



# Autumn 2010 SSP Medical Policy Changes



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# **One-Month Income Budgeting for OHP & HKC**

# One-month income budgeting for OHP & HKC

- Effective with the November 2010 budget month, OHP and HKC will no longer require a two-month income average
- Effective with the November 2010 budget month, begin OHP & HKC eligibility using income from the budget month only
- Includes OPC, OP6, CHIP, OPP, OPU and HKC

# **One-month income budgeting for OHP & HKC, continued**

- For example: the DOR is October 5, 2010. For the October budget month, begin with the two-month average for September and October income. If ineligible using the October budget month, float to November
- For the November budget month, use the new on-month income budgeting. Use November income only

# One-month income budgeting for OHP & HKC, continued

To determine budget month income:

- Include actual income amount already received in the budget month (if any)
- Work with client to determine how much additional income the client anticipates receiving in the budget month
- Do not annualize, average or convert income

*Note: This is the same process we already use for initial month budgeting for new MAA and MAF clients*

# **One-month income budgeting for OHP & HKC, continued**


- Can still float budget month to any month that contains one of the 45 days after the DOR
- It's OK if all of the budget month income is anticipated income only. Work with the client to determine anticipated income amount

# Anticipated income policy reminder for all SSP medical programs

- Some clients may not understand how we define anticipated income
- If the anticipated income amount on the application makes sense, accept the client's statement and narrate
- If questionable, you may need to request additional verification. Consult with a lead worker or contact a policy analyst

*Note: If the anticipated income amount space on the application is blank, call the client to get the information (pend only if unable to reach the client by phone)*



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# **New Simplified Income Verification Process for SSP Medical**

# New simplified income verification process for SSP medical

- Effective with the November budget month, the amount of documentation required to verify income is reduced
- New verification policy applies to all SSP medical programs, including OHP programs (OPC, OP6, CHP, OPP, OPU), HKC, MAA and MAF and SAC

*NOTE: BCCM and EXT are excluded from the list because workers don't verify income for BCCM or EXT eligibility*

# **New simplified income verification process for SSP medical**

- Verification is simplified
- **New process is to validate the client's statement about actual and anticipated income by verifying the source of the income.** Source of income could be a job, Social Security benefits, UC, child support and so on

# Earned income

- Except for self-employed clients, the new income verification process requires **one** pay stub per employer or other available verification such as WAGE, Work Number and other sources
- Verify the job (the source of the income) in order to validate the client's statement of earnings
- Consider: Does the client's statement about their earned income make sense?

# **New simplified income verification process for SSP medical**

- QC and SSPAT will review medical decisions made using the November budget month and later using the new policies
- They will check available information about the client's income, read the narrative and determine if the income decision made sense

# What if it's a brand new job?

- If the job is new and the client has not received any checks yet, accept the client's verbal or written statement of anticipated income

*Note: This is not a policy change*

# Verifying the source of income using a pay stub

- Use a recent pay stub for income paid in the budget month (or any pay stub from current job)
- If an applicant submits a pay stub from a prior month with the application, use it. Do not require a pay stub from the budget month

# Verifying the source of income using a pay stub, continued

- The newly revised OHP 7210 and the new DHS 945 medical pend notice will ask for pay verification from last 30 days (the DHS 415F will be revised soon to include the same wording)
- Even though the OHP 7210 and DHS 945 ask for the pay stubs, we don't need them if:
  - we can verify the source of the income **and**
  - the client's statement about their income makes sense



# **It doesn't have to be a pay stub**

If the client doesn't submit a pay stub (or can't get a pay stub) try:

- Work Number
- Wage screen
- Other documentation that verifies the job, e.g. phone call or letter from employer

# Unearned income

- Verify the income source using available screen or website information or ask for verification of one unearned income payment
- Verification may include SSA award letter or other documentation
- Consider: Does the unearned income amount make sense?

