



Renewal Application Guide

Use this guide to help you complete your
OHP Benefits Renewal – Part 2 form

Learn more about the Oregon Health Plan or renew benefits online
at www.OHP.Oregon.gov

Do you need materials in this packet in a different format or language? We can help. Please call us at **1-800-699-9075** (TTY 711) or you can email your request to altformat.app@state.or.us. Alternative formats include large print, Braille, audio recordings, web-based communications and other electronic formats.

¿Necesita los materiales de este paquete en otro formato o idioma? Podemos ayudarle. Llámenos al **1-800-699-9075** (TTY [personas con problemas auditivos] 711) o envíenos un mensaje a altformat.app@state.or.us con su pedido. Entre los formatos alternativos se hallan: letra grande, Braille, grabaciones de audio, comunicaciones basadas en Internet y otros formatos electrónicos.

Если материалы данного пакета нужны вам в другом формате или на другом языке, мы можем помочь. Пожалуйста, звоните нам по телефону **1-800-699-9075** (телетайп для слабослышащих - 711). Вы также можете выслать ваш запрос на эл. ящик: altformat.app@state.or.us. Альтернативный формат – это документы, напечатанные крупным шрифтом, шрифтом Брайля, в аудио записи, общение по интернету или других электронных форматах.

Quý vị có cần tài liệu trong tập hồ sơ này bằng một hình thức hoặc ngôn ngữ khác? Chúng tôi có thể giúp đỡ. Xin gọi điện thoại cho chúng tôi tại số **1-800-699-9075** (TTY- điện thoại dành cho người điếc hoặc khuyết tật về phát âm-711) hoặc quý vị có thể email yêu cầu của quý vị về altformat.app@state.or.us. Hình thức thay thế bao gồm in khổ chữ lớn, chữ nổi Braille, băng đầu âm, truyền tin trên trang mạng và các hình thức điện tử khác.

Contents

What can this guide do for you?	3
Tips for completing your renewal application	3
Want help filling out your renewal application?	3
Where can I find my Case ID number?	3
Required questions	3
STEP 1 — Household changes	4
Adding or removing someone from your household or requesting benefits for someone in your household who is not currently receiving benefits	4
Legal name and birthdate	4
Social Security number (SSN)	4
Tribal information	5
Immigration status	5
STEP 2 — More questions for your household	6
Home address	6
Mailing address	6
Other addresses for household members.....	6
Pregnancy	7
Blind or permanently disabled	7
Choose a local health plan, also called a CCO	8
STEP 3 — Tax filing status, Income and Deductions	9
Has anyone had a change to their tax filing status?	9
If someone joined your household, what is their tax filing status?	9
Income from job(s)	9
Income from other sources.....	9
Deductions	9
Annual income.....	10
STEP 4 — Other health insurance coverage	10
STEP 7 — Read and sign	11
Your Rights and Responsibilities	11
Reporting changes	12
If you have other insurance	12
Assignment of payments and liens	13
Other information	13
Income and asset verification	14
Penalty for the transfer of assets	15
Declaration and Signature	15
Appendix A — Aging and People with Disabilities (<i>Medicare</i>)	16

What can this guide do for you?

This guide gives you information and instructions about most sections in the *Oregon Health Plan Benefits Renewal — PART 2* form. If you have questions about a section that's not in this guide, please call **1-800-699-9075** (TTY 711).

Tips for completing your renewal application

- Sign the renewal before sending it.
 - Print clearly.
 - Double check your answers.
 - Make sure you answer all required questions.
 - Write all dates in the correct format. For example, MM/DD/YYYY.
 - Never use “?” as an answer.
-

Want help filling out your renewal application?

Local community partners can help you fill out your renewal application. It's free.

You can find community partners who can help you apply on **OregonHealthCare.gov**.

Call us at **1-800-699-9075** (TTY 711) to get help or ask for a list of community partners in your area. You can ask for help in a different language, too.

Where can I find my Case ID number?

Your Case ID number is listed on the letter that came with this packet. You will find it in the box on the first page:

Important

This is your case ID: XXXXXXXXXX
Please write this number on anything you send us.
Without your case number there may be delays.

★ Required questions

Required questions are marked with a blue star (★). These are questions you must answer. If you don't answer a required question, it may take longer to process your application.

