

Application for the Oregon Project Independence-Medicaid (OPI-M)

Financial Information:

Income

Please indicate all your gross monthly income and your spouse's income (if applicable). Include only your income and your spouse's income (if applicable). Do not include income of any other household members. Gross income is the amount of income prior to any taxes or other deductions (example: Medicare premium) being taken out.

Income Examples:

- Salaries
- Interest and dividend payments
- Pensions or other retirement income
- Income from Social Security

Please note: The Department will review any reported income. We may not count some of your income when determining eligibility for this program.

Resources

Include any resources you or your spouse own. A resource is something that has value. Personal belongings such as your clothing, yard equipment, household furnishings are not included. If additional space is needed, please include the details on a separate document and include it with this application.

Resource Examples:

- Checking/Savings or other similar accounts
- Cash cards
- Annuities, stocks, bonds
- IRAs, pensions, or other retirement benefits
- Real property such as your primary residence, rental properties, etc..
- Any motor vehicles such as cars, trucks, trailers, ATVs, boats, etc..

Please note that the final value of the resource, or how the resource is counted, will be determined by the Department by following Oregon Administrative Rule.

Authorization for Electronic Verification of Resources



IMPORTANT

This form is required if you are:

- Receiving or eligible for Medicare.
- Age 65 or older, blind or disabled.
- Requesting long-term care.

This is because we may need to review for long-term care or programs based on age or being blind or disabled. These programs require electronic verification of resources.

Signing this form gives Oregon Health Authority (OHA) and Oregon Department of Human Services (DHS) permission to electronically verify banking records.

Person Requesting Benefits

Name:

(First name)

(Last name)

Social Security number: - - Birthdate: / /

Spouse (Requesting or not requesting benefits*)

Name:

(First name)

(Last name)

Social Security number*: - - Birthdate: / /

* A social security number and signature are required if you are also requesting benefits. A spouse who is not requesting benefits is not required to give their social security number or sign this form. However, it will help speed up our decision. If you do not give a social security number and sign this form, we may ask you for up to five years of banking records.

Authorization

I authorize electronic verification of my resources held at banks and credit unions in order to determine and redetermine Medicaid eligibility. This authorization will end if you are denied, if your benefits close, or if you ask us to end it in writing.

If we review for long-term care or programs based on age or being blind or disabled, failure to fill out and sign this form may result in a denial, reduction or closure of benefits.

Signature of person requesting benefits

Today's date

Signature of spouse

Today's date

For office use only

Case number:

Your rights (what you can expect from ODHS and OHA):

- ODHS and OHA will treat you with respect in a fair and polite way.
- What you tell ODHS and OHA we will keep private.
- You can ask for help to apply, fill out forms, or report changes in your preferred language.
- ODHS and OHA will give you information in a format or language you can understand.
- ODHS and OHA will do its best to meet your special needs if you have a disability. ODHS and OHA follow the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
- Your right to a hearing:
 - » If you disagree with the decisions OHA or ODHS make about your eligibility for this program, you have the right to request a hearing.
 - » You can ask for a hearing if you do not get a decision from us within 45 days.
 - » You have the right to choose an authorized representative to act on your behalf during the hearing process.
 - » You can request a hearing in writing or by letting ODHS know.
 - » If you want a hearing, you must request it within 90 days of the date on the eligibility notice you will receive (in the mail or email). Your deadline to request a hearing does not change even if you contact us.

Your responsibilities (what you must do):

- Give ODHS and OHA true, correct and complete information.
- Give proof of certain things you report. If you cannot get proof, you must let us contact other people or agencies for proof when we need to.
- Allow ODHS and OHA staff to visit your home to get information about your case.
- Report changes to ODHS and OHA.
- Help ODHS and OHA get proof if your case is chosen for a review. Cases are chosen at random to take part in a review.

Individual/Authorized Representative Signature:

Date:

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

» **See page 2** for
*more information on
these rights and how
to exercise them*

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

» **See page 3** for
*more information on
these choices and
how to exercise them*

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

» **See pages 3 and 4** for
*more information on
these choices and
how to exercise them*

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most psychotherapy notes

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a court order.

- I. OHA may use or release protected health information (PHI) from enrollment forms to help determine what programs you are eligible for or what kind of coverage you should receive.
- II. OHA follows the requirements of federal and state privacy laws, including laws about drug and alcohol abuse and treatment and mental health conditions and treatment.
- III. OHA may use or release substance abuse records if the person or business receiving the records only has a specialized agreement with OHA.
- IV. If OHA releases information to someone else with your approval, the information may not be protected by the privacy rules and the person receiving the information may not have to protect the information. They may release your information to someone else without your approval.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

Approved by Suzanne Hoffman, COO 2-14-2014

This Notice of Privacy Practices applies to the Oregon Health Authority and its business associates, including the Oregon Department of Human Services.

To use any of the privacy rights listed above you can contact your local OHA office.

To request this notice in another language, large print, Braille or other format call 503 -378-3486, Fax 503-373-7690 or TTY 503-378-3523. It is available in English and translated into Spanish, Russian, Vietnamese, Somali, Arabic, Burmese, Bosnian, Cambodian, Korean, Laotian, Portuguese, Chinese, large print, and Braille.

OREGON HEALTH AUTHORITY

Privacy Officer, 500 Summer Street NE, E-24,
Salem, OR 97301

Email: dhs.privacyhelp@odhsoha.oregon.gov

Phone: 503-945-5780

Fax: 503-947-5396

Client Complaint Information

We want to help you with any complaint you may have with the Department of Human Services. You may tell your complaint to your worker or a manager. For assistance in reviewing a problem you may be having with a ODHS program or service you may also contact:

Governor's Advocacy Office
500 Summer Street NE, E17 Salem,
OR 97301
Phone: 1-800-442-5238 (TTY 711)
Email: DHS.info@odhsoha.oregon.gov

Complaints Involving Discrimination

ODHS follows and observes state and federal civil rights laws that prohibit discrimination. All applicants and clients that qualify for services will receive assistance and will not be denied based on age, race, color, national origin, sex, religion, political beliefs or disability. Complaints concerning discrimination (*being treated differently than others*) by the Supplemental Nutrition Assistance Program (SNAP) can be filed with ODHS or the federal office for the USDA Office of Civil Rights.

For Supplemental Nutrition Assistance Program (SNAP):

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
202-690-7442 (*fax*)
program.intake@usda.gov

Filing federal complaints involving other ODHS programs:

U.S. Department of Health and Human Services
Office for Civil Rights
2201 6th Ave. M/S: R/X-11
Seattle, WA 98121-1831
1-800-368-1019 (*telephone*)
OCRComplaint@hhs.gov

Discrimination complaints may be filed with ODHS:

Oregon Department of Human Services
Customer Service & Discrimination Complaints
500 Summer Street NE, E- 17
Salem, Oregon 97301-1079
1-800-442-5238 (*telephone*)
dhs.info@odhsoha.oregon.gov

You can get this document in other languages, large print, braille or a format you prefer. Contact DHS-OHA at 503-378-3486 or email dhs-oha.publicationrequest@state.or.us. We accept all relay calls or you can dial 711.