

In the Loop

SNAP online application scammer alert

This message is to inform you of a growing issue in which scammers offer phony SNAP application assistance online.

There have been reports of individuals placing ads on the internet, sometimes located on the side of legitimate articles, offering assistance for filling out SNAP applications. The links will take you to another website where you may be asked to provide personal information, including credit card information.

Customers applying online for SNAP should be advised not to provide any personal or financial information to a third-party contacting them. It can be used to allow other individuals to make unauthorized purchases on your credit card, or gain access to bank accounts.

If customers report to have already fallen victim to this or a similar scam, advise them to contact their credit card company immediately. They may also choose to file a police report. For more information on identity theft, please visit: <http://www.ftc.gov/bcp/edu/microsites/idtheft/>.

This information can also be found on the Food and Nutrition Service (FNS) website at <http://www.fns.usda.gov/snap/urgent-notice>.

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

June 2015 Community Based Care payment schedule

June provider service payments for both the CBC (APD and DD 512) programs and the CEP program will issue the night of Monday, June 1st, and mail to providers the next business day which is Tuesday, June 2nd.

Direct Deposit (EFT) payments will also issue per the schedule 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.

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 will be available on or before 11:59 pm of Thursday, June 4th.

Direct Deposit information, sign-ups, changes to account information, and other questions should be directed to the E-Commerce Unit at 503-945-6872.

Kristen Hutton, APD Provider Relations Unit



Heidi - Jennifer Lawrence, Washington Co.



Don't forget! A new toll-free line for PACE has been established for consumers and their families: 1-844-224-7223.

New brochures for SNAP customers

There are two new brochures for your SNAP customers. Both are available for ordering now through Publishing and Distribution and will be made available on the form server in the near future.

- **DHS 0848** - *Your SNAP food benefits may increase by reporting your expenses.* This brochure explains the various deductions customers may be allowed;
- **DHS 0849** - *Your SNAP food benefits may increase by claiming your medical expenses.* This brochure explains the medical deduction in more detail than the deductions brochure.

Both of these can be good reminders to customers to give us all the information necessary to determine their correct allotment. These can be made available in your lobby and interview rooms, or given to customers during the application or recertification process. These are not required to be used but *if you have any in-house created material for customers about deductions in general or medical deductions please recycle and replace them with these brochures.*

These have been created in response to a [CI sheet request](#) and offices requesting them and with input from field staff. Staff in field offices can have a voice by sharing concerns and requests with your local representative on the Statewide Policy Workgroup.

SNAP Policy Analysts



“Like” ADRC of Oregon on Facebook to get the latest news and information from the ADRC.

OACCESS correction for PACE

An Oregon ACCESS (OACCESS) change was implemented May 1 which impacts those staff who carry a case load with PACE.

Previously, when a PACE in-home service was selected and a provider search was completed the only provider type available for selection was *Home Delivered Meals*; the correct provider type is *Capitated Provider*.



Achilles - Joan Crane, Gresham

This has been corrected so workers will now be able to search and select the correct *Capitated Provider* for the service.

Find past issues of In the Loop and indices on the APD Field Services [web page](#).

June 2015

Alzheimer’s awareness month
Migraine awareness month
PTSD Americans month

June 1-8: Sun safety week
June 7 - 13: Business etiquette week
June 15 - 21: Men’s health week

June 1: Heimlich maneuver day
June 4: Audacity to hope day
June 7: Cancer survivor’s day

June 13: Bike naked day
June 15: Elder abuse awareness day
June 19: Father’s day

June 21: Summer solstice
June 26: Take your dog to work day
June 27: HIV testing day

June 30: Leap second time adjustment

TTT highlights – Medical update

The April 15, 2015 Train the Trainer (TTT) meeting included updates about medical benefits. For information on attending TTT in person or via v-con, or about presenting at the TTT meeting, please contact [Lauren Mitchell](#).

Below are reminders from OHA processing branch 5503. Please refer to the [UPDATED](#) ACA procedure document a procedure transmittals on the Affordable Care Act (ACA) Information and Help [webpage](#) *first* when you have a question.

MMIS processing issues:

- Staff are not checking on MMIS for an existing medical case prior to opening a new medical benefit;
 - You CANNOT rely on checking UCMS to determine if there is a prior medical case;
 - Checking MMIS is a ***requirement***;
- Significant and measurable staff time is being spent fixing issues created by not checking MMIS for an existing case and then opening another one;
 - Delays processing of application and response time to questions;
- Tips for using MMIS are located on the APD MMIS resource [webpage](#) and [contacts](#).