If we need more information to decide if you're eligible for health coverage, we will send you a notice to let you know what we need.

STEP 1 — Household changes

In **Step 1**, please tell us about anyone:

- **You are adding to your household.** This would be someone who is not listed on your *Medical Renewal Summary*. For example, you've gotten married or had a baby sometime after you applied for OHP last year; OR
- **You are removing from your household.** This means you want to remove someone from your household that is listed on your *Medical Renewal Summary*. For example, you've gotten divorced sometime after you applied for OHP last year; OR
- **Who is part of your household now, but does not currently receive benefits.** This means they are listed on your *Medical Renewal Summary*, but they currently do not receive OHP benefits. For example, when you applied for OHP last year, you applied for coverage only for your children and now you would also like to receive OHP benefits for yourself.

1. **Are you adding or removing someone from your household or are you requesting benefits for someone in your household who is not currently receiving benefits?**

You received a *Medical Renewal Summary* with this guide. The *Medical Renewal Summary* shows information about the people who we know are currently in your household. The people listed below should be included in your household.

- You
- Your legal spouse
- Your live-in partner if you have a child (*under age 19*) together
- Your children (*under age 19*) who live with you, and
- Anyone you include on your federal income tax return, including children (*or any age*) or a spouse, even if they don't live with you. You do not need to file taxes to get health coverage.
- If you are under 19, also include your parents, step-parents, and any siblings (*under age 19*) you live with
- If you are requesting long-term care services, and you have a spouse who does not live with you, include them on this application.

Legal name and birthdate

Your legal name is the name used by the Social Security Administration or was provided to the Social Security Administration on an application. Legal name may also be shown on immigration documents, government-issued ID or birth certificates.

We use electronic databases to check the information you gave us on the application. We use your legal name when we check these electronic databases. You can read more about the databases we use in the "Read and sign," section beginning on page 15.

Your legal name is the name we will use when we send you notices.

6. **If this person is applying for OHP benefits, do they have a Social Security number (SSN)?**

An SSN is required for everyone who is applying for health benefits and who has one. If you are applying for benefits and do not have an SSN, tell us why you don't have an SSN. If you need help getting an SSN, we may be able to help. You can call us at **1-800-699-9075**. You can also visit **www.socialsecurity.gov**, or call the Social Security Administration at **1-800-772-1213** (TTY 1-800-325-0778).

Household members who are not applying for benefits do not need to give us an SSN or tell us why they don't have one. But, giving us an SSN can speed up the application process. We use your SSN to help us verify the information you gave us, like the amount of income you have.

9-11. Tribal information

Providing this information will help us determine if you qualify for certain enrollment rights (*see page 8*).

14. Does this person have one of the immigration statuses listed below?

We use the information from this question to decide what level of coverage they are eligible for.

For questions b–g, we may use these answers to check the information you give us about your immigration status. You don't have to answer these questions when you complete your application, but it might help speed up the renewal process.

Immigration document type and card or document number

See the list below for some common document types and their number. If the document you have isn't listed, you can still write its name. If you don't have all of the information, you can leave questions blank. If needed, we will send you a letter to get more information.

If you have this document type:	List these for the card or document number:
Permanent Resident Card, "Green Card" (I-551)	Alien registration number Card number
Reentry Permit (I-327)	Alien registration number
Refugee Travel Document (I-571)	Alien registration number
Employment Authorization Card (I-766)	Alien registration number Card number Expiration date Category code
Machine Readable Immigrant Visa (<i>with temporary I-551 language</i>)	Alien registration number Passport number
Temporary I-551 Stamp (on passport or I-94/I-94A)	Alien registration number
Arrival/Departure Record (I-94/I-94A)	I-94 number
Arrival/Departure Record in foreign passport (I-94)	I-94 number Passport number Expiration date Country of issuance
Foreign passport	Passport number Expiration date Country of issuance
Certificate of Eligibility for Nonimmigrant Student Status (I-20)	SEVIS ID
Certificate of Eligibility for Exchange Visitor Status (DS2019)	SEVIS ID
Notice of Action (I-797)	Alien registration number or an I-94 number
Other	Alien registration number or an I-94 number Description of the type or name of the document

For more eligible immigration documents, continue to the next page.