# **When no verification is available**

For both earned and unearned income, if no other verification is available, accept the client's verbal or written statement



## **Example 1:**

Client paid on the 1st and 15<sup>th</sup>. DOR is the 7<sup>th</sup>. The worker processes the application on the 10<sup>th</sup>

- For countable income calculations add actual gross income paid on the 1st and anticipated gross income for the 15th
- To verify the source of income and to validate the client statement, use a copy of the pay stub from the 1st or any verification submitted

## Example 2:

New applicant with two part-time jobs and paid by both jobs in November and December. Paid every Friday for job #1 and every other Friday for job #2. DOR is December 15

- For countable income calculations use income already received in December and anticipate income for the rest of the month
- To verify the income source and validate the client statement, ask for a pay stub from each job. If the client says “I can’t find a pay stub,” accept another form of verification

## **Example 3:**

Client has a brand new job and hasn't been paid yet

- For the countable income calculation use anticipated income for the budget month
- Do not require any verification of the anticipated income source, accept the client's verbal or written statement

## **Example 4:**

Self-employed client reports \$15,000 from their business in the budget month (under \$20,000).

The client's statement verifies the source of income.

To validate the client's income statement, document self employment income using the 859B (or similar statement) and verification such as:

- bookkeeping records
- copies of contracts
- copies of work agreements and sales receipts
- client's verbal or written statement if no other verification is available

# Comments on self-employment

- Verify the source using the client's statement of self-employment on the application or 859B
- Validate the client's self-employment income statement by asking for some additional documentation
- If there is no additional documentation available, accept the client's statement, but request the client begin to keep better business income/ & expense records



**Remember:**

**Only require additional  
documentation if questionable**



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# **New CAF SSP Medical Redetermination Process**

# **New medical redetermination process overview**

- New DHS 945 pend notice will replace the advance close notice and the redetermination packet
- The DHS 945 pend notice is sent to clients on the 15<sup>th</sup> of the month prior to month medical benefits are ending

# **New medical redetermination overview**

- New pend notice establishes a date of request (DOR) for the redetermination and is printed on the upper-right corner of the form
- The DOR will always be the 15<sup>th</sup> of the month
- The DHS 945 pend notice will display on LOGI

# New medical redetermination process overview, continued

The CM system will automatically:

- Update the DOR on the UCMS screen
- Add a Bypass End Date (BED) to the medical case

*Note: BED end date will be the month after the planned closure date. For example, if benefits are scheduled to end 12/31/10, the BED date will be 01/11.*

# **New DHS 945 SSP medical pend notice**

- DHS 945 pend notice is pre-populated (pre-printed) with information such as: household composition, name, DOB and who has TPL
- A report of the case specific information printed on the DHS 945 will be available on ViewDirect

# **New medical redetermination overview, continued**

- Each applicant's situation needs to be reviewed for all medical program eligibility factors
- The DHS 945 pend notice asks about the most common eligibility factors. For example: Has anyone moved out? Has anyone moved in? What income will the client have? TPL?
- The DHS 945 does not include every eligibility factor; review for all eligibility factors to make sure nothing is missed

# **New medical redetermination overview, continued**

- The client answers the questions on the 945 by completing and returning the 945 or calling their worker to provide the answers
- Pend notice indicates what verification the client needs to submit and the date by which the client must submit verification (the 45<sup>th</sup> day)
- Like any other pend notice, the client must return any required verification



# **New medical redetermination overview, continued**

- If the client calls, review the client's eligibility and request any necessary information
- If not already pre-listed on the DHS 945, mail a new pend notice
- If already pre-listed on the DHS 945, mail a speedy note reminder to turn in pended items

# Quick glance at DHS 945 notice

 **DHS**  
Oregon Department of Human Services  
Children, Adults and Families, Medical Assistance Program

|                  |         |              |            |
|------------------|---------|--------------|------------|
| Program:         | Branch: | Case number: | Worker ID: |
| Case name:       |         |              |            |
| Date of request: |         |              |            |

**Date of Request  
will be listed here**



## Medical Pending Notice

Your medical redetermination is coming due and medical benefits are schedule to end on xx/xxxx for:

\_\_\_\_\_ DOB: xx/xx/xxxx, \_\_\_\_\_ DOB: xx/xx/xxxx,

You need to answer the questions on this form and provide the information you give us by XX/XX/XXXX.

**Date pending items  
are due will be  
listed here**

# How to process the 945

- When the 945 and required documentation are received, process as returned pended items
- Update the CM case with the new eligibility information

*Note: The client does not have to turn in the actual 945 pend notice. They can call or e-mail with the updated case information but are still required to submit any necessary verification*

# **How to process the 945: question**

Maria and her children are receiving OPU/OPC medical which will end 11/30/10. Maria returns the 945 notice on 10/23/10 along with all the required verification. The worker reviews the 945 and verification provided and determines Maria and her children are eligible for ongoing OPU/OPC benefits.

