

APD/SSP/CW Regional Meetings 2013

How To – Tips and Tools Packet 3

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| Topic | SSP Medical Program Incarceration Policy and Coding Matrix |
| Prepared by | Data Match Unit -OPAR |

The Data Match Unit in the Office of Payment Accuracy and Recovery (OPAR) is responsible for suspending (ending) OHP medical benefits when the client is incarcerated with an anticipated incarceration period of a year or less. OPAR also closes the companion SNAP case if the inmate is the only person on the case. OPAR will notify the branch if any additional action is needed.

If necessary to suspend (end) medical benefits, send a Basic Decision Notice such as the CMC00IN/SPC00IN; close medical effective the date the notice is mailed.

“Suspending” benefits means that released inmate’s SSP medical may be restored without a redetermination, **but only if released from prison/jail within 12 months AND their release was reported within 10 days.** If they do not report their release timely, determine if the former inmate (“release”) has good cause for reporting late. **If good cause, treat as if reported timely and restore SSP medical benefits without a redetermination.** (You may need to redetermine after restoring benefits. See the examples below).

There is new coding to support the inmate suspension process. The “DOC” N/R and C/D coding tracks SSP medical program clients whose medical has been suspended because of their incarceration. The “DOC” N/R end date is a year from the month the client was incarcerated. For example, a client is incarcerated in June; the DOC end date is June of the following year. When medical is restored for someone who has been released, the DOC N/R and C/D should remain on the case.

Below are four examples for incarcerated SSP Medical Program Clients

Example 1

| Only person on the case | Client is Released & Reports Timely | Client Released & Did NOT Report Timely |
|--|--|--|
| When an SSP medical program client is incarcerated, we must suspend the medical. Enter a SUSPEND on the UCMS screen, effective the same date on the basic decision notice. On CMUP, add the DOC C/D and N/R. | Reopen his/her OHP medical for remainder of most current certification period. If a redetermination occurred while incarcerated, BED the case and redetermine medical | Determine if good cause exists for not reporting timely. If good cause exists for late reporting, restore medical, effective the date the client says they were released from incarceration. If no good cause exists, provide information for the OHP SRL and review for all other medical programs immediately. |

SSP Medical Program Incarceration Policy and Coding Matrix

Continued - Examples

Example 2

| Individual in MAA household is incarcerated. | Client is Released & Reports Timely | Client Released & Does NOT Report Timely |
|--|--|--|
| <p>Because the system will not support a SUSPEND action with others on the case, close inmate's medical on the CM system.</p> <p>Enter a MEDI action on the UCMS screen and end the inmate's medical on CMUP. On CMUP, end the inmate's medical. Add a DOC C/D and DOC N/R with end date of a year from the date of incarceration.</p> <p>Family will continue on MAA if still eligible.</p> | <p>Restore to the same medical program the release had prior to incarceration, even if the rest of the family is now on another medical program.</p> <p>The effective date for reopening medical is the date the inmate states he/she was released.</p> <p>Example: If the releasee had been receiving MAA, restore to MAA even if the rest of the family has since moved to OHP or EXT. BED the case and redetermine eligibility for the entire filing group.</p> | <p>Determine if good cause exists for not reporting the release timely.</p> <p>If good cause exists, restore medical, and redetermine for entire filing group.</p> <p>Effective date for restoring the medical would be the date the clients says they were released from Incarceration.</p> <p>If no good cause, do not restore medical. Treat the date they reported the release to the branch as a new DOR, and determine eligibility for releasee and entire family.</p> <p>Provide information about the OHP Standard Reservation List (SRL).</p> |

Example 3

| Incarcerated person on MAA or OHP with family, not expected to return to household due to DV or other reasons. | For MAA | Determine if good cause exists for not reporting release timely. |
|---|---|--|
| <p>Remove the inmate from the family OHP or MAA case. Set up new case for inmate and open on same medical program. The following day, enter a SUSPEND action on the UCMS screen, effective the same date used on the basic decision notice. On CMUP, add the DOC C/D and N/R.</p> | <p>Upon release, reopen MAA medical on his own case and BED; redetermine medical and close or reduce to OHP after timely notice.</p> <p>OHP: Upon release, reopen OHP medical on his own case for the remainder of the current certification. If redetermination is due, redetermine immediately.</p> | <p>If good cause exists for late reporting, restore medical effective the date the client says they were released from incarceration.</p> <p>If no good cause for reporting late, provide information for the OHP SRL and review for all other medical programs.</p> |

SSP Medical Program Incarceration Policy and Coding Matrix

Continued - Examples

Example 4

| Individual on OHP with family is incarcerated. | Released & Reports Timely | Client is Released from Incarceration and Does NOT Report Timely |
|--|--|--|
| <p>Because the system will not support a „suspend“ action when there are others on the case, inmate’s medical must be closed on the CM system. Enter a MEDI action on the UCMS screen for the first of the next month. On CMUP, end the inmate’s medical. Add a DOC C/D and DOC N/R. Let family continue with OHP for remainder of certification period. If a redetermination is required while the inmate is incarcerated, redetermine for the family. If the rest of the family continues to be eligible, COMPUTE the case forward for a new certification period.</p> | <p>Restore releasee to the same medical program he/she had prior to being incarcerated, even if the rest of the family is now on another medical program. Example: If the releasee was receiving OHP, restore to OHP even if the rest of the family has moved to MAA. Redetermine eligibility for the entire filing group. Example: If the releasee had been receiving OHP, restore to OHP. If the family is still on OHP and has not had a redetermination while the inmate was incarcerated, let the releasee continue through the remainder of the certification period with the family. If the family has been recertified for OHP while the inmate was incarcerated, BED the releasee and redetermine eligibility for the entire filing group</p> | <p>Determine if good cause exists for not reporting the release timely. If good cause exists, restore OHP medical, and follow the examples for timely reporting. Effective date would be the date the client says they were released. If no good cause, do not restore medical. Treat the date they reported the release as a new DOR, and determine eligibility for releasee and entire family. Provide information about the OHP Standard Reservation List (SRL).</p> |

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| Topic | Incarceration Case Procedures - SNAP |
| Prepared by | Data Match Unit –OPAR |

The Data Match Team within the Office of Payment Accuracy and Recovery (OPAR) receives weekly reports from the Department of Corrections and daily reports from county jails listing individuals incarcerated in their facilities. The Data Match Team uses these reports to identify our clients who are incarcerated. In most cases the team will end benefits, but there are some restrictions on the cases they can close for both medical and SNAP. Medical cases will be suspended (for clients expected to be incarcerated less than one year) or closed (for clients expected to be incarcerated over one year).

