

# Information Memorandum Transmittal Office of Self-Sufficiency Programs



Vivian Levy, OHA Business Director - IE & ME  
ONE Project, Health Systems Division, Oregon  
Health Authority

Erika Miller, Interim Administrator – APD Medicaid  
Financial Eligibility, DHS Aging and People with  
Disabilities

**Number:** SS-IM-19-013

**Issue date:** 12/17/2019

---

**Authorized signature**

**Topic:** Medical Benefits

**Due date:** 12/17/2019

**Subject:** Revision of OHP 7210 Application Packet Materials

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees                             | <input type="checkbox"/> County Mental Health Directors  |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B     | <input type="checkbox"/> Health Services   |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental<br>Disabilities Services (ODDS)                     |
| <input checked="" type="checkbox"/> Self Sufficiency Programs          | <input type="checkbox"/> ODDS Children's Intensive In<br>Home Services                               |
| <input type="checkbox"/> County DD program managers                    | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)  |
| <input type="checkbox"/> Support Service Brokerage Directors           | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): CAF-<br>Transmittals - SS Group |
| <input type="checkbox"/> ODDS Children's Residential Services          |  |
| <input type="checkbox"/> Child Welfare Programs                        |  |

**Message:**

The Application for Oregon Health Plan (OHP) Benefits packet has been revised. The OHP Application packet includes the [OHP 7210](#) (application) and the [OHA 9025](#) (application guide).

**Background info**

The Oregon Health Plan application ([OHP 7210](#)) has been revised. The application was reviewed by a large group of stakeholders, including applicants, advocates, community partners, providers, managed care organizations, and others.

The new versions will be available on the [Forms Server](#) beginning January 1, 2020.

Every DHS/AAA branch office and OHP-certified Community Partner facility will receive a box of English and Spanish application packets the week of December 30, 2019. When you receive your new application packets, please recycle all old stock.

OHP Application packets in languages other than English and Spanish will be available for order starting the week of January 7, 2020.

## Summary of changes:

### Required questions

Questions required for an eligibility determination are now marked with a star. This will allow applicants to quickly identify the information that must be included on the application.

- **Required information** — Questions marked with a star "★" are required. If you do not answer "★" questions, your application will be delayed.

### Who to include on the application

Instructions about who to include on the application were updated to provide additional detail and clarity.

### Sex and gender identity

The sex question now asks for the sex identified on the applicant's original birth certificate. An optional gender identity question was added to collect information that will assist the agency in providing care that best suits the needs of the applicant.

*Note: Gender identity information will not be collected in the current ONE system but will be in the integrated ONE system.*

---

★ 2. Birthdate:   /   /     Sex on original birth certificate:  Male  Female

---

3. Gender identity:  Male  Female  Trans Male (FTM)  Trans Female (MTF)  Not listed  
 Gender Non-Binary/Two Spirit  Decline to answer  Other: \_\_\_\_\_

---

### Deceased household member

A question was added to determine eligibility for a recently deceased household member.

---

16. **Has a household member recently died? You may be able to get help paying for their medical bills.** If you would like to request help paying for their medical bills, please give us the following information and add their information to **Step 2 (page 10)**.

- a. First/last name: \_\_\_\_\_ Birthdate: \_\_\_\_\_
- b. Date of death: \_\_\_\_\_
-

## Social Security Number (SSN) requirement

Language in the SSN question for each individual has been revised to ensure applicants understand that submitting an SSN is optional if they are not applying for benefits. Additional language was added to ensure applicants know they can ask the agency for help if they need or want to apply for an SSN.

Federal regulations require the state to assist individuals with applying for a social security number. If an applicant requests help, we should:

- Help them locate a local social security office; and
- Provide information about calling SSA (1-800-772-1213) or visiting their website ([www.socialsecurity.gov](http://www.socialsecurity.gov)).

