

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

Ashley Carson Cottingham, Aging & People with
Disabilities, Director

Authorized signature

Number: APD-AR-19-026
Issue date: 5/15/2019

Topic: Agency-wide Policy

Due date: 3/31/2020

Subject: Action Needed to Update Authorized Representative and Alternate Payee
Designation Forms

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 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 | |

Action required:

Starting immediately, a new [MSC0231](#) form (Designation of Authorized Representative or Alternate Payee) is needed for all cases with an Authorized Representative or Alternate Payee.

IMPORTANT – The section below corrects information provided in APD-PT-19-009 about how authorized representative information will be converted for non-MAGI medical cases.

Follow the directions below to initiate the process of updating all Authorized Representative and Alternate Payee information in the various eligibility systems. These directions include using a newly-created form, 210AR (Additional Information Needed for your Authorized Representative Request) when sending the updated MSC0231 to an individual for completion.

Coding guides are attached to this transmittal with specific instructions on how to update and enter Authorized Representative and Alternate Payee information in the various eligibility systems.

Copies of the MSC0231 and the 210AR are also attached. The MSC0231 is currently available on the [forms server](#) and the 210AR will be available on the forms server shortly.

See [APD-PT-19-009](#) and [SS-PT-19-003](#) for more information about the updated Authorized Representative and Alternate Payee rules.

Local Communication with individuals who have an Authorized Representative

- Confirm the updated MSC0231 form has been completed to designate an Authorized Representative or Alternate Payee during:
 - Initial application;
 - Redetermination/recertification;
 - Contact with an individual to add or change their representative; or
 - Any other contact with an individual who has an Authorized Representative or Alternate Payee.
- A [210AR](#) (Additional Information Needed for Your Authorized Representative Request) should be sent with an MSC0231 as a cover letter for any follow up needed, such as;
 - The individual's request was initiated over the phone; or
 - The individual requests to add/delete/change an Authorized Representative or Alternate Payee but submits the incorrect form.
- Update all applicable eligibility systems (ONE, UCMS, FSMIS, ACCESS) with the updated Authorized Representative and Alternate Payee information
- [Authorized Representative and Alternate Payee Coding](#) and [Narration Guidance](#)

Program and Agency Communication

An individual may communicate with SSP, APD, or branch 5503 to establish or change their Authorized Representative or Alternate Payee information. If an individual has an active case in more than one system, all cases must be updated.

For example: If someone contacts their local SSP office to establish or change their authorized representative information, and the worker identifies the individual also has OHP benefits in the ONE system, the ONE case should also be updated via the non-eligibility update functionality.

If a case needs to be updated and there is no one in your office with access and training in the applicable system, send a copy of the MSC0231 to the appropriate branch or processing center using the following methods:

- Email SSP and APD offices at their case transfer email address
- APD offices – Fax the MSC231 to branch 5503 at (503) 378-5628 along with a completed MEDC form

IMPORTANT – PLEASE READ CAREFULLY

With the exclusion of TA-DVS and exceptions as outlined in OAR 461-115-0090 and 410-200-0111, an authorized representative designated for any SSP/APD/MAGI case will serve as the authorized representative for all cases and benefits with the same head of household, primary applicant, or primary contact. Therefore, it's critical that authorized representatives are added to EVERY case on which the designating individual is the head of household, primary person or primary contact. It is also critical that the spelling and length of the authorized representative's name is exactly the same on every case.

The updated MSC0231 provides the maximum character limit allowed which must be adhered to regardless of whether a source system actually allows more characters. This means a review for other open programs must be completed at the time an updated MSC0231 is received AND when existing clients with an authorized representative on their other case(s) under the updated MSC0231 permissions gets approved for a NEW/DIFFERENT program between now and April 2020.

Centralized Communications to Individuals with an Authorized Representative

A letter, targeted to be mailed late summer 2019, will be sent to anyone with an authorized representative on one or more cases which have not been updated with new signatures on the MSC0231 or added new as of May 1, 2019. Letters will communicate the requirement to have a single authorized representative across DHS Programs and include a copy of the new form MSC0231 with instructions to complete and return it if an authorized representative is still needed. More information will be provided in a subsequent transmittal closer to the first mailing date of these letters.

Authorized Representatives for Individuals Receiving APD Long-Term Care Services

An individual's paid service provider can continue to serve as the individual's authorized representative for purposes of assisting the individual with determining and maintaining financial eligibility for medical (MAGI and non-MAGI) and SSP benefits. The 3/1/19 changes to the policy and processes surrounding authorized

representatives do not replace or affect the current policies for who can serve as an individual's *designated representative* as defined in OAR 411-004-0010 or *representative* as defined in OAR 411-028-0010 and 411-030-0020 for long-term care services.

A permanent amendment to 461-115-0090, which will replace the current temporary version and take effect 7/1/19, will clarify that an individual's APD service provider can serve as an individual's *authorized representative* but not as the individual's *designated representative* or *representative*.

The restriction to one representative is confined to Integrated ONE and does not apply to capturing multiple representative types associated with APD service recipients as documented in the CA/PS tool and the **Contacts** tab in Oregon ACCESS.

Reason for action: Integrated ONE will go live beginning April 2020. The new system cannot accommodate more than one authorized representative on any one case. In Integrated ONE, a case may include several household or family members who receive a combination of MAGI, Self Sufficiency, and non-MAGI benefits. This Action Request supports the 3/1/19 rule changes establishing that an individual can only have one authorized representative for all program benefits they receive, excluding TA-DVS.

Field/stakeholder review: Yes No

If yes, reviewed by: APD and SSP Policy and Operations

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

| | |
|---|------|
| Contact(s): | |
| APD: apd.medicaidpolicy@dhsosha.state.or.us | |
| Child Care: childcarepolicy@dhsosha.state.or.us | |
| Medical: occs.medicalpolicy@dhsosha.state.or.us | |
| Refugee: refugeepolicy@dhsosha.state.or.us | |
| SNAP: snappolicy@dhsosha.state.or.us | |
| TA-DVS: tadvspolicy@dhsosha.state.or.us | |
| TANF: tanfpolicy@dhsosha.state.or.us | |
| Phone: | Fax: |
| Email: | |



| | | |
|------------|---------|--------------|
| Program: | Branch: | Case number: |
| Case name: | | Worker ID: |

Authorized Representative and Alternate Payee

You may choose someone to be an authorized representative, alternate payee or both. Please use this form to tell us about the person you have chosen. You must sign this form. The authorized representative and/or the alternate payee must also sign this form. This form will be used to inform you if an authorized representative or alternate payee is chosen for you by the Department of Human Services (DHS).

Client's name: _____ Date of birth: _____

Client's Social Security number, case number or OHP ID number: _____

Assigning an authorized representative

Rights and liability of an authorized representative

An authorized representative may do things such as the following for the client(s): Sign and submit applications and renewals, report changes, and receive copies of notices and other communication.