If Data Match cannot suspend/close a medical case they will send an alert to the branch office. **If you receive one of these alerts please take action to close as soon as possible before additional benefits are issued.**

For more information see the SSP Medical Program Incarceration Policy and Coding Matrix in the FSM [Medical Assistance Programs](#) Worker Guide MA-4. APD offices see [House Bill 3536 Procedures](#).

OPAR will close SNAP benefits for one person households, or contact the branch with the information on the incarcerated individual if there is more than one person on the case. The branch should take the appropriate action to reduce benefits. Remember the 10-day notice guidelines must be followed. For more information see the [Family Service Manual, SNAP H.5, Prison discrepancy list](#).

Reminder: Even if the case is in SRS, once you are notified of the change in household you need to take action even though the client wasn't required to report the change.

Remember to take action on all cases with incarcerated clients in the benefit group.

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| Topic | Incarceration Case Procedures - Medical |
| Prepared by | Data Match Unit –OPAR |

House Bill 3536 mandates DHS/OHA suspend Medical benefits on any client who is receiving Medicaid when they are incarcerated at a local jail. This bill extends the process created under SB913, where benefits of clients who have a severe mental impairment were suspended.

An inmate is an individual living in a [public institution](#) that is:

- Confined involuntarily in a local, state or federal prison, jail, detention facility, or other penal facility, including a person being held involuntarily in a detention center awaiting trial or a person serving a sentence for a criminal offense;
- Residing involuntarily in a facility under a contract between the facility and a public institution where, under the terms of the contract, the facility is a public institution;
- Residing involuntarily in a facility that is under governmental control; or
- Receiving care as an outpatient while residing involuntarily in a public institution.

An individual is no longer an inmate when:

- The person is released on parole, probation, or post-prison supervision;
- The person is on home- or work-release, unless the person is required to report to a public institution for an overnight stay; or
- The person is staying voluntarily in a detention center, jail, or county penal facility after his or her case has been adjudicated and while other living arrangements are being made for the individual.

A public institution is any of the following:

- A state hospital (as defined by ORS 162.135) such as the Oregon State Hospital, Eastern Oregon Psychiatric Center, and any other hospital established by law for similar purposes, including the "SAIP" means Secure Adolescent Inpatient Program (SAIP), and the Secure Children's Inpatient Program (SCIP).
- A local correctional facility (as defined in ORS 169.005): a jail or prison for the reception and confinement of prisoners that is provided, maintained and operated by a county or city and holds persons for more than 36 hours.

Incarceration Case Procedures - Medical, continued

- A Department of Corrections institution (as defined in ORS 421.005): a facility used for the incarceration of persons sentenced to the custody of the Department of Corrections, including a satellite, camp, or branch of a facility.
- A youth correction facility (as defined in ORS 162.135):
 - A facility used for the confinement of youth offenders and other persons placed in the legal or physical custody of the youth authority, including a secure regional youth facility, a regional accountability camp, a residential academy and satellite, and camps and branches of those facilities; or
 - A facility established under ORS 419A.010 to 419A.020 and 419A.050 to 419A.063 for the detention of children, wards, youth, or youth offenders pursuant to a judicial commitment or order.

As used in this rule, the term public institution does not include:

- A medical institution as defined in 42 C.F.R. 435.1009;
- An intermediate care facility as defined in 42 C.F.R. 440.140 and 440.150;
- A publicly operated community residence that serves no more than 16 residents, as defined in 42 C.F.R. 435.1009; or
- A child-care institution as defined in 42 C.F.R. 435.1009 with respect to:
 - Children for whom foster care maintenance payments are made under title IV-E of the Social Security Act; and
 - Children receiving TANF-related foster care under title IV-A of the Social Security Act.

If this policy indicates that the medical benefits of a client are suspended, a client meeting the eligibility requirements of a program covered under chapter 461 of the Oregon Administrative Rules is not required to submit a new application for the benefits to be reinstated.

Suspended Medicaid cases will remain in suspend status for up to 12 months. If the client is released within a year, Medicaid will be reinstated **if** the client is still eligible for assistance, the bill does not extend Medicaid eligibility to an ineligible person. For APD programs, not all clients will be eligible upon release, even if they are released within the 12 month time frame. Clients who had been receiving Waivered services, may need a new assessment before benefits can be reinstated. If SSA has terminated Medicare benefits, a QMB client would need to provide verification that Medicare has been reinstated before their QMB case can be reopened.

Incarceration Case Procedures - Medical, continued

To reduce field staff workload, if OPAR receives incarceration information and the inmate has a projected release date within the current month, OPAR will take no action on the case. The effective date is the date the decision is made to suspend the benefits and the date the notice is sent.

OPAR takes the following actions on SPD clients who become incarcerated and who have a release date after the current month. If a case is put into 'Susmend' status it will auto close at the end of 12 months. However, any action taken on the case will re-start the 12 month time frame. If action must be taken on a case in Susmend status, an ACCESS tickler should be set up to remind staff to close the case if the inmate has not been released within 12 months.

OPAR process for incarcerated clients

- Local jails and Department of Corrections (DOC) submit incarceration data to DHS twice a month. The incarceration information is used to identify recipients of SNAP and Medicaid benefits. When a client is identified as receiving SNAP or Medicaid benefits and is incarcerated, OPAR will take the following actions:
 - If there is just one person on the case (either SNAP or Medicaid) OPAR will take action. An exception to this is Medicaid cases coded with case descriptors APD, ICP, NFC, DAN or DDS or cases in pending status. These cases will be referred to [Lauren Mitchell](#), who will contact the financial worker or case manager handling the case. The financial worker or case manager will be responsible for susmending/closing those cases.
 - Medicaid cases will be '**susmended**' and SNAP cases will be sent timely notice and closed when appropriate. OPAR will send Medicaid clients an auto generated notice.
 - OPAR will narrate action taken in ACCESS and field staff will be notified by tickler. Cases, other than OHP, will have 913 case descriptor added. OHP cases will have a DOC case descriptor.
 - If a case has more than one person on the case, it will be referred to Lauren Mitchell who will contact the appropriate field worker.
- Jails will be asked to inform clients who have had their benefits susmended to contact their local office. Inmates must contact the local office within 10 days of their release. If the client has been released within 12 months of incarceration, and contacts the branch within 10 days, take these actions based on the specific type of case:

Incarceration Case Procedures - Medical, continued

- **SSI recipient**: Client was receiving SSI when they became incarcerated and case has been in susmend status for less than one year. Reopen the case without a new application, and tell the client they need to contact SSA and let SSA know they have been released. Client must provide proof of SSI reinstatement. If proof of reinstatement is not provided, determine eligibility for any other program.
- **Protected Eligibility Groups**: (DAC/Pickle etc). If the case has been in susmend status for less than one year, reopen the case without a new application, and tell the client they need to contact SSA and let SSA know they have been released. Client must provide proof of SSA benefit restoration. If proof of reinstatement is not provided, determine eligibility for any other program.
- **PMDDT client**: If the client is released prior to a medical review due date, reopen the case. If the client was incarcerated when the medical review was due, they will need to complete a new application and reapply for PMDDT and be redetermined to meet the disability criteria.
- **QMB/SMB/SMF**: SSA does not maintain Medicare Part B eligibility for inmates. Typically an inmate will be released with Part A and no Part B Medicare. **If this is the case, restore the case using an MIB 2 code. Contact the Buy-In unit via email at: buy-in.medicare@dhsosha.state.or.us and request Part B Buy-In.** If the client has maintained Medicare eligibility while incarcerated, QMB can be restarted the beginning of the month following release and no new application is required, SMB/SMF would be restarted the first of the month of release. If Medicare eligibility has ceased completely, the client will need to complete a new application when Medicare has been reinstated. Follow OAR guidelines to determine the effective date for beginning benefits.
- **Service cases**: If the client is incarcerated for less than 30 days, the incarceration is not considered a break in services and Medicaid can be restored without a new assessment or a new application. If the client is incarcerated for over 30 days, a new period of care begins and the client will need a new assessment and a new application. [461-001-0030](tel:461-001-0030)

Incarceration Case Procedures - Medical, continued

- **EPD cases:** If the client is incarcerated for less than 30 days and can verify continuing employment upon release, restore EPD case. If client is incarcerated less than 30 days and cannot verify employment or is incarcerated over 30 days, they would no longer qualify for the EPD program and will need to complete a new application.
- **OHP cases:** Effective June 1, 2011, new policy was implemented to suspend benefits for inmates expected to be incarcerated for less than a year with a basic decision notice. The effective date is the date the decision is made to suspend the benefits and the date the notice is sent. When released, the inmate is required to report within ten days of the release in order for benefits to be restored. If the inmate does not report timely and no good cause exists, medical benefits cannot be restored. These cases will have a DOC case descriptor instead of the 913. If you need to remove the DOC case descriptor (for instance to change the case to a D4) contact [Lauren Mitchell](#). The DOC case descriptor can not be removed by field staff.

[See SPD-PT-11-015](#)

Process to susmend cases in local office:

- On the Medical Assistance tab in ACCESS choose incoming code of SUSM. Use today's date or date you are going to send the notice. Use reason code NI and add a case descriptor of 913. During integration add the notice code of IC. CMS will stay in Susmend status for 12 months, and will auto close at the end of 12 months. The client will have been sent a notice of closure if you use the notice code IC, so no further action is required. If the client is released within the 12 month period, the case can be restored. If any action is taken on the case after it is susmended, it will impact the auto close and you will need to set a tickler and manually close the case in 12 months if the client has not been released.

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| Topic | Closing Procedure for Deceased Client – Case Management |
| Prepared by | APD Policy |

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| | | | Client Name: Prime#: Date of Death: Type of facility: |
| <input type="checkbox"/> | 1 | MMIS | NH-Close POC day before date of death. If client enters NF and dies the same day, NF would be paid for date of death because it was actually date of admit. |
| <input type="checkbox"/> | 2 | CA/PS | Close CAPS effective date of death <ul style="list-style-type: none"> <input type="checkbox"/> Go to CAPS service planning <input type="checkbox"/> Either approve or invalidate any pending benefits <input type="checkbox"/> End current approved benefits with actual date of death <input type="checkbox"/> Person page- fill in actual date of death <input type="checkbox"/> 454D comments will be activated <input type="checkbox"/> Benefit Tabs: Medical Tab: <ul style="list-style-type: none"> o INCM: Death o Reason: DE o Effective Date: date of death o Mainframe (top tool bar) o CMS (Integration) o Save <input type="checkbox"/> If unable to integrate, use today's date for the DEAT (death action) and send 148 to CMU (maintenance,client@state.or.us) with the correct date of death <input type="checkbox"/> Copy and send any trusts to estates.admin@state.or.us if not already sent (EAU WG) <input type="checkbox"/> Narrate action <input type="checkbox"/> If client has open SNAP case, see SNAP checklist below <input type="checkbox"/> Transfer ACCESS case to EAU (Branch 8606) <input type="checkbox"/> Send hard file to shelves <p><u>If client dies before case is open (this would only apply to a client</u></p> |

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| | | | <p><u>residing in a facility</u>) :</p> <p>For cases where you complete a Post Mortem intake: For CAPS, complete the assessment using facility records such as MDS and/or care plans. Facility records used must be based on dates between date of request and date of death. If approved, open the case for DOR. If/when approved, 'Death' for current date and send 148 to CMU (maintenance,client@state.or.us) to update system with correct date of death.</p> |
| <input type="checkbox"/> | 3 | SFMU | <input type="checkbox"/> End monthly liability effective end of current month <input type="checkbox"/> Close out yearly account <input type="checkbox"/> Close Pay-In effective last day of the current month <input type="checkbox"/> Close any open 546s. Copy in hard file. 4105 to HCW if needed <input type="checkbox"/> Make any date adjustments as needed |
| <input type="checkbox"/> | 4 | SMRF | <input type="checkbox"/> Close 512 effective the day before date of death <input type="checkbox"/> If already paid past date of death close for end of month and submit an overpayment <input type="checkbox"/> Use action code 5 to close 512 <input type="checkbox"/> Close Service Plan and Benefit Plan in Service Planning effective the date of death <input type="checkbox"/> Complete CBC overpayment if needed <input type="checkbox"/> RFH- Notify Foster Home Licensor |
| <input type="checkbox"/> | 5 | SNAP | <p><u>Single person:</u></p> <input type="checkbox"/> Close SNAP case for end of month <ul style="list-style-type: none"> • On FCAS enter a transaction code of CLO • Enter effective date for end of month • Enter reason code OO • Hit F9 to save <input type="checkbox"/> Complete form AFS 215 and give to manager to sign, follow branch procedures to delete benefits and then inactivate EBT. <p><u>Couple</u></p> <p>After allowing for timely notice</p> <input type="checkbox"/> Make sure surviving spouse knows how to access benefits <input type="checkbox"/> If HH dies, use CHH and ADJ action codes to change the AD to HH and number in household <input type="checkbox"/> Enter D in transaction code filed next to deceased person <input type="checkbox"/> Use H as your Action Change Code on page 2 |