You can also list these documents:

- Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada
- Office of Refugee Resettlement (ORR) eligibility letter
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security (DHS)
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)

STEP 2 — More questions for your household

2. Has your home address changed?

If your home address has changed, please give us your new address, if you have one. Be sure to include your ZIP code. We need the ZIP code for your home address to make sure you enroll in a health plan that serves your area.

If you do not have a home address, please tell us the state, ZIP code and county where you spend most of your time.

3. Has your mailing address changed?

If your mailing address has changed, please give us your new address, if you have one.

Give a mailing address if:

- You don't get your mail at your home address; or
- You don't have a home address; or
- You have safety concerns, including domestic violence.

Note: Your mailing address can be any address where you can receive mail. This could be the address of a friend, family member, organization, etc.

5. Does anyone live at a different address than the primary contact (*yourself*)?

If someone does not live in the same house as the primary contact, we need to know where they live. The other questions let us know why they are included in your household. They also help us know if we should use their information when we determine if you still qualify for health coverage.

Below is more information about some of the places a person is at when they are temporarily away:

- A community-based care facility is licensed by the Department of Human Services to provide long-term care. Examples of community-based facilities include:
 - » Adult Foster Care
 - » Residential Care Facilities
 - » Assisted Living Facilities, and
 - » Group Care Homes.
- A nursing home is a place that provides a home for people to live-in and receive healthcare.

If a household member is at the Oregon State Hospital, you should check the box next to "Hospitalized."

6. Is anyone pregnant?

If you do not know your due date, you should provide your best guess or estimate of when your due date is. If you know how many babies you are expecting, list that number. If you do not know, leave it blank and we will determine your eligibility based on “1”. If your due date or the number of babies you are expecting changes, you can call to let us know.

7. Did anyone have a pregnancy end through birth or pregnancy loss in the past 3 months?

OHP programs provides extra dental and vision coverage for people who are pregnant. The extra coverage is also available for two months after the pregnancy ends. We ask this question so we can be sure to give you the right benefits.

Answer questions 10–18 only for people listed on your application who are applying for health coverage in your household.

14-15. Is anyone blind or permanently disabled? Does anyone need help with things like walking, using the bathroom, bathing or dressing?

Some people who are blind, permanently disabled, or need additional help with the things listed above, qualify for additional health coverage. Answering these questions help us determine if you might qualify for this additional health coverage.

17. Do you want to change which coordinated care organization (CCO) you prefer for each person?

What is a CCO?

OHP has local health plans that help you use your benefits. These plans are called coordinated care organizations or CCOs. A CCO plan has a local group of providers like doctors, counselors, and dentists who work together to keep you healthy.

All CCO plans offer the same basic Oregon Health Plan benefits. OHP covers medical, dental, and mental health care. It also covers help with addictions.

What CCO plans are in my area?

Most areas of the state have one CCO. Some areas have more than one. See what CCOs are available in your area at www.bit.ly/CCOplans.

More than one CCO plan in your area? Here's how to choose:

1. Go to www.bit.ly/CCOplans to see a list of CCOs.
2. Compare the CCO plans and consider what each plan offers.
3. Look at each plan's health care providers, pharmacies, hospitals, and services.
4. Not all providers work with the CCO in your area. If you already have a provider, ask them what CCO plan they work with. You can look at each CCO's list of providers, called a "Provider Directory."
5. Decide which CCO is right for you and your family.

Ready to choose a CCO or you would like to change your CCO?

Go to Step 2, question 17 on the *Oregon Health Plan Benefits Renewal – Part 2* form to tell us what CCO you prefer.

Some OHP members will not be in a CCO

You may not be in a CCO plan because you have other insurance or have a medical reason for not using a CCO. This is sometimes call open card or fee-for-service.

No CCO? No problem. You can call **800-562-4620** to get help finding a provider or ask questions about getting care.

Members with Medicare have other options

You do not have to get your physical health care from a CCO plan. If you do not want a CCO for your physical care, talk to your local DHS office to make this change. You can find a list of offices at www.oregon.gov/dhs/offices. Click on "Senior and People with Physical Disabilities." You can also ask about Medicare plans that work together with CCOs.

