

# In the Loop

## Long Term Care 3.0

Aging and People with Disabilities is launching Long Term Care 3.0, an initiative to plan and ultimately create the future of long term services and supports in Oregon. The initiative’s goal is to meet the expected demographically-driven future demand for long term services and supports. The vision is to provide or make accessible the right services, at the right time, in the right place for both Medicaid-eligible and private pay Oregonians.

Staff and management play a critical role and have an important perspective on future services and supports. A webinar was held on September 25<sup>th</sup> for staff to learn more about LTC 3.0, and to share their thoughts.

Finally, the department will be holding public meetings at more than 20 sites throughout the state in October and November. Staff will present overarching values, goals and visions for the future, and public input will be sought on how those goals can be met. To learn more about these public meetings, please see the press release on DHS’s website at <http://www.oregon.gov/dhs/news/2012news/2012-0920-long-term-care.pdf>.

*APD Advocacy and Development Unit*

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

## EPD skill challenge!

So ya think ya know how EPD works? Try your knowledge with this skill challenge, and see how you do. No cheating by looking in Worker Guide 11!

1. True or False: An EPD applicant must pursue SSDI in order to be eligible for Medicaid.
2. Correct or Incorrect Action: Applicant applies for medical benefits at an APD/AAA office. The applicant has no unearned income, and earns \$1,200 per month gross earnings. Worker determines that the applicant is over the income standard for OSIPM and issues a denial notice.
3. True or False: The adjusted income standard for EPD is 250% of the Federal Poverty Level, or \$2,328 per month in 2012.
4. True or False: A waived services client who goes to work will no longer meet the SPL to remain on OSIPM, and their benefits and services will close.
5. True or False: Unearned income is excluded for determining EPD eligibility, but counted when determining the EPD Participant Fee.
6. True or False: The income and resources of an EPD applicant's spouse are factored into the EPD eligibility decision.



See last page for answers!

**September Day in History!** On September 28, 1066, Duke William II of Normandy landed at Pevensey England and began his conquest of England. William defeated the army of King Harold II at the Battle of Hasting on October 14 and earned the nickname William the Conqueror. The Bayeux tapestry was commissioned by Bishop Odo (William's half brother), in the 1070's and depicts both the Norman invasion and life in the 11th century.

## NVRA required course now online

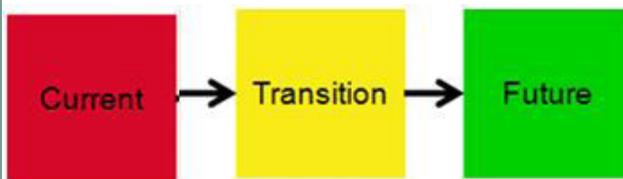
The online course for the National Voter Registration Act (NVRA) is now available in the [DHS Learning Center](#) under course #C03273. This course will clarify when you are required to offer the opportunity to register to vote and explain other requirements of this act.

Voter registration applications from NVRA agencies have been on a decline since 2009 and you play a very important role in reversing that trend. This course is required for all DHS and AAA staff. It is also required for some OHA staff so if you are unsure, speak to your supervisor.

*DHS Training Unit*

## Pocket Change - *Change tips you can carry with you!*

Organizational change requires individual change but each organizational change impacts how employees do their job.



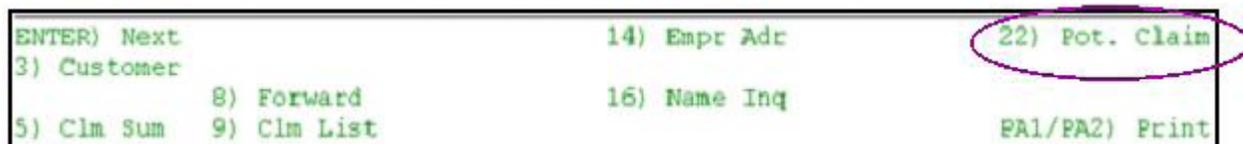
**Current:** I had used the old legacy system. **Future:** Now I am using the new integrated system.

*Melissa Lanz, APD Business Transition Coordinator*

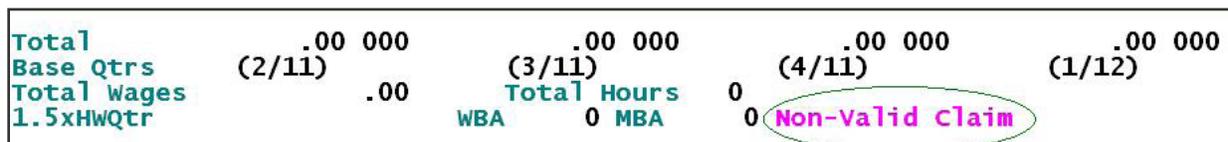
### Potential UC claim screens

To be eligible for medical benefits, clients and applicants must pursue any asset to which they have a legal claim. The most frequently missed asset is Unemployment Compensation, or UC.