Due process applications:

- DO NOT FAX due process applications;

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- Email the due process applications to the 5503 leads, NOT to 5503: APDleads.5503@state.or.us;
 - This process changed in February, please see [APD-AR-15-006](#);
- If an application was previously submitted without the words *Due Process* written at the top of the first page, it will need to be resubmitted for processing.

Reminder: Don't contact the APD 5503 leads for every MAGI question – check the procedure document for appropriate use of the email box.



Durin - Karen Kaino, Central Office

Medicare recipients:

- 5503 is receiving calls from Medicare recipients who have been told by APD and AAA workers they need to start their medical application process at 5503;
 - Medicare Savings Program (MSP) benefits must start with APD/AAA;
- Remember to choice counsel Part D recipients – this is still a requirement;

For more assistance with processing medical application with MAGI eligibility or potential MAGI eligibility, please refer to the ACA procedure [document](#).

April 2015 SNAP honor roll

100% accuracy!

0111 Baker City APD	100%	1418 South East Portland AAA	100%
0314 Estacada APD	100%	1517 Medford DSO	100%
0611 North Bend APD	100%	1611 Prineville APD	100%
0914 Redmond APD	100%	1612 Madras APD	100%
1011 Roseburg APD	100%	1811 Klamath Falls APD	100%
1211 John Day APD	100%	2311 Ontario APD	100%
1311 Burns APD	100%	3111 La Grande APD	100%

90% or better accuracy!

2011 Eugene AAA	97.50	3515 Portland AAA	92.86
2518 West Portland AAA	96.00	0811 Gold Beach AA	91.67
3518 East Multnomah AAA	96.00	1717 Grants Pass DSO	91.67
2711 Dallas AAA	95.00	2211 Albany AAA	91.67
3617 McMinnville AAA	93.33	3417 Beaverton APD	91.67
0411 Warrenton AAA	93.33	2111 Toledo AAA	90.00
1911 Woodburn AAA	93.18	3211 Florence AAA	90.00

60% of all AAA and APD branches are on the honor roll!

June 2015 training calendar

Monday	Tuesday	Wednesday	Thursday	Friday
1 Eligibility 201 (1:00 - 4:30)	2 Eligibility 201 (8:30 - 4:30)	3 Eligibility 201 (8:30 - 4:30)	4 Eligibility 201 (8:30 - 4:30)	5 Eligibility 201 (8:30 - 12:00)
8  <i>Hilly - Kris Boler, The Dalles</i>	9 CBC: 512 (8:30 - 4:30)	10 CBC: 512 (8:30 - 4:30)	11 Oregon ACCESS Inquiry (8:30 - 4:30) Cultural competency and diversity, Woodburn (8:30 - 4:00)	12
15 Cultural competency and diversity (8:30 - 4:00)	16 Independent Choices program (8:30 - 4:30) Cultural competency and diversity (8:30 - 4:00)	17 Advanced service planning (8:30 - 4:30)	18 Advanced service planning (8:30 - 4:30) RACF subadminstrator (1:30 - 4:00) Ask diversity. Portland (9:00 - 4:00)	19
22	23	24 Service financial eligibility (8:30 - 4:30) CAPS basics (8:30 - 4:30)	25 Service financial eligibility (8:30 - 4:30) CAPS basics (8:30 - 4:30)	26
29 Cultural competency and diversity (8:30 - 4:00)	30			<div data-bbox="1128 1759 1466 1948" style="border: 1px solid black; padding: 5px;"> <i>Dates and availability of classes are subject to change. Please re-view availability on the DHS Learning Center.</i> </div>

TTT highlights – Unborn child coding

edThe April 15, 2015 Train the Trainer (TTT) meeting includi information about coding an unborn child in an APD Medicaid case. For information on attending TTT in person or via v-con, or about presenting at the TTT meeting, please contact [Lauren Mitchell](#).

Coding pregnant OSIPM customers with the required DUE need/resource code provides medical recipients additional benefits unavailable to them with only OSIPM coding, including:

- Enhanced dental and vision coverage;
- Benefits will continue for two (2) full months of protected eligibility at the enhanced level following the termination of the pregnancy;
 - Protected eligibility is based on the DUE date, not on a SIP;
- Additional resources may be available based on the DUE need/resource coding:
 - Maternity case management – provides prenatal and postpartum visits by a maternity case manager;
 - Nurse Family Partnership - partners first-time mothers with nurse home visitors;
 - Oregon MothersCare – connections to prenatal care and other resources;
 - Prenatal and Newborn Resource Guide – resource for pregnancy and beyond;
 - More resources available to this group can be found on the Oregon Health Authority pregnancy [webpage](#);
- If the pregnant customer is on an MSP benefit instead of OSIPM, they must be referred to 5503.

