

APD / AAA Q&A

Medical Related Payments (MRPs)

5/27/2021



APD/AAA LTC & ONE Q&A Series

Facilitator: Nate Singer, APD Deputy Director

Q&A Moderator: Trevor Waskin, APD Direct Service Manager

Presenters & Panelists for the Series

- ▶ Christine Maciel , LTSS Policy Analyst
- ▶ Donitta Booth , LTSS Policy Analyst
- ▶ **Erika Mooney, APD Medicaid Policy Analyst**
- ▶ Heather Burkus, APD Medicaid Policy Analyst
- ▶ **Hilary Thompson, ET Process Consultant - AAA**
- ▶ Katie Turner, ET Process Consultant - APD
- ▶ Lisa Bouchell, LTSS Policy Analyst
- ▶ Mat Rapoza, APD LTSS Policy Manager
- ▶ Serena Sischo, APD Medicaid Policy Analyst
- ▶ Traci Lerner, LTSS Policy Analyst

After today's session, you should be able to answer the following questions:

What payments are included in the MRP module?

What payments require leadership approval?

How to pend for verification

What notices are required for an MRP?

How to check the payment status

How does the MRP end date impact service related payments?

The goal of this session is to explain how Case Managers use the Other Payments module to issue Medical Related Payments

What are Medical Related Payments?

- ▶ Aka Special Needs Payments/Special Cash Pay
MSC 437
- ▶ Includes service-related payments and payments based on medical eligibility without services
 - ▶ Examples
 - ▶ Service-Related Payments: Room & Board; Transition & Diversion, Independent Choices Program, etc.
 - ▶ Medical Only Payments: Special Diet Allowance, Laundry Allowance, Food for Guide Dogs & Special Assistance Animals, etc.

Medical Related Payments in ONE

Description	TOA	SELG Check	Max Benefit	Recurring	Frequency Limitation	Supervisor Approval	CO Approval	Age Limit
ICP	NMAGISERV or LTCSERV	ICP	\$15,000	Yes	Cert Period	No	No	No
MAGI APD CBC R&B	MAGISERV	RES	\$617	Yes	Cert Period	No	No	>18 yrs.
CBC R&B Ongoing	NMAGISERV LTCSERV	RES	\$794	No	Cert period	No	No	No
Transition Moving Costs	MAGISERV NMAGISERV LTCSERV	Not allowed for PAC	\$1,000	No	No	No	Yes if >\$500	>18 yrs.
Transition Household Purchase	MAGISERV NMAGISERV LTCSERV	APD ICP NFC NFS KPS	\$1,800	No	No	No	Yes if >\$500	>18 yrs.

Description	TOA	SELG Check	Max Benefit	Recurring	Frequency Limitation	Supervisor Approval	CO Approval	Age Limit
Accommodation Allowance	Any OSIPM	No	\$1,000	Yes	6 months	Yes	No	No
Alarms/Sensors	MAGISERV NMAGISERV LTCSERV	APD ICP PAC KPS	\$1,000	No	No	No	Yes	>18 yrs.
Assistive Technology	MAGISERV NMAGISERV LTCSERV	APD ICP KPS	\$1,000	No	No	No	Yes	>18 yrs.
Laundry Allowance	Any OSIPM	Not allowed for PAC	\$150	Yes	Cert period	No	No	No
Food for Guide Dogs and Special Assistance Animals	Any OSIPM	No	\$50	Yes	Cert period	No	No	No

Description	TOA	SELG Check	Max Benefit	Recurring	Frequency Limitation	Supervisor Approval	CO Approval	Age Limit
NF PIF	MAGISERV LTCSERV	NFC NFS PAC MIW MFN MFW	\$64.94	No	Cert period	No	No	No
OSIPM In-Home Supplement	Any OSIPM	IHC BPA PAC	\$22	No	Cert period	No	No	No
Home Repairs	NMAGISERV LTCSERV	IHC Not allowed for PAC	\$1,000	No	Limited to \$1,000 in any 24 month period	Yes if >\$500	No	No

K-Plan Requests Requiring Central Office Approval

CA/PS



- Meet an assessed ADL or IADL need
- Ensure health & safety of Oregonian
- Increase independence and/or replace need for human assistance

