

# In the Loop

## Financial abuse scams

A recent study estimates there are 5 million cases of financial abuse a year, but only one in 25 is [reported](#), often due to embarrassment or confusion.

Many of the seniors targeted for abuse are those living in isolation; they are lonely, probably have a mental or physical disability, they may have recently lost their spouse and be unfamiliar with their own finances. Here are some of the common financial abuse scams to help clients watch for:

- *Rock in a box*: The scammer convinces the target to purchase a high-priced item—such as a television - for a comparatively low price but when the box is opened it contains a padded rock.
- *Fake injury*: The scammer claims to be a doctor or policeman who tells the target a close family member is injured or in jail and needs to have money sent for treatment or bail.
- *Foreign lottery*: The scammer tells the target they won a foreign lottery and they must wire funds to pay for taxes and conversion fees. This scam brings in an estimated \$1 billion every year.

APD and AAA workers are often in a unique position to speak with clients who may be in a situation which is attractive to scammers. If you would like more information about what you should do if your client appears to be a victim of financial abuse, contact Community Protective Services: [rebecca.l.fetters@state.or.us](mailto:rebecca.l.fetters@state.or.us).

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**Supporting APD/AAA field structure by providing efficient, timely and accurate information through superior customer service.**

## TTT highlights

Here are highlights from the April 19, 2012 Train the Trainer (TTT) meeting. More is discussed in the meeting, so please regard this as only a highlight. For information on the TTT meetings contact [Lauren Mitchell](#).

### ADRC:

- **ADRC** (Aging and Disability Resource Center) of Oregon is currently piloting in the four AAA areas: Oregon Cascades West Council of Governments, Eugene AAA Lane Council of Governments, Multnomah County Aging and Disability Services and North West Senior and Disability Services.
- A directory providing information on community resources, including long term care supports and services, has been created and is maintained by pilot offices and State Unit on Aging: [www.adrcforegon.org](http://www.adrcforegon.org).
- Options Counselors are available in pilot areas to provide interactive decision-support processes for those interested in long term support and services.
- Work is being completed to develop resources of sustainability to continue the service after the current grant expires.
- The next phase of the pilot is a toll free number which will allow clients and community members to reach a central information number and then be referred to a local contact.
  - Calls can be routed to all offices, regardless of their origin.
  - Number will not be marketed outside of the pilot areas, but all calls will be taken.

### CREW:

- This year CREW (Continuing Regional Eligibility Workshops).
- Sessions will include small groups like last year.
  - Watch for announcements of topics and the schedule.
  - Case management will be included.



### Estates Administration Unit:

- The manager of **EAU** is Karen Carson, [karen.l.carson@state.or.us](mailto:karen.l.carson@state.or.us); feel free to contact Karen if you are unable to resolve your concerns after speaking with EAU staff.
- Surviving spouse: EAU does not recover funds when a client dies if they are survived by a spouse. EAU defers recovery until after the surviving spouse dies; there are a few exceptions.
  - The estate recovery program will seek reimbursement from an Income Cap Trust, an Under 65 Disability Trust or a Pooled Trust.
    - Exception does not apply to Third Party Funded or Created Special Needs Trusts.
  - Recovery of overpayments are not deferred if there is a surviving spouse.

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*TTT highlights - continued from the previous page*

### Hearings:

- The hearings representatives are moving away from requesting an additional assessment. The number of requested second assessments have decreased significantly from just six months ago.

### Mental Health changes:

- Significant changes in how APD interacts with Mental Health are coming.
  - Some of the changes are required by CRIPA, the [Civil Rights of Institutionalized Persons Act](#) of 2006, which has also led to the facility changes at the State Hospital.
  - Watch for more information in the future via transmittals.
- The plan is for only persons with a diagnosed and treatable mental illness to be admitted to the State Hospital.
  - Persons with brain injuries, extreme behaviors, Huntington's disease, personality disorders, etc., will not be admitted to the State Hospital.
  - Work is underway to support the changes by developing programs and new facilities to house people previously sent to the State Hospital.

