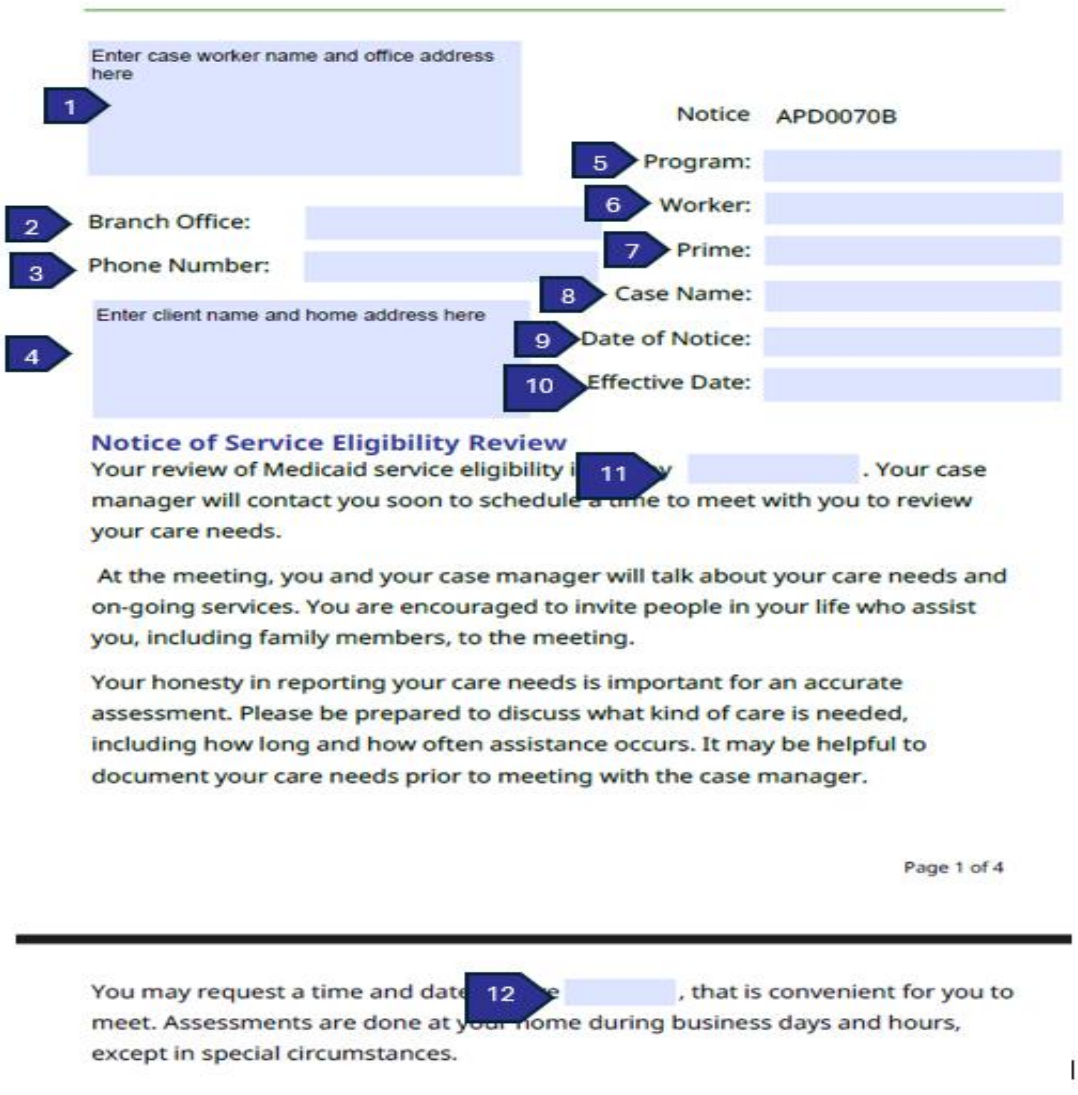
Buckley Notice Form 70b Instructions for Completion

Updated: April 15, 2026


Enter case worker name and office address here

1

Notice APD0070B

5 Program:

6 Worker:

2 Branch Office:

7 Prime:

3 Phone Number:

8 Case Name:

Enter client name and home address here

4

9 Date of Notice:

10 Effective Date:

Notice of Service Eligibility Review

Your review of Medicaid service eligibility i 11 . Your case manager will contact you soon to schedule a time to meet with you to review your care needs.

At the meeting, you and your case manager will talk about your care needs and on-going services. You are encouraged to invite people in your life who assist you, including family members, to the meeting.

Your honesty in reporting your care needs is important for an accurate assessment. Please be prepared to discuss what kind of care is needed, including how long and how often assistance occurs. It may be helpful to document your care needs prior to meeting with the case manager.

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You may request a time and date 12 , that is convenient for you to meet. Assessments are done at your home during business days and hours, except in special circumstances.

1. **First field:** Enter the local office branch name and address

    a. Branch name

b. Branch address

c. City, State Zip

2. **Branch office field**: Enter the local office branch number.

3. **Phone number field**: Enter the local office phone number or the direct phone number for the case manager

4. **Next field**: Enter the individual's name and address.

a. Individual's name

b. Individual's address

c. City, State Zip

5. **Program field:** Leave this field blank.

6. **Worker field:** Enter the case manager's name.

7. **Prime field**: Enter the individual's prime number.

8. **Case name field:** Enter the individual's name.

9. **Date of notice field:** Enter the date the notice is mailed.

10. **Effective date field:** Enter either the benefit end date as indicated in Oregon ACCESS (OA) or enter 45 days from the date the notice is mailed if an early reassessment is being done.

11. **Next field:** Enter either the benefit end date as indicated in OA or enter 45 days from the date the notice is mailed if an early reassessment is being done.

12. **Next field:** Enter either the benefit end date as indicated in OA or enter 45 days from the date the notice is mailed if an early reassessment is being done

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Aging and People with Disabilities at apd.ltss@odhs.oregon.gov or 503-945-5600. We accept all relay calls.

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