An authorized representative acts on behalf of the client(s) for the DHS and Oregon Health Authority (OHA) programs they apply for or receive (except the Temporary Assistance for Domestic Violence Survivors program and in some cases long-term care services). This will apply to all clients on the case. The authorized representative listed on this form will replace any previously designated authorized representatives on the case.

The person or organization that is chosen as the authorized representative will remain the authorized representative until:

- A client on the case tells DHS or OHA that they want to end this approval; or
- The authorized representative tells DHS or OHA that they want to end this approval; or
- The person or organization is no longer permitted to act as the client's authorized representative

If the authorized representative gives wrong or incomplete information to DHS or OHA and the information results in an overpayment, the clients and any other liable parties will have to pay back what they should not have received. If the authorized representative knowingly withholds or gives wrong information, the authorized representative will also have to pay it back.

The authorized representative must maintain the confidentiality of any information provided by DHS or OHA regarding anyone listed on the application or case as well as adhere to any other relevant state and federal laws concerning conflicts of interest and confidentiality of information.

Oregon Administrative Rules: 461-115-0090, 410-200-0111

| Authorized representative information | |
|--|---------------|
| Name (<i>Last, first</i>) | Date of birth |
| Organization (<i>if applicable</i>) | Email address |
| Mailing address | Phone number |
| Authorized representative agreement <input type="checkbox"/> Check here if department designated | |
| Client signature | Date signed |
| Authorized representative signature | Date signed |

Assigning an alternate payee

| Rights and responsibilities of an alternate payee | |
|---|--|
| <p>An alternate payee may use program benefits on the client(s) behalf. If the alternate payee misuses the program benefits, the client cannot get them back.</p> <p>The person or organization chosen as the alternate payee will remain the alternate payee until:</p> <ul style="list-style-type: none"> • A client on the case or their authorized representative tells DHS or OHA that they want to end this approval; or • The alternate payee tells DHS or OHA that they want to end this approval; or • The person or organization is no longer permitted to act as the client(s) alternate payee <p>Oregon Administrative Rules: 461-115-0035</p> | |
| This person or organization is my alternate payee for: | |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> General Assistance — Utility and Personal Incidental Funds (GA) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) or Refugee Assistance Programs (REF) | <input type="checkbox"/> Oregon Supplemental Income Program (OSIP) |
| Alternate payee information | |
| Name (<i>Last, first</i>) | Date of birth |
| Organization (<i>if applicable</i>) | Email address |
| Mailing address | Phone number |
| Alternate payee agreement <input type="checkbox"/> Check here if department designated | |
| Client signature: | Date signed: |
| Alternate payee signature: | Date signed: |

Our discrimination policy

The Department of Human Services (DHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that DHS|OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation.

You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons. To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write to their office at:

Governor's Advocacy Office
500 Summer Street NE, E17
Salem, OR 97301

Fax: 503-378-6532

Email: DHS.info@state.or.us

“Equal opportunity is the law!”

Additional Information Needed for Your Authorized Representative Request

| | | |
|--|-----------------|--------------|
| | Program: | Worker ID: |
| | Branch: | Case number: |
| | Case name: | |
| | Date of notice: | |

You recently informed us that you want someone to be your Authorized Representative. If you want to add an Authorized Representative or continue to keep a current Authorized Representative, you and your representative will need to complete and sign the new *Authorized Representative and Alternate Payee* form (MSC0231).

An Authorized Representative is someone who can work with Department of Human Services (DHS) on your behalf. You can have one Authorized Representative for the DHS programs that you receive benefits for, including cash, medical, Child Care, and SNAP (excluding Temporary Assistance for Domestic Violence Survivors and in some cases, long-term care services). Your Authorized Representative will receive copies of notices, and they can help you submit applications, report changes, submit renewals.

If you do not want to request an authorized representative, you do not have to return the form (MSC0231).

| | |
|-------------|-----------------------------|
| DHS Office: | Office Contact Information: |
|-------------|-----------------------------|

Authorized Representative and Alternate Payee Coding Guidance

5/15/19

Table of Contents

| | |
|--|----|
| Authorized Representatives for Individuals with Medical Benefits in Oregon ACCESS | 2 |
| Alternate Payees for Individuals with Medical-Related Cash Benefits in Oregon ACCESS | 3 |
| Authorized Representatives for Individuals Receiving SNAP, TANF, ERDC, REF(M) | 4 |
| Alternate Payees for Individuals Receiving SNAP, TANF, REF | 4 |
| Authorized Representatives for Individuals with Medical Benefits in ONE | 4 |
| System Coding – How to Enter the Authorized Representative Name | 5 |
| Coding Instructions for Individuals as Authorized Representatives | 5 |
| Coding Instructions for Organizations as Authorized Representatives | 8 |
| Coding Instructions for the Auth Rep field in CM and FSMIS | 11 |
| Completing Authorized Representative Screens in ONE at Intake, Report a Change, and Non-Eligibility Update | 12 |

Authorized Representatives for Individuals with Medical Benefits in ACCESS

Effective immediately:

- The authorized representative's name will no longer be captured in the **Auth Repr** field on the **UCMS** screen
- Do not add new authorized representatives to the **UCMS** screen during integration
- Authorized representatives currently captured on **UCMS** should be removed the next time the case is integrated
- All authorized representative information for non-MAGI medical cases should be recorded in Oregon ACCESS on the **Contacts** tab. Specific instructions on how the information should be entered can be found under the System Coding section below.

Important: Authorized representatives still listed on **UCMS** for **_1, A1, _3, B3, _4, D4, _5, and P2 MSP-only cases will be brought over to the Alternate Payee module in integrated ONE at conversion.**

The screenshot shows the ACCESS system interface. At the top, there is a toolbar with various icons. Below the toolbar is a navigation menu with tabs: Person, Address, Vet/Nat Amer, **Contacts** (highlighted with a yellow box), Prev Asst, Education, and CM Service(s). The main content area is titled "Contact List" and contains a table with the following data:

| | Last Name | First Name | Rel to Primary App | Verified |
|---|-------------------|------------|--------------------|----------|
| 1 | JOHNSON SANDERSON | MARTHA | Other | NO |

Below the table is the "Contact Detail" section. It contains the following fields:

- Last Name:** JOHNSON SANDERSON
- First Name:** MARTHA
- Address:** [Empty field]
- Line 2:** [Empty field]
- City State Zip:** [Empty fields]
- Tele Nbr 1:** () - [Empty] Ext: [Empty]
- Type:** [Dropdown menu]
- Tele Nbr 2:** () - [Empty] Ext: [Empty]
- Type:** [Dropdown menu]
- Email:** [Empty field]
- Relation to Primary App:** Other (dropdown menu)
- Lives with Primary Applicant:**
- Designated PIF manager:**
- Power Of Attorney:**
- Form 458A/458I Contact:**
- Community Referral Contact:**
- Verified:**

Below the contact details is the "Contact's Roles" section. It contains a dropdown menu with the value "Authorized Representative" (highlighted with a yellow box) and two buttons: "Add" and "Remove".