American Indians and Alaska Natives must ask for a CCO

If you are an American Indian or Alaska Native, you have to ask for a CCO plan. You will not automatically get a CCO.

American Indians and Alaska Natives who use OHP don't have to be part of a CCO plan. You could get care with an Indian health care provider, like a tribal clinic or an Indian Health Service (IHS) facility. You can change or leave your CCO plan at any time.

Most Indian health care providers work with CCOs. CCO plans can be helpful because they connect your physical, dental and mental health care.

We define American Indians or Alaska Natives as one of the following:

- A member of a federally recognized Indian tribe, band, or group.
- An Eskimo or Aleut or other Alaska Native enrolled by the Secretary of the Interior under the Alaska Native Claims Settlement Act, 43 U.S.C. 1601.
- A person who is considered by the Secretary of the Interior to be an Indian for any purpose.

STEP 3 — Tax filing status, Income and Deductions

In Step 3, questions 1–2, please tell us:

- If anyone has had a change to their tax filing status
- The tax filing status for anyone who has joined your household

See page 4 of this guide for information about who to include in your household.

A change includes anything that is different from what you told us before. For example: a change between married filing jointly vs. filing as single; claiming more or fewer dependents than before; someone was a tax dependent but will not be anymore.

We cannot answer specific questions about how you should fill out your tax forms. To discuss questions about how to fill out tax forms, please visit [IRS.gov](https://www.irs.gov) or ask a tax professional.

Are you separated from your spouse and don't know how they will file taxes?

Even if you filed as “married filing jointly” in the past, answer these tax questions in the way that you yourself will file taxes for this year. If you will not file a tax return of your own, tell us that.

If you know that your spouse will include you on their federal income tax return, then you and your spouse share a tax filing group. You must include everyone that is part of your tax filing group on your application.

In Step 3, questions 3–6, we need:

- Information about any changes to income or deductions for anyone in your household
- Information about income and deductions for anyone you are adding to your household

3. Income from job(s)

- Please tell us how much money you and your household members make from work. The money could be from an employer or from self-employment.
- If you have an employer, tell us the “gross” income you get. Gross income is the amount you get before any taxes or deductions are taken out.
- If you are self-employed, please enter gross profit you get. This is the amount you get before all business costs are deducted. You can read more about self-employment, gross profit and which costs can be deducted at www.irs.gov/individuals/Self-Employed. You will tell us about your business costs in question 5 of this section.

4. Income from other sources

Tell us about income you will receive from sources other than a job. There are some examples listed in the application. Other examples include: stipends, income from trusts, educational income, and military pay. There are many types of other income. Please give as much information as you can about in the “type of income” section so we know whether it should be counted or not for OHP.

If you have income from alimony, this might not be counted for OHP. Answering the additional questions about alimony help us decide if it's counted for OHP.

5. Deductions

Tell us about deductions and self-employment expenses that can be claimed on your federal income tax return. In general, if you are claiming a tax credit on your federal income tax return you cannot also deduct that expense in the same taxable year. We cannot give tax advice, but you can visit www.irs.gov or talk with a tax professional for more information related to your specific situation.

6. Annual income

For some medical programs, we can look at the amount of income you get or think you'll get for the whole year. Make sure to tell us about all the income household members get, or expect to get, for the whole year. Make sure to include income that was received earlier in the year, even if that income stopped now.

For example, you got unemployment compensation in January, but you started a job in February. When you started your job, the unemployment compensation stopped. You would include the amount of unemployment compensation you got in the "Other unearned income."

STEP 4 — Other health insurance coverage

Step 4 is about health coverage that is not from an OHP program. Tell us if any adult household member (*19 or older*) who is applying, or any children in the household, have health insurance. Also tell us if anyone has an offer for health insurance or are eligible for it. For example, someone has an employer who offers health insurance coverage, but they are not enrolled in it because it is too expensive. Sometimes we can help pay for the premium.

Examples of other health coverage include:

- Private health insurance that you or someone else pays for, including court-ordered insurance;
- Insurance you get or can get through an employer;
- Insurance you get through an employer after your job has ended;
- Insurance provided by a parent that doesn't live with you;
- Insurance received as a retirement benefit (*such as military*);
- Insurance you receive through school;
- Any insurance you are covered by even if you can't access it in the area where you live;
- Health coverage like OHP that you get from another state. This is called Medicaid/CHIP.