To add the appropriate DUE need/resource coding, workers must use the CMUP screen – coding cannot be completed on PCMS or via Oregon ACCESS. See the APD Staff tools page for [coding information and screen shots](#) on successful UCMS coding.

When the pregnancy ends:

- Update the due date, as needed, so the additional two (2) months of benefits are accurately administered;

If notified by a hospital about a delivery, OHA branch 5503 will determine eligibility for the newborn but will not touch the APD/AAA case.

- 5503 will notify the APD/AAA office of the delivery date to update the parent's case.

When an APD customer has a child:

- Email 5503 at: OHA.Newborn@state.or.us;
- Explain the situation via email. Provide the following if available:
 - Mother's legal name;



Ruger - Aaron
Malvaney,
Redmond

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- Mother's recipient ID;
- Mother's CCO;
- Newborn's legal first name;
- Newborn's legal middle name;
- Newborn's legal last name;
- DOB;
- Gender;
- Father's legal first name;
- Father's legal last name;
- Address;
- 5503 will set up a case for the newborn.



*Jose - Darcy
Peterson, Burns*

Reminder: Do not remove the DUE need/resource coding unless the pregnancy ended more than two (2) months prior to being notified

Send in your branch photos and news stories to karen.l.kaino@state.or.us to share in the newsletter and inspire others with your remarkable deeds!! (And send your pet pictures!)

Do you know about fair housing testing?

The Fair Housing Council uses “testers,” kind of like “secret shoppers,” to determine if housing providers are complying with fair housing laws.

Testers are trained on fair housing laws and how to report objectively what occurs during their assigned interactions with housing providers. What's more, we compensate our testers for their time!

We're always looking for and need testers of all backgrounds, from all walks of life. If you or someone you know is interested in learning more visit: www.FHCO.org/testers.htm.

The Fair Housing Council is a nonprofit civil rights organization serving Oregon. Call the FREE Fair Housing hotline at 800-424-3247 ext. 2, or visit www.fhco.org.

Jo Becker, Education and Outreach Coordinator

LTC form requirements

The Medicaid APD Long Term Care (LTC) Systems Policy unit has created a tool intended to aid case managers in knowing what forms are required to be sent at intake and at recertification. The tool also includes indicators of who the form needs to be sent to and when a consumer's signature is required.

Requirements are separated by program and care setting (SPPC, APD in-home, ICP, OPI, APD residential, nursing facility, and PACE). Form numbers and form names are listed on the tool as well as an indicator as to where each form may be found (Oregon ACCESS or web form).

The *APD Long Term Care Services Form Requirements* tool noted above is available on the APD Case Management Tools [website](#).

Please contact Christine Maciel at christine.c.maciell@state.or.us with comments or questions related to the tool.

Aging and People with Disabilities

DHS Mission:

Help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

APD Vision:

Oregon's older adults, people with physical disabilities and their families have easy access to services, supports and early interventions that help maintain independence, promote well-being, honor choice, respect cultural preferences and uphold dignity.

APD Goals:

- Facilitate broad awareness of, and easy access to, services.
- Invest in preventive services to keep people independent, safe and healthy for longer periods of time.
- Implement person-centered case management to serve people in the most independent and culturally sensitive manner.
- Promote high quality services by APD, its local partners and providers.
- Increase advocacy efforts to improve outcomes for APD consumers.
- Administer programs with the utmost integrity.

Coming Soon to EAU!

The Estate Administration Unit (EAU) has some exciting changes in store for the near future; we are working toward the goal of becoming a “paperless” environment.

Soon the majority of our paperwork will be scanned and saved as electronic documents. In addition, our Assistant Estate Administrators will be moving from an assigned case load to a “pooled” work environment.

These changes will improve our productivity allowing us to better serve our customers. More information will follow soon!

Kathleen E. Rossi, Assistant Estate Administrator

TTT highlights – MMIS POC entry tips

The April 15, 2015 Train the Trainer (TTT) meeting included information about how to enter Plan of Care (POC) information into MMIS. For information on attending TTT in person or via v-con, or about presenting at the TTT meeting, please contact [Lauren Mitchell](#).

