June 2012

On Target

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Coding Categorical Eligibility... Do we really have to?

Yes, yes we do! Categorical eligibility makes the difference between a denial notice for being over income (or over resources) and getting SNAP benefits for a large percentage of our caseload. Out of 424,834 SNAP cases, only about 4% are **not** categorically eligible. For the other 96% of our cases, being cat el means we can use a higher income standard (185%) and we don't have to look at resources. Coding categorical eligibility on FSMIS is a critical piece of our work.

The **Cat El** field on page 1 of FCAS indicates categorical eligibility. FSMIS automatically displays a "Y" in the field when the SNAP case is coded as follows:

- PA in the Categ field;
- _2, _4 or D4 in the Prg field;
- GNT or SSI income type; and
- CMS case number and letter for each person on the case.

For all other cases, there is not enough information for FMSIS to determine categorical eligibility so N will display in the **Cat El** field. Change the N to C to indicate that the eligibility worker has determined it.

Why is this important? Without that little C, cases that are over 130% FPL (the SNAP countable income limit) will be determined ineligible by the computer. This would wrongfully deny benefits, cause an underpayment and be both a targeted and a QC error when reviewed.

And yes, even if the case is under the countable and adjusted income limits, we still must code the computer to show that the case is categorically eligible. See how a simple little C can save you and your clients time and grief?

PLEASE REMEMBER you need to check the first page of FSUP to ensure the C is coded before you save the updates. The **Cat El** field sometimes defaults back to N if you leave page 1 before saving the update (RU or F9). No info systems fix is on the horizon, so it's up to we the people to get it right. Once the C is coded and saved on the case, it will remain there until you remove it.

SNAP Policy Analysts

Update On How to Count UC Payment Dates

Wouldn't it be wonderful if information stayed the same, at least for a while?
Well, in April we published an article on counting UC payment dates when there is a potential 5th payment in a month. Literally within days of that article, a minor but important change was made to our UC help screens. The change is that ReliaCard Deposit payments are posted two working days after the last activity date. The updated text of that article is shown below.

Confused about how to count UC payments when there is a potential 5th payment in a month? Turns out, you're not alone. This issue came up several times this month based on reviews of January eligibility decisions.

The best way to know for sure what day of the week the client physically receives their UC payments is, of course, to ask the client. (Also, don't forget to check what the client wrote on the application.) The Medical Policy unit strongly encourages direct contact with the client because the actual day the client has access to the funds may vary particularly if they get paid by check.

So here are some basics about UC. Clients can be paid three ways: by "Reliacard," by direct deposit or by check. The Reliacard is a U.S. Bank Visa card used by OED to issue UC payments.

ECLM, EPAY (F13 from ECLM) and the individual payment screens all show the method of payment for UC:
RD = ReliaCard; **ED** = Electronic Deposit; **P** (with no other descriptor) = Check

Pretty easy so far? Lets talk about dates. Four dates come up in regard to UC: Processed date, Entered Date, Last Activity Date and Reconciliation Date.

Processed Date: This is a term best dropped from any UC discussion because it isn't a date on any UC screen and it could mean different things to different people.

Entered Date: Clients are normally required to check in with OED by phone or computer each week. They normally do this on Sunday or Monday so they can get their check as soon as possible. The "entered date" is generated on the Monday night run unless Monday is a holiday or the client did not check in timely.

Last Activity Date: This is the last day of the week the check was processed to pay. This is normally the same as the "Entered Date." THIS is the date you count from to estimate when the client receives access to their funds. You must go into the individual payment screen to see the last activity date.

Reconciliation Date: For RD and ED, the reconciliation date may be the same as the entered date and the last activity date; but, for checks it will be considerably later. The check is reconciled by OED once it has cleared the bank and been returned to OED. You must go into the individual payment screen to see the reconciliation date.

So when does the client get their money?
RD – Payments are posted to the claimants' account ***two*** working days after the Last Activity date.
ED - Funds are normally in the client's bank account ***two*** days after the Last Activity date.
P (check payment) – Checks are mailed the day after the Last Activity date (Normally allow 3 days for mailing).

```
Date: 04/30/12                    PAYMENT DISPLAY                    Time: 04:23 pm

+-------------------------------------------------------+      Prg REG/UI-UCFE (X)
|                  * Last Activity *                    | Field Office    700
| P&M                          04/20/12                | Entered         04/27/12
|           Last Activity Date                          | Last Activity   04/27/12
|                                                       | Check Number    211801571
| The last day the week processed to pay.               | Cancel Code
| Date format is: MM/DD/YY.                             | Cancellation
|                                                       | Reconcilation   04/27/12
| When the week is paid:                                |
| 1. Benefit checks are mailed the next work day.       |
|                                                       |
| 2. Electronic Deposit payments are                    |
|    posted to claimants' accounts two                  |
|    working days later.                                |
|                                                       |
| 3. ReliaCard Deposit payments are                     |
|    posted to claimants' accounts two                  |
|    working days later.                                |
|                                                       |  NM/LF
| F3) Exit                                              |
+-------------------------------------------------------+  IVR Hist
5) Clm Sum              13) Pay List                          PA1) Print
```

In summary, most UC clients are paid through the ReliaCard or Direct Deposit but some are paid by check. The "Last Activity" date is the date you want to work from in estimating whether a fifth payment was received in the budget month.
Thanks to all those who provided input to this article!

