



On Target

special edition

June '11 Contributors

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Historical Summary of Program Accuracy in Oregon 2000 to 2011

2000 / 2002 DHS continued to be heavily in penalty to the federal Food and Nutrition Service (FNS) because of Oregon's high Food Stamp error rates. Two year corrective action plans were required for each penalty year.

- In FFY 2000 Oregon's payment error rate of 10.15% resulted in an adjusted liability (penalty) of \$123,987.

- In FFY 2001 Oregon's payment error rate of 9.76% resulted in an adjusted liability (penalty) of \$333,125.

- In FFY 2002 Oregon's payment error rate hit 10.99%

2003 / 2004 Oregon's error rate reached 12.92% for FFY 2003.

As part of a corrective action plan, the department took the drastic action of delaying regular eligibility work to review and correct Food Stamp (now SNAP) cases above a certain issuance level (approximately 1/3 of all cases). Reviewers for this statewide "blitz" were a team made up primarily of HSS4's and Policy Analysts. A "blitz" data base was created and 45,291 cases entered. Errors were cited on 14,339 cases (31.6%).

2004 The department carved out 6-8 initial positions to conduct local reviews and coach and mentor staff in the largest offices. This was followed by an initial allocation of permanent reviewer positions.

2004 The old training unit (SDU) was eliminated and all program training was given over to the policy units to present. Medical and TANF were each allocated a trainer position. SNAP and ERDC training continued to be presented by policy analysts.

2004 CAF leadership made a commitment to provide policy training to managers. In April of 2004, policy analysts Lydia Dale and Sandy Ambrose began conducting "Management Training for Food Stamp Reviews." At the same time, an expectation was established that Operations Managers review 2 SNAP cases per month/per employee.

2005/2006 In an effort to improve accuracy and consistency, the use of narrative templates began roughly in 2005. In the Fall of 2006 a standardized, statewide template was put into use. Although standardized at one point, templates continued to be modified and there were many local variations as time went on.

2006 The decision was made to incorporate medical cases into the review process. Additional reviewer positions were allocated by the legislature to support the expansion.

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2006 The All Review Tracker (ART) was implemented. ART has the capacity for separate medical and SNAP review tools along with increased data collection and reporting capabilities.

2008 The CAF Training Unit was established, additional trainers were allocated, and the Cherry Avenue Training Center (CATC) was opened.

2008 After much debate, the department decided to move away from narrative templates. The concerns about templates were that they were too long and promoted a check box approach instead of a more thoughtful interview and narration approach to eligibility. The arguments in favor of templates were that they provided a consistent structure and reduced risks that important information would be missed in the narration.

2009 The current “Narrative Guidelines” were established. Substantial collaboration went into developing the roll-out training and in providing Q&A for consistency in applying the new guidelines. Training by analyst/trainer teams was conducted at branches throughout the state. Each reviewer attended multiple sessions to ensure a shared, consistent understanding of material and collaboration among staff, HSS4’s and reviewers.