### SFDNP:

- The [SFDNP](#) (Senior Farm Direct Nutrition Program), sometimes called the Farmer's Market program, is sending out the initial participation checks the first week of June.
- OHA, Oregon Health Authority, will be in charge of the program again this year.
- This year OHA, will prioritize the applications and will first send checks to seniors who returned their applications last year, but who did not receive checks. All other seniors will be randomly selected.
- For information on the changes to SFDNP, please see [SPD-IM-12-023](#).



### SNAP:

- Adult Foster Care residents can only receive SNAP benefits if they apply with the Foster care provider, [461-110-0370](#).
  - A spouse of a person receiving foster care and any child under age 22 in the home are also not eligible to apply for SNAP without the foster care provider.
  - Foster care providers can apply independently of the residents.
- Treat an RAFH the same as a regular Foster home; there are no special rules.



**Don't forget!** Confidential email sent outside of DHS must be routed . through the secure messaging system. In the subject line type **#secure#** followed by a space and then your subject. More information is available on the DHS intranet, [Secure E-mail](#) page.

## Checking deactivated entries – SRL

5503, the OHP processing center, is working through the Standard Reservation List (SRL) database and deactivating duplicate entries for the same person.

By eliminating the duplicate entries, selections will be more equitable and the list will more accurately reflect the number of people who are actively seeking medical coverage.

The down-side of deactivation of the duplicate entries is there is no way to tell which entries are deactivated because they have been selected to receive an application and which have entries been deactivated because they are duplicates without actually opening the record..

On the *Reservationwide Info* tab, the field to check is the *Deactivated Reason* drop-down. If the person has been selected, the drop down will say *Selected Reservation*:

The screenshot shows a web interface for a 'Deactivated Reservation'. At the top, there are tabs for 'Johnson', 'Person 2', 'Person 3', and 'Reservationwide Info'. Below these are sub-tabs for 'Reservation Info' and 'Reservation Information'. The 'Reservation Information' section contains the following fields:

- Requested by:
- Reservation Added: 7/20/2010 by HW11764
- Activate Flag: Deactivated Reservation
- Deactivated Reason: Selected Reservation** (This dropdown menu is circled in red)
- Deactivated: 8/19/2010
- Reactivated:
- Confirmation Letter: 7/26/2010
- Random Selection Date: 8/18/2010
- 7210r Mail Date: 10/12/2010
- Deadline Date: 11/29/2010
- Last Change Date: 8/19/2010 by WELCBAT
- How did you hear about the OHP Reservation List? No Response

If the entry has been deactivated because it is a duplicate, the same field will say *Duplicate Reservation*.

All OHP applicants who do not have an SRL record which has been selected, or who have a selected entry outside of the potential eligibility time frame, are not eligible to receive

OHP-OPU. To be eligible for OHP-OPU, the applicant must be randomly selected from the SRL, recertifying without a break in benefits or transitioning from another Medicaid program without a break in benefits and meet all program requirements; 461-135-1100, 461-135-1125.

For more information about using the SRL data base, see the *OHP SRL Field Users Guide*: [http://www.dhs.state.or.us/caf/caf\\_ss\\_medical/srl-field-user-guide.pdf](http://www.dhs.state.or.us/caf/caf_ss_medical/srl-field-user-guide.pdf).

## CAPI Tip of the Month-



Have you noticed the Refresh button located at the bottom of your Application Routing Queues? It is recommended support staff use this button prior to scheduling an appointment. The Refresh button will remove all applications which have been assigned by another support staff worker out of the Unassigned Queue.



