

# Action Request Transmittal Aging and People with Disabilities



Belit Burke, Self Sufficiency Program Design  
Administrator

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

Mike McCormick, Deputy Director APD

Chere LeFore, DHS IE Project SSP  
Business Director

**Number:** APD-AR-18-047

**Issue date:** 7/25/2018

**Authorized signature**

**Topic:** Systems

**Due date:**

**Subject:** Address Coding Alignment for All Programs

**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 A and 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"/> ODDS Children's Residential Services            | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): Branch 5503.<br>Direct Pay Unit |
| <input type="checkbox"/> Child Welfare Programs                          |  |

**Action required:**

Starting August 1, 2018 anyone who uses Oregon ACCESS, DHR CMS and FSUP, MMIS, and ONE will start coding specific address situations with standard language.

The need to align address language for SSP, APD and OHA is to support converting address data into the future Integrated ONE system. Not following this process can potentially cause safety issues when address information is converted into the new system.

The specific situations are:

- Individuals in the Address of Confidentiality Program (ACP)
- Individuals who do not have a “fixed” address
- Individuals who have a safety concern

Field staff that use any of the systems mentioned above will now use the standard address values for participants who do not have a fixed address, who may have a safety concern, or who are participating in the Address of Confidentiality Program.

Starting immediately, addresses are to be updated with the standard language (see below for instructions) at every initial application, certification, recertification, and when a change is reported.

### **Coding instructions for DHR, ACCESS, MMIS, ONE:**

**TEMP:** “Temporary” will be used only for participants who state they do not have a “fixed address”. This would be used for anyone who claims they are homeless, staying in a shelter (this includes domestic violence shelters), living with a friend, couch surfing, living in an RV, or any place that they feel is not their permanent home address.

Workers will start coding the residential street line with “TEMP”, the city and zip code of current residence, and the mailing address will be the address where they want their mail delivered to.

The only exception to the above process is for coding in ONE. Users in ONE will answer the question “Has No Fixed Address” as YES. This will eliminate the need for data in the residential street line. Workers will then code the zip code and county the individual has provided for where they spend their time.

*In DHR UCMS:*

Case Name	Auth	Repr	
Res Str	TEMP	City/St	LINCOLN CITY OR Zip 97365
Fips Cnty	041	Tele	541 9455600
Mail Str	OUTLET MALL	City/St	LINCOLN CITY OR Zip 97365

*In DHR FSUP:*

Home Addr:	TEMP	City St:	LINCOLN CITY OR	Zip:	97365
Mail Addr:	OUTLET MALL	City St:	LINCOLN CITY OR	Zip:	97365

Workers will still be able to code HLL in the HH Types field.

*In ACCESS:*

	Address	City	Verified
1	Outlet Mall	Lincoln City	No
2	TEMP	Lincoln City	No

**Address Detail**

Address: TEMP

Line 2:

City State ZIP: Lincoln City OR 97365 -

FIPS Cnty Code: 041

Directions:

OAA/NAPIS: Is this address within the city limits?

Verified:

**Address Owners**

Name	Use	
	Residence Address	Add
		Remove

*In ONE:*

**Address Information**

Address Information same as

Has no fixed address

Address Type

Note: Domestic Violence shelters are all confidential. Within any system, we should never enter the DV business name or shelter location.

**DND:** “Do Not Disclose” will only be used for cases with a safety concern, including but not limited to domestic violence and trafficking. Worker will code the residential street line with DND, the city and zip code of current residence, and the mailing address will continue to be the address where they want their mail delivered to.

Below are the reasons when we would code DND.

- The alleged perpetrator is an employee; or
- The alleged perpetrator is a community partner and has access to DHR, ACCESS, MMIS, ONE, or TRACS; or
- The alleged perpetrator is a member of the household (or “EDG” in ONE) and has access to case information; or
- The survivor believes the alleged perpetrator has the capabilities of “hacking” into our systems and retrieving case information.

*In DHR UCMS:*

Case Name		Auth Repr	
Res Str	DND	City/St	PORTLAND OR
Fips Cnty	051	Tele	503 9455600
Mail Str	8675309 SW TOMMY	City/St	PORTLAND OR
		Zip	97239

*In DHR FSUP:*

Home Addr:	DND	City St:	SALEM OR	Zip:	97239
Mail Addr:	8675309 SW Tommy	City St:	Salem OR	Zip:	97239

Note: **DND is for safety purposes only.** Do NOT use DND for individuals who, for reasons other than safety, simply do not want to provide an address.