**What next steps should the worker take?**

# How to process the 945: answer

- Recertify the case with the new eligibility information, changing the medical start date to 12/01/10 and updating the medical end dates
- Remove the BED coding
- The OPU n/r date will be: 05/11
- The OPC n/r date will be: 11/11

# When additional information is needed

- If the 945 is received and additional information is needed to make an eligibility decision, call the client. If necessary, send a pending notice requesting the information
- The pending due date is 45 days from the DOR (but must be at least 10 business days from the date the pending notice is mailed)
- The DOR and 45<sup>th</sup> day are listed on the 945 pend notice
- Pend using the GSM210A NoticeWriter notice, DHS 210A, DHS 210 or other pend notices or forms

# **Additional information needed: question #1**

Petra and her child receive MAA benefits which end 11/30. The CM system shows a 10/15 DOR and a BED with a 12/10 end date. Petra returns the 945 notice on 10/25. The worker reviews the form and eligibility screens on 11/01. Petra has a potential UC claim.

What next steps should the worker take?

# **Additional information needed: answer #1**

- Send a pend notice such as the GS0UCPD “Request to Apply for UC” requiring her to pursue the potential UC claim
- Give Petra until 11/29 (the 45<sup>th</sup> day) to pursue the UC claim



# **Additional information is needed: question #2**

- Stefan, his wife and children are receiving OPU/OPC benefits which will end 11/30. Stefan receives the 945 and calls the worker on 10/30. Stefan gives the worker his current information including telling his worker about his current job. Stefan's income information is not listed on any screen including the Work Number.

**What next steps should the worker take?**

# **Additional information is needed: answer #2**

- The 945 pending notice already informed Stefan that he must provide proof of income by 11/29. Remind Stefan that he still needs to provide a recent pay stub from his job by 11/29
- Narrate the phone call and conversation with Stefan

# **Additional information is needed: question #3**

- Sally and her child are receiving MAA benefits which will end 12/31. Sally receives the 945 and calls her worker on 11/20. Sally gives the worker her current information including telling the worker that her other child, Jack moved into the house on 11/5. Jack was born in Utah and citizenship has not been previously verified. During the phone call, the worker is able to determine Sally and her children are eligible for MAA.

**What next steps should the worker take?**

# **Additional information is needed: answer #3**

- Recertify the case with the new eligibility information, changing the medical start date to 01/01/11, updating the MAA N/R date to 12/1 and removing the BED code
- Open MAA benefits and code CIP 12/10 on Jack
- Send the CMCITPD, GSM210A, DHS 210A or DHS 210 or other form to require citizenship documentation for Jack until 12/30/10

# Cases Excluded From New Redetermination Process

- MAA/MAF cases with companion TANF cases
- SSP medical cases with a companion SNAP case expiring the same month or month before the medical case (these cases receive DHS 415F)
- Children 18 turning 19 (these clients must submit an application)
- SPD medical program cases (includes SSP OSIPM and QMB only cases)

# **MAA/MAF cases with companion TANF cases**

- These cases will be automatically renewed by the system during end of month processing
- The system will update the MAA/MAF n/r date for an additional 12 months
- When the n/r code is updated a notice will be automatically sent to the client. The notice let the client know their benefits have been renewed and remind the client to report changes

# Auto renewal coding example

Jerry and his children are receiving MAA benefits and have a companion TANF case. The MAA medical benefits are scheduled to end 11/30/10. During October end of month processing, the MAA n/r end dates and medical start dates on Jerry and his children are updated and the 1N Auto Renewal notice is mailed.