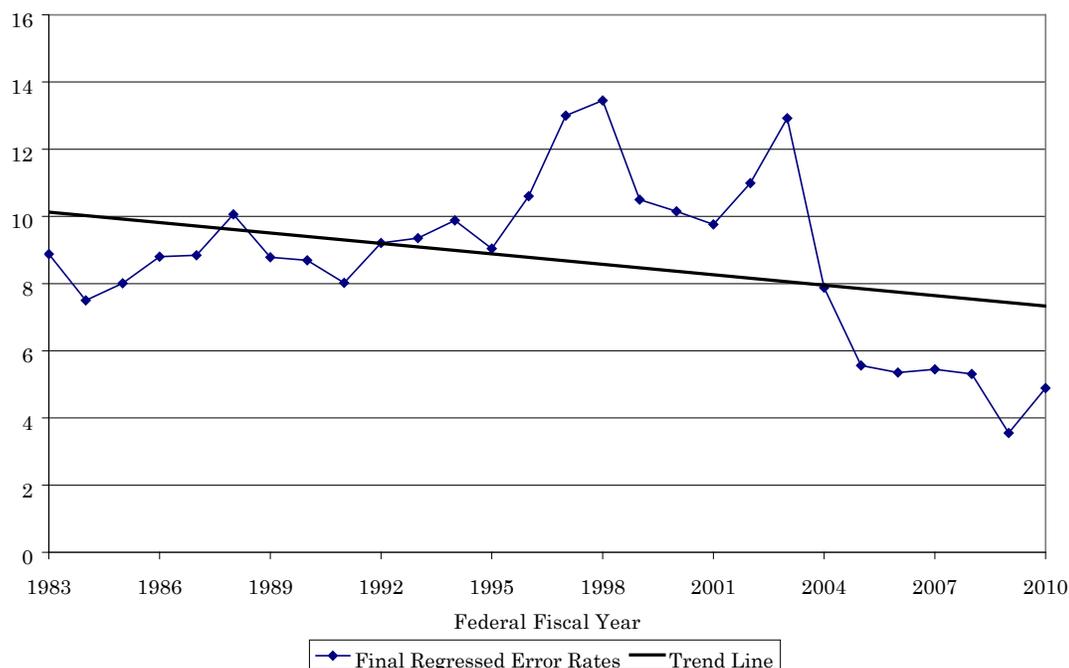
2010 A significant number of additional SNAP and medical trainings were offered to accommodate new staff allocations. Additional sessions of Interview and Narration training were also offered.

2011 Because of caseload growth and the hiring freeze, the number of centralized trainings was reduced and the training unit began offering SNAP refresher, medical refresher and interview/narration trainings at local offices to eliminate travel time for local staff. Classes are tailored to meet local needs and time limitations. A significant training re-design for all SSP programs is also underway.

2011 Currently, there are 16 field reviewers who review SNAP cases at approximately 120 SSP, SPD and AAA branches, medical cases at 73 SSP branches and a small number of ERDC cases at selected branches. Error trend training and publication of the “On Target” newsletter also continue to be cornerstones of our accuracy efforts.

The combined impact of targeted reviews, policy changes, training improvements and excellent field work can be seen in the QC SNAP accuracy chart below. Oregon achieved its lowest error rate ever in 2009, a rate of 3.55%.

SNAP/Food Stamp Final Payment Error Rates



News in Medical Eligibility

Last November and December, 940 CAF workers completed a survey on potential reforms to the eligibility process. We want you to know how much we appreciate your responses – and to let you know that some changes to eligibility policy have already been made, or are being pursued, that address the concerns highlighted in that survey.

Workers were asked to list the most useful potential reforms. The two most popular answers (picked by over 70%) were to align income rules and eligibility group rules among programs. The third most popular answer (picked by 66%) was to have all employers on an income verification database like Work Number. Fourth most popular was to eliminate the MAA and MAF medical categories and simply have everyone below a certain income level be eligible for Medicaid.

A previous study of pends revealed that the most common reason for pending medical applications was for income verification. Of course, if every employer were on The Work Number – as 66% of you would like to see – there would be many fewer cases where you would need to pend for this. To address this, in November 2010, DHS/OHA made a major change to medical eligibility, which has hopefully reduced the number of “earned income verification” pends. In the past, we required clients to provide up to two months worth of pay stubs. Now, we only ask for one pay stub, and as long as the client’s statement of the amount of anticipated income passes the “common sense test,” and there is some verification of the source of income (through the pay stub or some other means), that’s sufficient. Although the new policy does not completely align medical with SNAP, it brings us closer: It means that *if you have enough verification for SNAP (i.e., verification of the last 30 days’ income), you have enough to verify for medical*. In fact, in some cases you can now approve for Medicaid *without* having as much verification as you would need to approve for SNAP.

Our ‘pend study’ also showed that citizenship questions were at least partly responsible for 20% of pends. Although DHS/OHA cannot avoid the citizenship requirement, we did prioritize setting up a data exchange with SSA which usually enables us to get citizenship verification within 48 hours or less. We are working toward making that data exchange available online, in real time, so workers would not need to wait even 48 hours.