## June 2012 training calendar

Monday	Tuesday	Wednesday	Thursday	Friday
				1
<p>4</p> 	<p>5</p> <p>Cultural competency and diversity, Salem (8:30 - 4:00)</p>	<p>6</p> <p>Advanced in-home service planning (8:30 - 4:30)</p> <p>Cultural competency and diversity, Salem (8:30 - 4:00)</p> <p>Business transition communication sessions (8:00 - 10:00)</p> <p>Business transition communication sessions (10:00 - 12:00)</p> <p>Business transition communication sessions (1:00 - 3:00)</p>	<p>7</p> <p>Advanced in-home service planning (8:30 - 4:30)</p>	<p>8</p> <p>Business transition communication sessions (8:00 - 10:00)</p> <p>Business transition communication sessions (10:00 - 12:00)</p> <p>Business transition communication sessions (1:00 - 3:00)</p>
<p>11</p> <p>Eligibility 201 (1:00 - 4:30)</p>	<p>12</p> <p>Eligibility 201 (8:30 - 4:30)</p>	<p>13</p> <p>Eligibility 201 (8:30 - 4:30)</p> <p>Business transition communication sessions (1:00 - 3:00)</p>	<p>14</p> <p>Eligibility 201 (8:30 - 4:30)</p>	<p>15</p> <p>Eligibility 201 (8:30 - 12:00)</p> <p>Business transition communication sessions (10:00 - 12:00)</p> <p>Business transition communication sessions (1:00 - 3:00)</p>
<p>18</p>	<p>19</p> <p>CREW - Medford (8:30 - 3:00)</p>	<p>20</p> <p>CREW - Klamath Falls (8:30 - 3:00)</p>	<p>21</p> <p>CREW - Bend (8:30 - 3:00)</p>	<p>22</p>
<p>25</p>	<p>26</p> <p>Oregon ACCESS basics (8:30 - 4:30)</p>	<p>27</p> <p>Oregon ACCESS basics (8:30 - 4:30)</p> <p>SPL rule training (8:30 - 4:30)</p>	<p>28</p> <p>SPL rule training (8:30 - 4:30)</p> <p>Supervisors quarterly meeting (8:30 - 4:30)</p>	<p><i>Dates and availability of classes are subject to change. Please review availability on the <a href="#">DHS Learning Center</a>.</i></p>

## Modernization business transition

### Business Transition (BT) Partners

- The new APD/SSP Business Transition Partners will begin meeting in May with a focus on central office units to identify current and future change management needs.

### Communication Sessions

- Communication sessions and Leadership Coaching sessions are scheduled in District 2 (Multnomah County).
- BT staff will contact leadership teams and Change Leaders to schedule local visits statewide.



### Health Insurance Exchange-IT (HIX-IT)

- Business Transition is documenting the way eligibility and enrollment is currently done. It will then be mapped to the way work will be done on the new HIX portal.
- Field and central office staff are providing input to this mapping process.

*Janel Pettit, Business Transition Consultant, MAX*

## April 2012 SNAP honor roll

### 100% Accuracy!

0111 Baker City APD	100%	2111 Toledo ADS	100%
0411 Warrenton ADS	100%	2711 Dallas ADS	100%
1211 John Day APD	100%	2911 Tillamook ADS	100%
1311 Burns APD	100%	3112 Enterprise APD	100%
1517 Medford DSO	100%	3211 Florence AAA	100%
2019 Cottage Grove AAA	100%	3515 Portland ADS	100%

### 90% or Better Accuracy!

1811 Klamath Falls APD	96.00	1418 Portland South East ADS	92.00
0511 St. Helens APD	93.33	1513 Medford SSO	92.00
1911 Woodburn ADS	93.33	1717 Grants Pass DSO	92.00
2011 Eugene LCOG	93.33	2518 Portland West ADS	92.00
2311 Ontario APD	93.33	3617 McMinnville ADS	92.00
3013 Hermiston APD	93.33	2211 Albany ADS	91.67
3311 The Dalles APD	93.33	1611 Prineville APD	90.91
3415 Tigard APD	93.33	3111 LaGrande APD	90.91
0310 Canby APD	92.86		

**60% of all the APD/AAA offices are on the honor roll**

## TTT highlights - Assessment Summary

Here are highlights from the April 19, 2012 Train the Trainer (TTT) meeting specifically on the topic of hearings and the Assessment Summary. For information on the TTT meetings, contact [Lauren Mitchell](#).

