

Information Memorandum Transmittal Aging and People with Disabilities



Mike McCormick

Authorized signature

Number: APD-IM-19-083

Issue date: 10/29/2019

Topic: Other

Due date:

Subject: Additional APD-Specific Information about Authorized Representatives and Alternate Payees

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input checked="" 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 type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" 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 | |

Message:

This transmittal is intended to expand on, and in some cases, correct the information found in [APD-PT-19-009](#), [APD-AR-19-026](#), and [APD-IM-19-055](#). Please note that the Authorized Representative sections of the [OSIPM](#) and [MSP](#) manuals have been updated with the most current information, including the [FAQ document](#). The Authorized Representative and Alternate Payee Coding document has also been updated and a copy is attached.

Q&A related to the mass-mailing of letters and MSC231 forms described in [APD-IM-19-055](#)

Q: What should APD/AAA branches do when they are notified by IRMS that an MSC231 was received and scanned into EDMS?

A: Treat them as if they arrived by mail to your office – make sure the MSC231s are completed and signed by both parties (which may include printing it out and

completing the client's portion if we designated the auth rep or alternate payee), make sure the auth rep/payee is coded in ACCESS/FSMIS/UCMS correctly per the coding guidelines, and narrating.

- Remember for alternate payees on medical cash-pay cases, this means making sure they are coded on UCMS correctly.
- For SNAP:
 - The auth rep must be coded on FSMIS
 - Alternate payees should be added to the EBT case and the payee issued their own EBT card – they should not be added to the FSMIS case

Note: Be sure to view all pages of the document, as IRMS will include additional notes or forms they receive with the MSC231.

Q: What if the form is only completed by the authorized representative because the Department (APD/AAA branch) designated the individual?

A: If the authorized representative designation is still appropriate, print out the MSC231, complete the client portion, check the box next to **Check here if department designated** (below the mailing address field), scan it back to the **Supporting Document** folder in EDMS, make sure the systems are coded appropriately per the coding guidelines, and narrate.

Q: Why are there other documents in the **Authorized Representative** folder in EDMS besides 231 forms?

A: IRMS will process all documents they receive as part of this process. If they receive the letter, one page of the form, anything – they scan and process that document.

Q: There is an MSC231 in the **Authorized Representative** folder in EDMS, but our branch office has not received an email from IRMS.

A: IRMS is currently working through a backlog. They received many of the forms at the beginning of the mailout and are trying to catch up as quickly as they can. They are holding off on emails notifying that the document has been processed until a full day of documents leave their system (for tracking purposes); however, this also results in a delay in feedback when the form is received. They will eventually send emails for all the forms they process.

Q: I received an MSC231 from my client but I'm not able to scan it into the **Authorized**

Representative EDMS location.

A: Documents can only be added to that location by IRMS and only during this mass mailing project, you should use the normal process for scanning MSC231 forms that are sent to or received from the APD/AAA directly (scan into **Supporting Document**).

Q: Do I have to notify IRMS if the form was sent to the branch instead of the address on the return envelopes?

A: No, just be sure to narrate in ACCESS that it was received and scan it into **Supporting Document** so that the authorized representative will not be removed prior to conversion. Also, make sure the MSC231 is completed and signed by both parties (which may include printing it out, completing the client's portion, and checking the **Check here if department designated** box if we designated the auth rep or alternate payee), make sure the auth rep/payee is coded in ACCESS/FSMIS/UCMS correctly per the coding guidelines, scan it to the **Supporting Document** folder in EDMS, and narrate.

- Remember for alternate payees on medical cash-pay cases, this means making sure they are coded on UCMS correctly.
- For SNAP:
 - The auth rep must be coded on FSMIS
 - Alternate payees should be added to the EBT case and the payee issued their own EBT card – they should not be added to the FSMIS case

Because it wasn't returned to IRMS, they will not notify any other associated branches, so you must check to see if there are other benefits administered by another branch (such as SNAP that may be with SSP or MAGI with 5503). 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/AAA offices at their case transfer email address
- To update records for APD/AAA clients who are also MAGI recipients, fax the MSC231 to branch 5503 at (503) 378-5628 along with a completed MEDC form

*Note: These instructions can be found in the **Authorized Representative** sections of the OSIPM and MSP manuals ([OSIPM B.6](#) and [MSP B.6](#))*

Q: Will IRMS narrate in Oregon ACCESS when they receive an MSC231?

