

In the Loop

Long Term Care 3.0 update – Senate bill 21 passes

The next phase of Long Term Care 3.0 has arrived with the passage of Senate Bill 21 in the closing days of the legislative session. This bill requires APD to develop a plan to improve and strengthen Oregon’s system of long term services and supports.



This planning will be a consumer-focused process with stakeholders, advocates, and four members of the Legislature working with APD over the next 18 months. The group will present its progress to date to the Legislature in February 2014. After holding public hearings across the state to provide public input (including staff input) on the draft plan, APD will present a final report to the Legislature by February 1, 2015.

Read SB 21 here: <http://www.leg.state.or.us/13reg/measpdf/sb0001.dir/sb0021.en.pdf>.
 Follow Long Term Care 3.0 and get involved in the discussion on Facebook at: <https://www.facebook.com/OregonLTC3.0>.

Max Brown, Advocacy and Development Unit

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

Newer apartments and condos must be accessible

The Fair Housing Act has minimum accessibility requirements for residential properties with four or more units per building (i.e., four-plexes and larger apartment complexes and condominiums) built since 1991.

There are seven basic standards that must be met ranging from bathrooms large enough for someone to turn around in a wheelchair to reinforced bathroom walls for grab bars. Other examples include light switches, electrical outlets, and thermostats at a height which someone in a wheelchair can reach and the lever-style (verses knob-style) door handles.

For more information about fair housing design and construction standards and fair housing law visit: www.FHCO.org/dc.htm.

The Fair Housing Council is a nonprofit organization serving Oregon and South West Washington. Anyone may call the Fair Housing hotline at 800-424-3247, ext. 2; or visit www.fhco.org.

Jo Becker, Education and Outreach Coordinator



Carlos - Brian Kirk,
SFPSS

August 2013

Cataract awareness month

Happiness happens month

Immunization awareness month

Aug. 1-7: Simplify your life week

Aug. 4-10: Fraud awareness week

Aug. 26-30: Safe at home week

Aug. 1: Spiderman day

Aug. 4: Social Security day

Aug. 5: Assistance dog day

Aug. 7: Purple Heart day

Aug. 8: Sneak some zucchini onto your neighbor's porch day

Aug. 12 Vinyl record day

Aug. 14: V-J day

Aug. 16: National airborne day

Aug. 19: World humanitarian day

Aug. 21: Senior citizens day

Aug. 24-25: International bat nights

Aug. 26: National dog day

Aug. 30: Holistic pet day



Don't forget! Please review Manual letter #60 on the APD Staff Tools [website](#) for updated rules and procedures. See [SS-PT-13-019](#) and [SS-PT-13-018](#) for a complete list of updated OAR's. FYI: Some last minute rule changes were made to say 'home and community base care', instead of 'waivered services' and they will be listed in a later transmittal.

New medical scam

Our clients have reported receiving \$5 to apply for OHP, however these folks are not on the reservation list and no one has the application. This appears to be a 'phishing' scam to get personal information.

If you hear about this from your customers or if anyone asks you about it, remind them Oregon does not pay anyone to be on state benefits. Remember to report it to the Oregon DOJ [Consumer Hotline](#) when you find out - 1-877-877-9392

Assessment tool recommendation workgroup

Do you think the CAPS assessment tool is past its prime? Could it be more person centered and user friendly? better support service planning, monitoring and reporting? You're not alone! APD is starting work to develop a recommendation for a new assessment tool. Led by the Advocacy & Development unit, a diverse group of staff including but not limited to Medicaid policy, case management, protective services, business analysts, research analysts and others are developing a recommendation for a new tool.

The group is gathering input from workers who use CAPS through a series of six focus groups around the state to talk about what is working now (content, functionality, other?) with CAPS, what needs to be improved and what would an ideal tool look like. Focus group planning is in progress but five sessions are expected to be scheduled in mid-late August in offices across the state with the sixth session in an electronic media format. Attendance will be capped at 20 people per session including APD and Area Agency on Aging Type A and B representatives who work with CAPS. More information will be coming soon through your local office.

Advocacy and Development Unit, Naomi Sacks, Naomi.E.Sacks@state.or.us



Don't forget! Use the [checklists](#) on the APD Staff Tools [webpage](#) to close cases when a client passes. ALL benefits must be closed - please don't assume no one will use the SNAP! Use the checklist to get everything taken care of.