*In ACCESS:*

○ Person
○ Address
Vet / Nat Amer
Contacts
Prev Asst.
Education
CM Service(s)

**Address List**

#	Address	City	Verified
1	85675309 SW Tommy	Portland	No
2	DND	Portland	No

**Address Detail**

Address: DND

Line 2:

City State ZIP:    -

FIPS Cnty Code:

Directions:

OAA/NAPIS: Is this address within the city limits?

Address Confidentiality Program: ACP

Protected/Do Not Disclose Address: DND

Homeless/No Fixed Address: TEMP

Verified:

**Address Owners**

Name	Use	
<input type="text"/>	Residence Address	<input type="button" value="Add"/> <input type="button" value="Remove"/>

*In ONE:*

Case Contact Information					
Current Residence County	MULTNOMAH			Voicemail	Texting
Case Physical Address	DND PORTLAND OR 97239	Primary Phone #	5039455600	<input type="checkbox"/>	<input type="checkbox"/>
Case Mailing Address	8675309 SW TOMMY PORTLAND OR 97239	Secondary Phone #		<input type="checkbox"/>	<input type="checkbox"/>
		Email			

**ACP:** The Address of Confidentiality Program is only used for individuals who are participants in ACP. Participants will have an ACP ID card issued to them, with the ACP PO Box and their recipient number.

Workers will code the residential street line with ACP, Salem as the city, 97308 as the zip code, FIPS code 047, and the mail street will be the standard ACP PO Box address along with participant ID number.

Note: Participants in ACP know they must show State Agencies their identification card. Narrate ACP card viewed.

**IMPORTANT:** there is an extended notice period for individuals in the Address Confidentiality Program. See [OAR 461-175-0050](#) and [OAR 461-175-0206](#).

*In DHR UCMS:*

```
Res Str  ACP          City/St  SALEM OR          Zip  97308
Fips Cnty 047          Tele
Mail Str  PO BOX 1108 12344  City/St  SALEM OR          Zip  97308
Prog  Br  Case  SCD  WCMI Case Stat  Last Chg          Lang
```

*In DHR FSUP:*

```
Home Addr: ACP          City St: SALEM OR          Zip: 97308
Mail Addr: PO BOX 1108 1234  City St: SALEM OR          Zip: 97308
```

In ACCESS:

See below for special instructions for Oregon ACCESS coding.

The screenshot shows the ACCESS software interface with the 'Address' tab selected. The 'Address List' table contains two entries:

	Address	City	Verified
1	PO Box 1108 No 12344	Salem	No
2	ACP	Salem	No

The 'Address Detail' section for the selected address (2) shows:

- Address: ACP
- Line 2:
- City State ZIP: Salem OR 97308 -
- FJPS Cnty Code: 047
- Directions:
- OAA/NAPIS: Is this address within the city limits? (dropdown)
- Verified:
- Address Confidentiality Program: ACP
- Protected/Do Not Disclose Address: DND
- Homeless/No Fixed Address: TEMP

The 'Address Owners' section shows a dropdown menu for 'Name' and a dropdown menu for 'Use' set to 'Residence Address'. There are 'Add' and 'Remove' buttons.

**IMPORTANT: For those who code alternate format in ACCESS, please follow instructions below:**

**Mailing address** (this will be the Braille Plus address, our alternate format contractor, who will mail converted documents to the residence address):

PO Box 3686  
Salem OR 97302

**Residence address:**

PO Box 1108 ACP 0000 00 (remember that the system will not accept special characters)  
Salem OR 97308

**Note:** Remember the extended notice periods for ACP participants. In addition, you may need to add an additional 5 days to accommodate the alternate format conversion by Braille Plus. If available, you can print Large Print versions of many forms and notices from the [Forms Server](#).

In ONE:

Case Contact Information	
Current Residence County	MARION
Case Physical Address	ACP SALEM OR 97308
Case Mailing Address	PO BOX 1108 #0000 00 SALEM OR 97308

**Reminder for All Program Areas:** When a case is coded with **ACP** in the address line and the participants have a medical case, workers must request an enrollment exception, known as a Service Area Exception (SAE), from DMAP CES for anyone who doesn't physically reside in Marion county. You must also send an SAE extension request to CES at every subsequent renewal, as long as the ACP remains in effect. SAEs are only applied in MMIS for up to one year at a time. Click [here](#) for information about the Address Confidentially Program and how to request an out-of-area exception to managed care enrollment changes. A copy is attached to this transmittal as well.