A: No, they will only narrate if a letter is returned in the mail as undeliverable and they cannot locate an alternate address.

Q: Do I need an MSC231 for Oregon Project Independence (OPI) an/or Older American Act (OAA) benefits?

A: No, neither the term nor the definition of “authorized representative” is used in these programs, so the form is not needed.

Q: Many Community Developmental Disabilities Programs, Brokerages, and Children’s Intensive In-Home Services case management entities are receiving calls about these letters and then calling the APD/AAA branch offices wondering what to do with them. What should we tell them?

A: It depends on who the APD/AAA eligibility worker works with to maintain OSIPM eligibility and/or who receives cash or SNAP benefits on the person’s behalf. If there is an existing MSC231 on file, and no changes are requested to the authorized representative or alternate payee (if applicable), then the form should be completed by the same individuals who completed the previous form. It could be that the APD/AAA branch office designated the brokerage or the provider, in which case the brokerage/provider completes the representative portion and the branch office completes the client’s portion and checks the **Check here if department designated** box when it is returned. If the individual has a legal guardian (not including a parent of a minor child, see below), and the guardian is the authorized representative, then the APD/AAA branch office must complete the client portion and the guardian completes the representative/payee section(s). If the guardian has appointed someone else, then the guardian completes the client section and the designee completes the representative/payee section(s).

Q: Many of the DD clients to whom the letters are addressed are children, some of whom are represented by a parent. Do they need to complete the MSC231?

A: First, a child cannot designate his/her own authorized representative, so a child should not complete the MSC231 under any circumstances. Second, the MSC231 form is only required when someone besides a natural or adoptive parent represents a minor child as the authorized representative. Many forms were mailed to children whose parents applied for them because staff have been trained to put the case in the child’s name and list the parent as the authorized representative in ACCESS so the parent’s information is retained. Also, forms were sent to providers of children receiving Children Room and Board payments (CRB) because the mailing address on the case must be the provider so that the room and board checks are mailed directly to them. Due to current system constraints, there is no way to have the checks mailed to

the provider and all other case-related paperwork mailed automatically to the parent or other authorized representative, which is why so many letters and forms were sent to providers. Once Integrated ONE is implemented, there will be a separate alternate payee module where a second mailing address can be captured for medical-related cash payments and everything else can be sent to the parent or authorized representative.

A child who is not represented by a natural or adoptive parent must have an authorized representative appointed for them by either a legal guardian (if the guardian will not be the authorized representative) or by the APD/AAA branch office (if the representative will be the guardian or other third party). Again, in these cases, an older version of the MSC231 should have been completed previously and available to view for comparison.

If you have any questions about this information, contact:

Contact(s): APD Medicaid Policy	
Phone:	Fax:
Email: apd.medicaidpolicy@dhsosha.state.or.us	

Authorized Representative and Alternate Payee Coding Guidance

Updated 10/15/19

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Authorized Representatives for Individuals with Medical Benefits in ACCESS

Effective immediately:

- 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.
- It is no longer necessary to remove authorized representative information from the UCMS screen in the **Auth Repr** field when integrating, especially for individuals receiving OSIPM on an open card
- If there is information in that field at the time of conversion to Integrated ONE, and the case is in non-cash-pay status (NCP), it will not be converted over to Integrated ONE, which is why it is very important to code authorized representatives in Oregon ACCESS

Important: Authorized representatives listed on **UCMS** for **_1, _3, _4, and _5** cases in cash-pay status (CPA) will be brought over to the Alternate Payee module in integrated ONE at conversion.

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

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

Contact Detail

Last Name: JOHNSON SANDERSON Relation to Primary App: Other

First Name: MARTHA

Address:

Line 2:

City State Zip: -

Tele Nbr 1: () - Ext: Verified:

Type:

Tele Nbr 2: () - Ext:

Type:

Email:

Send 512 To

Reliable Resource Legal Representative Don't Send

Contact's Roles

Authorized Representative Add Remove

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

Effective immediately:

- 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).
- If the individual receiving cash benefits does not have an alternate payee but has an authorized representative, do not code the authorized representative in the **Auth Repr** field on the **UCMS** screen, or the cash benefit check will be printed with the authorized representative's name
- 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.

