



November 2011

# On Target

## November '11 Contributors

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## Past Due OHP Premiums

When a client has past-due premiums attached to their case, the CI Find (WEBM,FIND) and UCMS screens will display a “K” in the PREM STAT field. At redetermination, all past due premiums **must be either waived or paid** before a new OHP certification period can be established.

To do so, the worker must determine if the OHP-OPU applicant qualifies for a premium exemption. Clients are exempt from paying a premium if they meet one of the following:

- Have OHP countable income at 10 percent or less of the Federal Poverty Level. Clients may become exempt due to income when their OHP is recertified. When this is the case, the client will not be required to pay premiums for the duration of their new eligibility period, and all past due premiums should be waived.
- Clients **may** become exempt within a certification, but only when the benefit group’s OHP income is reduced to 10 percent or less of the FPL **when an OHP-OPU client leaves the benefit group or when two OHP certified households are combined during a certification**. If the client’s income reduces to 10% or below of the FPL for reasons other than a client leaving the benefit group, or when two OHP certified households are combined during a certification, do **not** adjust HPI income in the midst of the certification period.
- American Indians and Alaska Natives - American Indian/Alaska Native tribal membership are eligible for benefits through an Indian Health Program (HNA Case Descriptor);
- Are CAWEM eligible only.

If the OHP-OPU client is **not** exempt from paying premiums:

- Don't automatically pend for payment of past due premiums. First, evaluate the past billed premiums on MMIS. Determine if any of the premiums were billed previous to their most recent certification period using TRACS, Oregon ACCESS, or SCEH. (The last recertification may have been on a different case number, so be careful to check any case the client may have been on.)

**continued on page 2, Past Due OHP Premiums**

## Continued from page 1, Past Due OHP Premiums

- If there were any past due premiums at the last recertification, they should have been resolved prior to recertifying. Not doing so, and allowing them to accrue, is an agency error. As these premiums can no longer be pursued for payment, adjust to zero any premiums that were billed but not resolved at the prior recertification.
- Pend the OPU applicant for payment of all other past due premiums. However, do not delay children's medical. If eligible, recertify the children while the OPU adult is pending.
- The most reliable way to waive specific months' past due premiums is to contact the OHP Premium Billing Office at 1-800-647-2729.

### 'WE' code:

Using the WE code on UCMS in the WAIV field effectively waives *all past-due premiums*. The WE coding only works at recertification and only if the FPL is 10 percent or less of the FPL.

There may be scenarios when a worker doesn't want to waive all past due premiums – for example: A worker finds that a client who does not meet any of the waiver criteria has past due premiums accrued from their most recent certification period, as well as the certification period prior to that. Since DHS/OHA cannot pursue premiums accrued by administrative error (prior to the most recent recertification), the months from the previous cert must be waived through MMIS or by calling the Premium Billing Office. The client should be pending to pay the remaining months, from the most recent certification period, before a new certification period is established.

### 'CD' code:

Using the CD code in the WAIV field on UCMS bypasses the 'K' status and allows the worker to process a recertification despite past-due premiums. This code **does not waive premiums**. Instead, the premiums remain in past-due status, and unless paid in the meantime, will still be there at the next recertification.

**There are very few scenarios when the CD code should be used, as follows:**

- An applicant appears to have past-due premiums on the CI FIND screen, but provides verification that premiums are current. The 'K' status has not yet updated to 'C'.
- An applicant appears to have past-due premiums on the CI FIND screen, but the worker can verify that the only unpaid premium is the current billed month.



Please contact your friendly Medical Policy Unit with any questions at SSP-Policy, Medical.

*SSP Medical Policy Analysts*

## Continuous Improvement Plans Take Shape

Districts are putting their final touches on Continuous Improvement Plans (CIP) to advance medical and SNAP accuracy. These CIP's represent a culmination of efforts by managers and staff to promote accuracy in the most thoughtful and efficient ways possible.

Guiding principles for the CIPs included: 1) Use of appropriate metrics to determine and weigh the most common errors and 2) Use of local expertise to identify the root causes of those errors and best ways to eliminate them.