To check if a client has a potential UC claim choose 22) *Pot Claim* (shift+F10) in the lower right-hand corner of the WAGE screen and view the *EPC2 – Potential Claim Determination* screen.



If you see the words *Non-Valid Claim* at the bottom of the page, the client does not have a current UC claim, but they may still have a potential claim.



When the claim is non-valid, the *next step* is to look for a potential claim on the client's claim list, which is 5) *Clm List* from the ECLM screen or 4) *Clm List* from the EPC2 screen.



Look on the left for the BYE (Benefit Year End) date. The dates list the week number and the year the potential claim expires; for this person, the claim expired the 50th week of 2011.

If the end date is in the future, the person has a potential claim they will need to pursue *before*

BYE	Base Qtr	FO	ABY	Status
50/11	2/10	300	N	VALID CLAIM
08/10	3/08	300		VALID CLAIM
05/93	3/91	300		PURGED
06/92	3/90	300		PURGED
06/91	3/89	300		PURGED

their medical eligibility is determined. For general information on pursuit of assets and lots of example, see the [FSM, Medical Assistance Programs, A.17](#); be sure to check the EPD program manual, [OSIPM WG.11](#), for pursuit of assets rules specific to the EPD program.



**Don't forget!** SNAP policy recommends coding all medical deductions on the SNAP case, even those under \$35. Adding all the deduction to the case makes it easier to track and update when the household reports an additional or increased deduction.



## TTT highlights – OSIPM for MH clients

Here are highlights from the August 9, 2012 Train the Trainer (TTT) meeting specifically on OSIPM for mental health (MH) clients. For information on attending in person or via V-Con, or on presenting at the TTT meetings, please contact [Lauren Mitchell](#).

Mental health disabilities include, but are not limited to (click on disorder for definition from [Web MD](#)):

- [Schizophrenia](#);
- [Schizoaffective disorder](#);
- [Bipolar disorder](#);
- [Major depressive disorder](#).

### Types of mental health eligibility:

- Non-service MH clients;
  - OSIPM eligibility based on
    - SSI or assumed eligibility;
    - Non-service PMDDT eligibility;
    - EPD.
- State hospital MH clients;
- 24-hour residential MH clients.



### OSIPM eligibility calculation:

- Determine which type of residential setting the client is in;
  - Usually on a faxed Plan of Care form from AMH.
- Compare the client's income to the residential Cost of Care plus the OSIPM standard.
  - Each type of residential setting has their own cost.
  - Contact the MH case manager for the costs.

### Coding, see [APD worker guide, D.10](#):

- Most residential MH cases require an NSS and CBF case descriptor in addition to the other MH codes (MAN, RTF, RTH, SRT, etc.)
- Add all appropriate need/resources codes plus MVC C 0.00.

### Offsets and liabilities:

- Some residential MH clients must pay a liability (aka offset) to remain OSIPM eligible.
  - Calculated under different provisions from DD and APD waived service/long-term care clients;
  - Not under the Title XIX HCBS waiver so those deductions do NOT apply to the client's offset;

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- No OIM, no LDS and no dependent deduction.
- To determine the client’s liability, deduct \$718 from the countable income and the rest is the offset.



**Who does the work:**

- APD/AAA worker:
  - Input financial information in Oregon ACCESS;
  - Integrate with the mainframe/CM system.
- AMH:
  - Enter Plan of Care (POC) information on MMIS.

**For more information**, see [SPD worker guide, D.10](#). If you are not able to find the information you need in the worker guide, contact Jeff Stell via email [jeff.stell@state.or.us](mailto:jeff.stell@state.or.us), or phone: 503-945-6834.

**August 2012 SNAP honor roll**

**100% Accuracy!**

0111 Baker City APD	100%	1517 Medford DSO	100%
0310 Canby APD	100%	1717 Grants Pass DSO	100%
0511 St. Helens APD	100%	1811 Klamath Falls APD	100%
0911 Bend APD	100%	2211 Albany ADS	100%
0913 La Pine APD	100%	2411 North Salem ADS	100%
1011 Roseburg SSO	100%	3013 Hermiston APD	100%
1017 Roseburg DSO	100%	3111 La Grande APD	100%
1311 Burns APD	100%	3411 Hillsboro APD	100%

**90% or Better Accuracy!**

1513 Medford SSO	96.00	2911 Tillamook ADS	93.33
3417 Beaverton APD	96.00	3011 Pendleton ADS	93.33
3515 Portland ADS	96.00	3211 Florence AAA	93.33
0313 Milwaukie APD	93.33	3311 The Dalles APD	93.33
0314 Estacada APD	93.33	3415 Tigard APD	93.33
0811 Gold Beach APD	93.33	2818 North/N East Portland ADS	92.00
1911 Woodburn ADS	93.33	3617 McMinnville ADS	92.00
2019 Cottage Grove AAA	93.33	2518 Portland West ADS	91.67
2111 Toledo ADS	93.33	0611 North Bend ADS	90.91
2711 Dallas ADS	93.33		