The screenshot shows the 'Contacts' tab in the ACCESS system. The contact list includes 'JOHNSON SANDERS' and 'MARTHA'. The 'Auth Repr' field is highlighted as 'Alternate Payee'. The 'Relation to Primary App' is set to 'Other'. The 'Send 512 To' options are 'Reliable Resource', 'Legal Representative', and 'Don't Send'.

Last Name	First Name	Rel to Primary App	Verified
JOHNSON SANDERS	MARTHA	Other	<input type="checkbox"/>

Contact Detail

Last Name: JOHNSON SANDERS
First Name: MARTHA
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

Add
Remove

Reminder: Authorized representatives still listed on **UCMS** for _1, _3, _4, and _5, and cases will be brought over to the Alternate Payee module in integrated ONE at conversion.

Application for NEW TEST / Case Nbr: NX4221

UCMS CMUP/PCMS

View: ACCESS CMS

Case Name: TEST, NEW Auth Rep: R JOHNSON SANDERSON, MARTHA

Res Str: 123 Address Street City: Salem St: OR Zip: 97339

Fips Cnty: 047 Tele: 000 000-0000 Send Mailing Address:

Mail Str: City: St: Zip:

Prog: 4 Br: 3013 Case: NX4221 WCMI Case Stat: SCD: 8 Last Chg: 00/00/0000

Inc: 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 Actual/GC Hrs: 943 Print: N