Alternate Payees for Individuals with Medical-Related Cash Benefits in ACCESS

Effective immediately:

- Only alternate payees should be coded in the **Auth Repr** field on the **UCMS** screen for APD cases with medical-related cash payments (Program _1, _3, _4 cases with CPA case descriptor).
- Alternate payee information should also be entered on the **Contacts** tab in Oregon ACCESS as show below; however, alternate payees must also be added to the **UCMS** screen prior to the launch of the integrated ONE system or else the alternate payee will not be converted into the new ONE case. This could result in lost or misused benefits in instances where the individual is not able to manage his/her benefits. Information about how the information should be entered can be found under the System Coding section below.

Case for NEW TEST (Case Branch : Hermiston MSO)

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

Contact List

| Last Name | First Name | Rel to Primary App | Verified |
|-------------------|------------|--------------------|----------|
| JOHNSON SANDERSON | MARTHA | Other | |

Contact Detail

Last Name: JOHNSON SANDERSON
 First Name: MARTHA
 Address: _____
 Line 2: _____
 City State Zip: _____
 Tele Nbr 1: () - _____ Ext: _____
 Type: _____
 Tele Nbr 2: () - _____ Ext: _____
 Type: _____
 EMail: _____

Relation to Primary App : Other
 Lives with Primary Applicant :
 Designated PIF manager :
 Power Of Attorney :
 Form 458A/458I Contact :
 Community Referral Contact :
 Verified:

Send 512 To
 Reliable Resource Legal Representative Don't Send

Contact's Roles
 Alternate Payee

Application for NEW TEST / Case Nbr: NX4221

UCMS CMUP/PCMS

View: ACCESS CMS

Case Name: TEST, NEW
 Res Str: 123 Address Street
 Fips Cnty: 047
 Mail Str: _____
 Prog: 4 Br: 3013 Case: NX4221 WCM Case Stat: SCD: 8 Last Chg: 00/00/0000
 Incm: NEW Req Date: 05/13/2019 Lang: EN Tot Rsrc: .00 Pre Pay: .00
 Eff Date: 05/13/2019 # Hse: 01 # OHP: 00 Med prg/# OSP: 01
 Reas: _____ Ntce: _____ # ERDC: 00 Load: TR Serv Wkr: _____
 CC Wrk Hrs: 000 Pay Prf: Sch Hrs _____ Prnt: _____ 943 Print: N
 Actual/GC Hrs: _____
 Ovp: .00 Prev Ovp: .00
 Act Prov: _____ TANF Sit End: 00/00/0000
 APR: 00/00/0000 OHP Updt: _____ Prem Stat: _____ Waiv: _____ Disq: _____ Deny: _____ End: 00-0000
 Rvw: 05-2020 Pkt #: _____ Medl Rvw: 99-9999 DD: _____
 NRD NFM

CASE UPDATED TODAY - SUSPENSE RECORD SHOWN

Authorized Representatives for Individuals Receiving SNAP, TANF, ERDC, REF(M)

Effective immediately:

- Only authorized representative information should be coded in the **Auth Repr** field on **FSMIS** or **UCMS**.
- Remove any alternate payees from **FSMIS** or **UCMS** the next time the case is updated.

Important: Any alternate payees listed in the mainframe for these case types at the time of data conversion will be brought over to the authorized representative field in integrated ONE.

Alternate Payees for Individuals Receiving SNAP, TANF, or REF

Alternate payees should be added to the individual's EBT screen and issued their own EBT cards. They should not be added to **FSMIS** or **UCMS**. *Note: The ERDC program does not use alternate payees.*

Authorized Representatives for Individuals with Medical Benefits in ONE

Effective immediately:

- Adding a new Authorized Representative: Verification Date should be coded with the date the Authorized Representative verification was received. This data will be critical during Data Conversion.
- Confirming an existing Authorized Representative: When a new MSC231 is received naming an Authorized Representative who already exists on the case in ONE, add/update the Verification Date and remove middle initial and suffix (if present).
- See the **Authorized Representative Screens in ONE at Intake, Report a Change, and Non-Eligibility Update** on page 12 for more information

CODING INSTRUCTIONS AND EXAMPLES ARE SHOWN BELOW

System Coding - How to Enter Authorized Representative Name

Authorized Representative information must be entered exactly the same in every system (FSMIS, UCMS, ACCESS, and ONE) in order to be matched during Data Conversion. For individuals or organizations with names longer than the allowed character limit, the name must be truncated. The truncated name must be entered exactly the same in all systems.

Individual Authorized Representative

For all systems – FSMIS, UCMS, ACCESS, and ONE

- Maximum of 23 characters split between first and last name
- The 23-character limit does not count the comma and the space required in FSMIS and UCMS
- Special characters are not allowed (hyphens, apostrophes, periods)
- Do not include middle initial or suffix

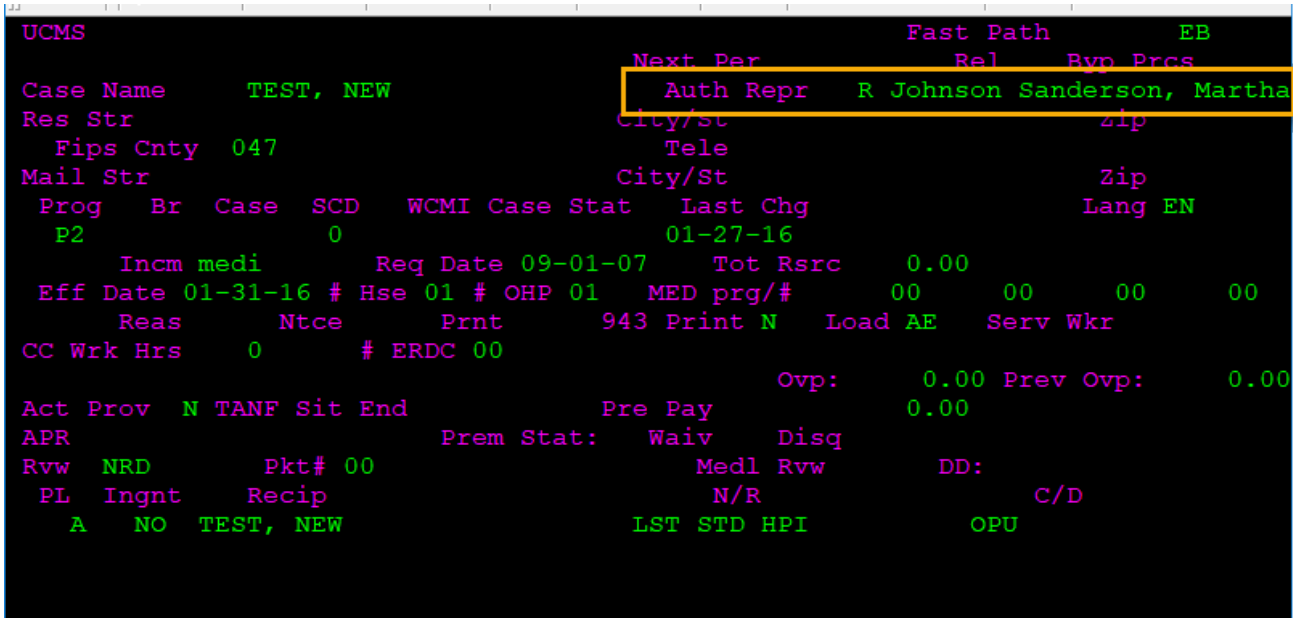
For FSMIS and UCMS

- Enter a comma and space between the last name and first name. This will help distinguish the first and last names for data conversion