**75% of all the APD/AAA offices are on the honor roll**

## Liabilities, offsets, and pay-ins

Staff are often confused about liabilities, offsets, and pay-ins because they can be complicated. Here are some quick tips which might make them a little easier to understand and apply:

- The terms “liability”, “offset”, and “pay-in” really refer to the same thing, for the most part. When service-eligible clients apply for Medicaid, they have a higher income standard than standard Medicaid. For most individuals, the adjusted income limit for OSIPM is \$698, but for service clients and long-term care clients, the countable income standard is 300% of SSI, or \$2,094 in 2012. Although these clients have a higher income standard, they also are required, in many situations, to pay any income over \$698 toward the cost of their care. That payment is called a “liability” in APD, an “offset” in the DD and MH services worlds, and a “pay-in” for most APD waived service clients receiving in-home services.
- Many people do not have to pay a liability. People receiving SSI, or who are in 1619(a) or 1619(b) status, do not pay a liability. EPD clients pay a Participant Fee, and do not pay a liability separately from the Participant Fee. People who are DAC, Pickle, protected widows and widowers also do not pay a liability when they receive waived services or are in 24-hour residential MH treatment (although those individuals **DO** pay a liability if they are in a nursing facility).
- DD Support Service waiver clients (DDS), and DD Comprehensive waiver clients (DDC) who receive services in-home do not pay an offset.
- Clients in 24-hour MH residential treatment pay an offset which is computed differently than APD and DD clients. In MH, our system deducts \$718 from the client’s income (\$698 plus an additional \$20 because MH clients are considered to not be in long-term care), and the remainder is the client’s offset.
- For clients in nursing facilities, our system allows them to keep \$30 of their income for personal necessities. All other income goes toward the cost of their care.
- For other DD and APD clients, our system requires them to pay for room and board, but allows them to keep some money for their personal expenses. These two items add up to \$698. All income the client has above \$698 comes to the provider (or DHS) as a liability or offset, unless we can deduct things from their income under OAR [461-160-0620](#). Some of these deductions include: money for supporting a spouse in the community (known as an LDS), money to support dependents, money for medical expenses not covered by medical benefits, and others.
- Many of our clients receive SNAP benefits in addition to medical coverage. Remember the same out-of-pocket costs they claim to offset their income for medical benefits also qualify as costs for the SNAP medical deduction (MED). This is not double-dipping! Each program has its own rules and a cost which qualifies in both programs should be used for both.
- For more information on liabilities and offsets, please see [APD WG 8](#) and [WG 6](#).



## TTT highlights – SNAP QC reviews

Here are highlights from the August 9, 2012 Train the Trainer (TTT) meeting specifically on Quality Control (QC) SNAP reviews. For information on attending in person or via V-Con, or on presenting at the TTT meetings, please contact [Lauren Mitchell](#).

QC reviews active (open) and negative (closed or denied) SNAP cases each year and the results are reported to the Federal Food and Nutrition Services (FNS) which determines our Federal error rate and compares Oregon to other states.

For an *active* SNAP case review, QC verifies all information on the case, meets with the client in person to review the SNAP case and determines if the client was actually eligible. If an error is found, QC staffs the error with the SNAP policy analysts to make sure there is not a state or federal rule which can be applied to the case to make it correct. QC works very hard (within the rules!) to get out of all errors.

On a *negative* case review, QC reviews if the notice was timely, if it went to the right address and if it had appropriate rules cited. They also review 852 suspensions to see if the 852 was received before the cases suspended (error!), and they review and verify all denial decisions to make sure the decision was correct. Just like the active cases, QC verifies everything and meets with the clients for negative reviews.

Top error causes for APD/AAA are:

- No NED coding, [SNAP Financial Eligibility 8](#);
- *Rep Exp* field not updated when 852 is completed, [SNAP Worker Guide 7](#);
- No notice sent to close benefits, [461-175-0200](#), [461-175-0270](#);
- Untimely/Invalid closures, [461-175-0050](#);
- Incorrect income used to deny the case, [461-140-0040](#), [461-150-0090](#).



Here are some hints for SNAP error prevention from QC:

- Keep a copy of all notices in the hard file;
- If you can't get the NED on the case, contact the SNAP policy group for help: [snap.policy@state.or.us](mailto:snap.policy@state.or.us);
- Use the manual! There is only one SNAP manual and you can reach it through both the [APD](#) and [SSP](#) tools pages;
- Get permission to attend the QC error panel discussion on the last working Monday of every month. The panel is presented on v-con and discusses errors found in the last month. Contact Cynthia D Perkins, 503-373-7615, for more information.



**Don't forget!** Per the SNAP analysts, workers should not be asking clients how they cover basic needs like personal hygiene if they have no income. However, how the client pays for their housing expenses such as rent, mortgage, utilities with no income still needs to be addressed and explained.