STEP 7 — Read and sign

When you sign the renewal application, you are agreeing to all statements in **Step 7**.

Your Rights and Responsibilities

The information in this section lists what the Oregon Department of Human Services (DHS) and the Oregon Health Authority (OHA) agrees to do for you. These are your “rights.” It also lists what you agree to do when you apply for or get medical assistance. These are your “responsibilities.”

Please read this form carefully. You can ask DHS staff to explain this form to you. Ask questions if there is something you do not understand. You agree to do certain things when you (*and your family*) get benefits from DHS or OHA. You may lose those benefits or need to pay DHS or OHA back, if you get more than you should.

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

- DHS and OHA will treat you with respect in a fair and polite way.
- You have the right to ask about and apply for any DHS or OHA program. We may also refer you to other services you need.
- You can ask for a receipt for any form you turn in to a DHS or OHA office.
- You can ask for a meeting with a worker. You can also ask to talk with a person in charge.
- You can ask for help to apply, fill out forms, or report changes in your preferred language.
- DHS or OHA will give you information in a format or language you can understand.
- DHS or OHA will do its best to meet your special needs if you have a disability. DHS and OHA follow the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
- You can ask to see statements about you in your case file.
- If you have “good cause,” you can ask to not work with child support. Good cause means that collection of child support would endanger you or your children. DHS and OHA will give you forms that explain good cause. These forms tell you how the Oregon Child Support Program may be able to help you get child support, including cash medical support, while keeping you and your children safe. DHS and OHA can also answer your questions about good cause.
- What you tell DHS and OHA we will keep private. You can view our ‘notice of Privacy Practices’ online at <https://apps.state.or.us/Forms/Served/me2090.pdf> or posted in DHS offices.
- DHS and OHA will tell you if you qualify for benefits within the below number of days:
 - » 90 days for a medical decision based on disability (*except in unusual circumstances*)
 - » 45 days for other health benefits
- You can ask for a hearing if you disagree with a DHS or OHA decision.
- A DHS staff member can help you fill out the hearing request. If you receive home and community-based care or nursing home care there is no right for hearing about an estate recovery claim. Learn more in the Estate Recovery Program section. You must ask for a hearing within 90 days of when the decision is made.

Your responsibilities (*what you must do*):

If you are in any DHS or OHA program, you must:

- Give DHS 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 DHS and OHA staff to visit your home to get information about your case.
- Report changes to DHS and OHA.

- Help DHS and OHA get proof if your case is chosen for a review. Cases are chosen at random to take part in a review.
- Authorize release of your child support records from the Department of Justice, Division of Child Support, to DHS and OHA, unless you have good cause.
- Apply for and use certain benefits or money for which you qualify. This may include any of the below:
 - » Social Security
 - » Railroad retirement
 - » Veterans' benefits
 - » Lodge and union benefits
 - » No-fault personal injury coverage, which is in all motor vehicle insurance
 - » Workers' compensation insurance
 - » Long-term care insurance
 - » Medical insurance
 - » Medicare
- Take any medical exam you need to complete your application for medical assistance.
- Tell medical providers if you have other health coverage. Examples listed below:
 - » Medicare
 - » Veterans' benefits
 - » Workers compensation insurance
 - » No-fault personal injury coverage which is in all motor vehicle insurance
 - » Other health coverage
- Providers should bill other insurance before they bill DHS or OHA for your medical care. Give your state issued medical ID number before receiving services.
- If required, make a monthly payment to keep getting medical and service benefits. These amounts may adjust, to changes in your financial situation.
- Report to Personal Injury Liens Unit within 10 days if you or anyone in your family do both below:
 - » Get medical assistance or Oregon Health Plan (OHP) benefits.
 - » Have a claim against somebody for an injury they caused.

Reporting changes

If you get benefits from DHS or OHA, you must report certain changes that affect you and others who get benefits with you. If you don't report changes as required, you may get too many benefits. Anyone in your home who is age 18 or older could be asked to repay benefits.

When approved for benefits, your notice tells you what you must report and when. Each program has different reporting requirements. What you need to report and when may differ.

When you report a change, the worker will let you know if you need to give proof. If the change affects other benefits you receive, the agency will let you know. If you are not sure if you need to report a change, you can ask a worker.