The Steering Committee wishes to acknowledge the thoughtful work that has gone into these plans and looks forward to the continued sharing of ideas!

*SSP Program Integrity Steering Committee*

**Didja Know??** MAA benefits with companion TANF are automatically renewed for a 12-month period. MAA benefits should be allowed to continue even if the family does not reapply for TANF. Remember, if information is received which indicates the family may no longer be eligible for MAA, initiate a redetermination of medical benefits. *SSP Medical Policy Analysts*

## Not a Separate Household?

Have you ever had a situation where a 21 year old applies for SNAP benefits while living with one or both of her parents? What about the 20 year old who submits an 852 reporting he is now living with his parent?

There is no denial reason based on being under 22 and living with their parents. The agency must make a determination of eligibility prior to denying the application or closing the case. If you are processing an application, the client can withdraw but this must be initiated by the client. If the client does not ask to withdraw or is reporting this information on an 852, the agency must request the information and verification necessary to determine eligibility, including the parent(s). Send the DHS210 if an application is being processed or the DHS487 if the 852 is being processed. The client has the option to submit what the agency requested or not.

If the client requests to withdraw their application, send a denial notice using withdrawal as the reason (code WI in the reas field on FCAS.) If the client fails to submit the requested verification, deny the application for failure to submit the verifications requested after the interview (use FC in the reas field on FCAS) or allow the open case to auto suspend and then auto close for failure to submit a complete 852.

Quality Control has seen a recent increase in errors because workers are denying or closing cases in these situations without first making a determination if the household is eligible for SNAP benefits or not.

Is it ever appropriate to deny for not being a separate household? Yes, if the others in the home already have an open SNAP case it would be appropriate to deny the new application and add the person or people to the ongoing case.

*Quality Control Unit*

## Did You Know?

When FSMIS sends out the approval notice on certs and recerts, it captures the income and benefit amount for the initial month only. If income changes for ongoing months – either up or down – the client doesn't get notified of the calculation DHS will use or the resulting SNAP benefit. For situations where income changes significantly, workers should give the client a completed DHS 7294 (*Notice of Income and Benefit Calculation*). This ensures that we are giving full notice about the benefit amount and should help head off phone calls from people confused about why their SNAP allotment has changed. Although an old version of the form exists on NOTM (CM07294), we recommend the interactive version on the form server for greater readability and ease of use – it does the calculation for you!



*SNAP Policy Analysts*

## Calculating TANF JOBS Child Care Hours

The child care hour calculator tool should to be used anytime JOBS child care hours are calculated. The tool calculates the total monthly hours for each child. This is based on the amount of dollars available from the monthly support services maximum per family, number of children, region, provider type (CFM, CNT, FAM, NQC, QEC, QFM and RFM), child's age, and maximum rate the provider may charge. This is important in preventing the child care cost from exceeding the district cap. The provider rates are approved through negotiated collective bargaining agreements with child care provider unions. Staff may not enter into agreements or negotiate with providers. A transmittal is being sent out to provide additional guidance.

The child care hour calculator tool is located at: [https://inside.dhsoha.state.or.us/images/stories/do/communications/docs/JOBS\\_Program/Child\\_Care\\_Calculator.xls](https://inside.dhsoha.state.or.us/images/stories/do/communications/docs/JOBS_Program/Child_Care_Calculator.xls)

**Don't forget, you can email your child care questions to: [Policy, childcare](#)**

*Child Care Policy Analysts*

## Which is what - two months or three months for ERDC?

**TANF transition = three months.** New ERDC applicants must have had at least one member of their filing group who received REF, SFPSS or TANF for a partial or full month in the preceding **three** months from the ERDC DOR. These families meet the TANF transition policy.

