

Expectations for Updating Oregon ACCESS (OA) Information

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Table of Contents

Purpose 1

Best practice 2

Data sources 2

Synchronization screen 2

Address tab 3

Person tab 4

Policy questions 5

Purpose

To ensure the health and safety of consumers receiving Medicaid Services and Supports (LTSS) by Aging and People with Disabilities (APD), case managers (CMs) must keep each individual’s demographic information, such as addresses and phone numbers, current in Oregon ACCESS (OA).

Accurate information helps individuals remain eligible for services based on their residence, receive timely agency notifications and continue accessing their medical benefits. This also helps the agency manage emergency situations more effectively in case of wildfires, natural disasters, and urgent facility move outs.

All references made to OA updates in this guide are meant for OA cases also found in the ONE system. This QRG does not apply to Oregon Project Independence-Medicaid or OPI-M cases not found in the ONE system.

Best practice

Review demographic and OA case information with individuals when scheduling a home visit, while completing direct contacts, or during an office visit.

Data sources

Individual information must match all the systems we use. This includes the ONE system and OA. Since ONE and OA are two different databases, they must be updated individually. Information such as income amounts are not synced to OA. Keep in mind demographic information flows from ONE to OA only.

If there is a change needed, CMs should inform an eligibility worker or follow your local office process. CMs have not been given rights to edit information in ONE.

When a change has been made in ONE, the next time the CM revisits the same case in OA, the system will prompt them to sync the new information to OA through a synchronization screen. This is when the CM will act.

Synchronization screen

This screen will display automatically if a mismatch of information is found between ONE and the OA record for the same individual (see example below).

The screenshot shows a web application window titled "IE / ME Information". At the top is a "Person List" table with columns: #, Last Name, First Name, IE / ME, and OA Prime Number. Below the table are two tabs: "IE / ME Download" (selected) and "Financial Eligibility". The main content area is divided into two columns. The left column is labeled "ACCESS" and the right column is labeled "IE / ME", with a black arrow pointing from "IE / ME" to "ACCESS". Both columns contain identical address information: "Residential Address" (redacted), "Mailing Address" (redacted), and "Email Address" (redacted). Below the address fields, there is a "Download From IE/ME" button and a "Close" button. A red box highlights a checkbox next to the "Email Address" field in the "IE / ME" column. A red arrow points to the "Download From IE/ME" button.

To resolve the discrepancies, the CM should check the box(es) next to the accurate information, then select the Download From IE/ME button. This ensures the correct information is matching in both ONE and OA.

Address tab

CMs should also ensure no additional information gets entered in the address field. The address field should not be used as a place to store case notes.

○ Person

○ **Address**

Vet / Nat Amer

○ Contacts

Prev Asst.

Education

CM Service(s)

Address List

	Address	City	Verified
1		Chiloquin	No
2		Chiloquin	No

Address Detail

Address:

Line 2:

City:

State ZIP:

Has large dog

Chiloquin

OR 97624 -

Address Confidentiality Program: ACP

Protected/Do Not Disclose Address: DND

Homeless/No Fixed Address: TEMP

FIPS Cnty Code:

035

Directions:

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

Verified:

Address Owners

Name	Use
	Residence Address

Add

Remove

Person tab

The living situation listed in a case is important to update in OA as well. Open the case in OA and select the Person tab. Under Live in, select the drop-down menu. This provides you with several options. Select the best option based on the individual's current living situation.

Case for [redacted] (Case Branch : Aging and People with Disabilities)

Person

Address

Vet / Nat Amer

Contacts

Prev Asst.

Education

CM Service(s)

Person List

	Last Name	First Name	M.I.	Role	Verified
1				Primary Applicant	No
2			M	Filing Group / Rele	No

Person Detail

SSN: [redacted]

DOB: [redacted]

Prime Nmbr: [redacted]

Citizenship:

US Citizen

Legal Alien

Other

Sex:

Male

Female

Disabled: ☒

IBL: ☐

Blind: ☐

Live in:

House

Marital:

House

Race:

Houseless

Ethnicity:

Nursing Facility

Other

Death Date: 00/00/0000

Stay in Oregon: ☒

Lang Spoken: English

Spouse is or was a vet: ☒

Lang Read: English

Unpaid medical bills: ☐

Alt Format: None

CAM: ☒

1. Tele N

Relative Foster Home

Type: Cell

2. Tele N

Residential Care Fac.

Type:

3. Tele Nmbr: () -

Ext:

Type:

4. Tele Nmbr: () -

Ext:

Type:

Email:

454D Comments

IE/ME: YES

Verified: ☐

Policy questions

For policy questions related to Medicaid Services and Supports, staff can email apd.medicaidpolicy@odhsoha.oregon.gov.

Page 5 of 6

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](tel:503-945-5600). We accept all relay calls.



OREGON DEPARTMENT OF
Human Services

Aging and People with Disabilities

Medicaid Services and Supports

500 Summer St. NE, E-10

Salem, OR 97301-1076

503-945-5600

odhs.info@odhs.oregon.gov

www.oregon.gov/odhs