SPD	1811	90.00 Tillamook SSP	2901

At the Intersection of Lean and Eligibility

SNAP Program Analysts often hear field staff say that policy requirements are in conflict with Lean principles. We know that isn't true: after all, Lean is about eliminating wasted steps and busy work, not necessary tasks. We'd like to address a few of the common issues that arise.

Verifying income. Many branches seem to have gone to the one-paycheck method, accepting even a week's worth of pay if consistent with the client's statement. This is almost never adequate. Although the federal guideline is 30 days' worth, you might do with 28 days or need as much as a year's worth when annualizing. Pending is a big workload, which is why SNAP training always emphasizes that you do it only when necessary. That means yes for prospective income; no for terminated income or proof of utility payments.

Checking screens. Let's say you check the usual mainframe screens before intake, then pend the applicant for proof of income. When you receive that proof 10 days later, do you check the screens again or not? Yes, if the screens showed an action pending; no, if the situation is clear. For example, you saw a waiting week on ECLM, last quarter's WAGE postings are due or the client had provider listing pending on DPPM. Recheck those screens. On the other hand, if SMUX or ECLM or WQY2 showed no claims, don't bother to look again.

Same-day eligibility decisions. The agency's goal is same-day or next-day service, but it cannot be done at the expense of accuracy. Pend if you have to and do not open SNAP benefits until all the necessary steps are completed. Fast service does not take precedence over delivering accurate benefits.

Anytime you see your office doing potentially unnecessary work, ask a Lean leader or send a question to one of the policy units. We really are all in this together.





Targeted Medical Reviews 100% Accuracy Honor Roll

0401 Astoria SSP	1402 New Market Theater	2202 Lebanon SSP
0501 St. Helens SSP	1404 Refugee Branch	2203 D4 Processing Center
0701 Alberta SSP	1502 South Valley SSP	2601 St John's SSP
0702 Integrated Svcs	1802 Lakeview SSP	3004 Milton-Freewater SSP
0902 Redmond SSP	2001 McKenzie Center	3005 Boardman SSP
1002 Roseburg SSP	2003 Cottage Grove SSP	3102 Enterprise SSP
1201 John Day SSP	2101 Newport SSP	3301 The Dalles SSP
1301 Burns SSP	2201 Albany SSP	3503 D2 ERDC Processing Ctr

90% or Better

97.06 N Clackamas SSP	0303	93.33 W Eugene SSP	2002	90.00 D8 Processing Ctr	1503
96.97 Oregon City SSP	0302	93.33 Ontario SSP	2301	90.00 Rogue Family Ctr	1505
96.67 Springfield SSP	1101	93.33 Gresham SSP	3502	90.00 Prineville SSP	1601
96.43 SE Portland SSP	1401	92.86 Beaverton SSP	3401	90.00 Cave Junction SSP	1702
95.83 NE Processing Ctr	2803	91.67 Madras SSP	1602	90.00 Pendelton SSP	3001
95.00 W Medford Fam Ctr	1504	91.18 WA CO Proc Center	3404	90.00 Florence SSP	3201
94.87 Metro Processing Ctr	1403	90.00 Corvallis SSP	0201	90.00 Hood River SSP	3302
		90.00 Gateway Center	1102		

Good News for Citizenship Verification

A new citizenship verification field has been added to the **W204 screen** (the "Response Selection Screen"). The new "citizenship code" field uses Social Security Administration (SSA) data to confirm the individual meets medical program U.S. citizenship documentation requirements. See Transmittal [SS-IM-11-005](#) for further information.

Citizenship Codes:

- **A:** The client's U.S. citizenship is documented by SSA and meets the medical program citizenship documentation requirements. The SSA has no record the client has died.
- **B:** The SSA has determined the client's declaration of U.S. citizenship is not consistent with SSA documents. (SSA has some documentation the client is not a U.S. citizen.) The SSA has no record the client has died.
- **C:** The client's U.S. citizenship is documented by SSA and meets the medical program citizenship documentation requirements. SSA records indicate the client has died.
- **D:** The SSA has determined the client's declaration of citizenship is not consistent with SSA documents. (SSA has some documentation the client is not a U.S. citizen). SSA records indicate the client has died.
- **Blank:** A blank Citizenship Code means the SSA does not have any citizenship-related documents. The client may be a U.S. citizen, but the SSA could not verify citizenship. A blank Citizenship Code could also mean the request has not been submitted to the SSA or that the SSA has not responded to a request yet.



Did You Know?? Did you know that if a client does not cooperate with Quality Control (QC) their case is closed and they are not eligible to receive benefits again until they work with QC or they waited a certain amount of time. It is always important to look at the reason a case has been closed and review the case narrative as part of the eligibility determination. In the last few months QC has been noticing more cases that are reopened before the client cooperates. (Reference, [SNAP I.7](#)).