Mat Rapoza from the Medicaid Long-Term Care policy unit shared tips for successfully entering plan of care (POC) information into MMIS to eliminate billing and payment errors. The primary tip is to make sure the service plan in CA/PS and the POC perfectly match.

- Create a new service plan when a new assessment and service plan has been created;
- Match dates and units in the POC to those authorized in the service plan;
- End a POC when the when an authorized number of unit changes and create new POC with the new authorization;
 - If you do not end the POC on MMIS and start a new plan with the updated number of units, you will authorize extra hours for the entire previous time period;
- Unless you are planning to recreate a benefit and service plan in CA/PS, do not invalidate the benefit and service plan when services were provided for that time period;
- Don't create a new benefit in CA/PS unless the person changes their living situation;
 - Change only the bottom portion – not the top;
- Update the POC and service plan as soon as possible when changes occur;
- Notify the agency provider in a timely manner when there is a change in hours or when the service plan ends;
- Never bypass an error message;
- Only end the benefit line in CA/PS when the person actually moved to another living situation;
 - Benefit lines should not change if the person is in the hospital or receiving skilled nursing facility care.



Lola - Amy Lutt, Albany

If you have questions, contact Map Rapoza mathew.g.rapoza@state.or.us or 503-945-6985.



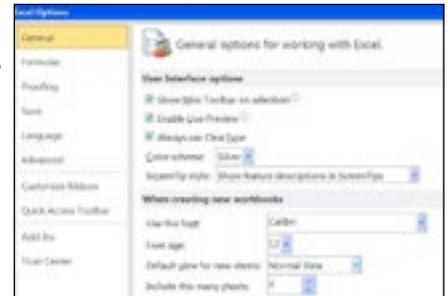
Don't forget! Staff can no longer send TPL notifications to HIG via fax; use the web form on the TPL [site](#). *DO NOT send rush requests via the web form.* Rush requests are sent to REFERRALS TPR or tpr.referrals@state.or.us.

Excel tips – Your space, your way

For those people who really like things just a certain way (we know who we are), Excel can cause a little angst because it makes assumptions about how you work and how much of something you need and it's not always obvious how to make things do what you want. Here are a few tips to get to what you actually use and need.

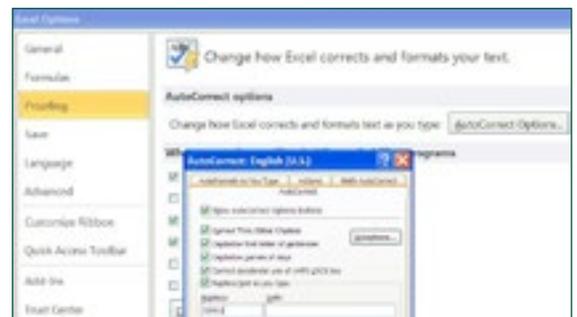
1. Default to one worksheet instead of three. Do you almost never need more than one worksheet but Excel always gives you three? Change your default: *File> Options> General> Include this many sheets*. Just click down to one. Or up if you consistently need more.

- This is also where you change your default font and font size.



2. Format multiple sheets at the same time. Do you want to get all your worksheets to look the same all at the same time? Easy – just open one sheet you want to change, hold *Ctrl* and click on all the other sheets you want to also format; the tabs should change to a lighter shade when selected. Make the changes on the sheet you see, click on the tabs to ungroup and then save.

3. Use auto correct to fill in text you use a lot. If there is text you type over and over in Excel, determine what super short abbreviation you'd rather type and set up your auto correct to make that change for you. For instance, if you always type the name of your office, *Aging and People with Disabilities Ontario branch 2411* (or whatever you need), how about typing *O2411* instead and letting the program spell it all out? *File> Options> Proofing> Auto correct options*.



In the *Replace* field type *O2411* and in the *With* field type the whole thing.

- This works in every office program so be very thoughtful when you make customized replacements.

4. Use the *Quick Access Toolbar* to your advantage. That skinny strip along the top of the ribbon is the *Quick Access Toolbar* and it's where you can attach shortcuts to the functions you use most. When starting Excel for the first time, there are only three icons (save, undo, redo) but you can easily add more with the right-side down arrow and *More Commands*.

- You can do the same thing in every office program.



Excel can perform literally 1000s of functions, if there is something you want it to do, chances are very high someone else wanted the same thing AND posted a how-to. Use the *Help* function to your advantage and make Excel a part of your day!