## OHP no interview reminder

Do not require an interview for OHP (OPU, OPC, OP6, CHP) or HKC medical applicants or clients. OHP and HKC applicants and clients cannot be pended for an interview. If a medical applicant may be eligible for OHP or HKC, process their application based on the information available on the mainframe and on the application.

If more information is needed, workers can call OHP or HKC applicants for a clarification or send a written pending notice. If you do call for a clarification and don't reach the applicant that day, send a pending notice instead – you do NOT need to speak to the applicant.

For redeterminations, when the client receives the advance close notice (40B), they are informed of the option to call their worker to continue receiving medical benefits. If the applicant contacts the office, amend the previous application by asking questions to determine ongoing eligibility and send a pending notice for any items needing verification.



Applicants who do not show for their scheduled SNAP interview and who are potentially eligible for OHP or HKC, should have their OHP application processed immediately, independent of the SNAP application.

For references please refer to [OHP Worker Guide.1](#) and [APD Worker Guide B.8](#) and OAR [461-115-0020](#).

*SSP Medical Program Analysts*

## EPD payments

Please encourage any EPD (Employed Persons with Disabilities) clients in your case load to use the EPD Business Reply Mail envelopes they receive to make their monthly EPD Participant Fee payments. For most clients, it is easier than bringing their monthly payment to the office, and their payment will be posted more quickly.

Under some circumstances, the local office can receipt in EPD payments and then forward the payments to Salem. Receipting EPD payments locally is *not* preferred because of the extra steps and the potential for payment delays.

An EPD client who is currently bringing their payments to the local office should be informed of the potential delay and have their options explained to them.

When appropriate, please also remind clients who pay a Participant Fee they can have the cost automatically deducted each month from a debit or credit card. This option is only available to clients whose monthly payments are stable and do not fluctuate from month to month. See [SPD-IM-12-039](#) for more information.

If you have questions about the EPD program, please see [SPD Worker Guide 11](#) or contact Jeff Stell at (503) 945-6834 or by email; [jeff.stell@state.or.us](mailto:jeff.stell@state.or.us).

## Application – do you need one?

APD and AAA has had a few hiccups around Medicaid applications during Secretary of State audits. Luckily, the [SPD Worker Guide B.8. Eligibility and Application Process](#), is very clear and easy to use.

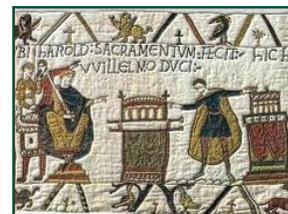
If the person applying has an open DHS benefit, at the time they request either new or continuing medical benefits, workers can use the application already signed and on file for the open benefits to determine eligibility for Medicaid. However, the application which is used to determine the Medicaid eligibility and all the supporting documents *must be moved to the current file*. Treat the re-used application with all the care you'd give a new one, and move it to the current determination mini-file/section.

**Non OHP Medicaid only cases**, when the medical review is due, contact the client by phone to review their eligibility. Update Oregon ACCESS with the new information and request verification *only* if necessary; the Worker Guide has complete and easy to follow instructions.

- Remember to narrate why the client is eligible – narrating the client is “still eligible” is not enough and the auditors will not accept it. (Re-using the old narration is also not advised.)
- Make sure to mention an application has been re-used and which one it is.

**SSI eligible** medical only clients who *do not* have services need an eligibility review once a year, called a desk audit. A new application is not needed for a desk audit and the client does not have to request a review; the *Elig Rvw Date* on Oregon ACCESS should be set for a yearly review. During a desk audit, the worker reviews for continuing SSI eligibility on the DHS mainframe screens WQY2 and W204.

- SSI clients found continuously eligible via a desk audit do not need to receive a 539R or a 9001 ([SPD-AR-12-019](#)).
- Be sure to narrate why the client continues to be eligible and what actions were taken to determine they were eligible.
- Use the template. The narration is the only record of the client's situation at the time of the desk audit and DHS may want a historical record in the future.



**OHP only** eligible clients do not need to be pended for or required to attend an interview because *no interview is allowed for OHP*; use what is available on the screens and send a pending notice if necessary. Workers are, of course, encouraged to contact the applicant on the telephone for a clarification, but the clarification should not be about the entire application.



**Don't forget!** Images of notices generated by the mainframe computer systems (CM, FSMIS, NOTM) are automatically stored in the Notice Retention system. No hard copy of these notices is needed. Images of notices generated from Oregon ACCESS and hand written notices are not stored in Notice Retention. A hard copy of these notices should be stored in the case hard file for audit purposes.

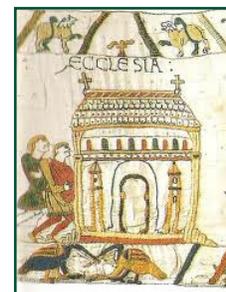
## Overlapping eligibility

The Client Maintenance Unit (CMU) works a daily report called the MMIS Rejection Report. CMU is working this report to review APD cases; OHA branch 5503 reviews the SS cases.