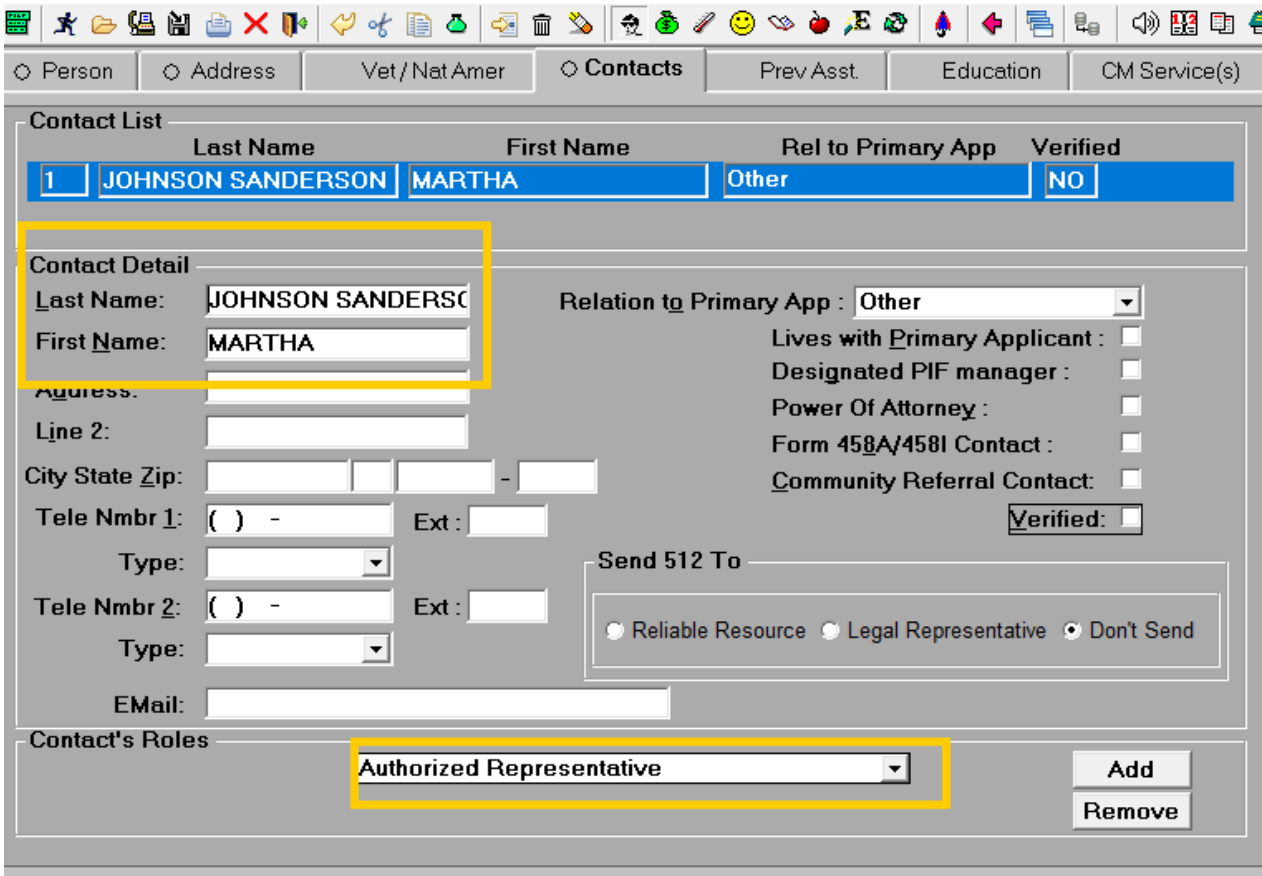
FSMIS: **Johnson Sanderson, Martha**

```
FSUP                               FastPath      EB      Next Code:
Case No:                            Name: TEST, NEW      Br:      Reg: 3 Agy: AFS
Trans: adj                          D-Eff: 050119      Wrk Id:
Start Cert: 000000 Expr Cert: 000000 Reason:      Option:      Categ:      Lang:
Mand Rpt: N Form: N Rept: N Ben Per:      Rpt Exp:      Fil Dt: 000000 Pror
Rel ATP:      N/C Dollar Amount:      Ben MO-YR:      Cat El:      Prnt:
Tot Rsrc      .00 Authorization #      # To Be Replaced
FilGrp 01 BenGrp: 00 Shelt:      .00 Util:      .00 Print Id:      Hold Cd:
Bypass:      Prg:      Meals:      Cnty:      HH Types:
Home Addr:      City St:      Zip:
Mail Addr:      City St:      Zip:
Auth Rep Cd: a Name: Johnson Sanderson, Martha Area Cd: Phone:
Setup Date: 04/10/19 Orig Cert: 00/00/00 # Certs: 00 DD: N
HH Stat: PE Stat Reas:      Excp Reas: CRT Lst Actn: 04/10/19
Last Eff: 00/00/00      Last Oper Id:      Ovp Bal:
Pro Rata Amt:      Supp Amt:
Max Allot:      .00 30% NFSI:      .00 Ovp Recov:      Net Allot:      .00
Per Tot EML Tot Oth Tot Comb Std D EML Dis Net CC Adj Inc SH Off N.F.S.I.
      .00      .00      .00      .00      .00      .00      .00      .00      .00      .00
      .00      .00      .00      .00      .00      .00      .00      .00      .00      .00
```

- UCMS: Johnson Sanderson, Martha






- Oregon ACCESS:
 - Last name: Johnson Sanderson
 - First name: Martha




- ONE:
 - First: **Martha**
 - Last: **Johnson Sanderson**



< Back to Case Summary Data Collection Eligibility Determination



Application Details



Application Information   


Case: 740021670

Application Date* 07/01/2018  Application Time 01:11 PM (PT)

Written Language* English  Other Written Language 

Spoken Language* English  Other Spoken Language 

Special Accommodations  Application Source* Mail-In 

Interview Date* 08/03/2018 

Case Program Status: OHP Approved
Case Mode: Change
Application Date: 7/1/2018
Renewal Date: 1/31/2020

Household Members


JOSH PETERSON Primary
Age 31 Sex Male
Individual # 290016135
SSN


JANE PETERSON Spouse
Age 30 Sex Female
Individual # 290016136
SSN


Address
1885 EWALD AVE SE
SALEM, OR, 97302


Contact Info
Phone
E-Mail


Applicant


First* JOSH Middle Initial 

Last* PETERSON Suffix 

Would the client like to name an authorized representative or a person for* consent to release? 