The Assessment Summary, SDS 002N, is usually the only document the ALJ (Administrative Law Judge) sees during the hearings process which contains comprehensive details of the case/situation. The summary is taken from CA/PS and captures details a case manager may not remember by the time of the hearing, so it is helpful to case managers who act as witnesses as well as to the ALJ. The SDS 002N also provides details which helps determine the Service Priority Level (SPL) and the allocated hours.

### The basics:

- Comments on the SDS 002N should both list specific information and tell the story of the client which led to the determination.
  - *I observed Harold rise from his recliner and walk to the kitchen twice.*
  - *Mr. Smith was cooking soup in the crock pot throughout my visit.*
- Direct quotes are very helpful in a hearing and use the clients own words to support the case manager's decision.
  - *Sarah says "I can prepare most of my own meals."*
  - *Mrs. Walker said "I can't lift my arms to brush my teeth."*
- When possible, use language which references the OAR; [411-015-0006](#) is relevant to the SPL determination and [411-015-0007](#) is relevant to the allocation of hours. For example:
  - *Without supports Dennis would not remember to take his medications or go to his doctor appointments.*
  - *Mrs. Anderson reported falling occasionally but the last time she fell was in December when her steps were icy.*
- Hearings representatives and ALJs will never complain about having too many comments or too much detail.

### 411-030-0070 – allocation of hours:

- Whenever possible use language which relates to minimal assist, substantial assist, or full assist for in-home cases.
  - *Mr. Davis says he can get to and from and on and off the toilet by himself, but sometimes needs assistance wiping when his back is out – once or twice a week.*
  - *Mrs. Olsen sates she only needs hands-on assistance when walking outside. She gets around inside using either her cane or walker.*
  - *Mr. Simpson can do some light housekeeping but cannot vacuum or mop and cannot bend down to put laundry in the washer or dryer.*



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*TTT hearings highlights - continued from the previous page*

**Natural supports:**

- For natural support cases always try to answer *who, when, how, why* and is the care adequate.
- Natural support cases can come apart if the information is vague or based on assumptions, so it helps to be specific.
  - *Jane says her daughter, Rachael, prepares meals on her way to work in the morning and on her way home in the evening. Jane gets home delivered meals for lunch three days/week. Jane is satisfied with the arrangement and Rachael doesn't mind.*
  - *John's roommate does all the housekeeping other than John's bedroom. John is bed bound and only requires help with laundry and cleaning his bedroom. John only eats fast food and doesn't dirty dishes. John's HCW meets his housekeeping needs in an hour or so every week. John prefers this arrangement.*
  - *Liza's granddaughter Ashley attends college nearby and stops by Monday, Wednesday and Friday between classes to stand by while Liza showers and to put Liza's hair up. They enjoy the time together and Liza's safety and enjoyment of life have improved. Liza is worried when Ashley graduates she may not have time to help anymore.*

When the comments are not detailed, the case manager's testimony is much more important and much easier to refute. Even if a case manager has great recall, their testimony will be more credible if it is backed by the documentation from the day of the assessment.