If you have other insurance

If you or a member of your family have other medical insurance, tell the provider (*doctor, clinic, pharmacy or hospital*) before you get care. If you have motor vehicle insurance and are injured in a motor vehicle accident tell the provider about your motor vehicle insurance. They must bill the other insurance company before they bill OHA. If DHS or OHA pays a medical bill that should have been paid by insurance, DHS or OHA will act to get its money back. For example:

- If DHS or OHA pays a bill that private insurance should have paid, DHS or OHA will try to get the money back from the insurance company.
- If DHS or OHA pays a medical bill and the provider also gets paid by an insurance company, DHS or OHA will try to get its money back from the provider.
- If DHS or OHA pays a medical bill and an insurance company sends you a check for it, DHS or OHA will try to get its money back from you.

Assignment of payments and liens

To qualify for medical assistance, you must let DHS, OHA and your CCO have any money that:

- You or others who receive medical assistance with you, receive or have the right to receive from those legally liable for injury or medical expense paid by medical assistance.

This includes money from any of the below:

- Private health insurance
- Automobile insurance
- People
- Other sources

This is called “assigning payments” to DHS or OHA and CCOs. Assigning payments is automatic for anyone who receives medical assistance. To continue to receive medical assistance, you and other family members (*which includes any child born in the future*) must help DHS or OHA find and get these payments all the below ways:

- Tell DHS, OHA and your CCO that a third party injured you or a family member within 10 days.
- Give information about the parties that caused the injury.
- Help with any other information requested. This includes insurance information.

There is a limit on the money DHS or OHA may take. It cannot be more than the amount paid for medical expenses that the party is legally liable to pay.

We may place a lien for any money paid by a legally liable party to guarantee payment to DHS, OHA or a CCO.

You must agree that the below can release medical records to insurance companies:

- Medical providers
- Hospitals
- Employers
- Government agencies

This covers records about you and other family members on medical assistance. This will only be done so that DHS or OHA will get paid back.

Other information

Use of Social Security Number (SSN)

The below require anyone who applies for cash or food benefits to give DHS and OHA their Social Security number (SSN):

- Federal laws (42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920 and 42 CFR 457.340(b))
- Oregon Administrative Rule (OAR 461-120-0210)

If you provide an SSN, it can speed up the application process. If someone doesn't have an SSN, visit www.ssa.gov for information on how to apply for one.

- DHS and OHA will use your SSN to help decide if you are eligible for benefits. We will use your SSN to do the below:
 - » Verify your income
 - » Verify other assets
 - » Match other state and federal records such as the below:
 - * Internal Revenue Service (IRS)
 - * Medicaid
 - * Child support
 - * Social Security Administration
 - * Unemployment insurance benefits
 - * Other public assistance programs.
- DHS/OHA may use your SSN to prepare a collection of information or reports that program funding sources ask for when you apply for or receive benefits.
- DHS and OHA may use or disclose your SSN:
 - » If we need it is to run the program you apply for or receive benefits from.
 - » To conduct quality assessment and improvement activities.

- » To verify the correct amount of payments and recover overpaid benefits.
- » To verify that no one has benefits in more than one household.

Income and asset verification

The information you provide on the application will be subject to review and verification by federal, state and local officials. When we determine your eligibility for medical assistance, DHS and OHA use the below:

- Income and Eligibility Verification System (IEVS)
- Asset Verification System (AVS)

AVS searches for the below about you and any person who is required to give financial information when you apply for and receive medical assistance. The AVS searches for the below, whether you report it or not:

- | | | |
|---------------------------|--------------------------|--------------------|
| • Financial institutions: | • Real property records: | • Vehicle records: |
| » Bank accounts | » Homes | » Vehicles |
| » Credit union accounts | » Land | |

Estate Recovery Program

The Estate Recovery Program is a complex program that applies to the below:

- Medical Assistance
- General Assistance
- Oregon Supplemental Income Program
- Certain people that received both Medicare and Medical Assistance at the same time

The purpose of estate recovery is to seek repayment from the assets of a deceased recipient. Some money is goes back to the federal government. The rest funds programs for other people in need. There are many exceptions to estate recovery.