HST update: The Centers for Medicare and Medicaid Services/Long-Term Care/Coordinated Care Organizations (CMS/LTC/CCO) study group

In December 2012, OHA announced an Accountability Plan for Health Systems Transformation (HST) was approved by the Centers for Medicaid and Medicare Services (CMS). The plan is extensive laying out the methods, measurements, and accountability for Oregon's HST. A small but noteworthy piece of that Plan requires action from DHS, OHA, and its stakeholders: the formation of the CMS/LTC/CCO Study Group.

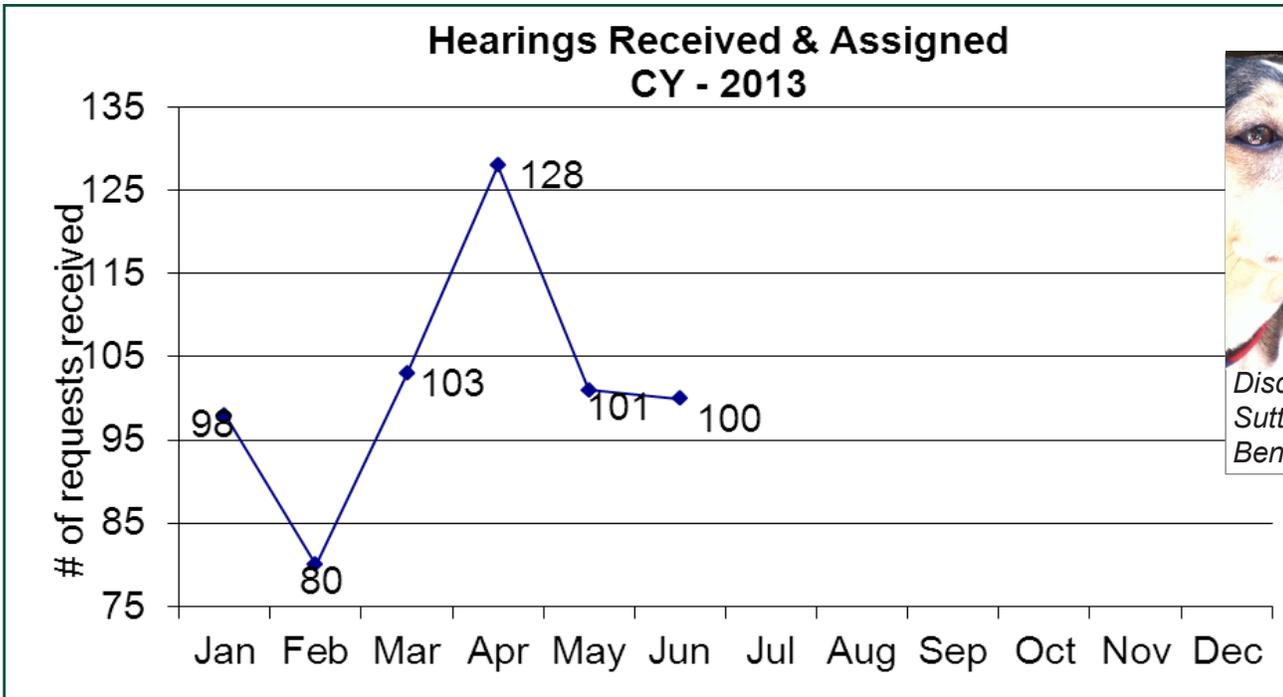
The Study Group will produce a report to identify opportunities, barriers and strategies for integrating long term care with the health, mental health, and dental health services provided by the CCOs and it will address the issues of scope, process, and time line for integration. Oregon must submit its findings from the exploratory process to CMS no later than December 31, 2013. The Study Group is meeting monthly from May through October, with a subgroup focused on shared accountability between CCOs and the long term care system.

The Study Group's website has the materials used by the group and meeting schedules. Meetings are held in Salem, but can also be attended by phone. See the website and sign up for updates at <http://www.oregon.gov/DHS/cms/pages/index.aspx>.



I'm new! - Merry Bayly, Roseburg

Max Brown, Advocacy and Development Unit



Disco - Terry Sutton, North Bend



“Like” ADRC of Oregon on Facebook to get the latest news and info. Don’t forget to also visit the [ADRC website](#).

