

Action Request Transmittal Aging and People with Disabilities



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Number: APD-AR-20-067

Issue date: 7/9/2020

CORRECTED

Topic: Forms

Due date:

Subject: Removal of the APD 539 series from the Forms Server

Applies to (check all that apply):

- | | |
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| <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 checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input checked="" type="checkbox"/> Self Sufficiency Programs | <input checked="" 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 checked="" type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required: Effective 07/06/2020 the APD 539 Series of forms/applications will be removed from the online Forms Server. This includes the APD 539A, 539C, 539G, 539H, 539I, 539L, 539R, 539S, and 539V. The web versions of the 539A, 539C, 539H, 539L, and 539R have also been removed from the ACCESS print menu.

The 539A, 539F, and 539R will remain available in Oregon ACCESS until statewide rollout of the Integrated ONE system is complete. The web versions were removed from ACCESS, only the native ACCESS versions remain, and only until statewide rollout of ONE.

The 539C, 539H, 539L, and 539V forms were removed from both the forms server and Oregon ACCESS and should no longer be used.

The 539B will remain on the Forms Server for those offices that use it as a screening tool and the 539D will remain available for CMEU use through October of 2020.

Please see the Application sections of the [OSIPM](#) and [MSP](#) Worker Guides for additional information regarding these changes.

Using the APD 539A

Local offices that have not transitioned to using the Integrated ONE system may continue to access the APD 539A through Oregon ACCESS to accommodate individuals applying for SNAP and medical benefits through APD/AAA. However, the forms in Oregon ACCESS are only available in English. Please see [Alternate Formats and Interpretation/Translation Services](#) in APD WG A.2 for information on this process.

If the 539A is used to apply for medical benefits and the individual is also potentially MAGI eligible, the applicant must also complete the new combined 7210 as it is the only application that captures information necessary to make a MAGI determination. Those who are ineligible for APD medical programs or appear to have MAGI eligibility should have their 7210 applications routed to the ONE Customer Service Center at Oregon.Benefits@dhsosha.state.or.us for a full eligibility determination.

Reminder: Applicants for medical benefits may also apply using the OHP 7210 (including Appendix A if applicable), through the ONE Applicant Portal at ONE.Oregon.gov, by calling OHA at 1-800-699-9075, or by contacting a local APD/AAA office.

Updates to the OHP 7210

The 7210 was updated in December of 2019 to include APD-specific questions in Appendix A (see [SS-IM-19-013](#)). It is an approved application for all medical programs (including APD medical programs) and is available on the Forms Server in nine languages.

Individuals requesting medical benefits through an APD office that do not wish to be immediately screened or interviewed may be provided with a 7210 application and may return it to any office in person, by mail, or by fax.

Those who submit the 7210 to the local office should first be screened for potential MAGI eligibility. Those who do not appear to meet MAGI criteria should have their Non-MAGI benefits processed in the local office, retaining the 7210 in their APD/AAA case file.

AVS Reminder: Those who apply using the OHP 7210 and are being evaluated for a Non-MAGI program requiring AVS will also need to sign the MSC 2639 (included in the OHP 7210 packet) to authorize the AVS run.

SNAP

Those who apply through a local office may continue to have their eligibility determined using the APD 539A through Oregon ACCESS and may establish a Filing Date on the

APD 539A or 539F if needed. Applicants for SNAP benefits may also apply using the DHS 415F, through the Online SNAP Application at <https://apps.state.or.us/onlineApplication/>, or by contacting a local APD/AAA office. When ONE has been implemented statewide, the 539A will no longer be available in ACCESS to apply for or recertify SNAP benefits.

Pending: With the removal of the 539H, staff will need to use the DHS 210 and DHS 210A to pend for additional information if needed.

- **The DHS 210** will be added to Oregon ACCESS and should be used at initial application for all benefits and at SNAP recertification.
- **The DHS 210A** should be used when requesting information from existing SNAP, SNAP Mid-certifications, service, or medical clients who report changes that may impact eligibility during their eligibility period, or at their annual medical or service renewal. If staff must pend for information regarding services, please mark the “medical” box on either form as services are predicated on the receipt of medical benefits.

COVID-19 Reminder: Remember that we can accept self-attestation of most eligibility factors, excluding Citizenship/Immigration status during the COVID-19 emergency period. See the [Verification section](#) of the COVID-19 Response Worker Guide.

Reason for action: Effective 07/06/2020 the current MAGI ONE system was upgraded to the Integrated ONE system, which allows eligibility workers in the ONE Customer Service Center to determine eligibility for MAGI and APD (Non-MAGI) medical programs. Local offices will transition to using the Integrated ONE system during the phased rollout of the system, which is scheduled to be completed by February of 2021.

Field/stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

Contact(s): APD.MedicaidPolicy@dhsosha.state.or.us	
Phone:	Fax:
Email:	