

Department of Human Services 2009-11 Policy Option Package

Division Name: Seniors and People with Disabilities

Program Name: The General Assistance Program

Policy Option Package Initiative: Seniors and people with disabilities live safety and independently in their communities.

Policy Option Package Title: General Assistance Program

Policy Option Package Number: 293

Related Legislation: None

Summary Statement:

This POP reinstates and restructures the General Assistance (GA) program to serve individuals with severe physical or mental disabilities who are determined by DHS to meet Social Security's disability criteria and who are likely to be eligible for Supplemental Security Income (SSI), but who are not yet receiving Social Security disability checks. The GA program would provide clients with a monthly cash grant and medical benefits through the Oregon Health Plan Plus program. DHS would recover GA cash expenditures through clients' SSI lump sum payments. The GA program would also provide case management services to assist clients through the SSA application and appeals process. This POP requires 28 positions.

WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This is to reinstate and restructure the General Assistance (GA) Program for the 2009-11 biennium. *The GA Program would serve individuals with severe physical or mental disabilities who are determined by the Department to meet Social Security's disability criteria and who are likely to be eligible for Supplemental Security Income (SSI).* The GA Program would provide clients with a cash grant of \$314 per month and medical benefits through the Oregon Health Plan Plus Program. GA clients would be required to apply for and pursue SSI benefits and sign an Interim Assistance Agreement as a condition of eligibility. The signed Interim Assistance Agreement would allow the Department to recover GA cash expenditures paid to the clients through their SSI lump sum payments. The General Assistance Program would also provide case management services to clients to assist them through the SSA application and appeals process.

The Department projects, based on historical data, that the GA Program would serve up to 1,500 clients by the close of 2011, and 2,700 clients by the close of 2013. One-third of these clients may already be receiving medical assistance through the Presumptive Medicaid Program.

The Department would promulgate rules limiting GA benefits to individuals who meet SSI disability criteria (as determined by the Department) and who would be otherwise eligible for SSI. Individuals would also be required to meet all financial and non-financial GA eligibility criteria, which would be aligned with SSI eligibility criteria. The Department reasons, that by aligning GA eligibility criteria with SSI eligibility criteria, the state would maximize recoveries for GA expenditures as a result of the offset of SSI lump sum payments a client receives when they become eligible for SSI benefits. The Department's rationale to limit GA to individuals who meet SSI disability criteria is to maximize the recovery of General Fund expenditures for the GA Program. The GA program would operate as follows:

A centralized disability determination process and regional SSI Liaison staff to assist clients with the SSA application process and subsequent Social Security appeals.

Under this version of the GA Program, the SSI Liaison Program would be reinstated. SSI Liaisons would be located regionally throughout the state. Disability Analysts would be stationed in Central Office to make GA disability determinations. Centralized disability determination would increase efficiency and decisional consistency. Clients would be required to pursue SSI appeals and sign Interim Assistance Agreements. SSI Liaisons would assist clients with SSA applications and requests for appeals, and refer clients to local attorneys as needed.

2. WHY DOES DHS PROPOSE THIS POP?

At this time, Oregonians without children who do not receive Social Security Benefits and who have severe disabilities that keep them from working are not eligible for cash assistance benefits through the Department. In addition, many of these Oregonians are not eligible for medical assistance due to binding Social Security denials. The General Assistance Program would provide both cash and medical assistance to this vulnerable population.

The Department reasons that, by aligning GA eligibility criteria with SSI eligibility criteria, the state would maximize recoveries for GA expenditures as a result of the offset of SSI lump sum payments a client receives when they become eligible for SSI benefits. The Department's rationale to limit GA to individuals who meet SSI disability criteria is to maximize the recovery of General Fund expenditures for the GA Program.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

The Department's mission is to help clients become independent, healthy and safe. The General Assistance program's combination of cash and medical assistance will help General Assistance clients gain financial

independence, improve their health due to ongoing medical care and increase safety due to through improved living conditions.

4. IS THIS POP TIED TO A DHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL DHS MEASURE THE SUCCESS OF THIS POP?

Internal measure: Nursing facility diversion – percentage of new Medicaid long-term care clients who are diverted from nursing facility care settings.

5. DOES THIS POP REQUIRE A CHANGE(S) TO AN EXISTING STATUTE OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

6. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

The Department considered reinstatement of the 2001-2003 Program, which provided local office disability determinations and representation by SSI Liaison staff at Social Security Administration Hearings for SSI benefits. This version of the program would be significantly more costly and Department oversight of local disability decision-making would be minimal at best. The proposal is a streamlined program with SSI Liaisons located regionally throughout the state, and Disability Analysts stationed in Central Office to assist in making GA determinations.

7. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

The GA Program is not currently funded, therefore things would remain status quo. The Dept would not be able to serve additional individuals in need providing a safety net work Oregonians without children who are not yet determined and receiving SSI benefits with a small cash assistance and medical card.

8. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

DHS AAA's (contract and transfers) would be affected by this POP. All SPD/AAA offices would be required to assist in the administration of the General Assistance program.

9. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

We assume that at least one-third of all new GA clients will be current Presumptive Medicaid clients.