June 2013 SNAP honor roll

100% accuracy!

0111 Baker City APD	100%	2911 Tillamook ADS	100%
0310 Canby APD	100%	3013 Hermiston APD	100%
0511 St. Helens APD	100%	3111 La Grande APD	100%
0911 Bend APD	100%	3112 Enterprise APD	100%
0913 La Pine APD	100%	3411 Hillsboro APD	100%
1011 Roseburg APD	100%	3415 Tigard APD	100%
2411 Salem ADS	100%	3417 Beaverton APD	100%
2711 Dallas ADS	100%		100%

90% or better accuracy!

2011 Eugene LCOG	97.78	3311 Burns APD	93.33
1811 Klamath Falls APD	96.00	1517 Medford DSO	92.00
1911 Woodburn ADS	93.33	2211 Albany ADS	92.00
2019 Cottage Grove AAA	93.33	3617 McMinnville ADS	92.00
2311 Ontario APD	93.33	1513 Medford SSO	91.67
3211 Florence AAA	93.33		

55% of all the APD and AAA offices are on the honor roll

NVRA IV – Return of NVRA

Here are more questions and answers about the National Voter Registration Act (NVRA) procedures. If you have a question, contact Karen Gulliver by phone: 503-569-7034; email: karen.l.gulliver@state.or.us; or IM.

Q: My client has a dv situation and changed her address in the middle of her cert. I know voter records are public – what do I do to keep her safe and still meet the requirement?

A: The law for NVRA has no exception for victims of domestic violence, but you're right – as soon as she is registered, her name and location become a public record. Oregon has a few options to remain anonymous (**don't forget to watch for men in the same situation**):

- If she reports her change of address in a voice mail message and no one talks to her about moving – you do not have to act for voter registration;
- If you get the change of address on a yellow post office sticker, you do not have to act for voter registration;
- If you talk to her and she wants to register or update her address, you can give her a SEL 550, *Application to Exempt Residence Address from Disclosure as a Public Record*, at the same time. She has to state she has a DV situation, but she doesn't have to prove it.

Q: A customer filled out a 500 voter registration form while he was waiting to report a change of address. Does he have to do another one? Can I just put it in the mail?

A: This will happen once in a while – definitely do not make him fill out another registration form. Remember, the NVRA bill is to get eligible voters registered – not to get them registered on a particular form.



Tiger Lily - Christine Wilson, SE Portland

In this case, count and mail the 500 (which is a non customer, lobby form) with your 503 forms. Since the 500 does not have a declination form portion, you will need to print his name and today's date and mark the 'yes' box on a 503D.

DHS and AAA staff should never hand or send a customer the 500 form, but if the customer turns it in, we are happy to take care of it for them.

Looking for some extra help? the NVRA flow charts for address changes, forms, and phone calls are on the [APD Field Services webpage](#) as *Voter Registration flowcharts*. Many, many thanks to Janet Morse for putting these together!

If you think of other tools you would like, let me know! kg



Don't forget! If someone reports they have a domestic violence situation, by checking the box on the application, report it to your local APS person right away. Elder violence is on the rise - let's do our part to help our customers be safe!

TTT highlights – Cover Oregon

Here are highlights from the April 25, 2013 Train the Trainer (TTT) meeting specifically on Cover Oregon. For information about attending TTT in person or via V-Con, or on presenting at the TTT meetings, please contact [Lauren Mitchell](#).

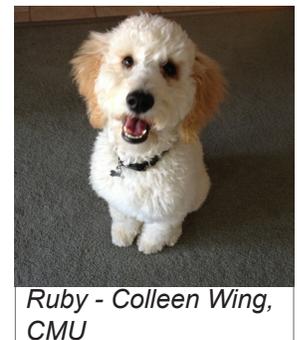
Cover Oregon is a new online marketplace where Oregonians can compare and enroll in health coverage to meet their needs and budget, and also where they can access financial help. Keep this in mind: Your work will **barely** change! We still have OSIPM, and MSP medical.

Time line:

- October 2013: Open enrollment, including persons on the OHP Standard Reservation List;
- January 2014: Coverage begins.

A few of the many changes to the current medical programs include:

- End of “standard” medical benefits – all recipients will receive the same benefits;
- Reduced number of PMDDT cases;
- “OHP” type cases will belong only to OHA - they will not be in your case load;
- Medical will be based on the person’s needs, instead of the household.