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

Delete Transaction

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

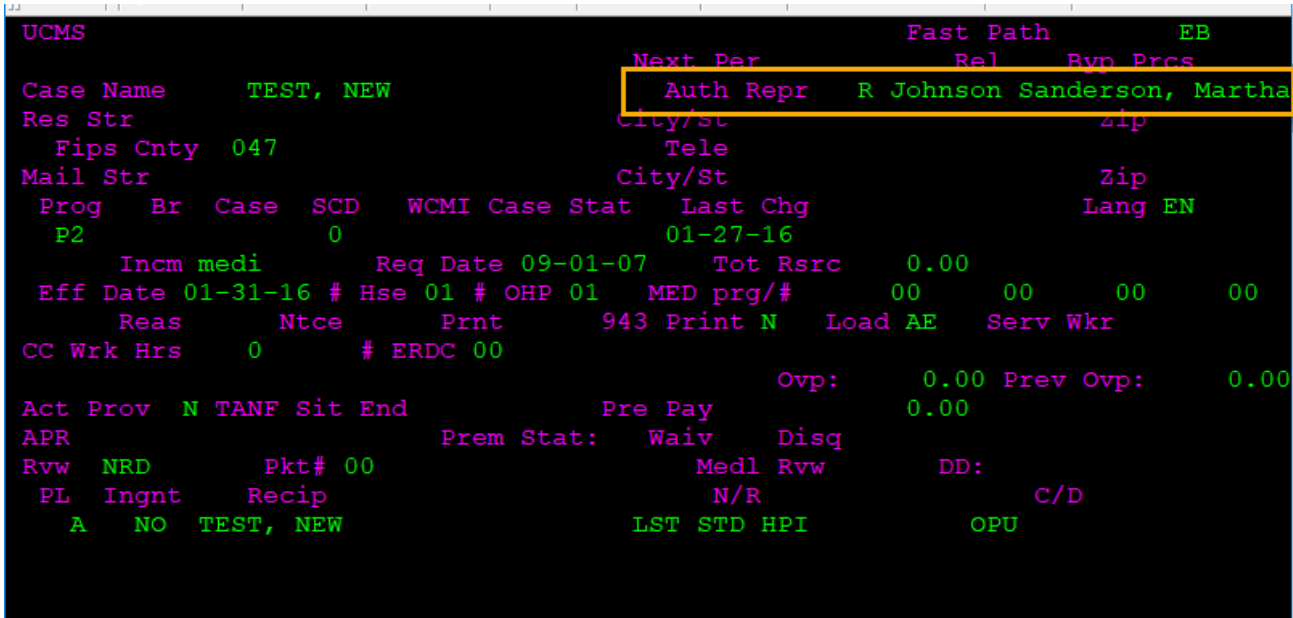
For FSMIS and UCMS

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

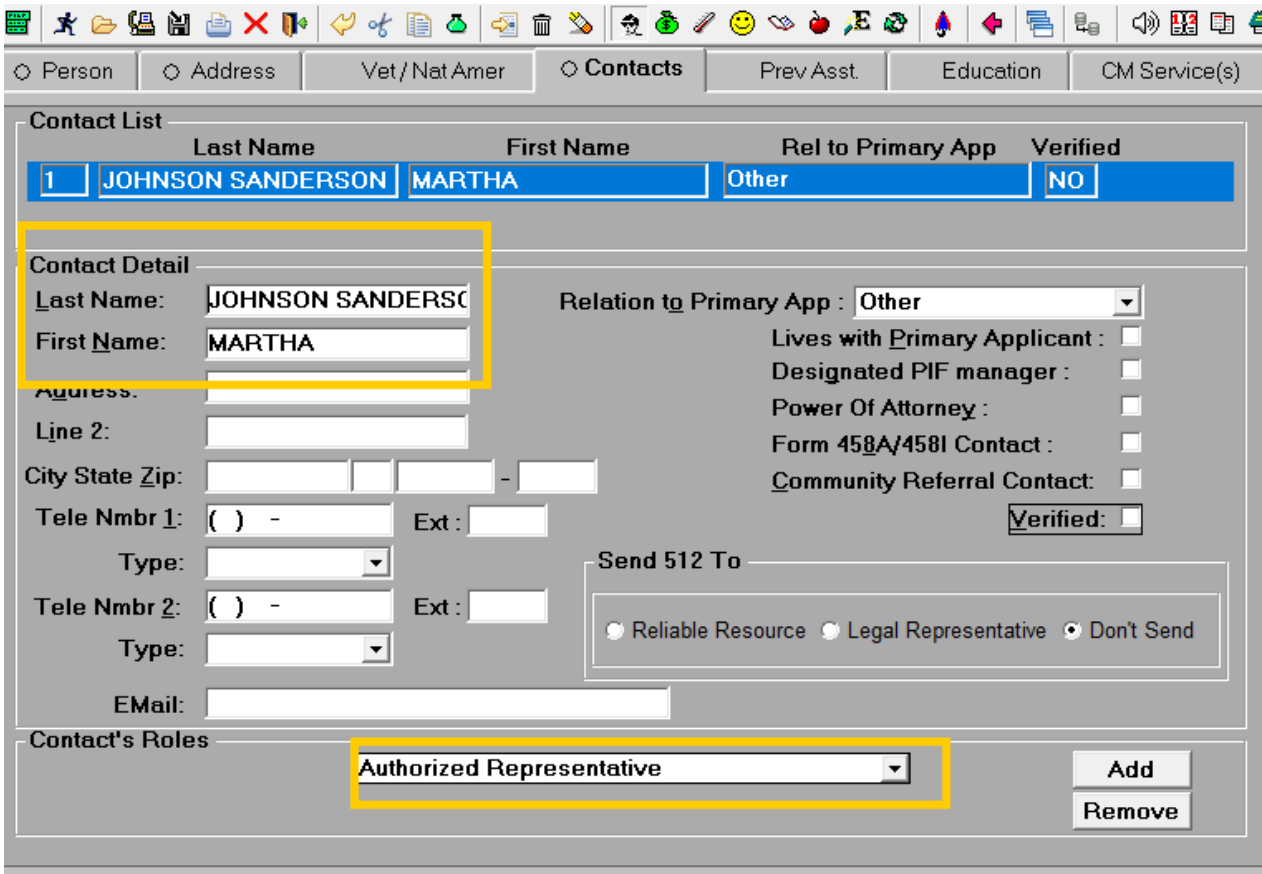
FSMIS: **Johnson Sanderson, Martha**

```
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      .00
```

- UCMS: Johnson Sanderson, Martha






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




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



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Application Details



Application Information   


Case: 740021670

Application Date* 07/01/2018  :15 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  :15