Welcome to Oregon!

SNAP policy occasionally gets questions about verification requirements when an applicant who is new to the state indicates that they have not received benefits within the last 30 days. Some workers believe that a "no" to this question eliminates the need for follow up, while others routinely contact the last state of residence.

New Oregon residents are identified through the interview or when they provide verification from another state (e.g., a current driver's license).

Clients don't always tell us about receiving benefits in another state or notify the local agency when they move. Duplicate benefits are responsible for many QC errors and overpayments, which belong to the second state to issue benefits in the same month. For all these reasons, we advise workers to call the other state and check if benefits have been issued. Multiple Program worker guide 4 provides contacts for other states. It is updated annually and whenever field staff report new information.

Example: Mary Clarion is applying for SNAP and says she has not received benefits from another state. During the interview, you learn that Mary has just moved from Denver (or presents a Colorado drivers license for ID). Contact the state of Colorado to be sure.

Policy recommends two narrated attempts to contact the last state of residence. If contact is made, narrate the results, including the type of assistance received, the closure date and who was on the case.

Remember! We are talking about new Oregonians who say they did NOT receive benefits out of state. Whenever an applicant says they have benefits in another state, we must verify the closure before opening SNAP for them here.

SNAP Policy Analysts

Changes to the Interim Change Report DHS 852

In May 2012 some changes were made to the DHS 852. The first change was to the instruction page. This change was made based on feedback received from advocates, who believed that clients may be confused about the language and when they needed to complete the form.

The second change was on the address section of the report form. Previously, the current home address from the FSMIS computer system was pre-printed on the form. The client was asked, "Do you still live at this address?" The SNAP policy unit received a Continuous Improvement (CI) sheet identifying this as a problem. Some clients would skip over this section, even if they had moved, and would not update changes in rent if the address was the same. In order to improve the information received on the form, it was suggested that the address no longer be pre-printed. If the DHS 852 is returned complete, except for the address section, the form should be processed with the current address and shelter information that is coded on the case.

SNAP Polilcy Analysts

Upcoming Training offered by SSP Training Unit

Essentials:	7/31/12 Tigard
Computer Connections:	7/10/12 Portland 8/7/12 Tigard
Expedited SNAP:	7/17/12 Portland
SNAP Basics:	7/31/12 Portland 8/21/12 Tigard
ERDC:	7/10/12 Salem
TANF Eligibility:	7/12/12 Eugene
TANF Case Management:	7/24/12 Salem
Services to Non-Citizens:	7/10/12 Redmond 7/17/12 Roseburg 8/7/12 Klamath Falls 8/14/12 Corvallis

Be sure to check the Learning Center frequently for refreshers being offered in your area.

Who to Contact at the OHP Processing Center (5503) and Beyond!

For general Lead Worker assistance, the quickest way to get an answer is to email: 5503 SSPLeadworkers in Outlook. If this email address is not yet loaded into your favorites, open a new blank email, use the address book and type 5503. You will see the address pop up.

Currently, the HSS4's at OHP are Katelyn Bullard, Wassa Matveev and Ellen Rust. OHP also has two HSS4 developmental lead workers, Anselma Ulloa-Avalos and Ashley Beringer, who are assigned to the OHP Phone Bank.

For field managers needing to speak to a manager at OHP, please call the central 5503 phone number (1-800-699-9075) and identify yourself so you can be put through appropriately.

Remember, there are some questions and issues that 5503 Lead Workers cannot answer so we want to get you to the right contact:

For Case Transfer requests please send those to 5503 Case Transfers in Outlook. The Lead workers do not process these requests.

For help in correcting eligibility that workers cannot correct them themselves, send a MSC 0148 to the Client Maintenance Unit (CMU). The link provided here will allow you to complete the form and email directly to CMU. You can also contact CMU for other system issues including merges, splits, deleting SNAP cases or help with mainframe coding problems. You can contact CMU by phone; 503 378-4369, fax; 503 373-0357 or email; maintenance.client@state.or.us.

If you have managed care questions including plan enrollment and dis-enrollment rules, contact DMAP Client Enrollment Services (CES) by email at DMAP, CES. Field staff are encouraged to email them!