The state's right to recover benefits from your estate

DHS and OHA may claim money from your estate (*as defined in ORS 416.350*) after you die if you fit the situations below:

- If the below happens, the amount of medical benefits may be payable from your estate:
 - » You got state medical benefits after Oct. 1, 2013.
 - » You were older than age 54 and received long-term care benefits.

This includes Oregon Health Plan payments made on your behalf to a managed care plan or payments to a CCO.

- If the below happens, the amount of medical benefits may be payable from your estate:
 - » You got state medical benefits after Oct. 1, 2013.
 - » You were older than age 54, or you have certain kinds of trusts:
 - * Special needs trusts
 - * Income cap trusts
- If you got benefits through any way below, there may be a claim to your estate:
 - » Oregon Supplemental Income Program
 - » Certain General Assistance
 - » The state was required pay a monthly contribution for you because you got both medical assistance and Medicare Part D.

DHS and OHA will defer a claim for money if your spouse survives you.

DHS and OHA do not claim this money from your estate if any of the below members of your family are still alive:

- Any natural or adopted child of yours is under the age of 21. Note: This does not include step children.
- Any natural or adopted child of yours, of any age, is blind or disabled as defined by Social Security criteria.

Note: Laws and rules about claims against an estate may change without notice.

Any person who receives assets from a client's estate may ask DHS or OHA to waive estate recovery if they meet requirements of a hardship waiver. Instructions on how to request a hardship waiver are in information the Estate Administration Unit sends when it begins the recovery process.

Contact the Estate Administration Unit at:

PO Box 14021

Salem, OR 97309-5024

Phone: 503-378-2884

1-800-826-5675 (*in Oregon only*)

Fax: 503-378-3137

Penalty for the transfer of assets

You may be ineligible for some benefits if you transfer an asset for less than its value. When you give away or sell an asset, we say that you transfer the asset. Assets are income and things of value. Examples are the below:

- Homes
- Vehicles
- Property
- Money

Talk to your worker before you sell or give away any assets.

If you transfer an asset you may be ineligible for the below benefits:

- Long-term care (LTC) services:
 - » Adult foster homes
 - » Assisted living facilities
 - » In-home services
 - » Nursing facilities
 - » Other care settings
- Refugee Medical Assistance

We look back before you applied to see if any transfer of assets results in a penalty:

- For LTC we look back 5 years.
- For Refugee Medical we look back 3 years.

The penalty for a transfer of assets begins when you apply and would be eligible. The penalty will apply only to benefits listed above. The penalty will be that we will deny your request for that benefit. If you transfer an asset while you get benefits there will also be a penalty. The penalty will be to stop that benefit for a time. If your LTC benefits end it could reduce or close your other medical benefits.

Declaration and Signature

By signing the application, you confirm that:

- You understand that DHS and OHA will use state and federal computer databases and systems to check the information you provided on this form. These can include databases and systems that have information about your income, other health insurance, including Medicare, social security, and citizenship and immigration status.
- You understand some medical services and equipment require prior authorization (PA) and you have the PA from DHS, OHA, Coordinate Care Organization (CCO), or coordinated care plan before I can take delivery.
- You and your spouse agree that for any annuity that you report, DHS or OHA will become a beneficiary.

- You understand that DHS and OHA will not use costs for the below to figure my long-term care benefits if I do not report them:
 - » Shelter
 - » Medical
 - » Child care
 - » Court ordered child support
- You understand and agree to the information in the “Read and sign” section of the application (*Step 8*) and the “Read and sign” section of this Application Guide.

APPENDIX A — Aging and People with Disabilities (*Medicare*)

We may need to review for programs based on age or being blind or disabled if anyone in your household is applying for or receiving benefits and is:

- Receiving or eligible for Medicare
- 65 or older
- Requesting long-term care services

We will need the information in Appendix A if we review for those programs. You don't have to answer the questions in Appendix A now, but it may speed up the application process. If we review for those programs, we will need to have an interview with you. We will send you a letter to set up the interview.

If you are already receiving benefits under those programs, you may have already gotten a letter asking about an interview.

When you come to the interview, we will go over the questions in Appendix A.



Questions? Please visit www.OHP.Oregon.gov
or call us at **800-699-9075** (TTY 711).

OHP 9325 (04/20)