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

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Application Details

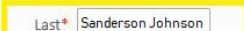

Application Information   



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 <mm/dd/yyyy> 

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

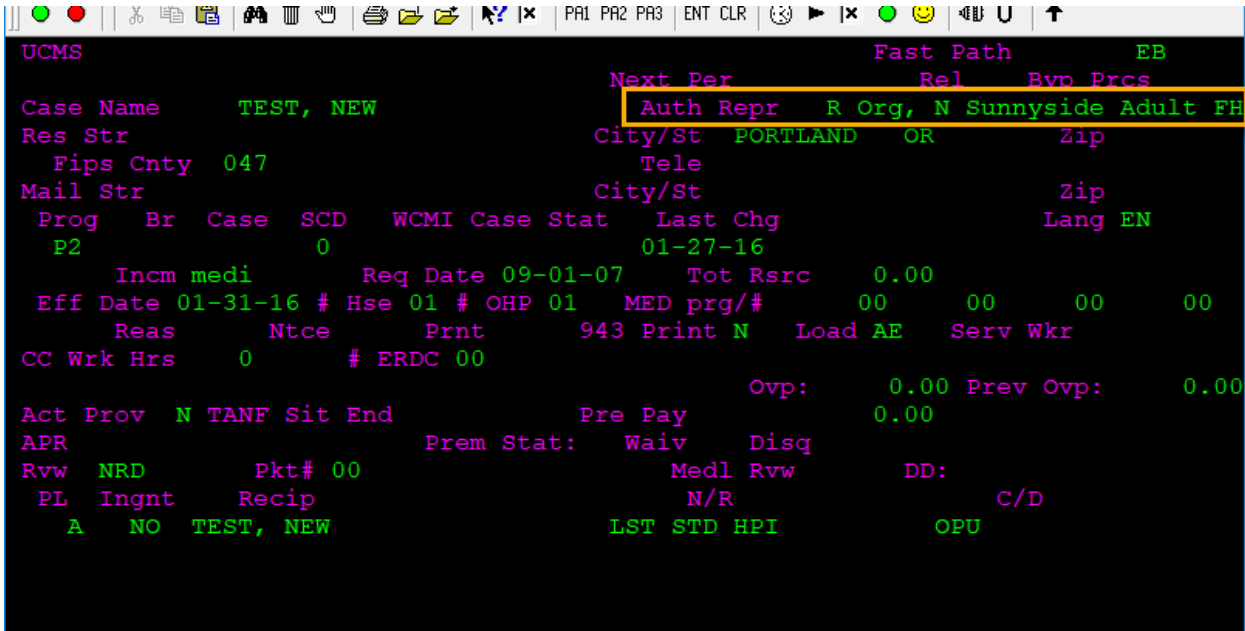
An organization authorized representative is a business, partner agency, facility, or non-profit that acts as an Authorized Representative. Sometimes employees of an organization will provide their name; however, the agreement to represent the client is made between the organization and the client, and 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**