If you have questions about particular benefit packages and what they will pay for, please contact the Client Services Unit (CSU). CSU is in the Operations Section of DMAP. They have a Hotline Team (includes 2 Spanish speakers) that takes incoming calls from clients, caseworkers and providers covering information about OHP benefits (medical, dental, MH, pharmacy, DME), prior authorizations, start/end dates for eligibility, enrollment, dis-enrollment, complaints, TPL and more. (Note: CSU refers eligibility questions to 5503 or branch offices, and refers clients in managed care plans back to their plan for assistance.) CSU has a Special Assistance Team (SAT) for those situations that cannot be resolved with the initial call but require in depth research for resolution. CSU can be reached by calling 1-800-27-0557 (this is on the back of all OHP ID cards.) CSU can be reached by email through DMAP.INFO@state.or.us

If you have specific policy questions (including HKC) please email SSP-Policy, Medical or contact one of our excellent Policy Analysts directly!

Thanks to Charna Freehan, Judy Calvo and Sharon Arrington for providing input to this article!

Didja know?? The majority of errors lately on the Statewide HKC error report are…. Workers ending Medicaid while referring to HKC. The kids are entitled to continuing benefits (bed dated) while referring a case for KCA.

Don't forget! If a person applying for SNAP is elderly or disabled, do not deny their application if they are over the categorical eligibility limit (185%) or for being over the countable income limit (130%). Instead, enter all their information on FSMIS, including their medical deductions and total shelter costs, code with an N in the Cat El field and let the system make the eligibility decision. 461-135-0505

The SSP Training Unit's intranet site now has a link to recent minutes from Reviewers' Continuous Improvement meetings and SSP Medical Accuracy meetings! See the Training Unit link below:
https://inside.dhsoha.state.or.us/dhs/self-sufficiency-training-unit/self-sufficiency-training-unit-resources.html

Next Step Toward Coordinated Care

As we move further toward implementation of Coordinated Care Organizations, we continue to meet important milestones. On May 31, the Oregon Health Authority completed a review of the applications for the core CCO criteria related to governance, community engagement, access and integration.

Eleven of the original 14 applicants were provisionally certified pending additional information necessary to meet the core certification criteria that will be required before contracts can be finalized. Others have been invited to resubmit their application. A list of the provisionally certified CCOs can be found online.

Additionally, work is coming together to inform clients, plans and providers about what to expect when CCOs begin serving OHP clients.

The Oregon Health Authority and CCOs will be working to communicate with members about what this change will mean for them.

If there is a new CCO in a community, OHA will notify those clients at least 30 days ahead of time. Medical benefits will not change for OHP clients under CCOs and most people will not see much change beyond the name of their plan. The earliest any changes would go into effect is August 1 of this year.

More information on Coordinated Care Organizations

As Oregon works to deliver better health and better care, it's important to understand how we got here, and why, right now, we have the opportunity to improve care for Oregon Health Plan clients.

In Oregon, Medicaid touches over 600,000 children and adults. But too often, care across the spectrum is fragmented, leading to waste and inefficiencies – and gaps in care that lead to poorer health among Oregon's most vulnerable populations.

At the same time, rising costs mean health care is less affordable for families, businesses and the state. The amount Oregon spends on OHP services is outpacing state revenue just when more and more people are relying on the state for basic services.

In short, Oregonians are paying more for worse care at a time when we can least afford it. Oregon's plan to transform this lies in the creation of Coordinated Care Organizations, or CCOs.

CCOs are a new type of health plan. They are a network of all types of health care providers, including physical and mental health, who have agreed to work together in their local communities for people who receive health coverage under the Oregon Health Plan.

CCOs will focus on prevention and helping people manage chronic conditions such as diabetes. This helps reduce unnecessary emergency room visits and gives people support to stay healthy.

For further information on CCOs and Health System Transformation, please visit www.health.oregon.gov or the internal staff blog on the OHA/DHS intranet.

SSP Medical Policy Analysts

May 2012

Targeted SNAP Reviews

100% Accuracy Honor Roll

0401	Astoria SSP	1404	Refugee Branch	2411	North Salem ADS
0411	Warrenton ADS	1517	Medford DSO	2711	Dallas ADS
0702	Integrated Srvs SSP	1611	Prineville SPD	2911	Tillamook ADS
0911	Bend SPD	1802	Lakeview SSP	3005	Boardman SSP
0913	LaPine SPD	1811	Klamath Falls SPD	3013	Hermiston SPD
1211	John Day SPD	2311	Ontario SPD	3102	Enterprise SSP
1311	Burns SPD			3415	Tigard SPD

