Information About The Senior Prescription Drug Assistance Program
Important Notice

This notice is intended to affirm our commitment to the Americans With Disabilities Act (ADA) and for our clients, including persons with disabilities, to effectively receive information and services. We can provide program information in one of several ways:

- Large print
- Audio tape
- Braille
- Computer disk
- Oral Presentation

Let us know what you need by completing question 11 on the application.

If you do not request one of these formats, you will receive regular printed material.

- Large print – An example of large print:
  
  The quick brown fox jumped.

- Audio tape – Information is recorded on an audio cassette tape.

- Oral Presentation – This can be face-to-face contact or over-the-phone contact with a branch worker. If the branch worker cannot reach you within three days, you will be sent an audio cassette tape

- Computer disk – Information is put on 3.5” floppy disks in ASCII format.

Is access a problem?

Do barriers in buildings or transportation make it hard for you to attend meetings? To get state services?

We can move our services to a more accessible place.

If this is a service for which we provide transportation, we can make it work for you.
You also have a right to complain

You have a right to make a complaint if DHS is not providing you what you need in the way of forms or notices that you can read or meeting places and state services you can get to. Under the ADA you have 180 days to make your complaint about these services.

If you feel you are not getting what you need or you feel discriminated against you may call, mail, fax or email your complaint to:

Governor’s Advocacy Office 1-800-442-5238
DHS Ombudsman’s Office (503) 945-6214 TTY
500 Summer St NE, E17 (503) 378-6532 Fax
Salem, OR 97301-1097 GAO.info@state.or.us

You can also file a complaint with:

U.S. Dept of Health and Human Services 1-800-362-1710
Office of Civil Rights (203) 615-2296 TTY
2201 Sixth Ave, Ste 900 (206) 615-2297 Fax
Seattle, WA 98121-1831
If you need this booklet in another language, large print, Braille, on tape, or another format, call 1-800-359-9517 or TTY 1-800-621-5260.

Si necesita este folleto en otro idioma, letra más grande, Braille, cinta de audio, o en otro tipo de formato, llame al 1-800-359-9517 o al 1-800-621-5260 (TTY).

Если Вам нужна эта брошюра на другом языке, напечатанная большими буквами, на брайле, на кассете или в каком-нибудь другом формате, пожалуйста, позвоните по телефону 1-800-359-9517 или TTY 1-800-621-5260.

Nếu quý vị cần tập tài liệu này bằng một ngôn ngữ khác, in khổ chữ lớn, chữ nổi (Braille), bằng ghi âm, hoặc hình thực khác, xin gọi điện thoại số 1-800-359-9517 hoặc TTY (đánh cho người điếc) 1-800-621-5260.

Dacă doriti această broșură în altă limbă, caracter mare, Braille, înregistrată pe casetă audio, sau în alt format, telefonați la 1-800-359-9517 sau TTY la 1-800-621-5260.

ប្រការដើម្បីទឈានប្រការនេះដោយថាមពលទឹកកកុំព្ឹៅ ថាមពលឈឺកម្មៀង ឬភាពសម្រាប់កម្មវិធី ប្រការ ទូទៅសរុប ទូទៅសរុបនៃនរណាត្រូវបាន ១-៨០០-៣៥៩-៩៥១៧ ឬ TTY ១-៨០០-៦២១-៥២៦០។

 agréable de recevoir ce livret dans une autre langue, format grossières, Braille, sur bande audio ou dans un autre format. Veuillez appeler au 1-800-359-9517 ou TTY (pour les aveugles) au 1-800-621-5260.

Dacă doriți această broșură în altă limbă, caractere mari, Braille, înregistrată pe casetă audio, sau în alt format, telefonați la 1-800-359-9517 sau TTY la 1-800-621-5260.
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*Senior Prescription Drug Assistance Program*
What is the Senior Prescription Drug Assistance Program (SPDAP)?

The Senior Prescription Drug Assistance Program (SPDAP) allows members to purchase prescription drugs from participating pharmacies at the State Medicaid rate.

The SPDAP is administered by the Division of Medical Assistance Programs (DMAP). However, it is not a Medicaid program, and SPDAP members are not Medicaid clients.

How much will SPDAP members’ prescription drugs cost?

SPDAP members will purchase prescription drugs at Medicaid’s reduced rate. The amount members pay will vary from drug to drug.