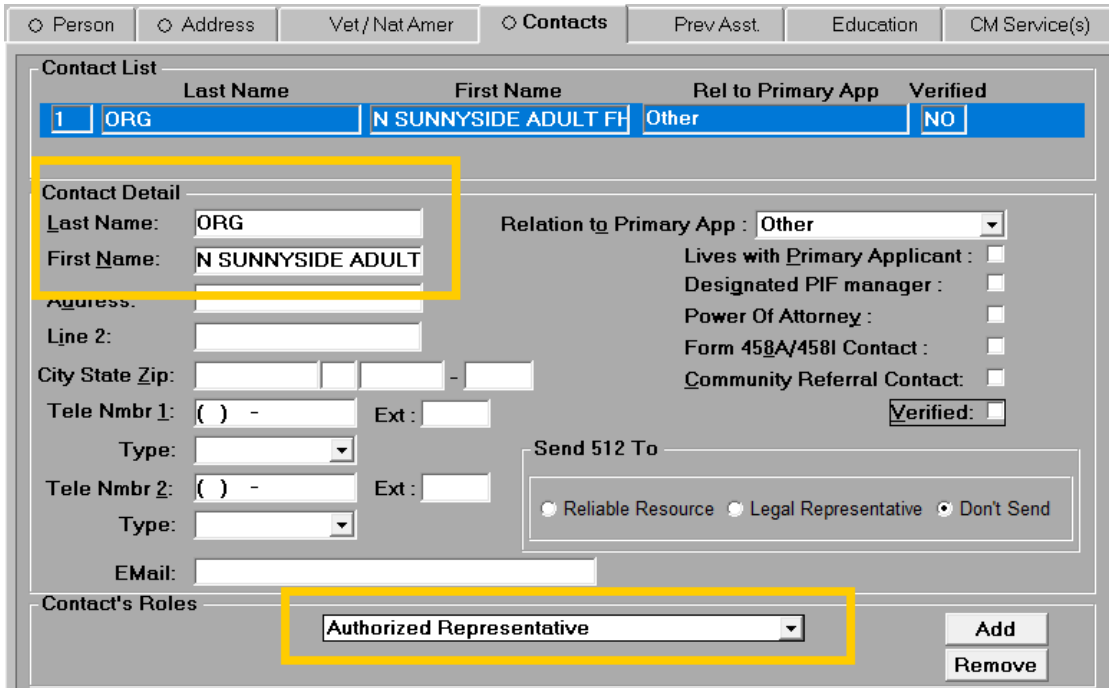
```
FSUP                               FastPath      EB           Next Code:
Case No:                            Name: TEST, NEW      Br:           Reg: 3 Aqy: AFS
Trans: adj                          D-Eff: 050119       Wrk Id:
Start Cert: 000000 Expr Cert: 000000 Reason:         Option:       Categ:       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**

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Application Details

Application Information ✓
Representatives ✓
Community Partner

Representatives

Authorized Representative/Authorized Person to Release Information

First*	Martha	Middle Initial	
Last*	Sanderson Johnson	Suffix	
Relationship to Individual	Friend	Organization Name	N Sunnyside Adult FH
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*	
Address Line 2	
City*	
State*	OREGON

Case: 740021670

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

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

The screenshot displays the 'Application Registration' screen on the Oregoneeligibility portal. The page is titled 'Application Registration' and includes a navigation menu with options like 'Home', 'Application/Case', 'Inbox', 'Inquiry', 'Correspondence', 'Tools', and 'Quick Search'. The main content area is divided into sections: 'Application Details' (with sub-sections for 'Application Registration' and 'Representatives'), 'Determination Type' (FULL), 'Application Date' (05/09/2019), 'Application Time' (03:39 PM (PT)), 'Written Language' (English), 'Other Written Language', 'Spoken Language' (English), 'Other Spoken Language', 'Special Accommodations', and 'Source' (Phone Interview). Below this is the 'Applicant' section with fields for 'First' (George), 'Middle Initial', 'Last' (Washington), and 'Suffix'. Two questions are listed: 'Would the client like to name an authorized representative or a person for consent to release?*' and 'Would the client like to name an authorized representative or a person for consent to release now?'. Both questions have 'Yes' selected in their respective dropdown menus. A red arrow points to the 'Yes' dropdown for the second question. A 'Next >' button is located at the bottom right of the form.

- 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 tabs for Home, Application/Case, Inbox, Inquiry, Correspondence, Tools, and Quick Search. The breadcrumb trail shows: <Back to Application Summary > Application Registration > Data Collection > Eligibility Determination > Representatives.

The 'Representatives' form is divided into several sections:

- Application Information:** Primary Applicant: GEORGE WASHINGTON; Application #: 650603842
- 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 (apply, report cl)
- 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"/>	<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

At the bottom right, there are buttons for '< Previous' and 'Next >'. Red arrows point to the 'Representatives' sidebar, the 'Authorized Representative' section, the 'Address Information' section, the 'Contact Information' section, 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"/>		<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:

 **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 >

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

Case Updates

Representatives

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

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

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.	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 >

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 #: 200001485
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

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 ▾

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: Approved
Application Date: 4/26/2018
Renewal Date: 3/31/2019

Household Members

SARA SMITH Primary
Age: 39 Individual #: 560702067 Sex: Female
SSN

JOHN SMITH Son
Age: 39 Individual #: 560702068 Sex: Male
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

Authorized Representative	Voicemail	Texting
Primary Phone #	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Phone #	<input type="checkbox"/>	<input type="checkbox"/>
Email		