APD Hearings Unit

**June 2012**

- Cataract awareness month
- National safety month
- Professional wellness month
- June 3 - 9: Business etiquette week
- June 10 - 16: National Flag week
- June 15 - 17: Duct tape days
- June 2: National cancer survivors day
- June 5: World environment day
- June 6: D-Day
- June 8: Upsy daisy day
- June 14: World blood donor day
- June 15: World elder abuse awareness day
- June 17: Father's day
- June 19: World sauntering day
- June 20: Summer solstice
- June 23: Public service day



**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](tel:461-135-0505)



Past issues of *In the Loop* and the index are on the Field Services web page: <http://www.dhs.state.or.us/spd/tools/field/index.htm>

## ADRC



With any remodeling project it seems the focus is on the next task. Rarely do we pause to reflect on what has been accomplished. As we re-frame the new front door of long term care, the ADRC (Aging and Disability Resource Connection), the focus has been on the next task. Today, we want to pause and share the accomplishment of the remodeling project to date.

- The statewide public facing website and searchable resource data base have over 6,000 resources for consumers and families: [www.ADRCoforegon.org](http://www.ADRCoforegon.org).
- Adoption of a continuous quality improvement plan and consumer based standards for Information and Assistance and Options Counseling.
- Contract with Portland State University Institute on Aging to develop and conduct a consumer satisfaction survey of ADRC services which will inform the setting of metric thresholds for the ADRC standards.
- Professional, supervisor, service delivery standards developed for Options Counseling.
- Staff training curriculum and train the trainer curriculum developed for Options Counseling. To date 100 staff have been trained and 35 supervisors.
- 43 Area Agency on Aging Information and Referral Specialists have been national certified by the Alliance of Information and Referral Systems (AIRS)
- One statewide brand for ease of access to consumers.
- Piloting of a statewide toll free number with plans to roll out statewide in the fall.
- Adoption of a 5 year strategic plan for statewide implementation of the ADRC.

The ultimate goal is to provide more Oregonians the information and resources to make informed decisions, which will enhance their ability to live as independent, healthy and safe as possible. All of this will be good for the individual, the family and Oregon!

*Kristi Murphy, State Unit on Aging*

## Fair housing: Children

Occupancy standards should never specify the number of children, only the number of people, allowed per unit. Specifying the number of children allowed would violate familial status - families with kid - protection under fair housing law.

In addition, the Department of Housing and Urban Development (HUD) has indicated children under two years of age should not be counted in occupancy standards.

For more information on this topic visit: [www.FHCO.org/families.htm](http://www.FHCO.org/families.htm), or [www.FHCO.org/occupancy.htm](http://www.FHCO.org/occupancy.htm). The Fair Housing Council is a nonprofit organization serving Oregon and Southwest Washington. Anyone may call the Fair Housing hotline at 800-424-3247, ext. 2; or visit [www.fhco.org](http://www.fhco.org).

*Jo Becker, Education and Outreach Coordinator, Fair Housing Council*

## SRS reminders

State Quality Control (QC) reviewers have identified the following issues when reviewing SNAP cases in SRS:

- Households where all adults are either disabled (including those receiving PMDDT) or elderly and have no earned income **must be** coded as NED. The NED coding prevents the computer from sending the Interim Change Report (ICR) which these households should not be completing.
- If the household is required to complete an ICR (non NED cases), the ICR must be processed by the last day of the suspend month. If it is not, and QC pulls the case for review, a QC error will be cited.
  - If the case is restored and no benefits are lost, an error will still be cited.
- Carefully review the ICR for changes and update the system when appropriate.
  - A notice sent to an incorrect address is invalid if the agency failed to act when notified of a new address.
  - Reported changes in rental or mortgage costs need to have action taken. Even when the client has not moved, make sure the shelter costs are updated.

For more information on SRS and the reporting requirements, see [461-170-0102](tel:461-170-0102), [461-175-0280](tel:461-175-0280), or see the SNAP manual [Worker Guide 7](#).

*SNAP Policy Analysts and QC Reviewers*

## CBI coding

There has been some discussion about CBI coding for clients who are unstable and may be moving in and out of CBC and the workload associated with changing the coding of the case. For clients whose condition leads to them leaving LTC (Long-Term Care) and going to a hospital or rehab setting where they have no liability, make them an SBI client until their condition stabilizes.