**Reason for action:** In preparation for Integrated Eligibility, APD, SSP and OHA have all agreed on standard language to use on the residential address line when coding cases.

**Field/stakeholder review:**  Yes  No

**If yes, reviewed by:**

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

Contact(s):

APD: [apd.medicaidpolicy@dhsosha.state.or.us](mailto:apd.medicaidpolicy@dhsosha.state.or.us)

Child Care: [childcarepolicy@dhsosha.state.or.us](mailto:childcarepolicy@dhsosha.state.or.us)

Medical: [occs.medicalpolicy@dhsosha.state.or.us](mailto:occs.medicalpolicy@dhsosha.state.or.us)

Refugee: [refugeepolicy@dhsosha.state.or.us](mailto:refugeepolicy@dhsosha.state.or.us)

SNAP: [snappolicy@dhsosha.state.or.us](mailto:snappolicy@dhsosha.state.or.us)

TA-DVS: [tadvspolicy@dhsosha.state.or.us](mailto:tadvspolicy@dhsosha.state.or.us)

TANF: [tanfpolicy@dhsosha.state.or.us](mailto:tanfpolicy@dhsosha.state.or.us)

Phone:

Fax:

Email:



## **Address Confidentiality Program (ACP)**

The ACP began on January 1, 2007 and is administered by the Oregon Department of Justice Attorney General's Office through the Crime Victims' Services Division. Laws governing the program are located in ORS 192.820 through 192.868 and OAR 137-079-0110 through 137-079-0210

### **What the ACP does:**

- The ACP enables victims of domestic violence, sexual assault, stalking and human trafficking to keep their new relocation address information confidential;
- The ACP authorizes program participants to use a PO Box as a "substitute address" when working with state and local government agencies;
- The ACP receives participant mail and provides mail forwarding services; and
- The ACP enables participants to obtain an
  - Oregon driver's license or ID card,
  - Register to vote;
  - File court documents (including restraining orders); and
  - Apply for marriage licenses with their substitute address.

This creates a new public record without the participant's actual address.

### **What the ACP does not do:**

- The ACP is not a witness protection program;
- The ACP does not help participant's "go underground," change their identities, or relocate;
- The ACP does not remove or delete existing records (or any information contained in those records);
- The ACP does not offer legal advice;
- The ACP does not hide participants from having to provide actual address information when supervised offenders' records are created; and

Revised 6/13/2018

- Convicted sex offenders who are required to register their residential address with criminal justice agencies are not allowed to use the ACP substitute address for community registration purposes.

When approved for the ACP:

Each participant receives a laminated identification card. It will have the participants name with their participant number.

*Participant Name* ACP 0001 01  
PO Box 1108  
Salem OR 97308

That address will serve participants across the State. Participants in the program are responsible to present the identification card when requesting a State agency to use the ACP address. The P.O. Box is used as the participants' mailing address.

**What do you do when an individual presents the ACP identification card?**

1. Type "ACP" in the **resident address** line. ACP will be used for any case that a participant has their ACP identification card.
2. Type in the **mailing address** line the PO Box number plus the *participants* ID number.
3. All ACP participants will have Salem as their city and Marion as their county. Workers will need to code Marion County FIPS code (047).
4. For all SS, APD and OHA programs - An **additional 5 days should be added to 10-day notices.**
5. For managed care enrollment an exception needs to be requested for out-of-area enrollment, due to the ACP Salem address. Send an e-mail to **DMAP CES**. In the subject line state "medical exception needed".

Revised 6/13/2018

Include in the email:

- the participants' name,
- the case numbers
- prime numbers for all individuals,
- the managed care plan the participant has chosen,
- the reason why the exception is needed.

6. For child care payments issued through the Direct Pay Unit system
  - a. If care that is provided by someone using the ACP PO Box, and is licensed exempt from the Office of Child Care (OCC) DPU will ask the child care provider for the physical address for the required monitoring visit.
  - b. The ACP PO Box address will show on the mailing address field on the Provider Master Screen (DPPM).
  - c. The child care payment will be issued using the Region B maximum payment rates. This is necessary because ACP is only in Salem and the ACP Salem address is used for all participants statewide.

ACP web site: <http://www.doj.state.or.us/victims/confidentiality.shtml>

ACP Phone: (888) 559-9090