Most cases end up on this report because an action was taken on the mainframe or in Oregon ACCESS and the eligibility did not go over to MMIS. A recent analysis found one of main causes of case actions being rejected was *overlapping eligibility*.

Specifically, medical benefits for a new program were started before the previous benefits were ended. Some examples of the cause for errors found on the report are:

- QMB start date was prior to end date for OPU;
- QMB was opened with an active service line on SELG;
- D4 case was opened before OPU was closed;
- Opened program 5 case before OPU was closed.



All of these problems can be prevented and clients can receive the correct benefits more timely by taking a few simple steps

1. Make sure prior eligibility is closed before the start date of the new eligibility when changing programs. Dates must line up - even one day of overlapping eligibility will cause a rejection on MMIS
2. If working with a Self Sufficiency branch to have medical closed, don't take your action to open a case before the SS branch case has closed. Again, make sure the dates line up and there is no overlap of eligibility

Another common cause for cases being rejected is when children are erroneously coded OP6 because they are under the age of six. OP6 should only be used for children under six if the income is *over* 100% of the FPL. If FPL is under 100% the children must be coded as OPC

Lastly, if changes are sent to MMIS in "real time" it is always a good idea to check MMIS to make sure your action and eligibility have gone to MMIS and not ended up on the dreaded Rejection Report.

*Client Maintenance Unit*



**Don't forget!** When you make an eligibility decision for someone who has been selected from the Standard Reservation List (SRL), remember to update the application status on the SRL. When you forget, you create a significant work load for several other people who have to make the corrections down the line.

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



## October 2012 training calendar

Monday	Tuesday	Wednesday	Thursday	Friday
1 Cultural competency and diversity, Portland (8:30 - 4:00)	2 Oregon ACCESS basics (8:30 - 4:30) DD and mental health eligibility for OSIPM (8:30 - 12:30)	3 Oregon ACCESS basics (8:30 - 4:30)	4 	5 Cultural competency and diversity, Salem (8:30 - 4:00)
8 Cultural competency and diversity, Salem (8:30 - 4:00)	9 Eligibility 101 (8:30 - 4:30) CBC: 512 (8:30 - 4:30)	10 Eligibility 101 (8:30 - 4:30) CBC: 512 (8:30 - 4:30) Ask diversity (8:30 - 11:30)	11 Eligibility 101 (8:30 - 12:00)	12
15	16 CREW - Eugene (8:30 - 3:00) Ask diversity (9:00 - 12:00)	17	18 Ask diversity (9:00 - 11:30)	19 <b>CLOSED - DHS furlough</b>
22 Basic Lean concepts (9:00 - 12:00)  <div style="border: 1px solid black; padding: 5px; width: fit-content;"><i>Please review availability on the DHS Learning Center.</i></div>	23 Case management essentials (8:30 - 4:30) CREW - Hillsboro (8:30 - 3:00) Core values, Eugene (8:30 - 12:00)	24 Case management essentials (8:30 - 4:30) CREW - Gresham (8:30 - 3:00)	25 Case management essentials (8:30 - 4:30) Supervisors quarterly meeting (8:30 - 4:30)	26 Case management essentials (8:30 - 4:30)
29 Eligibility 201 (1:00 - 4:30)	30 Eligibility 201 (8:30 - 4:30) eXPRS user lab (1:30 - 4:30)	31 Eligibility 201 (8:30 - 4:30) SPL rule training (8:30 - 4:30)	1 Eligibility 201 (8:30 - 4:30) SPL rule training (8:30 - 4:30)	2 Eligibility 201 (8:30 - 12:00) SPL rule training (8:30 - 4:30)

## TTT highlights – Provider adjustment issues

Here are highlights from the August 9, 2012 Train the Trainer (TTT) meeting specifically on homecare worker (HCW) provider adjustment issues. For information on attending in person or via V-Con, or on presenting at the TTT meetings, please contact [Lauren Mitchell](#).

Below are some common issues with provider payments which require adjustments by the APD Payment Support Unit (PSU). Before requesting an adjustment, please review the request to determine if it can be completed by a field staff member. Your help is requested analyzing why the adjustment is necessary and if there is a prevention step we can take in the future so another adjustment is not needed.

### Respite and unexpected LWOP:

- Did the provider really work that day?
  - Providers who work, or intend to work on a day previously requested as respite, are responsible to report the change to the local office.
  - Respite vouchers for the day the provider worked must be deleted.
    - The system will automatically add the leave hours back when a respite voucher is deleted.
- If the provider worked on a previously requested respite day and a respite provider was paid:
  - Confirm with the client which provider worker on that day;
  - Notify PSU ASAP of the change;
  - OIS staff manually adjusts the system to correct the provider's accrued leave hours;
  - Submit an overpayment request and PSU will enter a liability for the respite provider who didn't work.