A general rule may be to see three months of non-movement before making someone a CBI client. Some clients have a condition which inherently makes their living situation variable and they should be started or left SBI for the duration of being a client.

The CBI coding is saving about \$450K of General Fund dollars every month, but it shouldn't be used in situations which require monthly adjustments to the case. If a worker has an unstable client, in relation to living situation, let them be SBI until they stabilize and then convert to CBI.

If you have specific questions, talk with your lead worker. If you need additional help, contact Dale Marande: [dale.f.marande@state.or.us](mailto:dale.f.marande@state.or.us), 503-945-6476.



## Great news from 5503

The OHP processing center, branch 5503, has completed some additional training with their eligibility workers and changed the way they refer PMDDT cases out to APD and AAA offices. From now on, 5503 will determine if the individual meets income and resource limits prior to referring.

The additional screening should result in better referrals for the branches and – hopefully – a reduction in the number of PMDDT requests. Some cases will probably get through which should not have, so please be patient while everyone becomes familiar with the new process.

If there is a pattern of problematic referrals, send the referrals to Karen Gulliver, [karen.l.gulliver@state.or.us](mailto:karen.l.gulliver@state.or.us), along with the reason why they are a problem and Karen will send it on to the people who need to know at 5503. Please don't send it back to the 5503 worker directly; if the leadership staff of 5503 don't know about it, the issue can't get fixed.

One thing: **PLEASE** send an email to 5503 SSP LeadWorkers, [5503sspleadworkers@state.or.us](mailto:5503sspleadworkers@state.or.us), when the referred case is OVI so the staff at 5503 can close the loop on their end.

### SDS 3401A – updated

The [SDS 3401A](#), *Allocating Resources to Generate Income for a Community Spouse* form has been updated with the correct limits.

Please delete all previous versions from your desktop or personal files and only use the current version.



**Don't forget!** An application without a signature is invalid. The SNAP program requires a signed application with every request for benefits; a signed filing page is not the same thing as a signed application. If the unsigned SNAP application is for a medical determination, two program determinations will be in error. As part of the eligibility determination, check for a signature. Check out [Admin rules](#) and [worker guides](#) for the full details. Remember - the application has to be in the file with the current eligibility information!

## Exceptions - AFH

Did you know.....an exceptional rate is never paid to a provider or a resident manager of an adult foster home? They are already paid to care for all the residents in the home.

An exceptional rate can only be approved when the provider must pay additional care givers to meet the needs of the client. If there is a resident manager in the AFH, workers should provide the name of the manager when submitting your exception.

If you need assistance with an exceptional rate request, don't forget to check out [Case Management Tools](#). The section on exceptional rates was recently updated and will answer most of your questions. Bookmark this link: [http://www.dhs.state.or.us/spd/tools/cm/exceptions/exceptions\\_procedure.pdf](http://www.dhs.state.or.us/spd/tools/cm/exceptions/exceptions_procedure.pdf)

## Important notice regarding June CBC and CEP payments!

**Attention local office staff** and all who work with clients and providers in the CBC and CEP Systems:

Due to the calendar dates of June 2012, June 1<sup>st</sup> CBC and CEP payments will issue the night of Friday June 1<sup>st</sup> and mail out to providers the next business day, **MONDAY, JUNE 4<sup>th</sup>**. Payments will require a few days to make their way through the mailing system before being delivered.

Providers who do not receive their check in the mail by Friday June 8<sup>th</sup> can file for a lost check replacement at their local office after that date; the first business day to file for a lost check replacement would be Monday, June 9<sup>th</sup>.

Direct deposit (EFT) payments will be sent to Treasury and out to individual banks for processing on Monday June 4<sup>th</sup>. Direct deposit payments require a processing time of *UP TO* three (3) banking days, and will post to provider accounts on or before midnight of Wednesday, June 6<sup>th</sup>. Here is the link to [Direct Deposit Form](#) and instructions.

