



# On Target

## January '12 Contributors

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### In this issue:

Children in child care with higher needs: Partnering to help parents work!	1
Presumptive Referral Process	2
EDMS Tips and Tricks	3
Let's Talk ID's...	3
SNAP honor roll	4
Elimination of OHP-OPU Student Status Criteria	4
Medical honor roll	5
HIPP Transition and January changes	5

## Children in child care with higher needs: Partnering to help parents work!

Families of children with disabilities or behavioral disorders often face serious challenges finding and keeping child care. These challenges may significantly affect parents' ability to be employed. Fortunately, there is a partnership that can help: DHS Self-Sufficiency and the Inclusive Child Care Program (ICCP).

Lisa is an active, fun and curious six-year old. As a younger child Lisa was diagnosed with autism. She requires nearly constant supervision and frequent attention from adults. In child care, this includes helping her interact safely with other children and keeping her from running off when she becomes upset or frustrated. Even though Angela, Lisa's mom, receives ERDC at the special needs rate, she is still worried about keeping her job. Lisa's newest provider, Brenda, just started caring for her. Angela shared her concerns with her worker at the local DHS branch and a referral was done to the Inclusive Child Care Program. ICCP staff completed an assessment, using information from Angela, Brenda and Lisa's special education program. A high need rate was recommended for Lisa. The higher rate helps Brenda to care for a smaller number of children, freeing up extra time and attention for Lisa. With Angela's permission, ICCP staff also facilitated a connection between Brenda and an autism specialist working with Lisa and shared information on training opportunities. The high need rate and other supports are helping to keep Lisa in care and Angela working.



### DHS Special Needs Rate and ICCP High Need Rates – what's the difference?

Children eligible for ERDC or TANF JOBS child care may qualify for an increased rate. The DHS special need rate (SNR) is a fixed amount (paid hourly or monthly) for children with a diagnosed disability or behavioral disorder when they require a higher level of care. The rate differs by geographic area and provider type. Workers determine if a child is eligible for the special needs rate. Form DHS 7486 must be completed and verification of the child's diagnosis received (unless the child is receiving SSI). When the CM system is coded with the SNR need resource code the rate will be included on the billing form.

In situations like Angela's her child required a much higher level of care. These children may qualify for the DHS special needs rate and the high need rate. The high needs rate is based on how much additional care the child requires. To make this determination, an assessment must be completed by ICCP. Workers refer families to their district high need specialist who will coordinate referrals to ICCP. The payment process is also different for the high need rate. It's coordinated through the district specialist and paid through the special pay process.

ICCP also helps to support child care for families that are over income for ERDC (up to 85% of Oregon median income). Those families pay a basic rate and ICCP helps with the higher costs of care related to a child's special needs. For more information see the ICCP website at <http://oregoninclusivecc.org>, or contact the program directly at [contact.iccp@state.or.us](mailto:contact.iccp@state.or.us), 971-673-2297 or toll-free at 1-866-837-0250.

*Karen Collette, ERDC Policy Analyst*

Click here to link to the Family Services Manual



## Presumptive Referral Process

Self-Sufficiency eligibility workers must complete the presumptive referral process (PMDDT) when a client reports a disability that prevents them from working and will last at least 12 months or is terminal or they are requesting benefits under Employed Persons with Disabilities. Prior to making a PMDDT referral, the worker must evaluate for all other medical programs. At redetermination, the client must be kept open at the same benefit level until a presumptive determination is approved or denied.

Referrals should only be completed when a client is not otherwise eligible for **Plus** benefits (REFM, SAC, MAA, MAF, EXT, OPC, OP6 or CHIP).

The PMDDT referral process includes screening the client to determine whether or not they meet all OSIPM financial and nonfinancial criteria. (If the client requests Waivered Services or if the client is applying for the Employed Persons with Disabilities (EPD) Program, skip this step). To assist in determining whether or not a referral should be made, staff can refer to the PMDDT Referral Flow Chart: <http://www.dhs.state.or.us/spd/tools/program/osip/flowchart.pdf>.

If appropriate, a referral is made to the Disability Services office according to local process. The *Referral for Seniors and People with Disabilities (SPD) Medical Eligibility Decision* (DHS 0709) form can be used.

- If a referral is made for a client who has an open medical case, the worker will code the case with a “PMP” case descriptor to identify that this medical case has a PMDDT referral. If necessary, add a BED need/resource date to the case to keep the clients benefits at the current level while the PMDDT referral is being processed.
- If approved for presumptive medical, PMDDT will inform the local Aged and People with Disabilities (APD) office who will, in turn, inform the SSP worker.
- If there is an open CM case, the worker will transfer the case online to the requesting APD branch.
- If denied, PMDDT will inform the local APD office who will, in turn, inform the SSP worker. The SSP worker will replace the “PMP” case descriptor with a “PMD” case descriptor.

For clients who do not have any open medical benefits, send the *462C Notice of Self-Sufficiency Medical Program Eligibility Decision* to the client after making the referral.