SDS
3406



- Work with Oregonian to obtain 3 bids
- Email SDS 3406 and bids to kplan.requests@dhsosha.state.or.us

CO
Decision



- Central Office (LTSS Analyst) approves or denies request
- Send final invoice to CO for payment

Legacy vs. ONE changes

Some payments can now be authorized without leadership approval

ICP payments have a maximum MRP amount of \$15,000

Room and Board payments can be entered as recurring monthly payments

Nursing Facility PIF & \$22 in-home supplement are issued automatically

All Medical Related Payments are sent to the individual and no longer deducted from their liability

Issuing Medical Related Payments

Benefit Issuance

Case#	Benefit#	Client/Vendor Name	Edg#	Benefit Program	Type Of Assistance	Benefit Month	Benefit Type	Issuance Type	Allotted Amount	Issued Amount	Availability Date	Recoup Amou
				Medical	OSIPM - OAA	2021 May	Monthly Ongoing	Check	\$112.00	\$112.00	05/01/2021	\$0.
				Medical	OSIPM - OAA	2021 April	Monthly Ongoing	Check	\$112.00	\$112.00	04/01/2021	\$0.
				Medical	OSIPM With Services	2021 March	Monthly Ongoing	Check	\$110.00	\$110.00	03/01/2021	\$0.
				Medical	OSIPM - OAA	2021 March	One Time	Check	\$6.00	\$6.00	03/02/2021	\$0.

Case Contact Information

Representative

Name	Address	Contact Information	Representative Type	Start Date
			Authorized Representative	11/01/2020

- Add/Reapply Program
- Reprocess Application
- Processing Timeframe Extension
- Withdraw/Discontinue Program
- Request Special Circumstance
- SFPSS Referral
- JOBS Plus
- LTC Hardship Waiver
- Request DSNAP
- Capture Signature
- View Enrollments
- Print Application
- Other Payments Summary**



< Back to Case Summary

Application Registration

Data Collection

Eligibility Determination

Other Payments

Other Payments Summary

Other Payment Summary

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TANF Child Care Request

TANF Child Care Details

Payment Request

Payment Details

Medical Related Payments Request

View Inactive Records

For actual payment details information, please see the Benefit Details screen.

Individual Name	Payment Type	Amount	Recurring	Request Status	Authorized?	Start Date	Requested End Date	Actual End Date	Actions
	13 - CBC FAC R&B Ongoing PMT	\$112.00	Yes	Issued	Yes	04/01/2021	05/31/2021		
	13 - CBC FAC R&B Ongoing PMT	\$6.00	No	Issued	Yes	03/01/2021	03/31/2021		
	13 - CBC FAC R&B Ongoing PMT	\$112.00	Yes	Discontinued	Yes	02/01/2021	02/28/2021	02/28/2021	 
	13 - CBC FAC R&B Ongoing PMT	\$112.00	No	Issued	Yes	02/01/2021	02/28/2021		
	13 - CBC FAC R&B Ongoing PMT	\$110.00	Yes	Discontinued	Yes	11/01/2020	03/31/2021	03/31/2021	

+ New Medical Related Payment Request

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Application Registration

Data Collection

Eligibility Determination

Other Payments

- Other Payment Summary ✓
- TANF Child Care Request
- TANF Child Care Details
- Payment Request ✓**
- Payment Details

Payment Request ?

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Payment Details

Name *

Individual ID

Payment Type *

Issue To *

Is the payment needed to accept a job offer *

Payment Frequency * Single Payment

Monthly Recurring Payment

Date of Request *

Period Begin Date *

Period End Date *

Issuance Amount *

1

Evaluate

Payment Evaluation



Month	Authorized?	Request Status	Amount	View RFI	Notice Reason	Overridden?	Override
No records found to be displayed.							