Ruby - Colleen Wing,
CMU

For more information on Cover Oregon, see the [DHS Learning Center](#), course # C03780.

Citizenship tips

It’s been a while since we talked about citizenship documentation, so here are a few reminders addressing the current discrepancies:

- Use the mainframe screens and [OVERS](#) to document citizenship *before* you pend;
- Non-citizens ALSO need to have coding on the Person Alias/ Update screen:
 - C for ineligible non-citizens;
 - N for eligible non-citizens;
- AENs are not exempt from coding! AENs – children born in Oregon to mothers on Medicaid – are coded **A** (acceptable documentation), **V** (verified), **BP** (Oregon birth record).
- Narrated citizenship was “previously verified” with no coding and no documentation is not a valid statement!

Every office is doing a great job with citizenship – thank you for the effort and attention you have all given this project!

CAEWM OHP

Persons eligible for CAWEM OHP benefits *also* have to be selected from the reservation. If your customer wasn’t selected, they can’t get the OHP benefits – not even as CAWEM.

Take heart! By January next year, the reservation list will be a distant memory – look for information on the future changes to medical programs coming soon!

QC intranet page

The Quality Control unit has an intranet page!? Yes, we do! Follow me....

Type “*inside*” in your browser tool bar or click on the link: <https://inside.dhsoha.state.or.us/index.php>. When you get to the webpage, click on:

- *Agencies/Offices*;
- *DHS, Operations*;
- *Office of Program Integrity*, and finally;
- *Reports and data* in the *quick links*.



Tyson and Maxwell - Christy Darnell. North Bend

Inside this little gem of a link you will find:

- SNAP Active and Negative trends reports;
- SNAP Accuracy and Error rates;
- MEQC Active and Negative statewide trends in SSP/ APD/AAA;
- TANF trends reports; and
- And monthly Quality Assurance panel error reports.

You can also click here: <https://inside.dhsoha.state.or.us/dhs/opi.html> and add the page to your favorites to visit often.... Check us out!

Quality Control

SSAM update

Section **IV.B** *Filing in the Master Case Record* has been updated in the **SSAM** to match the other updates from last month (yes, it still says “SPD” - patience, grasshopper).

Section names are updated to remove out-of-date language, the requirement to include narration has been removed, and form names and designations are updated.

Thank you to Pam Croll in Roseburg for catching this!

If you see a section of the SSAM that is out of date, send an email to Karen Gulliver: karen.l.gulliver@state.or.us.

Pocket change: *Change you can carry with you:*

How can you better handle change? Remember: ADKAR: Awareness, Desire, Knowledge, Ability, and Reinforcement

Awareness:

The first building block of the ADKAR model for change. Any successful change begins with the answer to one of the most basic questions about the change. Why? Awareness refers to the need for a change, not just awareness that a change is happening. “I understand the nature of the change and why this change is needed”.

What builds awareness?: Communication from others, access to information, an event, and/or an observable condition. What things do you see that leads to **YOUR** awareness for change?

Crystal Lehner, Business Transition

August 2013 training calendar

Monday	Tuesday	Wednesday	Thursday	Friday
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><i>Dates and availability of classes are subject to change. Please review availability on the DHS Learning Center.</i></p> </div>			1	2
<p>5 Cultural competency and diversity, Salem (8:30 - 4:00)</p>	<p>6 Independent Choices program training (8:30 - 4:30)</p>	<p>7 Advanced in-home service planning (8:30 - 4:30)</p>	<p>8 Advanced in-home service planning (8:30 - 4:30) Ask diversity - Salem (8:30 - 12:00)</p>	<p>9 Cultural competency and diversity, Salem (8:30 - 4:00)</p>
<p>12</p>	<p>13 CBC: 512 (8:30 - 4:30)</p>	<p>14 DV 101 (8:30 - 4:30)</p>	<p>15 Oregon ACCESS Inquiry (8:30 - 4:30)</p>	<p>16</p>
<p>19</p>	<p>20 Oregon ACCESS basics (8:30-4:00)</p>	<p>21 Oregon ACCESS basics (8:30- 4:00)</p>	<p>22 Ask diversity - Hillsboro (8:30 - 12:00) Netlink: Payroll reporting for new employees, (1:00 - 4:00)</p>	<p>23</p>
<p>26 Eligibility 201 (1:00 - 4:30)</p>	<p>27 Eligibility 201 (8:30 - 4:30) Field Leadership meeting (8:30 - 4:30)</p>	<p>28 Eligibility 201 (8:30 - 4:30) Regional case manager workshop, Medford (8:30 - 4:30) Ask diversity - Salem (8:30 - 12:00)</p>	<p>29 Eligibility 201 (8:30 - 4:30)</p>	<p>30 Eligibility 201 (8:30 - 4:30)</p>