---

### ★ 4. If you are applying for OHP benefits for yourself, do you have a Social Security number (SSN)?

An SSN is required for everyone who is applying for health benefits and who has one. Giving us an SSN is optional if you are not applying. But giving us an SSN can speed up the application process.

If you need help getting an SSN, we may be able to help. You can call us at **1-800-699-9075**. You can also visit **www.socialsecurity.gov**, or call the Social Security Administration at **1-800-772-1213** (TTY 1-800-325-0778).

#### Are you providing an SSN?

- YES, what is your SSN:
- NO, tell us why not:  Applied for SSN but have not received it yet  Newborn without an SSN
- Have an SSN but do not know the number  Do not have an SSN but will apply for one
- Do not have an SSN due to religious reasons  Not applying for benefits
- I have an SSN but do not want to provide it (*this choice will result in a denial of benefits*)  Other
- 

## Questions and appendices to support non-MAGI eligibility

The integrated ONE system will determine eligibility for both MAGI and non-MAGI benefits. If an individual is determined potentially eligible for a non-MAGI program, they will need an interview. To better serve these applicants and help them prepare for the interview, questions that will be asked at the interview are included in Appendix A. The question below was added to the application to help individuals to self-identify when they might need to complete Appendix A.

*Please note: Continue to follow the APD referral process. If Appendix A is completed, send it to APD when making the referral.*

---

### 18. Is anyone in your household who is applying for benefits:

- Receiving or eligible for Medicare
  - 65 or older
  - Requesting long-term care services
- YES  NO

**If YES**, we may need to review eligibility for programs based on age or being blind or disabled. We will need you to answer the questions in **Appendix A** (page 39) if we review for those programs. You don't have to answer the questions in Appendix A now, but it may speed up the application process.

---

## Non-citizen questions

Based on feedback from stakeholders, including applicants and community partners, questions were added to the non-citizen section. These questions will ensure the applicant's self-attested immigration status is accurately recorded into ONE.

- ★ 25. Do you have one of the immigration statuses listed below?  YES, complete a–h.  NO, answer “h” below.

Answer “Yes” if your status is listed below.

- Lawful Permanent Resident (LPR)
- Refugee
- Asylum Granted or Pending
- Paroled – granted for at least one year
- Paroled – granted for less than one year
- Paroled as a Refugee or Asylee
- Other Immigration Status
- Approved or Pending Prima Facie Determination (*Battered Spouse, child or family member*)
- COFA – Citizen of Compact of Free Association (*Micronesia, Marshall Islands, and Palau*)
- Conditional Entrant
- Cuban/Haitian Entrant or Parolee
- Special Immigrant Visa Holder (SIV)
- Nonimmigrant visa holder
- Victim of Human Trafficking or family member (*T-visa*)
- Canadian Born Indians (*at least 50%*) or enrolled member of a U.S. Indian Tribe
- Amerasian – Vietnamese
- Visa Petition Approved — Pending Application for Adjustment of Status

a. Immigration status: \_\_\_\_\_

You don't have to answer the questions b–g below about your immigration document now. But giving us information now may help us process your request for health coverage more quickly.

b. What date was this status granted: \_\_\_\_\_

c. Immigration document type: \_\_\_\_\_ Card or document number: \_\_\_\_\_

d. Document expiration date: \_\_\_\_\_ A# or USCIS#: \_\_\_\_\_

e. If you are a Lawful Permanent Resident (LPR), have you ever held one of the statuses listed below?

- Refugee
- Asylee
- Amerasian-Vietnamese
- Cuban/Haitian entrant or Cuban/Haitian parolee
- Paroled as a refugee or asylee
- Iraqi or Afghan special immigrant
- Victim of trafficking (*T-visa*)

f. Did you enter the U.S. before 8/22/1996?  YES  NO

g. Are you, your spouse (*alive or deceased*) or a parent an honorably discharged veteran or an active duty member of the U.S. military?  YES  NO

★ h. Have you been approved for Withholding of Removal or Deportation Being Withheld?  YES  NO

## Clarification and more information about income

The most frequent request for additional applicant information relates to income. In order to clarify the income section, the following changes were made:

- Questions were added and revised to align with how information is entered into ONE for all income and deduction sections.
- A separate question about annual income was added to align with how information is entered into ONE. This information will ensure the gap-filling annual income test can be performed and that the income of tax dependents can be accurately considered.
- A note about sending proof of income with the application was added.
- Added explanations for terms like “gross wages” and “gross income.”