| | | | |
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| | | | <input type="checkbox"/> Hit F9 to save <input type="checkbox"/> New HH can keep benefits that have already been issued <input type="checkbox"/> Issue new HH new EBT card |
| <input type="checkbox"/> | 6 | MISC | Notify OAA Worker Notify Providers/others: <ul style="list-style-type: none"> • SSA (via 538A) • VA administration • APS worker • DME support • Emergency Response Support • Medical Transportation • Meals on Wheels • Contract RN • Mental Health Agency • Adult Day Care • Lifeline • Volunteer Visitor Notify exception committee if client with exception dies |
| | | | For suggestions or corrections to this checklist please contact: Lauren.e.mitchell@state.or.us |

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| Topic | Closing Procedure for Deceased Client – Financial Eligibility |
| Prepared by | APD Policy |

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|--------------------------|---|--------|--|
| | | | Client Name: Prime#: Date of Death: |
| <input type="checkbox"/> | 1 | ACCESS | <p><u>One Person Case</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Add date of death to first page of ACCESS for deceased person <input type="checkbox"/> Update 454D <input type="checkbox"/> Complete “DEAT” action on ‘benefits overview’ screen, medical assistance tab, for date of death <input type="checkbox"/> Integrate <input type="checkbox"/> Synchronize- mark how verified <input type="checkbox"/> If unable to integrate, use today’s date for the DEAT (death action) and send 148 to CMU (maintenance,client) with the correct date of death <input type="checkbox"/> Copy and send any trusts to EAU if not already sent (EAU WG) <input type="checkbox"/> Narrate action <input type="checkbox"/> If client has open SNAP case, see SNAP checklist below <input type="checkbox"/> Transfer ACCESS case to EAU (Branch 8606) within 10 days <input type="checkbox"/> Send hard file to shelves <p><u>If client dies before case is open:</u> For cases where you complete a Post Mortem intake, open the case for DOR. If/when approved, ‘Death’ for current date and send 148 to CMU (maintenance,client) to update system with correct date of death</p> <p><u>Two Person case if surviving spouse has own Medical case:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Detach surviving spouse from case. Follow instructions provided in ACCESS. <input type="checkbox"/> Follow above checklist for single case |

Two Person case if surviving spouse has open Medical case when both were receiving Medical benefits on same case:

Enter date of death on first page of ACCESS for deceased person

Swap roles:

This can only be done if the Primary Applicant (PA) has died **AND** the following conditions are met:

- The deceased PA never had an assessment. If the deceased PA had an assessment at any time in the past, a new OA case must be created for the person who is the new PA.
- The new PA is not already a PA on another case. If the person is a PA on another case, even if that case is closed or inactive, you must use that case

To swap the PA:

- Enter the Date of Death on Person tab of the deceased PA
- Close the case
- Do a person search on the deceased PA to find the case
- Click the View Person button
- When you reach the Person Detail screen for the deceased person, click the 'View' button to get to the "Persons and Contacts in the Case" screen
- The Swap Roles button should now be enabled
- Click the Swap Roles button and proceed according to messages and prompts

Create new desk file for surviving case member, if needed

Update 454D, print and fax to 503-378-3137 or email to estate.admin@state.or.us

Integrate with a 'Compute' action for the first of the following month

Synchronize

If unable to integrate, use today's date for the DEAT (Death action) and send 148 to CMU ([maintenance,client](#)) with the correct date of death

Follow branch procedure for filing

If surviving spouse has Medicare, send courtesy email to buy-in to advise them of any CMS case number changes

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| | | | |
| <input type="checkbox"/> | 2 | SNAP | <p><u>Single person:</u></p> <p><input type="checkbox"/> Close SNAP case for end of month</p> <ul style="list-style-type: none"> • On FCAS enter a transaction code of CLO • Enter effective date for end of month • Enter reason code OO • Hit F9 to save <p><input type="checkbox"/> Complete form AFS 215 and give to manager to sign, follow branch procedures to delete benefits then inactivate EBT.</p> <p><u>Couple</u></p> <p>After allowing for timely notice</p> <p><input type="checkbox"/> Make sure surviving spouse knows how to access benefits</p> <p><input type="checkbox"/> If HH dies, use CHH and ADJ action codes to change the AD to HH and number in household</p> <p><input type="checkbox"/> Ender D in transaction code filed next to deceased person</p> <p><input type="checkbox"/> Use H as your Action Change Code on page 2</p> <p><input type="checkbox"/> Hit F9 to save</p> <p><input type="checkbox"/> New HH can keep benefits that have already been issued</p> <p><input type="checkbox"/> Issue new HH new EBT card</p> |
| <input type="checkbox"/> | 3 | SSA | Contact using 538A |
| <input type="checkbox"/> | 4 | Misc | <p>Notify OAA Worker</p> <p>For suggestions or corrections to this checklist please contact: Lauren.e.mitchell@state.or.us</p> |

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| Topic | SSP/OHA – Medical - Removing a deceased individual |
| Prepared by | SSP Medical Policy Analysts |

| Type of case | Incoming Code | Effective Date | In-grant Code | CMUP “Medl Elig” Code | CMUP “Medl Elig” Date |
|---|---------------|-----------------------------------|---|-----------------------------|--------------------------|
| Deceased individual is the only person on the case or is the only person receiving benefits on the case | Death | Date of death** | Change to : DP –deceased parent, use for all adults; or DC - deceased child | Change to “D” | Date of death |
| Deceased individual is on a case with one or more additional recipients | Compute* | 1 st of the next month | Change to : DP –deceased parent, use for all adults; or DC - deceased child | Change to “D” | Date of death |
| *If another action is taken later in the month, leave the Effective Date as the first of the next month. For example, a remaining case member calls to report a change of phone number. Leave the incoming code as “Compute” and effective date as the first of the next month and update the phone number. | | | | | |
| **If for some reason, the system will not let you back-date the effective date to the actual date of death use today’s date as the effective date and then send a 148 to CMU to correct the date of death. | | | | | |

Please narrate the client is deceased, date of death and that a 148 was sent to CMU (if 148 was required).