TTT highlights – Transition/Diversion

Here are highlights from the April 25, 2013 Train the Trainer (TTT) meeting specifically on Diversion/Transition. For information about attending TTT in person or via V-Con, or on presenting at the TTT meetings, please contact [Lauren Mitchell](#).

Updates have been made to the rules related to Diversion/Transition payments.

- Effective July 1, 2013, local office management can approve the use of the Special Needs fund, code 59;
 - Examples of this payment may include the purchase of a lift chair or out of state moving costs in excess of \$500;
- #6 on [461-155-0710](#) is removed;
- The transition coordinator does not need to make the request for payment, just the person who works with the customer.

Look for information about a drop-down which will be added to Oregon ACCESS for pay reason 59.

Contact Roberta Lilly if you have questions about this change or if you have any other Diversion/Transition questions: roberta.e.lilly@state.or.us, or call 503-945-5659.

Create an email template Windows 2010

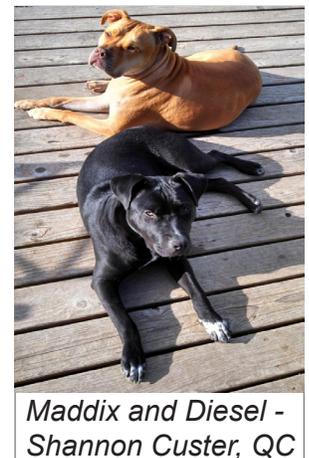
Use email templates to send messages that include information that infrequently changes from message to message. Compose and save a message as a template, and then reuse it when you want it. New information can be added before the template is sent as an email message.

1. On the **Home** tab, in the **New** group, click **New E-mail**.

Keyboard shortcut: To create an email message, press **CTRL+SHIFT+M**.

In the message body, enter the content that you want.

2. In the message window, click the **File** tab.
3. Click **Save As**.
4. In the **Save As** dialog box, in the **Save as type** list, click **Outlook Template**.
5. In the **File name** box, type a name for your template, and then click **Save**.



By default templates are saved in the following folders:

- Windows 10: C:\Documents and Settings\Default User\Application Data\Microsoft\Templates

MAA – just a few more months!

MAA is one of the current medical programs which will end with the new ACA (Affordable Care Act) changes in January – so we only have to remember its weird rules for a few more months! Here are a few reminders based on the errors found by Quality Control (QC) recently:

- If the person is MAA eligible, they cannot have OHP medical instead. Like OSIPM, MAA has to be considered before OHP in the hierarchy of eligibility. We don't determine MAA eligibility, but that doesn't mean you can give them OHP instead.
- APD and AAA do not determine MAA eligibility – not even if you know how – because of an agreement we made once upon a long time ago. So don't do it! Contact SS for an MAA determination.
- AAA and APD also cannot carry the MAA case. If one shows up in your case load, or is transferred to your office, contact SS and send it over to them. This may mean the customer has cases in more than one office – so work with SS to find out how to make it better for your customer.
- There is a rule about deprivation for MAA. You don't have to know it, but someone from SS may ask about it. Very basically, deprivation is the child in the home must be deprived of the care and/or support of at least one parent.



Bella - Cassie
McClellan, OPAR

If you have any problems working with SS, contact your local management. Remember, SS doesn't always understand how things work in your office.

You have the opportunity to provide some gentle and cheerful guidance! Don't forget to use the screening tools on the [Field Services](#) webpage. Hang in there - January will be here before you know it!



Don't forget!
Search for the customer in the system before creating a new prime number. Duplicate primes continue to be an issue and can affect the customer's access to care. If you find a duplicate prime, contact CMU directly: 503-378-4369, fax: 503-373-0357, email: client.maintenance@state.or.us.