**Medical start date S 12/01/10**

**N/R MAA 11/2011**



**New OHP 7210**



# **New OHP 7210**

- The Office of Healthy Kids and an independent contractor, Centers for Health Literacy, have revised the OHP 7210 application

# **New OHP 7210, continued**

Revisions to the OHP 7210 include:

- Changes to the format and layout
- Reworded questions
- Checklist for applicants to use
- A request for the client's preferred communication method with DHS (including via e-mail)

# New OHP 7210, continued

- Basic needs statement has been removed. Do not pend for a statement of “basic needs”. If the client’s statement of actual/anticipated income is questionable, consult with an SSP medical policy analyst

*NOTE: There is no medical eligibility requirement that requires clients to explain how they are meeting their needs*

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# **Policy Clarification for Pregnant Applicants**

# **Pregnant applicant policy clarification**

- If an applicant does not qualify for any DHS medical program, but the applicant is pregnant and due within 45 days from the DOR, do not immediately deny the application
- Review anticipated income for the estimated due date month to see if the baby will qualify for CHIP or HKC

# **Pregnant applicant policy: anticipated income is 185% to 201%**

- Review to see if the baby will qualify for CHIP after birth (don't forget to check to see if the baby will have TPL)
- If prospectively eligible for CHIP, pend for notification of birth. Enter a pending CM case online and narrate
- Open CHIP medical for the baby after birth
- Newborn is not an Assumed Eligible Newborn
- Use BBCN for citizenship documentation; pend for identity verification

# **Pregnant applicant policy: anticipated income is 201% to 301%**

- Review to see if the baby will qualify for an HKC subsidy after birth for HKC (don't forget to check to see if the baby will have TPL)
- If prospectively eligible for KCA, pend the application for the baby's birth. Enter a pending CM case online and narrate
- As soon as possible (and before the birth), notify OPHP the baby will be KCA eligible when born. Send an e-mail to OPHP Info with the mother's name, case number and due date (month and year is fine if that's all you have available)

# **Pregnant applicant policy: anticipated income is 201% to 301%, continued**

- OPHP will work with the family
- DHS will open the HKC CM case by adding the baby as a KCA referral
- The client will usually notify OPHP when the baby is born. If the client calls DHS, please call OPHP immediately at 1-888-260-4555 and notify them of the baby's birth and then add the KCA referral coding to the CM case



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# **Acting on Reported Changes Rule Amendment**

# What if the client reports a change to OPHP?

- If a client reports a change to OPHP, act as though it was reported to DHS/AAA
- Effective November 1, OAR 461-170-0010 was amended to say: “A change is considered reported effective the date a client, authorized representative, or ineligible student reports the information to a *branch office* (see OAR 461-001-0000) **or to the Office of Private Health Partnerships (OPHP)**”

# Example

- On November 15, an HKC family notifies OPHP they are moving out of state. They do not contact DHS/AAA
- OPHP notifies the OHP Statewide Processing Center (branch 5503)
- Even though the family did not notify DHS/AAA, branch 5503 will send notice and close the CM case

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# **New CM System Coding for Non-citizens**

# New CM system coding for non-citizens

- Treat non-citizens as you would citizens who have not provided documentation of citizenship
- If the medical program applicant is otherwise eligible for medical has a non-citizen status that would qualify the client for full (not CAWEM) medical program benefits, do not delay issuing medical benefits
- Begin the client's non-CAWEM medical and pend for the non-citizen documentation

# New “NOP”, “NOE”, “NOD” coding

- The new NOP, NOE, NOD process for non-citizens is just like the CIP, CIE, CID process for citizens
- NOP, NOE, NOD coding is only for non-citizens who meet the alien status requirement

# New “NOP” coding

- If the applicant states a non-citizen status that meets the requirements for full benefits, pend the non-CAWEM non-citizen for verification using a pend notices such as the CMNCSPD or SPNCSPD *Pend Medical; Proof of INS Status*
- Add the NOP (Non-citizen Pend) need/resource code and case descriptor. For the end date, use the month/year the pend ends plus enough time for the 10-day notice sent by the CM on the 15<sup>th</sup> of the month (similar to how the BED end date is determined)

## New “NOE” coding

- As long as the client is trying to provide non-citizen documentation, do not end medical benefits
- If necessary, send another pend notice and update the CM record to the NOE (Non-Citizen Extended Pend) need/resource and case descriptor. For the NOE n/r end date, use the month/year the extended pend period ends



## New “NOD” coding

- The CM system will automatically send the 92B 10-day close notice and end medical benefits if the NOE coding is not removed by the worker
- The CM system will add the NOD (Non-Citizen Closed) coding during end of month processing when the NOD or NOE need/resource end date expires

## **New “NOD” coding, continued**

- If you manually close the medical instead of letting CM close it, add the NOD case descriptor to the person whose medical is ending
- Enter “D7” in the reason code and NTCE fields on the client’s UCMS screen
- CM will end benefits and send the 92B 10-day close notice

# New “NOP”, “NOE”, “NOD” coding example

Samantha applies for her daughter Jane, age 10.