The Department assumes, based on historical data, that the GA Program would serve up to 1,500 clients by the close of 2011, and 2,700 clients by the close of 2013.

Implementation would include a case assistance grant in the amount of \$314. 00 per month, a medical card and operating cost for staff to do the determination and follow-up.

The distribution would be as follows:

Cash Assistance \$5 million GF
GA Disability Analyst and SSI Liaisons \$3 million
OHP GA medical card \$27 million

We assume that our cash expenditure recovery rate will remain at 70%, and that it will take, on average, 18-22 months to collect recoveries. GA cash funds paid to clients are recovered from clients' lump sum SSI payments at the time of SSI Lump Sum dispersal. Only the GA cash expenditures paid to clients are recoverable. OHP and staffing costs are not offset by GA cash recoveries. GA recoveries are offset to the GA program cost.

Implementation Date(s): October 1, 2009

End Date (if applicable): Ongoing

a. Will there be new responsibilities for DHS? Specify which division(s) and describe their new responsibilities.

- Administrative Services
- Children, Adults and Families
- Division of Medical Assistance Programs

- Addictions and Mental Health
- Public Health
- Seniors and People With Disabilities

SPD/AAA local offices will be required to determine financial and non-financial eligibility for the General Assistance Program.

SPD Central Office staff will be required to determine disability status for all GA applicants who meet GA financial and non-financial eligibility requirements.

SPD/AAA local offices will be required to distribute decision notices and administer benefits (when applicable).

DMAP's OHP Plus caseload will increase.

b. Will there be new administrative impacts sufficient to require additional funding? Specify which office(s) and describe how it will be affected.

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| <input checked="" type="checkbox"/> Human Resources | <input checked="" type="checkbox"/> Payment Accuracy and Recovery |
| <input type="checkbox"/> Information Security/Privacy | <input type="checkbox"/> Investigations and Training |
| <input checked="" type="checkbox"/> Document Management | <input checked="" type="checkbox"/> Facilities |
| <input type="checkbox"/> Audit and Consulting | <input type="checkbox"/> Contracts and Procurement |
| <input checked="" type="checkbox"/> Information Services (computers) | <input checked="" type="checkbox"/> Budget, Planning and Analysis |
| <input type="checkbox"/> Financial Services (accounting) | <input type="checkbox"/> DHS Office of Communications |

Document Management: Additional OHP applications will need to be scanned and stored on the system.

Information Systems: GA specific payment codes, program codes and case descriptors will need to be added to the DHS mainframe system and Oregon ACCESS. These costs are included in the POP fiscal totals.

Payment Accuracy and Recovery: OPAR would be responsible for receipting in SSI Lump Sum payments and issuing clients' checks for the balance owed once recoveries have been collected.

Facilities: Additional staff will require procurement of additional cubicles and office equipment.

Budget, Planning and Analysis: BPA will be affected by the outflow of GA cash assistance and incoming cash assistance recoveries.

See section 9(d) for staffing impact.

- c. **Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.**

As noted above, we assume that at least one-third of all new GA clients will be current Presumptive Medicaid clients. In addition, based on historical data, we assume that the GA Program would serve up to 1,500 clients by the close of 2011, and 2,700 clients by the close of 2013.

- d. **Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.**

Additional staff will be needed to complete disability decisions, determine financial and non-financial eligibility and to provide case management services for clients seeking SSI benefits.

SPD Central Office

20 Program-Related Positions

6 DA1 Positions (1:250) - Regional SSI Liaisons to assist GA clients in the pursuit and recovery of SS

8 DA1 Positions (1:125) - Disability Analysts to make GA disability decisions

4 AS1 Positions – Clerical Support

1 OPA3

1 PEMC

5 SPD Systems Positions

1 IS8 Position (Duration: 4 months)

2 IS7 Positions (Duration: 4 months)

- 1 IS6 Position (Duration: 4 months)
- 1 OPA2 Position (Duration: 6 months)

DMAP Central Office

2 Positions

1 PSR4

1 Medical Review Coordinator

OFS- Financial Services

1 Acct. 3

e. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?

Systems modifications will include the reestablishment of GA payment codes, program codes and case descriptors in the DHS Mainframe and Oregon ACCESS.

Outreach to ongoing Presumptive Medicaid clients will be done through mass mailing.

Staff training will be offered via NetLink, regional training, and ongoing quarterly Statewide trainings.

Regarding the Department's computer systems, GA PERC codes are in the current system and could be reactivated without significant workload impact. The implementation of MMIS may affect GA PERC codes. If this is the case, additional IS work would be required.

f. What are the ongoing costs?

Ongoing costs include OHP Plus medical assistance costs, General Fund expenditures for cash assistance and staffing costs for Central office and SPD/AAA field offices.

g. What are the potential savings?

None noted.

h. Based on these answers, is there a fiscal impact?

Yes.

i. What are the sources of funding and the funding split for each one? Include grant names and fund type, such as “Medicaid, General and Federal Funds.”

Medicaid: General Fund and Federal Funds

General Assistance- Cash Assistance: General Fund

j. Contact Names: DeAnna Hartwig 947-1180 and Erika Miller 373-0775