Would the client like to name an authorized representative or a person for* consent to release now? 

Would the client like to keep their case information confidential from other* household members? 




Would the client like to name a Community Partner?* 

Renewal Of Coverage



As we go through the application process, I will ask you to verify the answers that you have given or that our system has given for you. Please provide as much detail as possible so that we can help you

< Back to Case Summary Data Collection Eligibility Determination



Application Details



Application Information   



Case: 740021670



Application Information 
Representatives 
Community Partner



Authorized Representative/Authorized Person to Release Information




First* Martha  Middle Initial 

Last* Sanderson Johnson  Suffix 


Relationship to Individual* Friend  Organization Name 


Organization Identification #  Level of Permission* Standard (appl) 


Verification* 231 Verified  Verification Date* 05/15/2019 



2099 Received?  Received Date  

Address Information

Attention/Care of 

Address Line 1* 

Address Line 2 

City*  State* OREGON 

Case Program Status: OHP Approved
Case Mode: Change
Application Date: 7/1/2018
Renewal Date: 1/31/2020

Household Members

JOSH PETERSON Primary
Age 31 Sex Male
Individual # 290016135
SSN

JANE PETERSON Spouse
Age 30 Sex Female
Individual # 290016136
SSN

Address
1885 EWALD AVE SE
SALEM, OR, 97302

Organization Authorized Representative

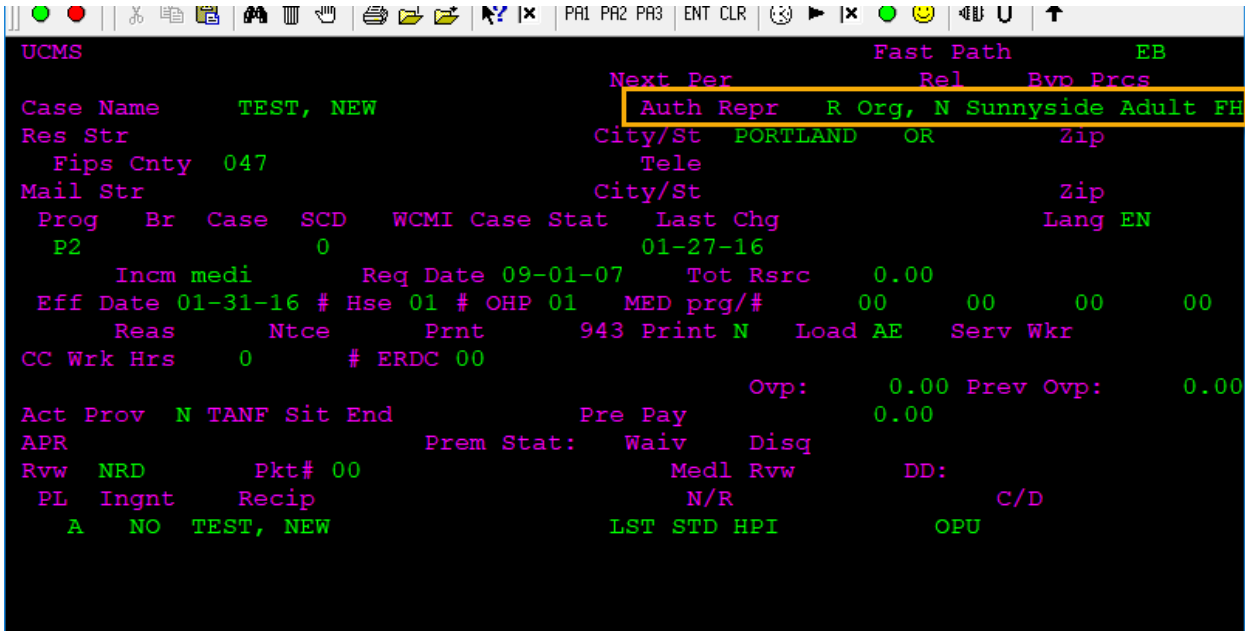
An organization authorized representative is a business, partner agency, facility, or non-profit that acts as an Authorized Representative. Sometimes employees of an organization will provide their name; however, the agreement to represent the client is made between the organization and the client, and liability may fall upon the organization in the event of an overpayment. Some examples of organization authorized representatives include drug and alcohol facilities, assisted living facilities, adult foster homes, contracted partners, private businesses, churches, etc.

FSMIS and UCMS:

- Maximum 20 characters to be coded as a first name
- Must start with “**Org**” to identify it as an organization for data conversion
- Special characters are not allowed (hyphens, apostrophes, periods)
- Examples
 - FSMIS: **Org, N Sunnyside Adult FH**

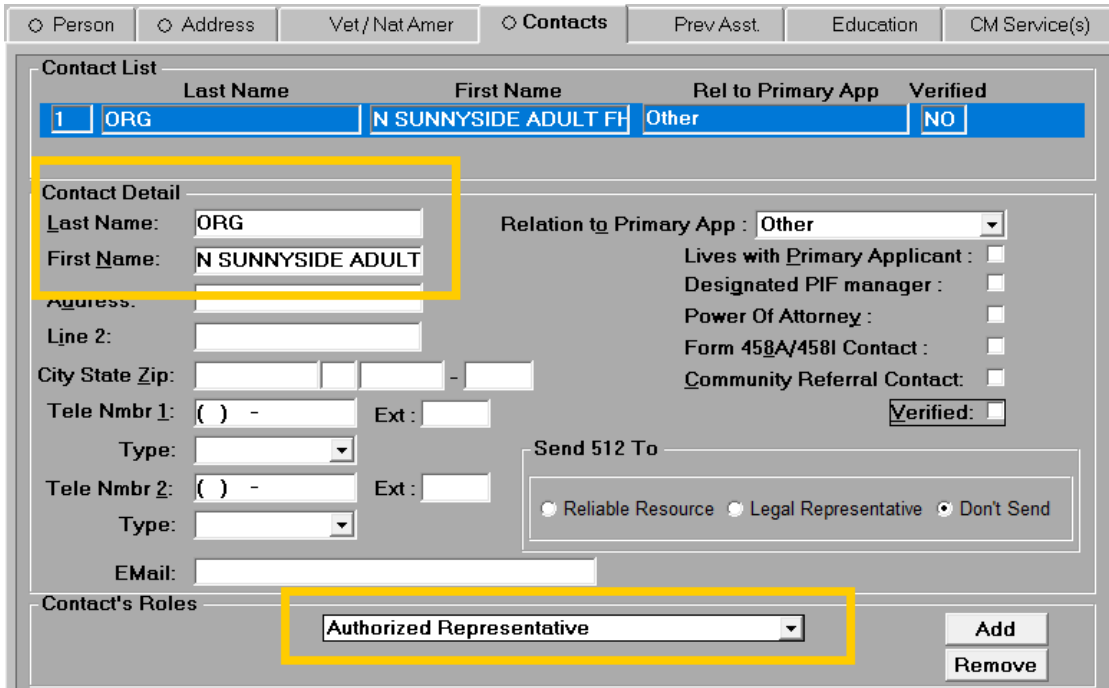
```
FSUP                               FastPath      EB           Next Code:
Case No:                            Name: TEST, NEW      Br:           Reg: 3 Aqy: AFS
Trans: adj                          D-Eff: 050119       Wrk Id:
Start Cert: 000000 Expr Cert: 000000 Reason:         Option:       Categ:       Lang:
Mand Rpt: N Form: N Rept: N Ben Per:         Rpt Exp:       Fil Dt: 000000 Pror
Rel ATP:      N/C Dollar Amount:         Ben MO-YR:       Cat El:       Prnt:
Tot Rsrc      .00 Authorization #         # To Be Replaced
  FilGrp 01 BenGrp: 00 Shelt:      .00 Util:      .00 Print Id:   Hold Cd:
Bypass:      Prg:      Meals:      Cnty:      HH Types:
Home Addr:                                City St:       Zip:
Mail Addr:                                City St:       Zip:
Auth Rep Cd: a Name:  Org, N Sunnyside Adult FH Area Cd:   Phone:
Setup Date: 04/10/19 Orig Cert: 00/00/00 # Certs: 00      DD: N
HH Stat: PE Stat Reas:      Excp Reas: CRT Lst Actn: 04/10/19
Last Eff: 00/00/00      Last Oper Id:      Ovp Bal:
Pro Rata Amt:      Supp Amt:
Max Allot:      .00 30% NFSI:      .00 Ovp Recov:      Net Allot:      .00
Per   Tot EML Tot Oth Tot Comb Std D   EML Dis Net CC   Adj Inc SH Off  N.F.S.I.
      .00   .00   .00   .00   .00   .00   .00   .00   .00   .00   .00   .00
      .00   .00   .00   .00   .00   .00   .00   .00   .00   .00   .00   .00
```