### Respite accrual and use:

- Live-in providers can earn up to 24 hours of respite leave per month - up to 144 hours.
- The system automatically prorates earned respite leave if the provider does not work a full month.
  - Also automatically adjusts for a 1, 2, 5, or 6 day live-in provider.
- Time is added to the provider balance when regular vouchers are paid.
  - Regular vouchers earn respite care;
  - Always pay vouchers after the voucher end date.
- Time is reduced when the respite voucher is created.
- **Do not** change the authorized hours to accommodate the leave without pay because the system will do it automatically.



If you have questions, please refer to the [CEP Specialist Manual](#), case manager guide, [SEIU contract](#) or your local office supervisor or lead workers.

### Updated 539A

Updates were made to the Oregon ACCESS version of the 539A on September 10th to support the SNAP no-interview pilot and add required language which has been missing from the application. See [APD-IM-12-058](#) for full details.

The section on housing costs has been expanded and is now 12A; medical costs are separate in 12B. Some of the language used in these sections has been changed to align with language used in other DHS applications.

We've also added a section for DV screening and NVRA language. **Note:** The question about voter registration does not alleviate your responsibility to get a completed declination or registration form!

These changes are the just the initial phase of a much larger upcoming change to the 539A. If you would like to suggest improvements or changes to the 539A, send an email to [Karen Gulliver](#) with ideas.

### APS Tool Box update

Go to <http://www.dhs.state.or.us/spd/tools/cm/aps/index.htm> for the latest APS Tool Box updates.

The In The News Now section includes articles about the effect of college debt on the senior population, recent brain scans of “hoarders”, and studies of seniors who are susceptible to scams. We've also added a Hall of Shame to the tool box.

The NAPSA Code of Ethics can now be found under both the Professional Skills and Development and the Fundamentals sections. The recent policy transmittal, [APD-PT-12-006](#), regarding the implementation of [HB 4084](#) is now in the Transmittal section.

There will be additional updates in the next couple of weeks. Contact [Rebecca Fetters](#) if there is something you would like to see included in the Tool Box.

*Rebecca Fetters, Office of Adult Abuse Prevention and Investigations*

### October CBC payment schedule

October payments for the APD, DD, and CEP Programs will issue the night of Monday, October 1st and mail to providers the next available business day, which is the morning of Tuesday, October, 2nd.

Direct Deposit (EFT) payments will also issue on the same dates as above, and will be sent to the Department of Treasury and out to individual banks for processing, rather than being mailed. *This process could take up to three (3) banking days which does not include weekends or holidays!* Per the agreement signed by the provider to begin direct deposit of their payments, the provider is required to confirm funds are available before making purchases out of their account. DHS will not reimburse providers for overdraft charges due to insufficient funds.

EFT payments for these providers should be available for use on or before midnight of Thursday October 4th. Direct deposit information and sign-up form: [click here](#).

*Kristen Hutton, SPD Payment Support Unit*



## Election deadline for voter registration

The 2012 presidential election is November 6. Because Oregon has a 21 day delay between the time a person registers and when they can vote, the deadline to get registrations to county elections is **Tuesday October 16**.

New clarification: Postmarks on applications *do* count. As long as the envelope with the registrations, is postmarked on the deadline, the applications are on time. Get your registration forms to your local coordinator as soon as you have them so they can get them in the mail.

If you have questions or need more information about voter registration, try the [SSAM, VIII.C](#), the new computer based training (# C03273) or contact [Karen Gulliver](#), 503-569-7034.

## Help for homeowners

The State of Oregon's Department of Housing and Community Services has launched a new website for distressed homeowners - [OregonHomeownerSupport.gov](http://OregonHomeownerSupport.gov). The new state-sponsored site is designed to help Oregonians find resources to prevent or recover from foreclosure.

The website includes [videos about the foreclosure assistance website](#) and [foreclosure counseling](#). It also includes a [Find a Counselor](#) search feature which helps distressed homeowners identify a local foreclosure counseling agency who can help them. These foreclosure counselors help distressed homeowners identify programs and develop a plan to avoid foreclosure, if possible.

The website introduces visitors to a variety of foreclosure information and resources such as:

- Oregon Homeownership Stabilization Initiative programs
- National Mortgage Settlement
- Foreclosure Avoidance Mediation Program
- Independent Foreclosure Review
- Oregon Foreclosure Law
- Direct Legal Assistance
- Understanding Your Options
- Frequently Asked Questions



For Oregonians who do not have internet access, or who need help understanding the content, [211info](#) has a contract with the State of Oregon to serve as the website's call center. 211info staff are available Monday through Friday 8 a.m. to 6 p.m. to answer caller's questions and help them find a local foreclosure counselor. To access these services Oregonians can visit the website or dial 211 from any phone statewide.

For more information here is a link to [OregonHomeownerSupport.gov](http://OregonHomeownerSupport.gov).

