

Information Memorandum Transmittal Office of Self-Sufficiency Programs



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Health Authority

Authorized signature

Number: SS-IM-21-006
Issue date: 04/01/2021

Topic: Medical Benefits

Due date: N/A

Subject: OHP 6610 form updated for medical Community Partners

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: Types A and B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental
Disabilities Services (ODDS) |
| <input checked="" type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children’s Intensive In
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 type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children’s Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

The Community Partner (CP) Assistance Consent form ([OHP 6610](#)) has been updated. The updated version was posted on the Forms Server on March 8, 2021 for use by medical CPs. Outdated versions of the form that still appear on the Forms Server for some alternate languages will be removed soon.

The form changes are minimal and do not currently require changes to any business processes related to how agency staff interact with medical CPs or with how CPs are associated with medical cases. Please reference the [Community Partner Verification for Medical ETOP](#) for more information.

The form updates include:

- Changing the name of the form from “Community Partner Assistance Consent” to “Authorization for Community Partner Help”
- Updating general text for added clarity and plain language
- Inclusion of Oregon Department of Human Services (ODHS) and Oregon Health Insurance Marketplace (OHIM) – previously only OHA was mentioned by name
- Removing the “1 year” expiration date on the signature – new forms are valid until the Oregonian, or their spouse if on the case, contacts ODHS to request

that their medical case no longer be associated to the CP or until the Oregonian begins receiving help from a different CP

- Providing a fillable PDF version with electronic signature capability (example here: [OHP 6610 English](#))

CPs are being asked to start using the updated version when:

- They begin assisting new individuals; or
- They have contact with individuals for cases to which they are already associated where the signatures on their old OHP 6610 forms are expired.

Continue to accept and honor old versions of the OHP 6610, as long as signatures are still within the one-year timeframe, until signatures on updated forms are received. Only one CP can be associated with a medical case at a time.

CPs are not required to send the [OHP 6610](#) to be uploaded into the ONE Electronic Case File unless:

- They are collecting a verbal signature on the form during the COVID-19 Public Health Emergency period; or
- Staff are manually adding the CP association to a case in Worker Portal based on a phone call or email from the CP.

Reminder: A signed [OHP 6610](#) will allow staff to associate an individual CP with a case. It also allows staff to work with any other CP within that same organization as long as that person is on the Active Assister list found within the [Community Partner Verification for Medical ETOP](#).

Background:

Medical Community Partners (CPs), also referred to as “Application Assisters”, play an important role in helping Oregonians apply for medical coverage, respond to renewals, submit required verification documentation, and report changes. They also support Oregonians in applying for medical coverage through the Federally Facilitated Marketplace (FFM). CPs interact with the agency through use of the Applicant Portal, by phone, email, or regular mail.

If you have any questions about this information, contact:

Contact(s): HSD Medical Policy Team	
Phone:	Fax:
Email: HSD.MedicalEligibilityPolicy@dhsosha.state.or.us	