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- ▶ Clicking next from the Payment Request screen will bring you to the Payment Details screen
- ▶ Clicking submit finalizes the request and will generate a task for leadership approval if required

Payment Details  

[Previous](#) [Submit](#)

Payee Details

Client Name		Issuance Type	Check
Authorized Payee	last,first or business name	Two Party Check Type	Not Applicable
Vendor Name*		Check Memo	Room and B
Business Name			
Vendor Id			
Payment Notes			

Payee Address

Case Mailing Address

Is the payee address same as the case mailing address?* No

Address Line 1 *		State *	OREGON
Address Line 2		County *	DESCHUTES
City *	REDMOND		
Zip Code *	97756		
Payee Phone #		Ext	

Payment Approval

Worker Name		Review Request Date	03/01/2021
Overridden	No	Override Notes	
Reviewer Approval Status *	Approved	Denial Reason	
Reviewer Notes			
Reviewer Name		Date Action Taken	

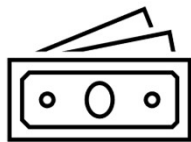
View History

[Previous](#) [Submit](#)

One-Time and Recurring Payments

One-Time Payments

- ▶ Enter the end date as the last day of the payment month
- ▶ Enter issuance amount
- ▶ No future MRP's for one-time payments



Recurring Payments (Monthly)

- ▶ Enter end date as the end of the *medical* certification period
- ▶ Enter initial and ongoing issuance amounts
- ▶ If a recurring payment is ending, do not extend the end date. Instead create a new payment record with the new dates



Overriding MRP Denials

- ▶ Eligibility is based on service category, medical TOA, and authorization dates
- ▶ ONE checks for eligibility when **Evaluate** is clicked
- ▶ ICP and MAGI

Month	Authorized?	Request Status	Amount	View RFI	Notice Reason	Overridden?	Override
June 2021	No	Denied	\$1772.07	View RFI Details	Failed TOA Check	No	<input type="button" value="Override"/>
May 2021	No	Denied	\$1772.07	View RFI Details	Failed TOA Check	No	<input type="button" value="Override"/>

Override Request ?

Evaluation Details

Month: June 2021
Amount: \$1772.07
Status: Denied
Notice Reason: Failed TOA Check

Overridden Request Status:

Category of Assistance:

Override Reason:

- OSIPM With Services
- OSIPM - CAWEM Plus
- OHP Plus Assumed Eligible Newborn
- OSIPM - OAA
- OSIPM - Disabled Adult Child
- OSIPM - Pickle
- OHP Plus-Cover All Kids Children's Health Insurance Proeram

Override Notes:

Request for Direct Deposit - A Safer, Easier Way to Put Your Benefits in Your Bank Account

Program(s)	Branch	Worker ID
Case Name		
Direct Deposit Case Number(s)		
CM:	FS Cash Out:	

The Department of Human Services (DHS) offers direct deposit. That means DHS can deposit your benefit right into your bank or credit union account.

Direct deposit is free. Once it is set up, there is nothing else you need to do.

Direct deposit can:

- Save you time and money by ending the need for special trips to make deposits. You can avoid traffic, waiting in line or going out in bad weather.
- Save you the worry of losing money. You will always know that your benefits will go directly into your account

Signing up for direct deposit is voluntary. You may cancel at any time by notifying your worker.

To sign up for this service

- Complete the non-shaded part. Be sure to sign your name on the signature line.

Authorization

By signing this form, I authorize you to make deposits into my account at the below named bank or credit union.

Please Print Your Name	Social Security Number
Signature	Date

- Have your bank or credit union complete the shaded portion.

Account Name	Routing No.	Account No.
Financial Institution	Type of Account (check one only) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Employee Initials

- Original Signature required - No Faxes or copies.
- Attach a check with VOID written on it.
- When completed, send the entire form to:

Client Maintenance
PO Box 14850
Salem, OR 97309-0850

It takes about 30 days for processing before DHS makes a deposit.

Types of Payments

- ▶ Paper Check
- ▶ Electronic Funds Transfer (EFT)
- ▶ Revolving Fund Check

Pending for Verification

Most service-related payments don't require verification (ex: R&B, Transition & Diversion, etc.)