## Fair Housing: FHA

Most have heard of the Americans with Disabilities Act (ADA) but many don't realize it has very little to do with housing.

In housing, the Fair Housing Act (FHA) speaks to disability protections and accessibility. This includes the definitions and requirements of disability aid animals. The FHA requirements are similar to, but not the same as, the Americans with Disabilities Act or Section 504; they are in addition to the ADA. The definition of and particulars of service animals differs between these laws.

For more information on this topic visit: [www.FHCO.org/disability](http://www.FHCO.org/disability) or [www.FHCO.org/serviceanimals.htm](http://www.FHCO.org/serviceanimals.htm).

The Fair Housing Council is a nonprofit organization serving Oregon and SW 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 & Outreach Coordinator*

## Transition communications

The business transition communication sessions for APD and SSP staff continue in October. Two hour session will be held:

- Oct. 3, Pendleton: 1:00
- Oct. 5, Hermiston: 8:00, 10:00, 1:00;
- Oct. 9, Astoria: 8:00, 10:00, 1:00;
- Oct. 16, Klamath Falls: 8:00, 10:00, 1:00;
- Oct. 24, La Grande: 10:00, 1:00;
- Oct. 29, Clackamas: 10:00, 1:00;
- Oct. 30, Clackamas: 8:00, 10:00, 1:00.

Registration is through the [DHS Learning Center](#).

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

The Health Insurance Exchange will be a central marketplace for insurance where individual Oregonians and small employers can compare rates, benefits, and quality among plans and easily enroll in affordable coverage. HIX will also be a single point of entry for Oregonians to determine if they qualify for Medicaid or Children's Health Insurance Program (CHIP) funded programs, such as the Oregon Health Plan and Healthy Kids, and to enroll in those programs.



*Melissa Lanz, APD Business Transition Coordinator*

Want to see your area featured in *In the Loop*? Send your photos and story to Karen Gulliver ([karen.l.gulliver@state.or.us](mailto:karen.l.gulliver@state.or.us)).

## Managed care exemptions

Managed care exemptions with a code of CNT and a prior end date of September 30, 2012 have been automatically extended on MMIS to end December 31, 2013 with an exemption code of OTH. The monthly report sent to the field for September did not reflect the extension but it is viewable on MMIS.

Staff should continue to use the MMC exemption code for new dually eligible clients who have been choice counseled and choose to remain fee-for service to prevent auto enrollment into a CCO and/or MCO.

For more information about this extension or dually eligible clients please see [APD-IM-12-056](#).

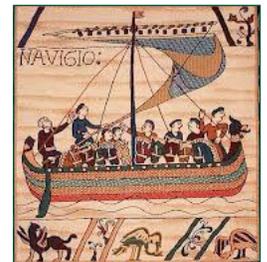
## Behavior Support Services coming to you!

Aging and People with Disabilities (APD) has permission from the federal government to provide Behavior Support Services (BSS) as part of its nursing facility home and community based care waiver. Behavior Consultants will provide the service as employees or sub-contractors of agencies who have a contract with DHS to provide the service. APD case managers will refer clients to this contracted agency. Services cannot be provided without case manager authorization.

The goal of the BSS is to reduce frustration, injuries, stress, placement failures and crisis situations which result when people who have persistent and difficult behaviors are not provided with the support they and their caregivers need. Activities provided by the Behavior Consultant focus on assisting caregivers to change their behaviors and to use the person's daily activities, schedules and interests to promote positive interactions, experiences and behaviors; this practice is based upon positive behavior supports.

**What is positive behavior support?** This is an evidence based set of practices developed within the fields of special education and behavioral psychology. Practices are based on philosophies of person centered care, self empowerment and autonomous decision making. The APD program Behavior Support Services was piloted for 2 years in Jackson-Josephine and Polk counties and is based on a curriculum developed specifically for caregivers who work in APD settings. An evaluation of the pilots indicated caregivers and case managers found the service to be valuable and save time, and placement changes decreased for clients receiving the service. More information on this approach can be found at [www.otac.org](http://www.otac.org).

**What will Behavior Consultants do?** The goal of the Behavior Consultant service is to focus on changes made by the caregiver or within the person's environment. Unlike traditional methods of behavior 'management', this approach changes the caregivers and person's routines rather than expecting the person to change. Using observation, interviews and environmental assessments, the Behavior Consultant will develop a Behavior Plan with ideas, strategies and practical approaches to help caregivers create or maintain a positive relationship with the person they serve.



**Who can provide this service?** Agencies who contract as a provider of BSS must deliver the service only with Behavior Consultants who have passed the Competency Evaluation. Contractors are selected based on experience with persons who use our services, familiarity with APD delivery systems, including local office functions, and their plans to hire and support persons who met Behavior Consultant qualifications. Two agencies are currently contracted to provide service in the following counties:

- Lake, Klamath, Josephine, Jackson, Coos, Curry, Douglas- Woollard Ipsen: [http://woollardipsenmanagementllc.com/?page\\_id=214](http://woollardipsenmanagementllc.com/?page_id=214).