Contacts

If you haven't seen it yet there is a comprehensive list of Medicaid and case management analysts on the APD Staff Tools web page, under *Latest News*. Not only does the list include links to contact the analyst, it also lists everything for which each person is responsible.

Note: Please use the manual and ask your local lead workers and supervisors before contacting an analyst. There is a good chance they will refer you to the manual if you haven't already looked!



Manual letter #60
(7/1/13)

- Program Analyst contact list- **NEW**
- Checklists for closing cases due to death
- Staff Tools Directory **NEW**

TTT highlights – MAGI

Here are highlights from the April 25, 2013 Train the Trainer (TTT) meeting specifically on MAGI. For information about attending TTT in person or via V-Con, or on presenting at the TTT meetings, please contact [Lauren Mitchell](#).

MAGI stands for Modified Aadjusted Gross Income and is an IRS term for the way income is calculated. When you send in a federal tax return, the IRS use a MAGI calculation. DHS will use MAGI to calculate eligibility for the future ACA (Affordable Care Act) medical. Look for more information as we get closer to January.

MAGI medical will take the place of the current OHP, MAA, MAF, CHIP, and HKC (and some others) medical programs. **OSIPM, QMB, SMB, and SMF will be unchanged.** Here are some of the many changes for medical eligibility with MAGI:

- No resource limits!
- No verification of pregnancy needed;
- Household groups used for MAGI based determinations will be based on the tax filing group – not based on who lives in the home;
- Persons eligible for MAGI medical will not have premiums and will be eligible for retroactive medical benefits;
- Everyone will receive “plus” medical benefits – no more standard!
- CHIP income limits will increase to 300% eliminating the need for the separate Healthy Kids program;
- Persons with income under 400% FPL may qualify for tax credits to purchase health insurance through the exchange.

How does this impact APD and AAA? Not very much!

- APD and AAA will no longer have “OHP” type cases – those cases will go to the medical processing center (OHA 5503);
- OHA will no longer carry OSIPM and Medicare Saving Program (QMB, SMB, SMF) cases;
- Persons with SSDI in the two year waiting period for Medicare *may* qualify for MAGI based medical;
- The higher income limits will dramatically reduce the number of PMDDT cases/referrals.

As soon as information is available, it will be shared with the field - keep watching for it!



Mister - Janice
Castle, LTC Systems



Don't forget! Locally created forms explaining what verification a customer has to bring in are **always unapproved** – DO NOT use your own forms. Instead, use the MSC 0223, *Proof of Eligibility*. Print it double-sided and use only this form!



Durin - Karen Gulliver,
Central Office

Want to see your area or project featured *In the Loop*? Send your photos and/or your stories to karen.l.gulliver@state.or.us.

Training opportunity

Upcoming trainings for the **APD Medicaid Long Term Care Systems group** for August:

- Independent Choices Program: August 6th
- Advanced Service Planning: August 7th – 8th
- Regional Case Management Workshop: August 28th – 29th in Medford

Please log onto the [Learning Center](#) for additional information and to sign up for the trainings.

Send your branch photos and stories to karen.l.gulliver@state.or.us and inspire other offices!

August Community Based Care payment schedule

August provider service payments for the APD, DD, and CEP Programs will issue the night of Thursday August 1st and mail to providers the next business day, which is the morning of **Friday, August 2nd**. Due to the weekend of August 3-4, paper checks may be delayed in processing and delivering through the United States Postal Service.

Regular payment schedules are as follows:

- APD and DD payments process the night of the first of each calendar month and mail the next business day.
- CEP payments issue the night of the first *business day* of the month and mail the next business day.

Direct Deposit (EFT) payments will also issue per the schedule noted above, however rather than being mailed they will be sent to the Department of Treasury and out to individual banks for processing. *Banks are allowed to use up to three (3) banking days to process direct deposit payments which does not include weekends or holidays!* Please note DHS does not have any control of how and when individual banks process their direct deposit payments.

Due to the weekend of August 3-4, EFT payments may be delayed in availability in provider accounts. This depends on the individual bank's EFT deposit schedule. EFT payments will be available in all provider accounts on or before 11:59 pm of **Tuesday August 6th**.

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.