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| Topic | Merging Prime Numbers |
| Prepared by | Client Maintenance Unit |

Duplicate prime numbers continue to be a problem because they affect our client's ability to access care. When duplicate medical and SNAP benefits exist claims payment and access issues occur and child support payments may be delayed.

If a case is selected for a Medical or PERM* review and duplicate payments exist they are cited as an error.

How are primes merged?

Due to changes in some systems including MMIS and OR-Kids, the process of merging primes has changed.

The Client Maintenance Unit (CMU) will be merging all medical primes. If you contact the Service Desk to merge two prime numbers a ticket will be created and sent to CMU.

To speed things up please contact CMU directly: Phone: 503 378-4369, Fax: 503 373-0357 or email: cmaint@dhs.state.or.us.

Remember if there are open medical benefits on multiple prime numbers eligibility needs to be closed on all but one of the prime numbers before they can be merged.

See the attached documents for tips on locating clients with existing prime numbers.

Remember when it comes to prime numbers, more is not better!

*PERM is the Payment Error Rate Measurement which is a federal Medicaid Audit

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| Topic | Overlapping Eligibility |
| Prepared by | Client Maintenance Unit – CMU/OPAR |

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

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

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
- Opened A1 benefits before SMB was closed
- 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 when changing programs that prior eligibility is closed before the start date of the new eligibility. 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 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 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.**

| | |
|-------------|------------------------------------|
| Topic | Finding the Absent Parent Record |
| Prepared by | Client Maintenance Unit – CMU/OPAR |

FINDING THE ABSENT PARENT RECORD

When you review the child case information, try to find a match to the parent name as listed on the application.

1. If you have found a CI record for the child, look through the active case list for child support cases that may identify a match for the absent parent.
2. If a child support case exists and it looks like a viable match for the absent parent, use the information about the absent parent when setting up the new case or when adding the child and absent parent to an existing case.
3. If the CM case identified in the child support case is in the child's CASEM list, use the person record for the absent parent when you add that person to the case.
4. If you cannot locate an absent parent, follow the instructions in the next step.

USING THE CASE MEMBERSHIP LIST (CASEM) SCREEN TO IDENTIFY ABSENT PARENTS

If you were unable to locate a child support case using the above method, use CASEM. CASEM shows the current and old case information and all the people who are or have been on the case.

1. From the child's FIND, press {F22} (shift-F10) to open the CASEM records. Use {F7} or {F8} to page backward and forward through the case member list. Use {F19} Left and {F20} Right to move to the next or previous case.
2. Browse through all cases available to try to locate an absent parent's prime number or SSN. Use the SSN or prime number of the absent parent when setting up your case.
3. *If you need to set up a new case:* You can use the Case Membership List to start or restart a CM case by selecting the persons and pressing {F14}. This action will copy all the person data to CMNEW. Please make sure to assign a new case number.
4. If you cannot locate an absent parent in the child's CI record, add the parent to CI by using the process described in Time Savings Tips from Client Maintenance.

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| Topic | Tips to Make Your Work Life Easier |
| Prepared by | Client Maintenance Unit – CMU/OPAR |

Service cases

- **Remember to end services first when reducing benefits.**
If it is not done in order, the actions reject and the worker is unaware, because they only get the Rejection error if they finish taking their action on the mainframe, saving it “Real Time”. When this happens the old eligibility remains ongoing on MMIS until the worker finds out there is a problem.
- **If errors come up when trying to issue CEP vouchers there is usually an inverted line on WLGR.**
WLGR is telling the system there was no IHC eligibility at that time. You can e-mail CMU or just give us a call and we can fix it immediately for you. A 148 is not needed since this is a System issue.
- **Quite often if a worker is getting a 512 error CMU can help!**
We can normally make corrections to WLGR and the worker is then able to finish their process. There are some issues with 512’s that the Service Desk will have to handle but don’t hesitate to check with CMU first.

Check WEBM FIND:

- **It is important to do a WEBM, FIND in the mainframe before setting up a new case on ACCESS.**
If there is an open case with another SPD or a Self Sufficiency branch, that case needs to be closed before you take any actions. The system will allow two open cases but it causes problems on MMIS, for example:
 1. Each time a worker takes an action, it flips back to that case. So if the SS worker takes an action, that case takes over, then when the SPD worker takes an action it flips back to that case.
 2. If the SPD worker is trying to backdate the SMB/SMF and OPU or another Plus plan is ongoing, the system will reject your action. You will have to start your eligibility after the OPU is closed so the client will get the proper reduction notices.
 3. CMU cannot process a 148 that requests a reduction of benefits, another important reason to check the Mainframe first to be sure their case is the only ongoing case.

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| Topic | Time Saving Tips |
| Prepared by | Client Maintenance Unit – CMU/OPAR |

Using WEBM, FIND to Locate Clients:

To prevent duplicate primes and erroneous information WEBM, FIND should always be used before setting up or adding anyone to a CM or SNAP case. Workers should WEBM, FIND:

1. The client’s social security number
2. The client’s First and Last Name. If they have two last names search for both sets, for example:
 - o Joshua Jackson Smith - Search Jackson Smith and Smith Jackson, or
 - o Search without the space in the person’s name. i.e.: JacksonSmith

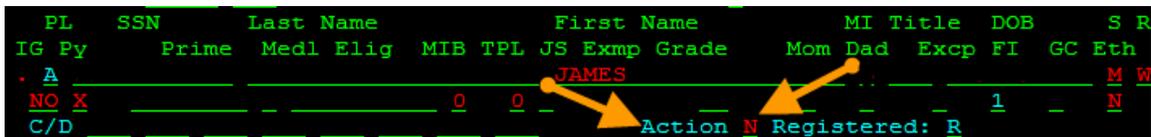
This will save you an enormous amount of time in the long-run.

Using the Locate/Find Tool:

The next tip CMU offers is one that should be performed after searching with the WEBM, FIND screens, but at the same time could be considered your VERY BEST FRIEND, when adding clients or setting up new CM or SNAP cases.