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- Washington, Multnomah, Clackamas, Columbia – Carson Holdings, Altoris Behavioral Support: <http://altorisbehavioralsupport.blogspot.com/>.

A second RFP process is being planned for late fall to select providers in the remaining counties.

**How do I get more information?** Linda Woelke, Behavior Supports Program Coordinator [linda.j.woelke@state.or.us](mailto:linda.j.woelke@state.or.us) (503) 947-5446 or Nathan Singer, Field Supports Unit Manager [nathan.m.singer@state.or.us](mailto:nathan.m.singer@state.or.us) (503) 269-8913 can be contacted for more information or questions regarding implementation of this new service.

*Linda Woelke, APD Filed Support Unit*

## October 2012

Adopt a shelter dog month

Health literacy month

Long term care planning month

Positive attitude month

Oct. 1 - 7: Financial planning week

Oct. 7 -13: Mental illness awareness week

Oct. 15 - 21: Freedom of speech week

Oct. 24 - 31: Hearing aid awareness week

Oct. 1: International day of the older person

Oct. 4: Improve your office day

Oct. 5: National diversity day

Oct. 9: National face your fears day

Oct. 15: Clean your virtual desktop day

Oct. 19: **CLOSED - DHS furlough day**

Oct. 27: Make a difference day

Oct. 29: Visit a cemetery day

Oct. 31: Halloween

## Child support screens restored

Access to the child support screens has been restored. Workers who determine eligibility should have access to the following screens on the DHS mainframe: SMU1, SMUX, SJ7F, SESR, SMCL, SMEH, SMIC, SMR1, WPAY, SMUA, SOPA

There is a [quick reference guide](#) which explains what is on each screen, a [mainframe screen guide](#) (starting on #17), and a transmittal, [SS-IM-12-039](#), if you have questions.



## Closing cases due to death

If you haven't seen them yet, there are two checklists to help close a case when a client dies. There is one for financial workers and one for case managers.

Both are located on the APD staff tools page under the [Latest News](#).

If you have any comments or suggestions about the forms, please send them to [Lauren Mitchell](#).

## EPD skill challenge! - Answers

1. **False.** Most applicants, when they apply for OSIPM, DO have to pursue SSDI in order to fulfill their requirement to pursue assets. However, in the case of EPD applicants, usually the Social Security Administration (SSA) will determine that the working client does not meet their disability criteria. So, we consider an EPD applicant to have *good cause* for not pursuing SSDI. Such an applicant will still have to go through the PMDDT process to determine if there is a disability. And such applicants should be strongly encouraged to apply for SSDI. They just can't be disqualified. (OAR 461-120-0330 [1][e])
2. **Incorrect Action.** Both standard living arrangement OSIPM and EPD have an adjusted income standard. If this applicant has no other earned or unearned income, and assuming they had no Impairment-Related Work Expenses (IRWE), Blind Work Expenses (BWE), or Employment and Independence Expenses (EIE), we would deduct \$20, \$65 (if disabled) or \$85 (if blind), and then half of the remaining earned income. In this case, that would leave adjusted income of \$557.50, well below the income standard for OSIPM, and WAAAAY below the EPD standard of \$2328. In this case, we would have to refer them to PMDDT as an EPD case, because the \$1,200 exceeds the SSA Substantial Gainful Activity level of \$1,010 for a person with disabilities in 2012.
3. **True.** But remember, we're talking about an *adjusted* income standard for EPD. An EPD applicant or recipient can earn up to \$4,826 per month and still meet the adjusted income standard of \$2,328. If the person has IRWEs, BWEs, or EIEs, they may have earned income above \$4826 and STILL meet the income requirements for EPD.
4. **False.** Many employed service clients continue to meet the SPL requirements for an APD waiver or for Developmental Disability (DDC or DDS) waivers. Example: a person with quadriplegia requires 24-hour care, and then goes to work. The person will still require 24-hour care, and will still meet the SPL requirements for OSIPM, even if working.
5. **True.** Unearned income is disregarded for EPD eligibility but it is counted for determining the EPD Participant Fee. It should be coded on Oregon ACCESS as SSB, and CMS will factor it in when determining the Participant Fee.
6. **False.** The assets of an EPD applicant's spouse are not considered for EPD, because in EPD the applicant forms their own household, filing, financial, need, and benefit group. For service clients on EPD, there is no Community Spouse Resource Assessment (OAR 461-160-0580).

For more information, please see [OSIPM Worker Guide 11](#).



**Don't forget!** When determining OHP-OPU eligibility for a client who is self-employed with costs, deduct 50% of the client's gross income *before* comparing to the income limit, [461-145-0930](#). **NOTE!** For OHP, a client does not need to have a cost to receive the 50% deduction to income. See [Counting Client Assets](#),

[C.2](#) for more information.