Don't forget! When a person self-identifies as a member of a tribe, remember to ask about potential tribal benefits or payments. The income may be excluded under a treaty for income tax purposes, but it is countable for benefits. For more information, see [Counting Client Assets 39](#).

TTT highlights – SPPC exceptions

The April 16, 2015 Train the Trainer (TTT) meeting included a presentation on State Plan Personal Care (SPPC) exceptions. For information on attending TTT in person or via v-con, or about presenting at the TTT meeting, please contact [Lauren Mitchell](#).

State Plan Personal Care (SPPC) exceptions are approved at Central Office but have some differences from other exceptions. To see the full presentation from TTT, and additional SPPC resources, go to the [link](#) on the Case Management Tools [website](#).

Exceptions for SPPC are limited to only three (3) areas:

- Personal care needs – limited to two (2) additional hours per eligible need with hands-on assistance;
 - CAPS must show eligibility in the need requested;
- Cognition – limited to five (5) additional hours for on-going supervision;
- Exceptional housecleaning – cannot be performed by a homecare worker (HCW) or in-home agency.



Maggie - Susan Eggert, Licensing

Extraordinary needs must be approved by Central Office via the exception mailbox ([SPD Exceptions](#) on Outlook or spd.exceptions@state.or.us) for all SPPC exceptions; local leadership cannot approve SPPC exceptions.

Heavy housecleaning exception details:

- The purpose of this exception is to ensure the health and safety needs of the customer – not to tidy things up;
- Heavy housecleaning provides intensive cleaning for individuals to get their homes in reasonable condition for a HCW to take over and provide housekeeping;
- Customers who need this exception must have a situation above and beyond typical housekeeping and must understand the process;
 - Customers must give their permission for a vendor to clean their home and haul away agreed upon items which may be posing a health and/or safety risk;
 - They must sign an [SDS 343](#), *Consumer Consent Form In-home Chore and SPPC Exceptional Housecleaning Service* which is kept in the file.

To view more details and information about SPPC exceptions, and details of the approval process, see the Case Management Tools [website](#). If, after viewing the materials you have a question, contact Suzy Quinlan: 503-947-5189.

SoS NVRA reminders

The Oregon Secretary of State (SoS) sent us reminders about the National Voter Registration Act (NVRA) issues they are seeing and concerns they have about how the NVRA process is executed in the field offices. This is *their* language, so ask [Karen Kaino](#) if you need clarification!

1. You must date stamp the completed registration forms immediately after they've been completed and signed. Your date stamp determines when a person becomes eligible to vote.
2. Detach and keep the declination ([MSC 503d](#)). These forms are used for your clients. The declination is a form used to document your interaction with clients when offering them the opportunity to register to vote. The declination must be retained by your agency for 24 months. People visiting in your waiting room can register to vote on a regular registration card [MSC 500](#). Both need to be date stamped before mailing to the county.
3. Mail the completed forms to the appropriate county elections offices. County addresses are located on the back of the card. It is a violation of election law to keep a voter registration card longer than five days [ORS 247.012 \(2\)\(a\)](#). A violation of this statute may result in a maximum penalty of \$250.00 per card.
4. When you mail out registration cards you must report the number of voter registration cards you mailed to the county to the Secretary of State/Elections ([SEL 504](#)). This should be done once a week even if no registration cards are mailed out. If no cards are mailed report zero.
5. If your agency site coordinator changes, fill out the form [SEL 504c](#) (located on our website www.oregonvotes.gov) and return to us, (AND Karen!) so we have updated information on the contact for your agency.



Kleen - Janice Castle,
Central Office

Home and community-based transition plans: Person-centered planning

This is the fourth in a series of articles regarding person-centered planning. On January 16, 2014 CMS published new Home and Community-Based Services rules and requirements. Among these are requirements that states have a person-centered process and person-centered planning system in place. To aid in the transition to better meet these expectations this series is presented to educate and stimulate thinking on this topic.

For those interested here is a link to the CMS HCBS [rules](#).

In this article we will build off previous articles and cover some of the remaining CMS expectations regarding person-centered planning. Specifically we will cover these three concepts:

- Conflict of interest;
- Documenting the choices and alternatives considered;

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- Method for individuals to update their plan.

The new CMS rules state, *Providers of HCBS for the individual, or those who have an interest in or are employed by a provider of HCBS for the individual must not provide case management or develop the person-centered service plan....*

The point is a neutral, unbiased, conflict-of-interest free, individual is assisting the individual develop their plan. In Oregon, for the APD/AAA system, this is where the Case manager, Diversion/Transitions Specialist, PAS Screener, and others come in. We are fortunate to have many years of experience in this role and it is a critical and important role that you play.