Within CMUP and FSNEW case set up screens there is an Action Field (below the first name) which is the LOCATE action. Using F11, which is a Find tool, you can Locate/Find anyone by using their social security number and/or their Last, First name. Follow these easy steps:

1. Use the client’s social security number or if social security number is not available search using the Last, First Name
2. Place an L in the Action field (below first name) in either CMUP or FSNEW



3. Hit F11 (this process is for Finding or Pulling over individuals from person list)
4. If it prompts you, select the correct person from Person List

Please note if ever trying to add someone using the social security number and you get an error message that says social security number is already in use, please don't just give them a new prime, rather WEBMFIND their social security number.

CMU has seen an increase in requests to merge prime numbers recently due to the notices sent regarding missing social security numbers. These steps will ensure you are

selecting the correct person and not creating duplicate primes. These are ultimately Time Saving Tips that will reduce your workload, reduce administrative costs and improve customer service.

As always, if you have any questions, or need assistance CMU is here to help. CMU can be reached at 503-378-4369, Fax 503-373-0357, or E-Mail at client.maintenance@state.or.us

These tips can also be found at <http://inside.dhsoha.state.or.us/asd/opar/opar-cmu.html>

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| Topic | Long Term Care Insurance Frequently Asked Questions |
| Prepared by | Medical Payment Recovery Unit - MPR/OPAR |

1. Q: What is Long Term Care (LTC) Insurance?

A: The Medical Payment Recovery Unit (MPR) considers Long Term Care Insurance to be insurance that covers:

- Nursing Home
- Community Based Care
- In-Home Care
- Long Term Care

Please ask your client if they have insurance that covers any of the above services.

2. Q: What should I do if I find out a client has LTC insurance coverage?

A: The Health Insurance Group (HIG) needs to be notified of the coverage so it can be verified and added to the MMIS system. Please submit a 415H to HIG. You can complete the 415H online and email it directly from the forms server or submit it via fax to 503-373-0358, or email it to tpr.referrals@dshohs.state.or.us . They can also be mailed to HIG at: PO Box 14023 Salem, OR 97309

3. Q: Do LTC insurance payments count as income?

A: No, LTC insurance payments do not count as income.

4. Q: Does the amount my client is paying in LTC insurance premiums count as a medical deduction for Medicaid eligibility?

A: Yes, premiums are considered a deduction.

5. Q: Will having LTC insurance disqualify my client from Medicaid?

A: Having LTC insurance does NOT automatically disqualify a client from receiving services. Clients should be encouraged to report any LTC insurance. Note: **Payments received from LTC insurance will offset any settlement the Estates Administration Unit may have.**

6. Q: My client has received a check from LTC insurance. Can they keep it?

A: No, clients are not entitled to payments received by LTC insurance. These need to be forwarded to either the facility or MPR. Please see the answer to question 7 for further clarification.

7. Q: My client has a check from LTC insurance. What should they do with it?

A: OAR **461-120-0315** states:

For a client in a nursing facility:

- Submit the necessary paperwork for the facility to receive the *long term care* insurance payments and designating the *long term care* facility as the payee for the *long term care* insurance benefits; or
- When the insurance company will not pay the *long term care* insurance benefits directly to the *long term care* facility, submit the necessary paperwork to receive insurance payments and then promptly turn over the *long term care* insurance payments to the *long term care* facility upon receipt.

For a client in *community based care* (see OAR [461-001-0000](#)):

- Submit the necessary paperwork for the Department of Human Services to receive the *long term care* insurance payments and designating the Department as the payee for the *long term care* insurance benefits; or
- When the insurance company will not pay the *long term care* insurance benefits directly to the Department, submit the necessary paperwork to receive the insurance payments and then promptly turn over the *long term care* insurance payments to the Department upon receipt.

Note: Some LTC insurance carriers will require a written release from either the client or their Power of Attorney authorizing them to talk to the Department of Human Services. It is important that a request for this release by MPR is addressed promptly.

8. **Q: I'm so confused. Is there anyone I can talk to about LTC?**

A: Yes! **Lisa Bowen** is the LTC insurance analyst for MPR. You can contact her by phone at 503-378-8078 or email lisa.m.bowen@dhsosha.state.or.us

Prepared by MPR July 2013

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| Topic | Overpayment Referral (284F) Process |
| Prepared by | Overpayment Unit - OPAR |

Any Overpayment (Ovp) Referral (284F) that requires additional income verification should be sent to the Overpayment Writing Unit (OWU) in Salem (see e-mail address below). OWU Staff will request the needed verification for the case, attach it to the Referral, and send it to the Ovp Writer for the Branch.

Before submitting an Overpayment Referral (284F), PLEASE check the Overpayment Thresholds and CRS/SRS reporting requirements for the program you are referring.

Examples of income requiring verification include: Earned income from an employer, Social Security benefits, Worker’s Compensation payments, or income from any other source that **cannot** be verified through available computer screens.

Please Follow the Overpayment Referral Process below:

- 1) Please complete ALL sections of the most current version of the Overpayment Referral form (MSC 284F); which is available on the forms server, including:
 - Provide the approximate dates of the Ovp;
 - Describe the cause of the Ovp. If the referral is due to unreported earnings, indicate the name(s) of the employer(s) and the client(s); and the start date of employment or receipt of first paycheck.
 - Unemployment Compensation: Review all valid claims on ECLM. Review benefit process dates to make sure you have all of the correct information (ex: From ECLM-press F5 for claim list, to look for valid claims; press F13 for payments-EPAY, to see when payment was made, be sure to review the second page to confirm date of payment).

- Include your full name, Branch number, the date, and your phone number (direct line or extension), so that you may be contacted if there are questions about your referral.
- 2) E-mail the referral to: “**REFERRALS OVERPAYMENT**” (Just type “REFERRALS OVERPAYMENT” into Outlook and you will get the correct mailbox.)

You **may** send the referral directly to the Ovp Writer, if you have already obtained all of the required verification, or if the information is available on DHS screens or the Internet. Examples include:

- Home Care Workers’ income (HINQ screen)
- Child Support payments (SMUX screen)
- Unemployment Compensation benefits (ECLM screen)
- The Work Number income verification (Just note the income is available there)
- Veterans Benefits (**IF** you already have proof of income, including dates and amounts received; whether it is 100% disability; and whether “Aid and Attendance” is included in the benefit payment. **If you do not have this information, send the referral to OWU, at the above address, for follow-up.**)
- It is helpful if you print the FSUP screen (page 3 of FCAS that shows SNAP issuance info).