Samantha says that Jane has LPR status but that she has lost Jane’s immigration card. If Jane is otherwise eligible for medical, do not delay opening her medical:

- Add the LPR and NOP need/resource codes and NOP case descriptor to Jane and send Samantha a CMNCSPD (or SPNCSPD) Pend Medical; Proof of INS Status pend notice

# New “NOP”, “NOE”, “NOD” coding example, continued

- If Samantha reports a problem in getting Jane’s immigration verification in time, update to the NOE need/resource and case descriptor and send a new pend notice
- If Samantha does not provide the LPR status verification timely and does not contact the worker, the CM system will automatically send a close notice and end Jane’s medical benefits

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# **New TPL Field on CMUP/PCMS**

# Pursuing TPL

- The state is required by federal and state law to pursue third party insurance (TPL)
- In some cases, pursuing TPL can be a safety risk because insurance carriers send EOB's (explanation of benefits) to policy holders
- In other cases, clients have other good reasons why they can't use their TPL, such as they can only use it in other states or areas that are a great travel distance

# Changes to PHI field

- To better serve the needs of our clients the PHI field in CMUP is being renamed the “TPL” (Third Party Liabilities) field
- Instead of entering a Y (for yes) or an N (for no), the TPL field will require worker to enter a number from 0 -7 for all SSP medical cases. SPD workers will be required to enter 0 – 7 when entering into CM. When using Oregon ACCESS, they will still use Y/N
- The new value number will display on the recipient panel in MMIS

# What will HIG do with the new values?

- The new 0 – 7 values will be used by HIG with the DHS 415H to determine if there is available TPL and how the TPL should be coded in the MMIS TPL subsystem for claims processing
- MMIS will pay or deny claims based on the new coding



# New TPL field values

The eligibility worker will determine what value 0 -7 should be entered. Most individuals on CMUP will have one of the following two new codes in the TPL field:

- **0 – No TPL** “0” means the client has no private health insurance. SSP cases with an “N” will be automatically converted to “0”
- **1 – TPL** “1” means the client has private health insurance that can be pursued because there are no safety concerns. MMIS will coordinate claims with the private insurance

# New TPL field values, continued

Some clients with TPL may have safety risk or there may be good cause why we can't pursue the TPL. In those cases workers will need to select one of the following:

- **2 – TPL through MOM** - Use of a “2” means there are safety concerns if the mother's TPL is pursued. Do not pursue
- **3 – TPL through Dad** – Use of a “3” means there are safety concerns if the father's TPL is pursued. Do not pursue
- **4 – TPL through Both** - Use of a “4” means there are safety concerns if the mother's and the father's TPL is pursued. Do not pursue

# New TPL field values, continued

- **5 – TPL through multiple** - Use of a “5” means there are safety concerns by multiple third party insurance carriers. Do not pursue.
- **6 – TPL through other** – Use of a “6” means the client has insurance provided by someone other than their mother or father. Do not pursue.
- **7 – TPL Other Reason Good Cause-** Use of a “7” means client the client has good cause for some other reason that does not involve a safety risk. Do not pursue

*Note: Use of codes 2-7 should only be used when there are safety concerns or other good reason why the client cannot use their third party insurance. They should not be used if a client prefers to not use their TPL and wants be enrolled in a managed care plan.*

# New TPL values: example #1

- The client reports they have TPL. There is no safety risk or good cause for not pursuing the insurance
- Code the TPL field with a “1” and send the 415H to HIG

# New TPL values: example #2

- The client says he cannot access his Veteran's coverage because the closest clinic is 45 minutes away. Consider if the client is mobile or has health or transportation issues. If you determine the Veteran's coverage is not accessible, code as a "7" in the TPL field.
- Send the DHS 415H to HIG and narrate. If residing in a mandatory area and a plan is available, enroll the client in managed care.