Eligibility Workers use the Manual Pend task to pend for payments requiring verification

Enter *MRP* *after* verification has been received

Viewing Payment Status and History

The screenshot displays the Oregon Eligibility system interface. At the top, there is a navigation bar with the Oregon Eligibility logo and various menu items: Home, Application/Case, Inbox, Inquiry, Correspondence, Tools, Benefit Management, Quick Search, Calendar, and Recent Cases. Below this, there are tabs for 'Benefit Issuance' and 'Benefit Recovery'. The main content area is titled 'Benefit Inquiry' and features a 'Search Criteria' section with input fields for Case #, Individual #, Benefit Program, Benefit Type, Benefit Begin Month, and Benefit End Month. A dropdown menu for 'Related Payment' is open, showing options like 'Employment Payments', 'LIHEAP', 'CASH - Support Service Paymer', 'Medical Related Payments' (selected), 'TADVS', 'Medical - Special Needs', and 'SNAP Emergency Allotment'. Below the search criteria, there is a section for 'Inquiry Results (For act...)' with a note: 'ation, please see the Benefit Details screen'. The results are presented in a table with the following columns: Client/Vendor Name, Benefit Program, Benefit Month, Benefit Type, Benefit Amount, ONE Recoupment Amount, Issued Amount, Approved By, Processing Status, Failure/Cancellation Reason, and Payment Status. Two rows of results are visible, both showing 'Medical Related Payments' for 'May 2021' and 'April 2021' respectively, with a 'Processing Status' of 'Issued' and a 'Payment Status' of 'Outstanding'. The 'Processing Status' and 'Payment Status' columns are highlighted with red boxes.







Client/Vendor Name	Benefit Program	Benefit Month	Benefit Type	Benefit Amount	ONE Recoupment Amount	Issued Amount	Approved By	Processing Status	Failure/Cancellation Reason	Payment Status
1101	Medical Related Payments	May 2021	Monthly Ongoing	\$112.00	\$0.00	\$112.00	ONEBMBT0032	Issued		Outstanding
1101	Medical Related Payments	April 2021	Monthly Ongoing	\$112.00	\$0.00	\$112.00	ONEBMBT0032	Issued		Outstanding

Canceling Payments

Other Payments Summary ?

Medical Related Payments Request

For actual payment details information, please see the Benefit Details screen.

Individual Name	Payment Type	Amount	Recurring	Request Status	Authorized?	Start Date			
	B6 - SDSA Independent Choices	\$1772.07	Yes	Approved	Yes	06/01/2021			
	B6 - SDSA Independent Choices	\$1772.07	Yes	Denied	No	05/01/2021			
	B6 - SDSA Independent Choices	\$1772.07	No	Issued	Yes	05/01/2021			
	W1 - Assistive Technology	\$100.00	No	Denied	No	05/01/2021	05/31/2021		
	42 - Moving Costs	\$100.00	No	Approved	Yes	05/01/2021	05/31/2021		
	B6 - SDSA Independent Choices	\$1772.07	Yes	Issued	Yes	02/01/2021	04/30/2021	04/30/2021	
	B6 - SDSA Independent Choices	\$1857.80	Yes	Discontinued	Yes	11/01/2020	01/31/2021	01/31/2021	

+ New Medical Related Payment Request

< Previous **Save** Next >

Case Note Addition ?

Category * Benefit Issuance

Mark Case Note as Secure

Comments *

B *I* U       

Action 1 :
The Other Payments Summary of [redacted] was deleted because added in error

Reset Cancel **Save**

1

2

3

Process for payments that require Central Office or Leadership Approval

- ▶ After the worker submits the Medical Related Payment, ONE will generate a task as appropriate for Central Office or Leadership Approval
- ▶ A task is generated for Central Office, or a Manager
- ▶ Leadership tasks are worked regionally, so anyone in the district can technically work these tasks

▼ Retrieve Task

Based on Search Criteria Based on Priority (Top Tasks)

Queue *

Language

Program Medical CASH SNAP
 ERDC TA-DVS

Case Office

Created Agency

Number of Tasks to Retrieve *

Task Name DSNAP Override
 Manual Cash Issuance
 Payment Approval - Supervisor
 TADVS Payment Approval - Supervisor
 Trainee Case Review

Created District

Created Office

Note: Tasks retrieved will be assigned to you and moved to your inbox

[Retrieve Task](#)

Searching for Tasks in Inquiry

Inquiry Task Search ?