o UCMS: Org, N Sunnyside Adult FH



Oregon ACCESS

- Maximum 20 characters in **First Name** field
- **Last Name** must be “Org” to identify it as an organization for data conversion
- Special characters are not allowed (hyphens, apostrophes, periods)
- Example:
 - o Last name: **Org**
 - o First name: **N Sunnyside Adult FH**



ONE

- Maximum 20 characters in **Organization Name** field
- No special characters (hyphens, apostrophes, periods)
- Example:
 - Organization name: **N Sunnyside Adult FH**

The screenshot shows a web application interface for managing representatives. The main section is titled "Representatives" and contains a form for an "Authorized Representative/Authorized Person to Release Information". The form fields are as follows:

- First*: Martha
- Middle Initial: [Empty]
- Last*: Sanderson Johnson
- Suffix: [Empty]
- Relationship to Individual: Friend
- Organization Name: N Sunnyside Adult FH (highlighted in yellow)
- Level of Permission*: Standard (appl)
- Verification*: 231 Verified
- Verification Date: 05/15/2019 (highlighted in yellow)
- 2099 Received?: [Empty]
- Received Date: <mm/dd/yyyy> 15

Below the main form is an "Address Information" section with fields for:

- Attention/Care of: [Empty]
- Address Line 1*: [Empty]
- Address Line 2: [Empty]
- City*: [Empty]
- State*: OREGON

On the right side of the form, there is a sidebar with case details:

- Case: 740021670
- Case Program Status: OHP Approved
- Case Mode: Change
- Application Date: 7/1/2018
- Renewal Date: 1/31/2020

Below the case details is a "Household Members" section listing:

- JOSH PETERSON - Primary (Age 31, Sex Male, Individual # 290016135, SSN [Redacted])
- JANE PETERSON - Spouse (Age 30, Sex Female, Individual # 290016136, SSN [Redacted])

At the bottom of the sidebar is an "Address" section:

Address
1885 EWALD AVE SE
SALEM, OR, 97302

System Coding - Coding the Auth Repr Field on UCMS and FSMIS

Non-MAGI (UCMS)

- Auth Rep code: NOT IN UCMS, CODE ON CONTACTS TAB IN ACCESS
- Alt Payee codes will result in the benefit check printing as follows:

| <u>Code/Type</u> | <u>Check prints as follows</u> |
|-------------------------------|--------------------------------|
| G Guardian | payee name FOR client name |
| R Representative payee | payee name REP client name |
| F All other payees | payee name FOR client name |
| D Dual Payee | DO NOT USE FOR MEDICAL CASES |

MAGI and MAGI/non-MAGI combo (UCMS)

- Auth Rep code: **R**
- Alt payee code: N/A

TANF (UCMS)

- Auth Rep code: **R**
- Alt payee code: N/A, stored in EBT

REF CASH V2(UCMS)

V2 will not be converted

ERDC (UCMS)

Auth Rep code: **R**
Alt Payee code: N/A

SNAP (FSMIS)

Auth Rep code: Any
Alt Payee code: N/A, stored in EBT

Authorized Representative Screens in ONE at Intake, Report a Change, and Non-Eligibility Update

At Intake

*When a signed MSC0231 form is received with an initial application or at the time of intake, the authorized representative can be added to Worker Portal starting in Application Registration.

1. Application Registration > Application Registration screen:
 - a. Upon beginning an application, the following questions are asked:
 - i. “Would the client like to name an authorized representative or a person to consent to release?” ---- answer Yes
 - ii. “Would the client like to name an authorized representative or a person to consent to release now?” ---- answer Yes

Oregoneeligibility Terms of Use | Privacy and Security | External Links Welcome, Robert | Sign Out

Home Application/Case Inbox Inquiry Correspondence Tools Quick Search Version : 1.0.0.0

Application Registration Data Collection Eligibility Determination

Application Details

Application Registration

Representatives

Application Registration

Determination Type FULL

Application Date* 05/09/2019 15 Application Time 03:39 PM (PT)

Written Language* English Other Written Language

Spoken Language* English Other Spoken Language

Special Accommodations Source* Phone Interview

Applicant

First* George Middle Initial

Last* Washington Suffix

Would the client like to name an authorized representative or a person for consent to release?*

Would the client like to name an authorized representative or a person for consent to release now?

Next >

- 2. Application Registration > Application Registration Screen:
 - a. Upon clicking 'Next', the Representatives screen will display.
 - i. Complete the fields
 - ii. Click 'Next'

The screenshot shows the Oregon Eligibility website interface. The top navigation bar includes the logo, links for Terms of Use, Privacy and Security, External Links, and a user profile for Robert. The main navigation menu has 'Application/Case' selected. The breadcrumb trail shows '< Back to Application Summary' followed by 'Application Registration', 'Data Collection', and 'Eligibility Determination'. The left sidebar contains 'Application Details' with 'Application Registration' and 'Representatives' marked with checkmarks. The main content area is titled 'Representatives' and contains several sections: 'Application Information' (Primary Applicant: GEORGE WASHINGTON, Application #: 650603842), 'Authorized Representative/Authorized Person to Release Information' (First: Abraham, Last: Lincoln, Relationship: Friend, Level of Permission: Standard), 'Address Information' (Address Line 1: 1234 5th St, City: Salem, State: OREGON, County: MARION, ZIP Code: 97302), and 'Contact Information' (Primary Phone#: (503) 550-5500, Home, Voicemail checked, Texting unchecked). At the bottom right, there are '< Previous' and 'Next >' buttons. Red arrows point to the 'Representatives' menu item, the 'First' field, the 'Address Line 1' field, the 'Primary Phone#' field, and the 'Next' button.