## Safety questions

Questions were added to identify when an applicant may have a safety concern. If an applicant indicates a safety concern, share domestic violence resources and information about other agency benefits, as applicable.

*Note: Safety information will not be collected in the current ONE system but will be in the integrated ONE system.*

---

5. Do you need to get away from an abusive or unsafe situation?  YES  NO

---

6. Does your partner make you afraid by threatening, yelling or physically hurting you or your children?  
 YES  NO

---

## Pursuit of Assets

Oregon is required by federal regulation to pursue certain assets if an applicant is eligible for benefits. For MAGI programs, we can collect information during the application process and follow-up post-eligibility, to ensure they pursue the asset. Questions were added to support the pursuit of assets requirement.

---

★ 10. Anyone who applies for OHP will be required to apply for and use other benefits they may be eligible for. Below are examples of other benefits:

- Unemployment Compensation
- Veterans' benefits
- Workers' compensation
- Annuities
- Social Security for retirement, survivors or based on a disability
- No-fault personal injuries that you can get a settlement for (*these can happen at work, at home or in a vehicle*)

★ Is anyone potentially eligible for a benefit listed above?

YES, complete the table below.  NO, go to question 11.

First/last name: _____	Birthdate: _____
------------------------	------------------

Benefit type: _____
---------------------

Has this person applied for this benefit yet, or has the settlement claim been approved? <input type="checkbox"/> YES <input type="checkbox"/> NO
---

First/last name: _____	Birthdate: _____
------------------------	------------------

Benefit type: _____
---------------------

Has this person applied for this benefit yet, or has the settlement claim been approved? <input type="checkbox"/> YES <input type="checkbox"/> NO
---

---

## Notice of Privacy Practices

The DHS/OHA Notice of Privacy Practices ([MSC 2090](#)) has been added as Appendix C to the [OHP 7210](#) and removed from the [OHA 9025](#).

## Absent parent information

Questions were added to collect information about absent parents.

★ **15. Does anyone under 19 have a parent who is not included on the application?**

YES, answer the questions below.  NO, skip to **Step 5** (page 27).

If you are applying for anyone under 19 years old and they have a parent who is not included on the application, you need to work with Oregon's Child Support Program. The Child Support Program will ask you for more information about this child's parent.

You do not have to work with Oregon's Child Support program if you think it will be unsafe for you, the child, or other household members. You can tell us if it is unsafe below in "b."

a. **First/last name of the child who has at least one parent not listed on this application:**

\_\_\_\_\_ Child's birthdate: \_\_\_\_\_

b. **Do you think this child's parent may harm you or the child if the Child Support Program tried to establish paternity or pursue child support?**  YES  NO

a. **First/last name of the child who has at least one parent not listed on this application:**

\_\_\_\_\_ Child's birthdate: \_\_\_\_\_

b. **Do you think this child's parent may harm you or the child if the Child Support Program tried to establish paternity or pursue child support?**  YES  NO

## Information for the Department of Veteran's Affairs

Recent legislation requires the agency to ask about current and past military status. These questions are optional and do not impact eligibility.

**2. Is any member of your household a current military service member or did they serve in the armed forces?**

YES, list them below.  NO

First/last name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

If YES, would this person like to be contacted by the Department of Veterans' Affairs regarding other resources that may be available?  YES  NO

First/last name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

If YES, would this person like to be contacted by the Department of Veterans' Affairs regarding other resources that may be available?  YES  NO

## Appendices removed

Two appendices were removed from the [OHP 7210](#):

- The now obsolete authorized representative form (OHA 0232) was removed from the [OHP 7210](#). The new authorized representative and alternate payee form ([MSC 0231](#)) will be included in the application packet.
- The Community Partner Consent form ([OHP 6610](#)) was removed from the [OHP 7210](#) and will not be included in the application packet.