Workers would like to see closer alignment of SNAP and medical requirements. There are limits to how close that alignment can be unless the Federal government changes the regulations. Director Kelley-Siel and Dr. Goldberg recently sent a memo to the directors of the Federal SNAP and Medicaid programs. Food and Nutrition Services (FNS) was asked to consider modifications to the SNAP interview and income verification requirements. To support Federal healthcare reform in 2014, the Directors asked the Centers for Medicare and Medicaid Service (CMS) to allow DHS/OHA to automatically enroll SNAP clients into medical using their SNAP household and income information. Since we believe a huge percentage of the expanded Medicaid population will be pre-existing SNAP clients, that would be a huge help in enabling us to handle the Medicaid expansion. The Directors also asked FNS to consider modifications to the SNAP interview and income verification requirements which would bring SNAP into closer alignment with medical.

Finally, we and other states have repeatedly made the point to CMS that, in the context of health reform, which will make everyone below 133% FPL (after a 5% income deduction) eligible for Medicaid, they need to eliminate all the existing Medicaid sub-categories so that it will be a simple calculation: If you’re below 133%, you’re eligible, period, no MAAs and MAFs and so forth.

We really, really appreciate the effort you put in to filling out the fall survey and providing individual comments (of which there were many). We will continue to do what we can to address the issues you highlighted.

Steve Novick, Medical Eligibility Transformation Manager

Karen House, Medical Eligibility Program Manager

An Introduction to the Targeted Review Process

The targeted review process has its roots in the “blitz” of 2003/2004 when the state was in serious penalty to the federal Food and Nutrition Service (FNS). Before that time, DHS had no accuracy measurement method except the QC error rate. The QC error rate peaked at 12.92% in 2003. By the time a case hit QC, it was too late. Errors found by QC were often older, difficult to fix and contributed to federal sanctions. DHS’ corrective action plan in 2003 was to complete a major review of SNAP cases (“the blitz”) and then to set up an ongoing branch review process.

Today, targeted SNAP reviews are done at 121 SSP, SPD and AAA branches across the state. Medical reviews are completed at all 73 SSP branches and a small number of ERDC cases are completed at selected branches as well. A group of 16 out-stationed and 2 central reviewers make up the review team.

A misperception by some new staff is that the purpose of the targeted reviews is simply to fix cases found in error. We actually review less than 1% of our cases each month so the impact in this regard is small.

The real objective is to use the review process to reinforce skills taught in branches and in training so that future incorrect payments and QC errors can be avoided. By design, reviewers are located in field offices where they have a working relationship with managers and staff and are a local resource available to discuss case and policy questions.

A common question is, “Why are cases reviewed differently for QC than for targeted reviews?” The simple answer is that, while the overall objective to reduce payment and QC errors is the same, targeted reviews are intended to reduce the risk of QC errors before they happen, by focusing on policy and process.

Targeted reviews are normally limited to the same information available to the worker when the eligibility decision was made. The reviewer is looking at whether accurate information and department policy were applied in making the decision. Targeted reviews are intended as a coaching tool for staff, an information source for local managers, and a measurement tool to identify trends, training needs and policy issues. There is a continuous effort to “target” only those elements which are likely to result in incorrect benefits on active cases.

QC reviews, on the other hand, are primarily focused on what is called a “payment error rate” that must be reported to the federal government. QC has the advantage and disadvantage of additional information in that they re-interview and re-verify information from the client and the employer. We really are all in this together. QC does everything they can to avoid errors in their findings because their findings reflect on the work of our Oregon staff and we are measured against all other states in the nation.

In the end, the goal of each eligibility worker, HSS4, QC compliance specialist and targeted reviewer is the same - to issue correct benefits so each client gets the benefits they are entitled to (not more, not less). The SNAP, medical and ERDC review standards are available to all staff through your manager, HSS4 or local reviewer.

We are extremely proud of our successes in improving Oregon’s SNAP and medical accuracy in recent years. Thanks to all of you for your great work!!!