

Action Request Transmittal Aging and People with Disabilities



Mike McCormick

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Number: APD-AR-21-006

Issue date: 2/5/2021

Topic: Forms

Due date:

Subject: Removal of the APD 539 forms series

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 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 02/01/2021 the APD 539 Series of forms/applications will be removed from the online Forms Server and Oregon ACCESS. This includes the APD 539A, 539B, 539C, 539D, 539F, 539G, 539H, 539I, 539L, 539R, 539S, and 539V as well as the SDS 445. Local offices should discontinue supplying this series of forms/applications to new applicants for medical and SNAP benefits as of this date.

Note: Some of these forms are still listed as "required" on the CM Tools page. These values are in the process of being updated by the LTSS Policy Unit.

Reason for action: Effective 02/01/2021 the rollout of the Integrated ONE system has been completed statewide, which will allow all eligibility workers to determine eligibility for MAGI, APD (Non-MAGI) medical programs, and SNAP.

New applicants for medical benefits may apply using the OHP 7210 (including Appendix A if applicable), through the ONE Applicant Portal at ONE.Oregon.gov, by calling the ONE Customer Service Center at 1-800-699-9075, or by contacting a local office.

Note: Some APD (Non-MAGI) medical cases will continue to have eligibility maintained in Legacy Systems. These cases will utilize the OHP 7210 at initial

application and at renewal.

New applicants for SNAP benefits may apply or establish a Filing Date using the DHS 415F, through the ONE Applicant Portal at ONE.Oregon.gov or by contacting a local office.

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) or have their oral signature recorded using the [Call Center Software – AVS Verbal Signature QRG](#) to authorize the AVS run.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Policy & Ops Review

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

Contact(s): APD.MedicaidPolicy@dhsosha.state.or.us SNAP.Policy@dhsosha.state.or.us	
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Email:	