3. Data Collection > Representative Screen:

- a. The Representative screen will be displayed again during Data Collection with pre-populated data based on what was entered during Application Registration. Edits can be made on this page, but four additional questions are asked on this screen which were not asked in the initial Representative screens:
 - i. Verification (Client Statement, Court Documents, Power of Attorney Document, Not Verified, 2099 Verified, 231 Verified) – The Verification Type should be left as ‘Client Statement’ until the signed MSC0231 is received. *Do not use ‘2099 Verified’ value on the Representatives screen.*
 - ii. Verification Date (mm/dd/yyyy format) – enter the latter of the Client Signature or Authorized Representative Signature, it will be assumed that the new version of the MSC0231 is on file for any dates after 5/15/19.
 - iii. 2099 Received (Same as Individual, Another Individual) – *answer Yes if signed MSC3010 (formerly DHS2099) has been received, but add the name and contact details in case notes*
 - iv. Received Date (mm/dd/yyyy format) – can be entered to track an MSC3010 received, but name and contact details need to be captured in case notes only

Oregoneligibility Terms of Use | Privacy and Security | External Links Welcome, Robert | Sign Out
 Home Application/Case Inbox Inquiry Correspondence Tools Quick Search Version : 1.0.0.0

< Back to Case Summary Application Registration Data Collection Eligibility Determination

Application Details

Application Information

Representatives

Community Partner

Representatives

Case: 870610848

Case Program Status: Pending
 OHP: Pending
 Case Mode: Intake
 Application Date: 5/9/2019
 Renewal Date:

Household Members

GEORGE WAS... Primary
 Age: 29 Sex: Male
 Individual #: 360706837
 SSN: 339-34-1161

Address: 3432 1ST ST SALEM, OR, 97302

Contact Info
 Phone: 5039454512
 E-Mail:

Authorized Representative/Authorized Person to Release Information

First* ABRAHAM Middle Initial
 Last* LINCOLN Suffix
 Relationship to Individual* Friend Organization Name
 Organization Identification # Level of Permission* Standard (appl)
Verification* Client Stateme Verification Date <mm/dd/yyyy> 15
 2099 Received? Received Date <mm/dd/yyyy> 15

Address Information

Attention/Care of
 Address Line 1* 1234 5TH ST
 Address Line 2
 City* SALEM State* OREGON
 ZIP Code* 97302 - County* MARION

Contact Information

| Contact Method | Phone Type | Voicemail | Texting |
|---|------------|-------------------------------------|--------------------------|
| Primary Phone# (503) 550-5500 Ext. Home <input checked="" type="checkbox"/> | Home | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Secondary Phone# <(xxx) xxx-xxxx> Ext. | | <input type="checkbox"/> | <input type="checkbox"/> |

Email
 Preferred delivery method for correspondences: Paper
 Individual's Preferred Language*: English

< Previous Next >

Non-Eligibility Update

*An Authorized Representative can be added in Worker Portal via Non-Eligibility Update.

1. Case Updates > Application Information screen:
 - a. Upon performing a non-eligibility update, the following questions are asked:
 - i. "Would the client like to name an authorized representative or a person to consent to release?" ---- answer Yes
 - ii. "Would the client like to name an authorized representative or a person to consent to release now?" ---- answer Yes

< Back to Case Summary

Case Updates

- Application Information ✓
- Representatives
- Community Partner
- Racial/Ethnic Identity and Language ✓
- Contact Information ✓
- Address Match Associated Cases
- Non Custodial Parent Information
- Non Custodial Parent Relationship Information
- Voter Registration ✓
- Veteran Status ✓
- Enrollment Manager ✓
- Confirm Updates ✓

Application Information

Applicant

Would the client like to name an authorized representative or a person for* consent to release?

Yes ▾

Would the client like to name an authorized representative or a person for* consent to release now?

Yes ▾

Would the client like to name a Community Partner?*

No ▾



Case: 870603281

Case Program Status

Case Status: Approved
Case Type: Active
Application Date: 4/26/2018
Renewal Date: 3/31/2019

Household Members

 **SARA SMITH** Primary
Age: 39 Sex: Female
Individual #: 560702067
SSN: [REDACTED]

 **JOHN SMITH** Son
Age: 39 Sex: Male
Individual #: 560702068
SSN: [REDACTED]

Address
1234 ALDER
SALEM, OR, 97301

Contact Info
Phone: 5033333333
E-Mail: SARASHITH@YAHOO.COM

Next >

2. Case Updates > Representatives Screen:
 - a. Upon clicking 'Next', the Representatives screen will display.
 - i. Complete the fields

[< Back to Case Summary](#)

Case Updates

- Application Information ✓
- Representatives ✓
- Community Partner
- Racial/Ethnic Identity and Language ✓
- Contact Information
- Address Match Associated Cases
- Non Custodial Parent Information
- Non Custodial Parent Relationship Information
- Voter Registration ✓
- Veteran Status ✓
- Enrollment Manager ✓
- Confirm Updates

Representatives 🖨️ 📄 ?

Authorized Representative/Authorized Person to Release Information

First* Middle Initial

Last* Suffix

Relationship to Individual Organization Name

Organization Identification # Level of Permission*

Verification* Verification Date

2099 Received? Received Date

Address Information

Attention/Care of

Address Line 1*

Address Line 2

City* State*

ZIP Code* - County*

Contact Information

| Contact Method | Phone Type | Voicemail | Texting |
|--|-----------------------------------|-------------------------------------|--------------------------|
| Primary Phone# <input type="text" value="(503) 555-5555"/> Ext. <input type="text"/> | <input type="text" value="Home"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Secondary Phone# <input type="text" value="<(xxx) xxx-xxxx>"/> Ext. <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Email

Preferred delivery method for correspondences

Individual's Preferred Language*

Case: 870603281

Case Program Status **Approved**

Case Mode **Active**

Application Date **4/26/2018**

Renewal Date **3/31/2019**

Household Members

- SARA SMITH** Primary
Age 39 Sex Female
Individual # 560702067 SSN
- JOHN SMITH** Son
Age 39 Sex Male
Individual # 560702068 SSN

Address
1234 ALDER
SALEM, OR, 97301

Contact Info
Phone 5033333333
E-Mail SARASHITH@YAHOO.COM

Report a Change

1. Data Collection > Application Information screen:
 - a. Upon clicking Report a Change, a user will be taken to the Application Information screen under the Data Collection tab. The following questions are asked:
 - i. "Would the client like to name an authorized representative or a person to consent to release?" ---- answer Yes
 - ii. "Would the client like to name an authorized representative or a person to consent to release now?" ---- answer Yes