# New TPL values: example #3

- A family is potentially eligible for HKC. The children have health insurance, but the client calls to say the health insurance is through an absent parent and is not available in the county where they live except for emergencies. Accept the client's statement that the insurance is not available
- Send the insurance information to OPHP Info. Code the TPL field on CMUP as "7" and narrate the reasons. Complete the HKC coding
- Do not send a 415H to HIG

# Conversion to new TPL values

- Cases with an “N” in the PHI field will be converted to a “0” for November 1
- Cases with a “Y” in the PHI field will not be converted
- If there is a “Y” in the PHI field, the CM system will prompt workers to change the “Y” to 0 – 7

# Questions?

- If you are not sure about whether the insurance is available to the client or how to code the field, contact HIG.
  - ☞ By email: TPR,Referrals
  - ☞ By phone: 503-378-6233
- For access issues affecting eligibility, contact an SSP medical policy analyst (list at end of this training).
  - ☞ By email: SSP-Policy, Medical
  - ☞ By phone: See list at end of training material



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# **New PHP Exemption Process for HNA Clients**

# Exemption Process for HNA clients

- HNA clients may choose to be exempted from managed care plan enrollment
- HNA clients who choose to be exempted are currently exempted by Client Enrollment Services (CES) using the PIH (Proof of Indian Heritage) exemption code.
- Beginning November 1 workers will be able to add an HNA exemption (PIH) on the PHP screen.

# Exemption Process for HNA clients, continued

- Based on the HNA client's request, the worker will select which type of managed care plan to exempt from auto-enrollment. For example, they may select exemptions from enrollment in a Physical Health Organization (PHO), Dental Care Organization (DCO) or Mental Health Organizations (MHO)
- The MMIS "PHO Enrollment Screens" presentation on the SSP medical tools website will be revised to include SSP in the exemption process (prior to 11/1, only SPD/AAA offices could add exemptions)

# On the PHP screen, select the person to be exempted, the plan types to exempt, and ...



```
WCMW238C          PHP Enrollment Screen          11/09/2010 06:48 AM
Fast Path _____ Key _____
Case Nbr: MT0309  SSD                               More:
Case Name: SPD          FUTURE                      M          Prog Elig: P2
Enrl Req Medl: M Dent: M Ment: M  Res Zip: 97303 Res Fips: 047 Cnty: MARION

  Prim ID      Recip Name      PERC          PHP          Reas
Sel PHP/EXCL      Prov Name      Cov      Beg      End

/ BH900V1D      SPD, FUTURE M

Exempt:  EXC  _  EXD  _  EXF  x  EXM  _  EXO  _  EXP  x  Reas  pih  End  12/31/99
Msg:
F3=Exit F5=Rfrsh F6=FstPth F7=Bkwd F8=Fwd F9=Updt F10=SelAll F16=UCMS F19=W239
```


# press {F9}. “Record Successfully Updated”

```
WCMW238C          PHP Enrollment Screen          11/09/2010 06:48 AM
Fast Path          Key
Case Nbr: MT0309  SSD
Case Name: SPD          FUTURE          M          Prog Elig: P2
Enrl Req Medl: M Dent: M Ment: M Res Zip: 97303 Res Fips: 047 Cnty: MARION
More:

  Prim ID      Recip Name      PERC          PHP          Reas
Sel PHP/EXCL      Prov Name      Cov      Beg      End

  BH900V1D      SPD, FUTURE M

Exempt:  EXC  _  EXD  _  EXF  _  EXM  _  EXO  _  EXP  _  Reas  pih          End  12/31/99
Msg:  F046 Record Successfully Updated
F3=Exit F5=Rfrsh F6=FstPth F7=Bkwd F8=Fwd F9=Updt F10=SelAll F16=UCMS F19=W239
```

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**New “Client Index Person  
Contact Info” Screen**

# New “Client Index Person Contact Info” screen

- The new screen is optional
- It provides an place for SPD/AAA/SSP workers to share phone number and e-mail information that cannot be added to CM or FS screens
- Access the new screen by pressing {F4} from the client’s CI-FIND (WEBM FIND) screen

# New “Client Index Person Contact Info” screen, continued

- The new screen has fields for workers to add client phone numbers and client e-mail addresses
- The new screen has residential and mailing addresses from the client's CM or FSMIS cases

NOTE: We must still add the address/phone number to the CM/FSMIS cases. The contact screen addresses and phone numbers do not automatically update to the CM/FSMIS cases