This is our regular payment schedule and we are unable to make alterations for check processing or delivery. Please assist providers in understanding our payments issue on the night of the first of each month, and mail the next business day. Providers should not be directed to contact the Payment Support Unit for assistance with their payments.

*Kristen Hutton, SPD Payment Support Unit*

## Medicare recipients not eligible for HIPP or PHI reimbursements

On January 1, 2012, the rule for the HIPP (Health Insurance Premium Payment) and PHI (Private Health Insurance) program changed. One result of the rule change is Medicare recipients do not qualify for reimbursement of their private health insurance premiums through the HIPP and PHI program. Because Medicare is the primary payer, it is not cost effective for the state to pay for third party insurance premiums; *OAR 410-120-1960*.

If your Medicare client has TPL (Third Party Liability insurance) or is getting a Part D Low Income Subsidy (LIS), do not send a referral to HIG specifically for a HIPP, PHI or LIS premium reimbursement determination.

What TPL should be reported to HIG on a **415H**?

- Do NOT report Medicare Advantage plans;
- Do report Medicare supplements or Medigap policies;
- Do report all other non-Medicare third party insurance policies.



For information on when to report Medicare related private health insurance, go to **[OPAR-IM-10-001](#)**. Outlook users can send questions to HIG at **[REFERRALS TPR](#)** or outside of Outlook: **[TPR.REFERRALS@dhsosha.state.or.us](mailto:TPR.REFERRALS@dhsosha.state.or.us)**.

*Carolyn Thiebes, Third Party Section Policy Analyst, OPAR*

## Modernization update – June release

A CAPI maintenance release is scheduled for June to correct known issues affecting the application. Business Transition will complete testing with some field representatives before the maintenance release.

If you haven't checked out the Modernization website then you are missing out on a lot of great resources, including the CAPI Sandbox, links to the Learning Center, and a list of the Change Leaders for each district: <http://www.dhs.state.or.us/modernization/index.htm>

*Melissa Lanz, APD Business Transition Coordinator*

## Three milestones reached - HST

As we move forward with Health System Transformation (HST), you may have noticed three recent important milestones:

The first milestone is the first wave of submitted applications to become Coordinated Care Organizations. This wave of 14 applicants, if all certified, would cover more than 90 percent of individuals enrolled in the Oregon Health Plan. To learn more about these organizations, as well as public presentations scheduled by these organizations, click the following link: <https://cco.health.oregon.gov/Pages/CCO-Applicant-Names.aspx>.

The second milestone is Oregon's proposal for its Medicare/Medicaid Alignment Demonstration to Integrate Care for Individuals who are Dually Eligible. This demonstration will start January 1, 2014. The initial public comment period closed on April 13, 2012. Staff incorporated many of the comments and submitted the revised proposal to the Centers for Medicare and Medicaid Services (CMS) on May 11, 2012. You can review the [revised proposal](#) and offer comments directly to CMS. The comment period ends on June 13, 2012.

Finally, as we move to the August 1 landmark for the first CCOs to become operational, the U.S. Department of Health and Human Services (HHS) has given preliminary approval of a five-year, \$1.9 billion demonstration of a Federal-State partnership to transform the way care is delivered in Oregon's Medicaid program. The initial investment of \$620 million in the second year of the State's current biennium will allow Oregon's new care organizations to better deliver higher-quality, coordinated care for Medicaid patients while reducing preventable errors. Oregon estimates this will achieve \$11 billion in savings over the next decade.



Other efforts will prepare APD for these changes; staff are working on the best processes to create effective Memoranda of Understanding with their local CCOs, which are due to central office on June 15. A webinar will be created for all of DHS, to provide essential information about CCOs once they are in operation. Finally, the [Oregon Health Plan regional meetings](#) will include information on CCOs.

*Max Brown, APD Health System Transformation*