Anyone who has worked with the Medicaid system for any length of time understands the importance of documenting. So it should be no surprise CMS emphasizes documenting and the importance of choice. The new rules require documenting what service options the person explored before making their decision. This is to ensure the individual had the full range of options from which to choose.

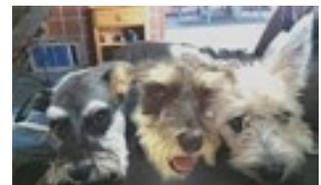
Two new choices are also emphasized, the choice of a non-disability-specific setting and of a private room. In-home settings typically meet both of these criteria, so reflecting a person had the choice of being in an in-home setting (or other setting meeting the above criteria) is critical under the new rules. If the individual chooses to live in a CBC setting, they should be provided the option of a provider who has private rooms or units, even if this means a setting which is not in the local community.

According to the new CMS rules our person-centered planning process must include a method for updating the person-centered plan. In our system that would usually be following an annual or other planned schedule or be initiated by a call to (or from) the case manager. Technically, we are covered but philosophically we likely have room to grow.

If we are being person-centered in our approach it means more than just a focus on the service hours, provider payment, or what ADL changes have occurred. It means taking into account the person's goals and wishes beyond the paid plan and assisting individuals pursue their desires, wishes, and dreams. This is not a criticism of our case management professionals; at central office we realize there has not been the resources and support to achieve the ideal. It is a system and resource problem we all must work together to improve.

We are interested in your thoughts and ideas as it relates to this series on person-centered planning. How well does our current system support these rules? Where do you think we need to improve to be more person-centered in our approach? What barriers are there from your perspective? Please email: bob.weir@dhsosha.state.or.us.

Next time we will discuss: **More about the critical and important role the Case Manager plays, including the importance of advocacy.**



Cassie, Isha, and
Quinn - Siadus Rish,
ADRC

Medical deductions for SNAP eligibility

Medical deduction verification is a pendable item at cert and recert even though it is not an eligibility factor. But your customers have a choice. You can either:

- Pend their application until they provide the proof and open benefits with the MED costs included (which can mean more SNAP); **or**
- Open benefits as soon as they verify eligibility (faster benefits) and add the MED the 1st of the month after they provide proof.

Let your customer make the decision.

It is always necessary to put this request for verification in writing by using a pend notice so customers receive their hearing rights.

SNAP Policy analysts



*McDermott, Henry,
and Friends - Michael
Palmer, EAU*

Pasting images and documents in Oregon ACCESS narration

Is your computer freezing up when attempting to open narration in Oregon ACCESS? Have you pasted images or other files into the case narration? This has been an ongoing issue which can only be resolved with the assistance of OIS deleting the pasted images or files, from the case narration.

Some examples of files that can and have caused system slowness or freezing are things like .pdf files, word processing files or spreadsheets. For example if you receive a letter from a physician and you scan the document creating a .pdf file, this .pdf must not be copied and pasted into the case narration as it causes Oregon ACCESS to freeze when users attempt to access the narration.

You may paste text from a document but not the entire document such as a .docx file. Please contact the Service Desk at (503) 945-5623 or via e-mail at DHS.SERVICEDESK@dhsola.state.or.us if you are having this issue.

Christine Maciel, Medicaid Long Term Care Systems

Mandatory Case Manager webinar webpage

A webpage for the Mandatory Case Manager In-Service Webinar has been created with the PowerPoint, Q&A document, audio recording, and transmittals for the 4/23/15 session posted. You can find the new webpage under the *Training & Events* subsection titled *Mandatory Case Manager In-Service Webinars* on the Case Management Tools [website](#), click on the [link](#).

Following each mandatory session the training material, Q & A documents, audio recordings, and transmittals will be posted with the date of each session following to document title to the new webpage. Please contact Christine Maciel at (503) 945-5690 or by e-mail, christine.c.maciel@state.or.us, with comments or questions.

Christine Maciel. Medicaid Long Term Care Systems

Your pets wanted (again)!

Show off your pet! Send in photos of your pet to Karen Kaino, karen.l.kaino@state.or.us - we are in danger of a newsletter filled with only my two fur-babies. (Damn!) All newsletter recipients are welcome to send in photos; don't forget you can send them to my iPhone: 503-569-7034.