Home Application/Case Inbox Inquiry Correspondence Tools Quick Search Version : 1.0.0.0

< Back to Case Summary Data Collection Eligibility Determination

Application Information

Application Date: 11/01/2015 Application Time: 03:57 PM (PT)

Written Language: English Other Written Language: []

Spoken Language: English Other Spoken Language: []

Special Accommodations: [] Application Source: Mail-In

Interview Date: 11/06/2015

Applicant

First: SALLY Middle Initial: []

Last: SMITH Suffix: []

Would the client like to name an authorized representative or a person for consent to release? Yes

Would the client like to name an authorized representative or a person for consent to release now? Yes

Would the client like to keep their case information confidential from other household members? No

Would the client like to name a Community Partner? No

Household Members

SALLY SMITH Primary
Age: 38 Sex: Female
Individual #: 200001483
SSN: 503-66-2360

JOEL SMITH Unrelated
Age: 43 Sex: Male
Individual #: 200001485
SSN: 541-99-9999

Address: 4354 WONDERFUL ST NE SALEM, OR, 97301

Contact Info

Phone: 5033916540
E-Mail: Sally4you@gmail.com

Renewal Of Coverage

As we go through the application process, I will ask you to verify the answers that you have given or that our system has given for you. Please provide as much detail as possible so that we can help you get the best health coverage option.

You can give HealthCare.gov ongoing permission to check your information with state and federal databases in the future. If you choose to do this, you can opt out at any time by contacting HealthCare.gov. Would you like to authorize HealthCare.gov to access the state and federal databases in the future?

I understand that HealthCare.gov will access my personal information that is stored on the state and federal databases.

I authorize HealthCare.gov to access the state and federal databases for up to [] years

Expiration Date: 11/01/2016

Next >

2. Data Collection > Representatives Screen:

- a. Upon clicking 'Next', the Representatives screen will display. Complete the required fields, including the 'Verification Date'
 - i. Verification (Client Statement, Court Documents, Power of Attorney Document, Not Verified, 2099 Verified, 231 Verified) – The Verification Type should be left as 'Client Statement' until the signed MSC0231 is received. *Do not use '2099 Verified' value on the Representatives screen.*
 - ii. Verification Date (mm/dd/yyyy format) – enter the latter of the Client Signature or Authorized Representative Signature, it will be assumed that the new version of the MSC0231 is on file for any dates after 5/15/19.
 - iii. 2099 Received (Same as Individual, Another Individual) – *answer Yes if signed MSC3010 (formerly DHS2099) has been received, but add the name and contact details in case notes*
 - iv. Received Date (mm/dd/yyyy format) – can be entered to track an MSC3010 received, but name and contact details need to be captured in case notes only

< Back to Case Summary

Case Updates

Application Information ✓

Representatives ✓

Community Partner

Racial/Ethnic Identity and Language ✓

Contact Information

Address Match Assoc Cases

Non Custodial Parent Information

Non Custodial Parent Relationship Information

Voter Registration ✓

Veteran Status ✓

Enrollment Manager ✓

Confirm Updates

Representatives 📄 ?

Authorized Representative/Authorized Person to Release Information

First* CLAY Middle Initial

Last* SMITH Suffix

Relationship to Individual family membe Organization Name

Organization Identification # Level of Permission* Standard (appl)

Verification* 231 Verified Verification Date 05/15/2019

2099 Received? Received Date <mm/dd/yyyy>

Address Information

Attention/Care of

Address Line 1* 123 4TH ST

Address Line 2

City* SALEM State* OREGON

ZIP Code* 97302 - County* MARION

Contact Information

| Contact Method | Phone Type | Voicemail | Texting |
|---|---------------------------|-------------------------------------|--------------------------|
| Primary Phone# (503) 555-5555 Ext. <input type="text"/> | Home <input type="text"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Secondary Phone# <(xxx) xxx-xxxx> Ext. <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Email <input type="text"/> | | | |

Preferred delivery method for correspondences Paper

Individual's Preferred Language* English

Case: 870603281

Case Program Status

OHP Approved

Case Mode Active

Application Date 4/26/2018

Renewal Date 3/31/2019

Household Members

SARA SMITH Primary
Age 39 Sex Female
Individual # 560702067 SSN

JOHN SMITH Son
Age 39 Sex Male
Individual # 560702068 SSN

Address
1234 ALDER
SALEM, OR, 97301

Contact Info
Phone 5033333333
E-Mail SARASHITH@YAHOO.COM

Not naming an Authorized Representative NOW

*While it's possible to answer questions as described below prior to collecting a signed MSC0231, it's not necessary to do so, nor is it needed for any specific system functionality. It's most advisable not to answer, "Would the client like to name an authorized representative or a person for consent to release now?" as "Yes" until the signed MSC0231 is received and you're ready to add the authorized representative to the case.

1. Data Collection > Application Information screen:
 - a. Upon clicking Report a Change, you are brought into the Data Collection tab and on the Application information screen. The following questions are asked:
 - i. "Would the client like to name an authorized representative or a person to consent to release?" ---- answer Yes
 - ii. "Would the client like to name an authorized representative or a person to consent to release now?" ---- answer No

< Back to Case Summary

Case Updates

- Application Information ✔
- Representatives
- Community Partner
- Racial/Ethnic Identity and Language ✔
- Contact Information ✔
- Address Match Associated Cases
- Non Custodial Parent information
- Non Custodial Parent Relationship information
- Voter Registration ✔
- Veteran Status ✔
- Enrollment Manager ✔
- Confirm Updates ✔

Application Information 🖨️ 📄 ?

Applicant

Would the client like to name an authorized representative or a person for consent to release? *

Yes ▾

No ▾

Would the client like to name an authorized representative or a person for consent to release now? *

No ▾

Would the client like to name a Community Partner? *

No ▾

Case: 870603281

Case Program Status: Approved
Active

Mode: Active

Application Date: 4/26/2018

Renewal Date: 3/31/2019

Household Members

SARA SMITH Primary

Age: 39 Sex: Female

Individual #: 560702067

SSN:

JOHN SMITH Son

Age: 39 Sex: Male

Individual #: 560702068

SSN:

Address

1234 ALDER
SALEM, OR, 97301

Contact Info

Phone: 5033333333

E-Mail: SARASHITH@YAHOO.COM

Next >

If you don't choose to name an Authorized Representative now, the authorized representative dropdown on the case summary page will be blank and can be completed later by navigating back to the Application Information page via Non-eligibility Update or Report A Change.

Authorized Representative

| | | Voicemail | Texting |
|---------------------------|-------------------|--------------------------|--------------------------|
| Authorized Representative | Primary Phone # | <input type="checkbox"/> | <input type="checkbox"/> |
| Address Information .. | Secondary Phone # | <input type="checkbox"/> | <input type="checkbox"/> |
| | Email | | |