Service Eligibility

Task Search

Reservation List

Document Upload

Electronic Document Inquiry

SDX Daily Update Summary

Lottery Winning

LIS Referral

BENDEX Inquiry

RIDP Status Update

Announcements Inquiry

Program Compliance Questions

40 Qualifying Quarters

SEBTC

Application/Case Task History

Child Support Financial Information

Child Support Absent Parent Information

Search Criteria

Case # **Lookup**

Application # **Lookup**

Individual # **Lookup**

Assigned To **Lookup**

Client First Name

Date Of Birth 15

Date Received From 15

Due Date From 15

Date Completed From 15

Task ID

Document #

Case Office

Created Office

Client Last Name

SSN

Date Received To 15

Due Date To 15

Date Completed To 15

Task Status

- New
- Assigned
- In Progress
- On Hold
- Complete

Advanced Search Criteria

District

Queue





- Application
- Renewal
- Information Received
- Administrative Support
- Leadership
- Centralized Functions

Priority P1 P2 P3

Task Name

- CASH Immediate Issuance Payment Approv
- DSNAP Override
- Manual Cash Issuance
- Payment Approval - Supervisor
- TADVS Payment Approval - Supervisor
- Trainee Case Review

Search Results Records: 47

Select	Action	Task Name	ID	Client Name	Task Status	Due Date	Assigner
<input type="checkbox"/>	 Start	Payment Approval - Supervisor			New	09-28-2020	
<input type="checkbox"/>	 Start	Payment Approval - Supervisor			New	10-05-2020	
<input type="checkbox"/>	 Start	Payment Approval - Supervisor			New	10-05-2020	
<input type="checkbox"/>	 Start	Payment Approval - Supervisor			New	10-23-2020	
<input type="checkbox"/>	 Start	Payment Approval - Supervisor			New	10-23-2020	

Clicking 'Start' brings the user directly to the Other Payments Summary screen.

Other Payments Summary  

Medical Related Payments Request View Inactive Records

For actual payment details information, please see the Benefit Details screen.

Individual Name	Payment Type	Amount	Recurring	Request Status	Authorized?	Start Date	Requested End Date	Actual End Date	1 Actions
	42 - Moving Costs	\$825.00	No	Supervisor Approval Required	No	09/17/2020	09/17/2020		 

+ New Medical Related Payment Request

Payment Request

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Payment Details

Name *	<input type="text"/>	Individual ID	<input type="text"/>
Payment Type *	42 - Moving Costs	Issue To *	Third Party Payment
Is the payment needed to accept a job offer *			
Payment Frequency *	<input checked="" type="radio"/> Single Payment	<input type="radio"/> Monthly Recurring Payment	
Date of Request *	09/25/2020	Period End Date *	09/17/2020
Period Begin Date *	09/17/2020		
Issuance Amount *	\$825.00		
Evaluate			

[View History](#)

Payment Evaluation

Month	Authorized?	Request Status	Amount	View RFI	Notice Reason	Overridden?	Override
September 2020	No	Supervisor Approval Required	\$825.00	View RFI Details			Override

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Payee Address

Case Mailing Address [Redacted]

Is the payee address same as the case mailing address? No

Address Line 1 [Redacted]

Address Line 2 [Redacted]

City GRANTS PASS State OREGON

Zip Code 97528 County JOSEPHINE

Payee Phone # [Redacted] Ext [Redacted]

Payment Approval

Worker Name [Redacted] Review Request Date 09/25/2020

Overridden [Redacted] Override Notes [Redacted]

Reviewer Approval Status Approved

Denial Reason [Redacted]

Reviewer Name Erika Mooney Date Action Taken 05/25/2021

View History

Previous Submit

On click of 'Submit', the user will be brought back to the Other Payment Summary. Here you can see the payment now shows the updated Request Status as 'Approved' and Authorized? as 'Yes'.

Other Payments Summary

< Previous Save Next >

Medical Related Payments Request View Inactive Records

For actual payment details information, please see the Benefit Details screen.