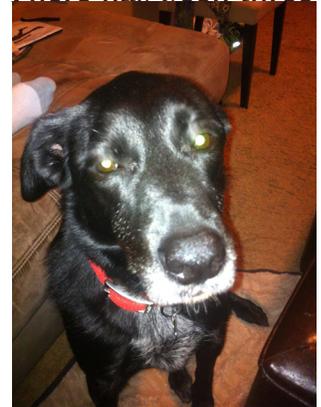
Direct Deposit information and sign-up form: [Click here](#).

SPD Payment Support Unit

Modernization update

Update on communications: Be on the lookout for weekly “DHS News for You” updates to AAA/APD/SSP all staff. These messages are aimed to deliver consistent Modernization messaging and establish the relationship to Medicaid Expansion and more. There has been three released already. Future updates will align with the messaging from these articles. Please keep an eye out for more updates in the future from DHS Communications and Modernization-IT.

Update on training: Over the last several weeks, the Modernization Training Team created a “Siebel Basics Lite” training to kick-off system training for the Regional Trainers. Siebel Basics Lite will touch on what we know now about the new system and allow the team to pinpoint areas which may need more or less skill building. We expect many changes to the training curriculum, though the “Lite” version will serve as a starting point until we have the Initial Win project ready for go-live.



Piper - Kelsey
Weigel, Central Office

Crystal Lehner, Business Transition

457D used incorrectly

The [457D](#), *Voluntary Agreement to Reduce, Close, or Deny Benefits and Notice of Action Taken*, does not take the place of a decision notice following a completed application process.

When a staff member works through the application process with a customer and reaches an eligibility determination, a decision notice must be sent.

Many areas are requesting the customer complete the 457D *instead* of sending a decision notice when the customer is found to be ineligible and this is an incorrect action. The 457D **cannot** take the place of the decision notice.

However if a customer decides *on their own* they want their case to be closed for whatever reason and completed a 457D as the request the agency can sign it and give the customer a copy showing what date it will take effect; this is a valid closure notice.

If you are using the 457D in place of a decision notice when a customer is ineligible, please stop immediately.



Don't forget! Remember to look for a UC claim before opening all program benefits *except* SNAP (and ERDC). [461-120-0330](tel:461-120-0330). Many of the AAA/APD customers have worked recently and may be eligible for UC if they are no longer working; don't make assumptions based on the persons age or personal situation. Check the EPC2 screen on the mainframe *before* the case is opened.

Pet pics

Send in your pet's pic from your camera and show off your pet in the newsletter. You can send them to my iPhone as a text message, it's a work phone, or to my email. Don't worry about size or if they need cropped. Attach your photos; send your name, and your pet's name to [503-569-7034](tel:503-569-7034) or karen.l.gulliver@state.or.us.

Karen G

More info on BSS

What are Behavior Support Services (BSS)?

- Behavior Support Services, or BSS, are provided by “Behavior Consultants” who are trained and certified in the use of “Positive Behavior Support”
- Positive Behavior Support focuses on developing supports within the person’s environment and improving relationships with caregivers. It has been used successfully in many settings such as Adult Foster Homes, Residential Care, and Assisted Living Facilities.



*Tucker - Jodi West,
LaGrande*

Who can receive BSS?

Medicaid eligible individuals living in a home or community based care setting.

What will Behavior Consultants do?

- The Behavior Consultant will be the guide during the entire process and will be in frequent contact with the resident and with the facility staff to gather information, develop a plan, and train staff on how to put the plan to use and make changes to the plan if necessary. This process can last up to 120 days.
- The Behavior Consultant will start by gathering information including a review of records, and most important, interviewing client, staff, family members and other interested parties.
- A “Behavior Support Plan” will be developed within four weeks. This plan will target specific concerns identified by the resident and/or staff and will provide solutions and ideas for staff and residents to try.
- The Behavior Consultant will spend the following weeks training staff and resident to use the plan, modeling approaches and supports, and gathering information on how the plan is working and making changes to it as necessary.
- The goal is to improve relationships between caregivers and residents and provide practical solutions to identified concerns. The Behavior Consultant will work hard to try and meet these goals, though there may be issues that cannot be resolved through this process.

Where are Behavior Support Services available?

Currently this service is available in the following counties: Benton, Clackamas, Columbia, Coos, Curry, Douglas, Jackson, Josephine, Klamath, Lake, Lane, Lincoln, Linn, Morrow, Multnomah, Umatilla, Union, Polk, Wallowa, Washington, and Yamhill. The service will be expanded to the rest of the state by the end of 2013.