# Example of new screen

WCIW233I Client Index Person Contact Info 11/09/2010 06:57 AM

Fast Path EB Key \_\_\_\_\_  
Last: TESTLASTNAME 1st: TESTFIRSTNAME MI:   TTL:    
SSN   Prime LK700V50 Sex F DOB:   DOD:    
Do not disclose   Type   FS   CM   Eff    
  1st 1234 Training Address St  
  2nd    
City Portland ST OR Zip 97201 FIPS   CNTY US  
Attn    
Auth Repr    
Comment: \_\_\_\_\_

Email Training.example@SSP.exm  
  Email

Typ   Time Code   Typ   Time Code    
Phone   Ext   Phone   Ext

Typ   Time Code    
Phone   Ext

F1=Help F3=Exit F5=Refresh F6=Fast Path F7=Bkwd F8=Fwd  
F13=Access 1 F14=Access 2 F15=Manual F16=Person Updt

# New “Client Index Person Contact Info” function keys

Enter a non-blank character and:

- Press {F13} to get to an update screen
- Press {F14} to see a history of contact information

If the client has both a residential and a mailing address, press {F8} to see the second address

# To get to a data entry screen, enter a character and press {F13}....

```
WCIW233I          Client Index Person Contact Info          11/09/2010 06:57 AM
Fast Path _____ EB _____ Key _____
Last: TESTLASTNAME _____ 1st: TESTFIRSTNAME _____ MI: _ TTL: _____
SSN _____ Prime LK700V50 Sex F _____ DOB: _____ DOD: _____
Do not disclose Type _____ FS _ CM _ Eff _____
X 1st 1234 Training Address St
  2nd _____
  City Portland _____ ST OR Zip 97201 _____ FIPS _____ CNTRY US
  Attn _____
  Auth Repr _____
Comment: _____
  Email Training.example@SSP.exm
  Email _____
  Typ _____ Time Code _____ Typ Phone _____ Time Code _____
  Phone _____ Ext _____ Phone _____ Ext _____
  Typ _____ Time Code _____
  Phone _____ Ext _____
F1=Help          F3=Exit          F5=Refresh       F6=Fast Path    F7=Bkwd F8=Fwd
F13=Access 1     F14=Access 2     F15=Manual       F16=Person Updt
```

# ....example of data entry screen

```
WCIW234C      Client Index Person Address Update  11/09/2010      07:14 AM

Fast Path █   EB      Key _____
Last: TESTLASTNAME      1st: TESTFIRSTNAME      MI:  _  TTL:  _
SSN _____ Prime LK700V50 Sex F      DOB:  _____  DOD:  _

Do not disclose _  Type _____ FS _  CM _  Eff _____

1st _____
2nd _____
City _____ ST _____ Zip _____ FIPS _____
Cntry US

Attn _____

Short Addr _____

Auth Repr _____ Standardized _

Comment: _____

70000I Ready
F1=Help      F3=Exit      F5=Refresh F6=Fast Path F7=Bkwd F8=Fwd      F9=Update
F14=Delete   F15=Manual F16=Person Updt      F19=Email/Phone
```

The background of the slide features a repeating pattern of stylized, light-colored leaves, possibly maple or similar, set against a warm, yellowish-gold gradient. The leaves are rendered in a flat, vector style with visible veins. The overall aesthetic is clean and professional.

# **E-mailing Clients**

# E-mailing clients

- Workers may respond to client e-mails via e-mail
- Workers may initiate an e-mail to a client IF the client has indicated they are OK with the worker sending an e-mail
- Decision notices must still be mailed

Note: Pend notices are not decision notices for medical and TANF; they may be for SNAP

# E-mailing decision notices

- By state statute, decision notices must still be mailed
- E-mails are not captured on LOGI or Notice Retention

Note: Pend notices are not decision notices for medical and TANF; they may be for SNAP

# E-mailing clients

- Enter #secure# in subject line to ensure the e-mail will be encrypted. After entering #secure#, type in a space and then the topic, for example:

To: SSP-Policy, Medical

Subject: #secure# Question about 11/1 policy

- More information is available about e-mail communications at <http://inside/asd/info-security/how-do-i.html>



# Contacts

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# Contacts

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