*This does not include pre/ post TANF or TA-DVS. 461-115-0016*

OR

**Break in ERDC benefits = two full months or less.** Those families who are applying for ERDC with a 2 month break in ERDC benefits or less are **not** considered a **new applicant**. Example: ERDC ended 9/30/2011 individuals can re-apply no later than 11/30/2011. If the individual does not re-apply by 11/30, they are considered a new applicant and must meet the TANF transition policy. **461-115-0016**



## TANF transition or break in benefits vs. new applicants

**A new applicant is an individual (caretaker) who is requesting ERDC benefits and does not meet either of the two options above.** Example: Open ERDC cases do not follow the child(ren) - Child has ERDC with Mom and then goes to live with their Dad. Dad has not had ERDC in the past two months and no one in the filing group has had TANF in the preceding 3 months. Dad is considered a **new applicant** and should be referred to the ERDC Reservation List if he requests child care benefits.

*Child Care Policy Analysts*

## District 10 Moves to Quarterly Training Model

In October, District 10 held the first of its new quarterly training sessions. I had the opportunity to join in for the eligibility portion and have to say how much I appreciated the topics chosen for the agenda and the excellent planning and presentation that went into the effort.

One hot topic was income calculation and narration. To make it relevant to everyone in the room, only pay stubs from employers in D10 were used. (If you've never seen the complexity of some call center pay statements, visit Redmond to find out how challenging they can be!)

JPI (JOBS Participation Incentive) was another training subject. A good deal of anxiety existed with the unknowns of the new initiative and new requirements. Walking through the JPI PowerPoint, along with some good discussion and practical exercises improved the understanding of JPI and quelled some of the concerns. Staff are more ready to implement JPI and to share their experiences with Lead Leaders when they return in November.

A third item was a presentation on the nuances of dates of request and filing dates for DHS 945's. This really hit on some common misunderstandings with the 945 process. The training was well prepared and the PowerPoint, put together by Tamara Powell from Redmond Branch, is a tool that we're looking at for possible inclusion on the Medical Web Tools page!

The quarterly training was rounded out by a review of the October 1<sup>st</sup> policy changes for SNAP student eligibility and a discussion of error trends from a reviewer and QC perspective. Staff input on these subjects was much appreciated and is being shared with the Medical Accuracy Committee, Policy Analysts, Trainers, Reviewers and QC.



For more information about D10's quarterly training model, please contact Vicky Higgins, Melinda Proffit or any of the other fine managers in District 10!

*Matt Bogart, Program Accuracy Manager*



# October 2011 Targeted SNAP Reviews

## 100% Accuracy Honor Roll

0101 Baker City SSP	1513 Medford SSO	3013 Hermiston SPD
0310 Canby SPD	1612 Madras SPD	3102 Enterprise SSP
0401 Astoria SSP	1811 Klamath Falls SPD	3111 LaGrande SPD
0411 Warrenton ADS	2101 Newport SSP	3211 Florence ADS
0511 St. Helens SPD	2111 Toledo ADS	3311 The Dalles SPD
0914 Redmond SPD	2211 Albany ADS	3402 Hillsboro SSP
1202 Condon SSP	3001 Pendleton SSP	3411 Hillsboro SPD
1211 John Day SPD	3004 Milton-Freewater SSP	3417 Beaverton SPD
1311 Burns SPD	3011 Pendleton SPD	3617 McMinnville ADS

## 90% or Better

97.83 D4 Processing Center	2203	95.00 Ashland SSP	1502	93.33 Keizer SSP	2405
97.50 Corvallis SSP	0201	95.00 Prineville SSP	1601	93.18 Klamath Falls SSP	1801
97.30 Gateway Center	1102	95.00 The Dalles SSP	3301	92.86 Milwaukie SPD	0313
96.67 St. Helens SSP	0501	94.44 New Market Theater	1402	92.86 Rogue Family Center	1505
96.67 W. Medford Proc Ctr	1504	94.12 South Umpqua Center	1002	92.86 Ontario SPD	2311
96.43 Lebanon SSP	2202	93.88 South Salem SSP	2401	92.31 LaGrande SSP	3101
96.00 D8 Processing Center	1503	93.33 Baker City SPD	0111	92.00 West Portland ADS	2518
96.00 Medford DSO	1517	93.33 Oregon City SPD	0311	92.00 East Multnomah ADS	3518
96.00 Grants Pass DSO	1717	93.33 Estacada SPD	0314	91.84 Grants Pass SSP	1701
96.00 Ptlld Mid-Area ADS	3515	93.33 Roseburg SPD	1011	90.48 Hermiston SSP	3003
95.83 SE Portland ADS	1418	93.33 Woodburn ADS	1911	90.00 Madras SSP	1602
95.83 McKenzie Center	2001	93.33 West Eugene SSP	2002	90.00 St. Johns SSP	2601
95.45 Eugene LCOG ADS	2011			90.00 Dallas SSP	2701