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**Contact your Ovp Writer if you have questions about the referral process.**

If you suspect FRAUD and do not know if there is an overpayment, ask yourself if you should be completing a 371 instead of a 284F? 371s should be e-mailed to “FRAUD-INVESTIGATIONS DHS.” You can staff these cases with your Overpayment Writer and she/he will assist you. If the cause of the overpayment is household composition (you suspect an unreported parent in the home), then a 371 is appropriate, not a 284F.

|             |                                                                                 |
|-------------|---------------------------------------------------------------------------------|
| Topic       | Health Insurance Premium Payments<br>HIPP and PHI<br>Frequently Asked Questions |
| Prepared by | Health Insurance Group – HIG/OPAR                                               |

**Q. What is HIPP?**

HIPP stands for Health Insurance Premium Payment. Medicaid regulations allow states to reimburse individuals for the amount of money that they pay to provide other health insurance for Medicaid recipients, if it is determined cost effective to do so. HIPP payments can be made for employer sponsored insurance or for private insurance.

**Q. What is PHI?**

PHI stands for Private Health Insurance. The state has a second program that might be able to reimburse a policyholder if they are not eligible for HIPP. In order to be considered for the PHI program, someone on the private insurance must have a medical condition that would make it cost effective for the state to make the premium payments. HIG has a special list of health condition codes that assists them with determining eligibility for PHI.

**Q. Can caseworkers determine HIPP or PHI?**

No, HIPP and PHI eligibility can only be determined by a Premium Reimbursement Coordinator at HIG (Health Insurance Group)

**Q. Can Medicare clients get premium reimbursements through HIPP or PHI?**

No, Medicare clients are not eligible for either program. This is because Medicare is the primary payer and it is not cost effective for the state to reimburse third party insurance premiums.

**Q. Can we reimburse for insurance that has already been terminated?**

No, we can only reimburse for active claims.

**Q. Can you reimburse third party insurance premiums if there isn't active Medicaid eligibility?**

That depends. In order to reimburse HIPP or PHI, there must be someone on the case that **is covered** by active third party insurance. It is not necessary for everyone on the case to have Medicaid. For example, the payee/policyholder may not be eligible for Medicaid, but one or more children on the case have active Medicaid and TPL. If a case is denied or closed, and there is no active Medicaid, the state will not reimburse premiums.

**Q. What type of TPL qualifies for HIPP or PHI reimbursements?**

We only authorize HIPP or PHI for major medical insurance policies that include inpatient and outpatient hospital, physician, lab, x-ray and a full pharmacy benefit. If the policy has a discount pharmacy benefit or any limited benefits, they do not qualify for HIPP or PHI. Examples of the types of polices we DO NOT reimburse are dental, vision, cancer or long term care policies.

**Q. How do I make a referral for HIPP?**

Workers make HIPP and PHI referrals on the MSC415H. It's important to check the "yes" box in Section 5 of the 415H if you would like your client to be considered for HIPP. When this is done, HIG will send application materials to the client.

**Q. When do the payments begin?**

Normally, HIPP payments begin the month after HIPP or PHI eligibility is determined. The date they will receive the reimbursements is based on the day of the week the determination is made and when MMIS processes the payments. Retroactive payments to the date of request are not done.

**Q. How do I contact HIG if I have a question about HIPP or PHI?**

HIG has an email address just for HIPP and PHI. Questions can be sent to REIMBURSEMENTS HIPP (in Outlook). Outside of Outlook, users can email to [Reimbursements.HIPP@state.or.us](mailto:Reimbursements.HIPP@state.or.us) Phone: 503 378-6233, FAX: 503 373-0358

OPAR/HIG/July 2013

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| Topic       | Tips About Third Party Insurance |
| Prepared by | Health Insurance Group –HIG/OPAR |

- Use the MSC415H and MSC0156 that are on the forms server. They both have auto functions that allow you to email the forms directly from the forms server. This is a time saver and sends information that is easy to read.
- Please wait at least 30 days before sending a second or third 415H to HIG. HIG is current, but it can still take a couple of weeks to process a referral. It creates additional work for HIG and ends up slowing down the process. If you want to know the status of the 415H or rush request (MSC0156), call HIG at 503 378-6233 or email them in Outlook: REFERRALS TPR; outside of Outlook send to [tpr.referrals@state.or.us](mailto:tpr.referrals@state.or.us)
- Please be sure that what you send is clear and legible. Everyday HIG receives documents that they can't process because they aren't legible.
- Please fill out all the sections on the referral forms. This is especially true of the case number, client prime number and the worker's name and contact phone number. If HIG can't identify the worker or client the 415H might not get processed.
- If you fax the forms be sure you send all the pages. HIG frequently only gets the first page and because of that many requests for HIPP are missed. It's important to send the entire form.
- Everything related to TPL goes to HIG. Contact HIG when:
  - A TPL exemption needs to be added or ended
  - The client has TPL and is enrolled in a managed care
  - The client is adding or ending TPL

**Only HIG can take care of the issues associated with TPL**



|             |                           |
|-------------|---------------------------|
| Topic       | How to Get Access to MMIS |
| Prepared by | DMAP – MMIS Training      |

Whether you are a new employee seeking first time access to the MMIS, or a current employee wanting to modify or change your MMIS access, the process remains the same. Here are the steps for getting first time access to the MMIS and for updating and modifying your roles in the MMIS:

**Step # 1 – Manager Approval**

Requests for access to the MMIS must be submitted by the manager, or their designated representative.

Do not send your own IUP 787 form to the Service Desk. The email serves as an electronic signature, so the form must be emailed by the manager or administrative assistant with the manager cc'd on the email. **(It is not necessary to scan a signed form and email as an attachment to the Service Desk)**

**Step # 2 – IUP 787 Form/MSD 0787**

This is the form that must be used when requesting access to the MMIS. The form has been commonly called the IUP 787 or DHS 787; however, it is officially called the MSD 0787. The form is available on the DHS/OHA Forms Server. (<https://apps.state.or.us/cf1/FORMS/>)

**Step # 3 – IUP 787 Form is to be sent to the DHS/OHA Service Desk**

Do not send incomplete forms to the Service Desk, especially forms without the official MMIS role designation. (Ex. D\_I\_P\_General\_Access) Those forms are returned, delaying access to the MMIS.

