



Notification of Excess Resources

Oregon Project Independence – Medicaid (OPI-M)

Please review the information below regarding your application for OPI-M.

You may spend some of your resources on the cost of care and reapply later. As of today, if you spent the amount of excess resources above, your resources would meet the OPI-M limit.

To be eligible, your resources cannot exceed \$_____.
(total resources allowed for applicant and spouse above)

If your resources increase while you are paying the cost of Worker care, you will need to spend more than the amount of excess resources above in order to meet the OPI-M resource limit.

If you disagree with this action, you have the right to a hearing. Read Part 1 on the back of this form for more information. Please call if you have any questions or would like more detailed information.

Information on the Transfer of Assets Penalty

You may be subject to a penalty if you transfer an asset for less than the asset's value. When you sell or give away an asset we say that the asset has been transferred. Assets include things like bank accounts, vehicles, your home and other property and investments. If you request medical benefits to cover long-term care services or OPI-M, we will look at assets you have transferred for less than their value during the past 5 years to see if there is a penalty. If there is a penalty, you will be disqualified from receiving certain benefits.

Who can be Disqualified?

People who apply for long-term care services or OPI-M can be disqualified for transferring assets for less than the asset's value.

How does the Penalty Work?

We will decide if there is a penalty. If there is, you will be disqualified from receiving long-term care services or OPI-M. The length of time that you are disqualified will depend on the value of the asset that was transferred. The penalty begins when you would be eligible for long-term care services or OPI-M. In other words, instead of getting the services you are applying for, you will be ineligible and serve a penalty period.

What does this Mean to You?

Your resource assessment shows that you have excess resources:
If you transfer any of these resources for less than fair market value, you may be disqualified from receiving long-term care or OPI-M services when you apply.

You must tell us any time you transfer an asset. To avoid penalties, please contact your case manager before selling or giving away any assets. Your case manager can explain how the transfer can impact your eligibility.

Distribution: one copy to the individual and record

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Your Hearing Rights

What you can do when you do not agree with this decision.

- You have the right to challenge this decision by requesting a hearing. Hearings are held by the Office of Administrative Hearings, which is independent from the Department of Human Services (ODHS) or Oregon Health Authority (OHA).

If you want a hearing, you must request it on time.

- You can also talk with a manager. You can call a local office phone number listed at <https://www.oregon.gov/odhs/pages/office-finder.aspx>. Your deadline date to request a hearing (*part 1 below*) does not change even if you are in contact with a manager or are trying to reach one. If you still need further assistance, you may contact the Governor's Advocacy Office at 1-800-442-5238.

Part 1 — Ask for a hearing

What must I do to get a hearing? For food benefits and medical eligibility, you can ask for a hearing on form MSC 0443, by phone, in writing, or by asking an ODHS employee in person. For other benefits, you must fill out an Administrative Hearing Request form (MSC 0443) and return it to an ODHS or OHA office. You can get this form at a ODHS or OHA office or on the web at:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0443.pdf>.

Your local office can help you with a hearing request. You may request a hearing at any time if you disagree with the current amount of your food benefits. You have 90 days to request a hearing for food benefits, medical eligibility, and for TANF reductions for not cooperating with your case plan. For medical service denials: if you are a fee-for-service member you have 60 days from the date of notice to request a hearing; if you are enrolled in a Coordinated Care Organization (CCO), once the appeal is completed through your CCO you have 120 days from the date on the Notice of Appeal Resolution letter to request a hearing. In other situations, ODHS must receive your request within 45 days from the date on the notice.

Note to military personnel: Active duty service members have a right to

stay (delay) these proceedings under the federal Servicemembers Civil Relief Act (SCRA). For more information, you may contact the Oregon State Bar (1-800-452-8260), the Oregon Military Department (503-584-3571) or the nearest legal assistance office, <https://legalassistance.law.af.mil/>.

Who can help with my hearing? For food benefits and for medical programs, anyone may represent you. In all other programs, you must represent yourself or have a lawyer or a legal assistant (supervised by a Legal Aid attorney) to represent you. You may call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at **1-800-520-5292** for advice and possible representation.

What are my other hearing rights? At the hearing, you can tell why you do not agree with the decision. You can have people testify for you. The laws about your hearing rights and the hearing process are at OAR 137-003-0501 to 0700, 410-120-1860, 410-141-0264, 461-025-0300 to 0375, ORS 183.411 to 183.470 and ORS 411.095.

What happens if there is no hearing? If you do not ask for a hearing on time, or if you withdraw the hearing request or miss your hearing, you may lose your right to a hearing. This notice will be the final ODHS or OHA decision (called a “final order by default”). You will not get a separate final order by default. The case file, along with any materials you submitted in this matter, is the record. The record is used to support the ODHS decision upon default. You may appeal the final order by default by filing a petition in the Oregon Court of Appeals (ORS 183.482). If you do not ask for a hearing, this appeal must be filed within 60 days of the date this notice becomes a final order, by default. If you withdraw a hearing request or miss your hearing, the appeal deadline is set out in the dismissal order.

Part 2 — How can I keep getting benefits until my hearing?

- You can ask for your benefits to stay the same until the hearing decision (“continuing benefits”). For food and medical benefits, use form MSC 0443, phone, write or ask an ODHS employee in person. In other programs, you must ask on the Administrative Hearing Request form (MSC 0443).
- You must ask your branch for continuing benefits by either the “effective date” on the notice, 10 days after the date of the notice, or

(for medical only) 10 days after receipt of the notice. You must ask by whichever date is later.

- If you keep getting benefits but lose the hearing, you must pay back the benefits you should not have received.
- If you don't keep getting benefits and win the hearing, ODHS or OHA will give you the benefits you should have received.

Part 3 — Can I have an expedited hearing?

You may have the right to an “expedited hearing” for any of the following types of benefits or situations:

- Expedited or emergency food benefits
- JOBS and Pre-TANF payments
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) eligibility and payments
- In a medical case, you have an immediate need for health services and standard timeline for the appeal process could jeopardize your life or health or ability to attain, maintain, or regain maximum function
- ODHS or OHA denied your request to keep getting benefits until your hearing.
- ODHS and OHA do not discriminate against anyone. This means that ODHS|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 ODHS or OHA treated you differently for any of these reasons.