**Didja Know??** You can add your client's e-mail address to CMS. On the *client index person contact information* there is a place to add an e-mail address. You can access the screen from WEBM FIND. We can only communicate with clients by e-mail if the client has requested we use that method. If a client requests us to send information or notices by e-mail, narrate the request in TRACS. Remember when e-mailing clients use the secure e-mail feature #secure# (space) before sending the e-mail. *TANF Policy Analysts*

**Important Reminder for Transitioning employed clients off TANF**

When TANF clients become employed, coding the employment income on the CM case generates the 6E notice. This notice tells the client they should apply for ERDC benefits if needed. With ERDC closed to new applicants, it is more important than ever to let clients know they need to request ERDC before the end of the three month TANF transition time period. [FSM CCA B-3](#)

*Child Care Policy Analysts*



# October 2011 Targeted Medical Reviews

## 100% Accuracy Honor Roll

0701 Alberta SSP	1406 Teen Parent SSP	2203 D4 Processing Center
0702 Integrated Services SSP	1802 Lakeview SSP	2404 Santiam Center
1002 South Umpqua Center	2001 McKenzie Center	2701 Dallas SSP
1101 Springfield SSP	2002 West Eugene SSP	3001 Pendleton SSP
1201 John Day SSP	2003 Cottage Grove SSP	3201 Florence SSP
1301 Burns SSP	2202 Lebanon SSP	3301 The Dalles SSP
1404 Multnomah Refugee Branch		3601 McMinnville SSP

## 90% or Better

95.00 Corvallis SSP	0201	93.33 Beaverton SSP	3401	90.00 Cave Junction SSP	1702
95.00 D8 Processing Ctr	1503	93.10 SE Portland SSP	1401	90.00 South Salem SSP	2401
95.00 Hillsboro SSP	3402	91.43 Grants Pass SSP	1701	90.00 Keizer SSP	2405
94.29 N Clackamas SSP	0303	90.00 Bend SSP	0901	90.00 St. Johns SSP	2601
93.33 Astoria SSP	0401	90.00 W Medford Proc Ctr	1504	90.00 Milton-Freewater SSP	3004
93.33 Rogue Family Ctr	1505	90.00 Prineville SSP	1601	90.00 Hood River SSP	3302

### TANF Time Limit Update

Are TANF time limits being tracked at all? What you may not know is that time limits are being counted behind the scenes. There is one time limit factor that we rely on workers in the field to enter and that is time on TANF from another state. The application (415F) contains a question on time limits on Page 7, Question 4 at the bottom of the page. That is where the conversation starts.

*Where do you call to get the information about time from out of state?*

The Multiple Program Worker Guide #4 in the FSM contains phone numbers for other states' TANF agencies. You should verify information at intake when someone has moved from out of state and you should also look for possible time out of state at recertification. You never know when the information could have been missed. This information is important because it impacts information we provide for the purposes of federal reporting.

*Where do you enter the time from other states?* You can enter the months on the Client Information Screen. On the bottom right hand corner you'll find a code "TL" with a number. The number refers to the months the client has met towards the Federal Time Limit. Remember, Oregon counts time differently than the federal government. When you type an "X" over the dot before the TL and then enter Shift F1, a screen will appear allowing you to add the time on TANF from another state. Be sure to use the following date format: MM/DD/YY. Narrate clearly in TRACS which state you called, who you spoke with, their contact information, and the date of contact.

In the next few months we will be making a modification to state time limits. The information you provide may impact client eligibility, so it is important that complete and accurate information is recorded.

Thank you for your work in improving data collection. If you have questions about TANF time limits, you can call Carol Krager at 503-945-5931.