**Example 1:** Mary and her only child Tim are receiving MAA benefits. Mary reports her child Tim has moved in with his father. Mary reports she has a disability which prevents her from working. The eligibility worker determines Mary is eligible for a PMDDT referral and follows the local process to send the referral to the local APD office. The eligibility worker also codes the MAA case with a BED need/resource date of 03/12 (three months from the current date) and adds a PMP case/descriptor.

**Example 2:** Chavez is receiving OHP-OPU benefits which are ending 01/12. Chavez calls his worker to request that his medical benefits continue. The eligibility worker determines Chavez is no longer eligible for OHP-OPU but Chavez has indicated he has a disability and the worker determines he is eligible for a PMDDT referral. The eligibility worker follows the local process to send the referral to the local APD office, updates the BED need/resource date to 03/12 and add a PMP case/descriptor.



Medical Policy Analysts

**Don't Forget!!!** The annual increase to Oregon's minimum wage rate is effective January 1, 2012. The new rate is \$8.80 per hour.

## EDMS Tips and Tricks

When searching for an application on EDMS, first search within the Folder Queries. This will provide all documents in one folder by client name, rather than a list of documents then having to search for the client.

IRMS keys in the name and SSN from the hand written information in the “Tell us about you” section; the Branch and Case Number information is keyed in from the bottom of the application (Agency Use Only) located on the first page of the 415F. There are times when not all the case information has been provided or the incorrect information is listed and therefore is not keyed into the imaging system or keyed in with incorrect info.

When using the date fields in the 6608 or OHP queries, do not use slashes. Example: 8/12/2011 should look like 081211.

The “Wildcard” (%) can be used in any of the index fields. This can help locate documents with partial information. For example a 415F was sent to EDMS for J Doe, last 4 SSN 5689. The wildcard symbol should be in place of missing information. (\*only 1 % is needed for missing information)

Scan Date:	<input type="text"/>
Client Name:	<input type="text" value="Doe, %"/>
SSN:	<input type="text" value="%5689"/>
FSMIS Case#:	<input type="text"/>
Received Date:	<input type="text"/>
Branch #:	<input type="text"/>

By using the Wildcard, you broaden the search field for finding the information needed. In the SNAP 6608 document query, the results are limited to 500. If you receive the maximum results, add another field to the query (such as branch) to lower the results.

Branch offices are to note in TRACS how applications are sent in to be imaged. If there is an accession # in TRACS, the documents were sent in a box for Archives. These documents are imaged in the Closed Case Records. Dates in the Closed Case Records are formatted YYYYMM. If you’re looking for a document from August 2011, the date should look like 201108.

For further issues with locating documents in the EDMS system, contact; **Help, EDMS**

*Quality Control*

## Let’s Talk ID’s...

There seems to be a couple of myths circulating about acceptable identification for SNAP, as well as what can be copied for the case file.

For SNAP, we need only verify the identity of the head of household. While we all might like to get a picture ID from our clients, picture ID is not required, nor should we pend for it. Many other documents including a wage stub, voter registration card, birth certificate, school ID, or health care identification card will serve the same purpose. Don’t forget you can also use available screens such as WVIR to verify a client’s identity. By asking client’s their DOB, previous address, mother’s maiden name, or when they last received assistance, can help verify a person’s identity. When all else fails, a collateral contact can be used.

Another recent myth is whether military ID can be copied. The same has been asked about naturalization certificates. As a government agency, we are allowed to make copies of these documents. The amount of copying we do is limited, and does not result in the types of issues they are trying to deter, such as fraudulent use of government documents.



Lastly, it isn’t necessary to make a copy for the SNAP file, as long as you **NARRATE** what verification you used. You can read more about verification in the Family Services Manual (SNAP B 10) or the Multiple Program Worker Guide #2.

*SNAP Policy Analysts*



# December 2011

## Targeted SNAP Reviews

### 100% Accuracy Honor Roll

0314 Estacada SPD	1301 Burns SSP	2911 Tillamook ADS
0501 St. Helens SSP	1517 Medford DSO	3004 Milton-Freewater SSP
0913 LaPine SPD	1802 Lakeview SSP	3102 Enterprise SSP
1011 Roseburg SPD	1811 Klamath Falls SPD	3111 LaGrande SPD
1017 Roseburg DSO	2019 Cottage Grove ADS	3211 Florence ADS
1201 John Day SSP	2411 North Salem ADS	3311 The Dalles SPD
1202 Condon SSP	2711 Dallas ADS	3411 Hillsboro SPD

### 90% or Better

98.00 Springfield SSP	1101	93.33 Oregon City SDP	0311	91.67 South Salem ADS	2412
97.50 Corvallis SSP	0201	93.33 Milwaukie SPD	0313	91.11 Klamath Falls SSP	1801
96.67 West Medford Proc Ctr	1504	93.33 St. Helens SPD	0511	90.00 Baker City SSP	0101
96.55 Ontario SSP	2301	93.33 Rogue Family Center	1505	90.00 Astoria SSP	0401
95.83 Portland Mid-Area ADS	3515	93.33 Toledo ADS	2111	90.00 Redmond SSP	0902
95.56 Eugene LCOG ADS	2011	93.33 Lebanon SSP	2202	90.00 LaPine SSP	0903
95.00 Integrated Services SSP	0702	93.33 Pendleton SPD	3011	90.00 D8 Processing Center	1503
95.00 South Umpqua Center	1002	93.10 Albany SSP	2201	90.00 Prineville SSP	1601
95.00 Cave Junction SSP	1702	92.86 Ontario SPD	2311	90.00 Cottage Grove SSP	2003
94.74 Pendleton SSP	3001	92.00 Medford SSO	1513	90.00 Newport SSP	2101
94.00 D4 Processing Center	2203	92.00 West Portland ADS	2518	90.00 Florence SSP	3201