## Race, Ethnicity, and Language, plus Disability (REAL+D)

In 2013, Oregon passed House Bill 2134 requiring the Oregon Health Authority and the Department of Human Services to adopt rules for uniform collection standards and reporting standards for data regarding race, ethnicity, preferred languages, and disability status.

REAL+D questions are asked at the individual level, for each member of the household. Questions that do not affect service delivery are listed as optional. Questions that affect service delivery, like preferred language, are marked as required.

---

10. Do you need written materials in a different format?  YES, mark one below.  NO

Large print  Audio  Braille  Computer disk  Oral presentation

---

★ 11. In what language do you want us to: Write to you? \_\_\_\_\_ Speak to you? \_\_\_\_\_

---

Person 1 first/last name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

1. Does this person need an interpreter?  YES  NO  Don't know  Decline to answer

2. Does this person need a sign language interpreter?  YES  NO  Don't know  Decline to answer

3. How well does this person speak English?  Very well  Well  Not well  Unknown  Decline to answer

4. Is this person deaf or do they have serious difficulty hearing?

YES, what age did it begin? \_\_\_\_\_  NO  Don't know  Decline to answer

5. Is this person blind or do they have serious difficulty seeing, even when wearing glasses?

YES, what age did it begin? \_\_\_\_\_  NO  Don't know  Decline to answer

6. If this person is age 5 or older, do they have serious difficulty concentrating, remembering, understanding, or making decisions because of a physical, mental, or emotional condition?

YES, what age did it begin? \_\_\_\_\_  NO  Don't know  Decline to answer

7. If this person is age 5 or older, do they have serious difficulty walking or climbing stairs?

YES, what age did it begin? \_\_\_\_\_  NO  Don't know  Decline to answer

8. If this person is age 5 or older, do they have difficulty dressing or bathing?

YES, what age did it begin? \_\_\_\_\_  NO  Don't know  Decline to answer

9. If this person is age 15 or older, do they have difficulty doing errands alone? Examples are visiting a doctor's office or shopping. Is this because of a physical, mental, or emotional condition?

YES, what age did it begin? \_\_\_\_\_  NO  Don't know  Decline to answer

10. Is this person limited in any way in any activities because of physical, mental or emotional problems?

YES  NO  Don't know  Decline to answer

11. How does this person identify their race, ethnicity, tribal affiliation, country of origin, or ancestry?

---

**12. What is Person 1's ethnic or racial identity? Check all that apply.**

**American Indian or Alaska Native:**  American Indian  Alaska Native  Canadian Inuit, Metis or First Nation  
 Indigenous Mexican, Central American or South American

**Asian:**  Chinese  Vietnamese  Korean  Hmong  Laotian  Filipino/a  
 Japanese  South Asian  Asian Indian  Other Asian

**Black or African American:**  African American  African (black)  
 Caribbean  Other black

**Hispanic or Latino/a:**  Mexican  Central American  South American  Other Hispanic or Latino

**Native Hawaiian or Pacific Islander:**  Native Hawaiian  Guamanian or Chamorro  Samoan  Micronesian  Tongan  
 Other Pacific Islander

**White:**  Western European  Eastern European  Slavic  Middle Eastern  
 Northern African  Other white

**Other:** \_\_\_\_\_  Unknown  Decline to answer

**If more than one ethnic or racial identity is chosen, please CIRCLE the one that best represents this person's primary identity.**

*If you have any questions about this information, contact:*

Contact(s): OCCS Medical Policy	
Phone:	Fax:
Email: <a href="mailto:OCCS.MedicalPolicy@dhsosha.state.or.us">OCCS.MedicalPolicy@dhsosha.state.or.us</a>	