You can find the official MMIS role designation and role description by clicking on the link in the IUP 787 form.

| Individual user new information |                              |                              |                                                              |            |                     |           |  |
|---------------------------------|------------------------------|------------------------------|--------------------------------------------------------------|------------|---------------------|-----------|--|
| Name (print):                   | First                        | M.I.                         | Last                                                         | User ID:   | Effective date:     |           |  |
| Work address:                   |                              |                              |                                                              | City:      | State:              | ZIP code: |  |
| Email address:                  |                              |                              | Phone:                                                       | Extension: | Employee ID number: |           |  |
| Agency:                         | <input type="checkbox"/> OHA | <input type="checkbox"/> DHS | MMIS roles to assign (specify all roles a user should have): |            |                     |           |  |
| Program/division: Public Health |                              |                              |                                                              |            |                     |           |  |

*(To look up codes by agency, hold "Ctrl" key and click here.)*

You can also find the Agency Role Codes and Definitions on the Form Server site.

| Form Nbr | MSWord     | Pdf        | WordPerfect | Excel | HTML | Powerpoint | Quattro Pro | More Information                                                             |
|----------|------------|------------|-------------|-------|------|------------|-------------|------------------------------------------------------------------------------|
| MSC 0787 | me0787.doc | me0787.pdf |             |       |      |            |             | <a href="#">Click here for a list of agency role codes &amp; definitions</a> |

If you or your manager needs assistance in determining what roles to request, you can contact Bob Costa ([Robert.m.costa@state.or.us](mailto:Robert.m.costa@state.or.us)) or David Hutchings ([david.hutchings@state.or.us](mailto:david.hutchings@state.or.us)) and they can assist you.

Expect to wait up to 5-7 days to get access rights granted. Most requests are fulfilled within 72 hours, but be prepared to wait longer.

### **UNLOCKING YOUR MMIS ACCOUNT AND RESETTING PASSWORDS**

With regard to passwords and your active MMIS account, keep in mind the following:

- 60 Days – Password Expires
- 90 Days – Account is locked due to inactivity
- 120 Days – Account is deactivated and terminated

Once an account is terminated, the entire process must be followed again to again allow access to the MMIS.

You can get your password reset and account unlocked by contacting the Service Desk.

## Individual User Profile for MMIS System Access and Authorization

### Individual user profile — “User” is the person whose account is being affected

|                              |                                                                                                           |                                           |
|------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Check all that apply:</b> | <input type="checkbox"/> Add a new user ID                                                                | <input type="checkbox"/> Revoke a user ID |
|                              | <input type="checkbox"/> Modify access                                                                    |                                           |
|                              | <input type="checkbox"/> Change name on user ID <i>(New user ID will not be issued for name changes.)</i> |                                           |
| <b>Employed by:</b>          | <input type="checkbox"/> Local branch no./location: _____                                                 |                                           |
|                              | <input type="checkbox"/> Contractor: _____                                                                |                                           |
|                              | <input type="checkbox"/> Other <i>(specify)</i> : _____                                                   |                                           |

### Individual user new information

|                                                                   |                                                                     |      |                  |                     |                  |
|-------------------------------------------------------------------|---------------------------------------------------------------------|------|------------------|---------------------|------------------|
| Name <i>(print)</i> :                                             | First                                                               | M.I. | Last             | User ID:            | Effective date:  |
| Work address:                                                     |                                                                     |      |                  | City:               | State: ZIP code: |
| Email address:                                                    | Phone: _____                                                        |      | Extension: _____ | Employee ID number: |                  |
| Agency: <input type="checkbox"/> OHA <input type="checkbox"/> DHS | MMIS roles to assign <i>(specify all roles a user should have):</i> |      |                  |                     |                  |
| Program/division: {Select one}                                    |                                                                     |      |                  |                     |                  |

*(To look up codes by agency, hold “Ctrl” key and click here.)*

### Individual user old information

|                                                                   |                 |      |                  |                     |                  |
|-------------------------------------------------------------------|-----------------|------|------------------|---------------------|------------------|
| Name <i>(print)</i> :                                             | First           | M.I. | Last             | User ID:            | Effective date:  |
| Work address:                                                     |                 |      |                  | City:               | State: ZIP code: |
| Email address:                                                    | Phone: _____    |      | Extension: _____ | Employee ID number: |                  |
| Agency: <input type="checkbox"/> OHA <input type="checkbox"/> DHS | Roles assigned: |      |                  |                     |                  |
| Program/division: {Select one}                                    |                 |      |                  |                     |                  |

*(To look up codes by agency, hold “Ctrl” key and click here.)*

### Manager information

|                                                                   |              |      |                  |                 |  |               |
|-------------------------------------------------------------------|--------------|------|------------------|-----------------|--|---------------|
| Name <i>(print)</i> :                                             | First        | M.I. | Last             |                 |  | Today's date: |
| Agency: <input type="checkbox"/> OHA <input type="checkbox"/> DHS | Phone: _____ |      | Extension: _____ | Position/title: |  |               |
| Program/division: {Select one}                                    |              |      |                  |                 |  |               |
| MMIS user ID of manager:                                          |              |      |                  | Email:          |  |               |

To request addition, modification, move or deletion of user accounts to the Microsoft network ADM, fill out the DHS 0786 form.

Submit a completed, electronic copy to Service Desk (DHS.SERVICEDESK@state.or.us).

User name:

User ID:

| Administrator use only |                                  |
|------------------------|----------------------------------|
| User ID(s) assigned:   | Completed notification sent: / / |
| Revoke completed: / /  | Date created: / /                |

|                   |
|-------------------|
| Manager comments: |
|-------------------|

**Signature (If sent from manager's email account, then a signature is not needed.)**

(All requests are to be approved by a user's immediate supervisor/manager.)

|                                                                    |
|--------------------------------------------------------------------|
| Supervisor/manager (print name):                                   |
| Supervisor/manager signature:                                      |
| Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No |

|            |            |
|------------|------------|
| Phone: - - | Extension: |
| Date: / /  |            |
| Fax: - -   |            |

**Process to implement**

Must submit electronic copy to Service Desk (DHS.SERVICEDESK@state.or.us) from the manager's email account as listed on page 1.