### Elimination of OHP-OPU Student Status Criteria

Effective January 1, 2012, applicants who are students at a higher education institution will no longer need to meet student eligibility criteria to be eligible for OHP-OPU. Oregon Administrative Rules and the Family Services Manual will be updated to reflect this change. See policy transmittal [SS-PT-11-042](#).

This new policy should be applied to any eligibility decisions made using January 2012 or later as a budget month.

**Example:** A medical application is received with a Date of Request (DOR) of 12/03/11 for an ongoing OHP-OPU applicant who is turning 19 years old in December. The eligibility worker reviews for eligibility and finds that the applicant is a full-time college student and meets the financial eligibility requirements. The eligibility worker pends for and receives the Student Aid Report, which shows that they do not meet the Pell grant or EFC income requirements.

The worker floats the budget month to January, and finds that the applicant now meets all the financial and nonfinancial eligibility requirements, as student status no longer affects eligibility. OHP-OPU medical benefits are started effective 01/01/2012 with timely notice of reduction.

This policy change does not eliminate the need to review educational income when determining eligibility. To determine the amount of education income to count or exclude, see Counting Client Assets, Chapter B, #24, Educational Income (CA-b.24), in the Family Services Manual.



# December 2011

## Targeted Medical Reviews

### 100% Accuracy Honor Roll

0201 Corvallis SSP	1404 Refugee Branch	2601 St. Johns SSP
0401 Astoria SSP	1406 Multnomah Teen Parent	2901 Tillamook SSP
0501 St. Helens SSP	1502 South Valley SSP	3001 Pendleton SSP
1201 John Day SSP	1603 Warm Springs SSP	3004 Milton-Freewater SSP
1301 Burns SSP	1702 Cave Junction SSP	3005 Boardman SSP
1402 New Market Theatre	2001 McKenzie Center	3102 Enterprise SSP
	2202 Lebanon SSP	

### 90% or Better

97.14 West Eugene SSP	2002	92.86 Dallas SSP	2701	90.00 Metro Processing Center	1403
97.14 D4 Processing Ctr	2203	92.86 LaGrande SSP	3101	90.00 D8 Processing Center	1503
97.06 N. Clackamas SSP	0303	92.86 Beaverton SSP	3401	90.00 Prineville SSP	1601
96.97 Springfield SSP	1101	91.43 Grants Pass SSP	1701	90.00 South Salem SSP	2401
96.30 Klamath Falls SSP	1801	90.00 Baker City SSP	0101	90.00 The Dalles SSP	3301
93.33 Cottage Grove SSP	2003	90.00 Integrated Services Ctr	0702	90.00 Hood River SSP	3302
93.33 Newport SSP	2101	90.00 South Umpqua Center	1002	90.00 Gresham SSP	3502

### HIPP Transition and January changes

Phase 1 of the transition of the Health Insurance Premium Payment (HIPP) program to HIG was successfully completed on November 1. HIG's Premium Reimbursement Coordinators conducted recertifications for each existing HIPP case and those that were determined eligible received November and December payments. All clients determined not eligible received benefit reduction letters.

Now, we are on to Phase 2. On January 1, 2012, a new set of guidelines for the HIPP and PHI programs went into effect. This included many exciting changes that will allow more people to qualify. A few of the changes are:

- Increases to the premium standards on the Medical Savings Chart and a new way to calculate cost effectiveness.
- Policyholders no longer have to live in the same household as the Medicaid recipient.
- A new Special Conditions Chart allows us to consider higher premium amounts for people who have certain medical conditions.
- The definition of major medical has been clarified and the \$10,000 limitation removed.
- HIPP and PHI determinations are no longer hearable.
- Clients with Medicare Part A and Part B do not qualify for HIPP and PHI.
- The 3073 form used to make PHI referrals will become obsolete at the end of this month.



OPAR 461-135-1100, 461-135-0990, 461-155-0360 and 410-120-1960 have all been revised and became effective on January 1, 2012. Look for updates in the [SPD worker guide](#), [Family Services Manual](#) and [DMAP worker guide](#) for full program eligibility details. Please make HIPP and PHI referrals on the newly revised [MSC415H](#). [OPAR IM-11-025](#) was sent out the last week of December and has details of the changes.

Questions? Please contact one of the premium reimbursement coordinators, Janine Kelty 503 378-3324 or Lori Babcock 503 378-3226, or the TPL Analyst for OPAR, Carolyn Thiebes 503 378-3507.

*Carolyn Thiebes, OPAR Analyst*