Individual Name	Payment Type	Amount	Recurring	Request Status	Authorized?	Start Date	Requested End Date	Actual End Date	Actions
[Redacted]	42 - Moving Costs	\$825.00	No	Approved	Yes	09/17/2020	09/17/2020		

MRP Notices

Reset		Print		Save as	
		Branch:	Prime:	Pgm:	DOB:
Case name:			Date of notice:		
Worker name:			Phone number:		

Notice of Eligibility and Responsibility

OAR 410-120-0006

Effective _____, you are approved for the benefits that are marked below. You will receive these benefits as long as you meet all eligibility requirements. If you have a liability, you must pay the full amount each month to be eligible for benefits. If you do not pay the full amount, you may have to repay DHS/OHA for all benefits received that month. Please call if you have any questions. See page 3 of this form for your hearing rights.

Medical benefits – you have been approved for medical benefits and will receive a separate notice regarding that decision.

Cash benefits – you are eligible as follows: Initial month \$ _____.
ongoing months \$ _____. Oregon Administrative Rules:
choose one _____

In-home care – (See attached Pay-in Calculation Worksheet.)

You have a pay-in (*liability*) that must be paid to the department by the 10th of each month.

First month \$ _____, ongoing months \$ _____.

Oregon Administrative Rules: 411-015-0015, 461-160-0610, 461-160-0620, 461-185-0050.

You do not have a pay-in (*liability*).

Along with your in-home care, you have the following monthly services:

_____ miles of transportation reimbursement. Oregon

Administrative Rules: 411-030-0055, 411-030-0070.

Adult day services _____ ½ days, _____ full days.

Home delivered meals.

Contract RN services.

Reissuing Checks

- ▶ Review payment status in ONE
 - ▶ If check is outstanding, it can be replaced by completing the *Affidavit Concerning Lost Check* (MSC 138A) form
 - ▶ Send the MSC 138A to DHS Forgery Services at 500 Summer St NE E85 Salem OR 97301
 - ▶ If check is paid, call DHS Forgery Services at 503-945-5640 for a payment alert and forgery packet
 - ▶ DO NOT REPLACE THE CHECK



SHARED SERVICES
Financial Services
Affidavit Concerning Lost Check
(Pursuant to ORS 293.475)
Use blue ink.



Check number:	Date of check:	Amount of check:	Payment alert no.:	Program:	Branch:	Payee ID:	Wkr ID:
<input type="checkbox"/> Check not replaced <input type="checkbox"/> Check replaced by terminal <input type="checkbox"/> Check replaced by revolving fund Replacement check number: _____				Payee name: _____ Mailing address: _____ City and state: _____			
Identification:		1. _____		2. _____			

Penalty warning

It is very important to give true and complete information. The department checks the information you give to see if it is true. If it isn't, we will collect any overpayment you get because of it. We may take a person to court or hold a special hearing. This is so we can prove whether a person made false statements or withheld facts on purpose. Persons who receive benefits and are found guilty won't get benefits for 12 months the first time this happens. The second time it happens the person won't get benefits for 24 months. The third time, the person won't ever get benefits again. The person can also get fined up to \$10,000, put in prison for up to 5 years or both. The person may go to court under other federal laws.



Information below to be completed by the payee

Federal ID/SSN (vendors only): _____

Checks: Not received Destroyed Lost Stolen Report to Police if stolen

If the check listed above was lost, stolen or destroyed: I did not endorse it I did endorse it

I, _____, being first duly sworn, say: I reside at _____, in the city of _____, state of _____

Check or payment was due to me from the Department of Human Services (DHS) of the State of Oregon on or about the _____ day of _____, 20____. Neither I nor anyone on my behalf has received benefit from this check. I complete this form so I can get a replacement check for DHS. I understand I must return the first check to DHS if I get it. There will be an overpayment if I cash it.

If the first check is cashed, I will examine the signature of the original endorser. If I believe that it is not mine, I will put my belief in writing. If DHS must defend a legal action for payment of the first check, I will appear as a witness. A court can order DHS to pay for the first check. When this happens, DHS may ask me to pay back the value of the replacement check. I have read the above penalty warning and understand the penalty for giving false information.