90% or Better

96.67	Newport SSP	2101	94.00	Springfield SSP	1101	92.31	Hermiston SSP	3003
96.00	Grants Pass DSO	1717	93.62	Klamath Falls SSP	1801	92.00	North Bend SPD	0611
96.00	D4 Processing Center	2203	93.33	Milwaukie SPD	0313	92.00	West Portland ADS	2518
96.00	Hillsboro SPD	3411	93.33	St. Helens SSP	0501	92.00	McMinnville ADS	3617
96.00	Beaverton SPD	3417	93.33	St. Helens SPD	0511	91.67	East Multnomah ADS	3518
96.00	Portland Mid-Area ADS	3515	93.33	Redmond SPD	0914	90.91	Burns SSP	1301
95.24	The Dalles SSP	3301	93.33	Roseburg SPD	1011	90.00	Redmond SSP	0902
95.00	Alberta SSP	0701	93.33	D8 Processing Center	1503	90.00	LaPine SSP	0903
95.00	New Marker Theatre	1402	93.33	Woodburn ADS	1911	90.00	Medford SSP	1501
95.00	South Valley SSP	1502	93.33	Cottage Grove SSP	2003	90.00	West Medford Proc Ctr	1504
95.00	Prineville SSP	1601	93.33	Eugene LCOG ADS	2011	90.00	Rogue Family Center	1505
95.00	Pendleton SSP	3001	93.33	Toledo ADS	2111	90.00	Albany SSP	2201
95.00	Milton-Freewater SSP	3004	93.33	Santiam Center	2404	90.00	Tillamook SSP	2901
95.00	Florence SSP	3201	93.33	Keizer SSP	2405	90.00	Hood River SSP	3302
94.29	Corvallis SSP	0201	93.33	Florence ADS	3211	90.00	Beaverton SSP	3401

ERDC News

We are pleased to tell you that we are deactivating the Child Care Reservation List in the Employment Related Day Care (ERDC) program. Effective June 1, 2012, clients will no longer need to meet the TANF transitioner requirement or the requirement to have received ERDC within the last two (2) calendar months. The intent of this change is to allow all clients the opportunity to access ERDC services.

See SS-PT-12-013 for more information.

More ERDC News....

Not sure how to align your ERDC case to your SRS SNAP case? You can find this cheat sheet on the Staff Tools Self-Sufficiency ERDC Web page at: http://www.dhs.state.or.us/caf/ss/erdc/index.html

May 2012

Targeted Medical Reviews

100% Accuracy Honor Roll

0101	Baker City SSP	1602	Madras SSP	2601	St. Johns SSP
0201	Corvallis SSP	1603	Warm Springs SSP	3004	Milton-Freewater SSP
0401	Astoria SSP	1702	Cave Junction SSP	3101	LaGrande SSP
0501	St. Helens SSP	1802	Lakeview SSP	3102	Enterprise SSP
0701	Alberta SSP	2003	Cottage Grove SSP	3201	Florence SSP
1201	John Day SSP	2101	Newport SSP	3301	The Dalles SSP
1402	New Market Theatre	2202	Lebanon SSP	3403	Tigard SSP
1404	Refugee Branch	2203	D4 Processing Center	3503	D2 ERDC Proc Center

90% or Better

97.06	Metro Processing Ctr	1403	95.00	Hermiston SSP	3003	90.00	South Umpqua Center	1002
96.55	McKenzie Center	2001	94.29	South Salem SSP	2401	90.00	Gateway Center	1102
96.55	McMinnville SSP	3601	94.29	North Salem SSP	2402	90.00	Teen Parent SSP	1406
96.43	Klamath Falls SSP	1801	93.33	Springfield SSP	1101	90.00	South Valley SSP	1502
96.43	West Eugene SSP	2002	93.33	West Medford Proc Ctr	1504	90.00	D8 Processing Center	1503
95.00	Medford SSP	1501	93.33	Albany SSP	2201	90.00	Pendleton SSP	3001
95.00	Keizer SSP	2405	93.33	East Multnomah SSP	3501	90.00	Hood River SSP	3302
			93.10	North Clackamas SSP	0303			

QC Tips to Reduce Earned Income Errors

Remember to ask detailed questions about *each* household member's work history.

With IA persons, check wage stubs for the SSN they are working under, or ask what SSN they are using so WAGE can be checked.

Didja know?? A CAPI maintenance release is scheduled for this month to correct known issues affecting the application.

A Reminder from 5503... 5503 has been seeing an increasing number of cases where the SNAP case was closed for client moving out of state. Then, for reasons unknown, the medical case was transferred to 5503. Please take appropriate action on both the SNAP and medical cases when a client moves out of state. These cases should not be transferred to 5503!

Reminder to staff that if they do a recert for a student in the summer, we need to ask if they plan to return in the fall. If they do, then they need to meet student criteria to be eligible for SNAP. Make sure to clearly NARRATE the person's student status to prevent an error.