Payee signature: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary public signature _____ for the State of _____

My commission expires _____

MSC 0138A (Rev 06/13)

Distribution: Original-Forgery Desk (IC/Forgery Services); Copy-Clear Record; Copy-Financial desk; (DR)

Medical Related Payment Report - Mid Month and End of Month

Schedule: Scheduled for mid month and end of month

Audience: Case Managers and Eligibility workers issuing MRP's

Purpose: Allows Case Managers and Eligibility Workers to review Medical Related Payments that are ending in the current and next month

Action Needed: Payments that should not end must be started again in ONE

Oregon Eligibility													
Medical Related Payment Report – End of Month												Report Refresh Date : 3/28/2021 12:00:19 AM	
Year: 2021		Month: March											
Notice: This report contains private information that is privileged or confidential. CJIS security policy and DHS-OHA privacy/confidentiality policies apply. Do not share this report with unauthorized users or for unauthorized purposes. Per CJIS Security Policy: You are accessing a restricted information system; usage of this system may be monitored, recorded, and subject to audit; unauthorized use of the system is prohibited and may be subject to criminal and/or civil penalties; use of the system indicates consent to monitoring and recording. Lock or log off your workstation when you step away by hitting Ctrl/Alt/Delete and selecting "Lock this computer" or "Log off." If you believe that confidential or sensitive information has already been disseminated to non-DHS/OHA staff, contact the Information Security and Privacy Office (ISPO) at DHSinfo.security@state.or.us or 503-945-6812 to notify them of the misdirected information.													
District	Branch Number	Casenumbr	Case First Name	Case Last Name	Individual ID	First Name	Last Name	Payment Start Date	Payment Type	Payment Amount	Last Successful Payment Date	Discontinuance Date	DISCONTINUANCE CODE
District 2	2518 - Portland West AAA							03/26/2021	Direct Deposit	2274.86	03/26/2021	03/25/2021	Support Services have Ended
District 2	2518 - Portland West AAA							02/23/2021	Direct Deposit	9999.99	03/26/2021	03/18/2021	Failed SELG Check

APD Cash Issuance Report

Schedule: Scheduled for the first of each month

Audience: APD/AAA Branch Leadership

Purpose: This report allows users to see all APD payments that were issued for the selected month.

Action Needed: This is an informational report only, no action is required.



APD Cash Payment Issuance List Report



Report Refresh Date : 05/01/2021
04:35 AM

YEAR: 2021 MONTH: April DISTRICT: BRANCH: All

District	Branch	Type of Assistance	Case Number	Case First Name	Case Last Name	Immediate Vs Batch Payment	Benefit Amount	Method Of Payment	Manual Issuance	Comments	Issued By	Approved By
Null	5514 - Central Office	OSIPM-SSI				Batch Payment	\$22.00	Check	No	NULL		
Null	5514 - Central Office	OSIPM-SSI				Batch Payment	\$22.00	Check	No	NULL	Systematic Change	Systematic Change
Null	5514 - Central Office	OSIPM-SSI				Batch Payment	\$2312.77	Direct Deposit	Yes	NULL	Systematic Change	Systematic Change

Troubleshooting Payments

- ▶ ONE Case is up for renewal
- ▶ Medical benefits have closed
- ▶ TOA mismatch
- ▶ Need to hit **Next** and **Submit**, otherwise payment has not been sent

Payment Request  

< Previous Next >

Payment Details

Name *

Individual ID

Payment Type * B6 - S0SD Independen

Issue To *

Is the payment needed to accept a job offer *

Payment Frequency * Single Payment Monthly Recurring Payment

Date of Request * 05/05/2021

Start Date * 05/01/2021

Requested End Date * 01/31/2022

Initial Issuance Amount (This is the amount that will be issued on the day of payment approval) * \$1772.07

Initial Issuance Reduction Reason

Ongoing Issuance Amount * \$1772.07

[Evaluate](#)

[View History](#)

Payment Evaluation

Month	Authorized?	Request Status	Amount	View RFI	Notice Reason	Overridden?	Override
June 2021	No	Denied	\$1772.07	View RFI Details	Failed TOA Check	No	Override
May 2021	No	Denied	\$1772.07	View RFI Details	Failed TOA Check	No	Override

< Previous Next >

What questions do you have?

Please type your questions into the broadcast text box and our moderator will ask the panel

Session	Date
Renewals in ONE	06/03/2021
Wrap up: Review & Open Q&A	06/10/2021

APD/AAA LTC & ONE Q&A Series