Pharmacies have access to Medicaid’s rates and will charge members accordingly. For example, if a prescription normally costs $60, but Medicaid’s rate is $40, the member would be able to purchase the prescription for $40.

Are you eligible?

To be eligible, you must:

- Be 65 years of age or older
- Be a resident of Oregon
- Have income* that does not exceed 185% of the federal poverty level (see page 2)
- Have less than $2,000 in liquid resources* (your primary residence and car do not count as resources – see page 2)
- Not have been covered by any public or private drug benefit program in the last six months (this does not include discount programs), and
- Pay an annual fee of $50.

Oregon has other health insurance programs that may be available to you. See the “Other Health Resources” on page 7 for more information.

* Income and resources are based on your individual income and resources, not those of your household, even if you are married.
When will your coverage begin?

If you qualify for the program, we will send you a bill for $50. Once we receive your $50, your coverage will begin the first of the following month.

Once you are found eligible, you will be eligible for 12 months, unless you move out of Oregon or acquire other drug benefit coverage. You will be sent a membership card that shows the date your coverage begins and ends.

Using a Mailing Address

You must have an Oregon street address to be considered eligible. You may want or need to use a mailing address if you:

- Get your mail at a place other than your home address,
- Have safety concerns including domestic violence, or
- Are homeless.

We will mail all material to your mailing address.

Important: Even if you use a mailing address, we still must have your home address. If you are homeless, write “homeless” for your home address and give the zip code for the place you mainly stay.

Income Guidelines

We use Federal Poverty Levels (FPL) to determine eligibility. The FPLs are set by the federal government and change every year.

Current FPLs can be found on the internet at www.dhs.state.or.us/healthplan or at www.cms.hhs.gov/hiv.

For example, in 2002 your annual gross income could not have exceeded $16,392.

Gross income is the money you earn before taxes.
Resource Guidelines

To be eligible for SPDAP coverage, you must have less than $2,000 in liquid resources.

Resources are things like cash, checking, and savings accounts, stocks, and bonds. Your primary residence and car do not count as resources.

What Prescription Drugs Are Covered?

“Prescription drugs” means drugs that must legally be prescribed by a person authorized to prescribe drugs, such as your family doctor.

It does not include prescribed over-the-counter drugs. Medical supplies and medical equipment are not covered.

How can I find a pharmacy?

For walk-in services, call a local pharmacy and ask them if they participate in the Senior Prescription Drug Assistance Program.

For mail order services, simply call Wellpartner Pharmacy toll-free Monday through Friday, 8:00 a.m. to 5:00 p.m. PST at 1-877-935-5797. Or, order on the internet at www.wellpartner.com. Mail service may offer you additional savings on your prescriptions over the Medicaid discounts available through this program. Have your SPDAP Member I.D. and your prescription number available when you place your order.

Nondiscrimination Statement

Discrimination shall not occur against anyone in any Department of Human Services (DHS) program.

Coverage decisions, hearings, or any program service shall occur without discrimination. This means without regard to age, race, color, sex, religion, national origin, political belief, or disability.

You can file a complaint if you think discrimination occurred against you in any DHS program. If you want to file a complaint or need more information, call any DHS office.
Alternate Formats

In an effort to better serve you, we make our written materials available in alternate formats.

To receive our written materials in an alternate format, choose the alternate format that meets your need in questions 10 and 11 on the application.

SPDAP Rights and Responsibilities

The following are your rights and responsibilities under the SPDAP. Please read them carefully to be sure you understand them. Ask questions if you do not understand.

You Have a Right To:

- Ask about DHS programs, payments and services.
- Refuse to let DHS release information you give unless it must be released to operate the SPDAP.
- Talk with a person in charge.
- Ask for a receipt for documents you give to DHS.
- Ask for a hearing on any action you disagree with. You have 45 days from the date of the notice to do this. You must use the Administrative Hearing Request form (AFS 443). You can request this form from any DHS office. We can help you fill it out.

You Have a Responsibility To:

- Report the following to the SPDAP Unit within 10 days:
  - Changes of address or name
  - Changes of other health care coverage (for example, if health insurance becomes available through an employer)

(See Contacting the SPDAP Unit on page 6).

Why We Need Your Social Security Number

You are not required to give us your Social Security Number when applying for SPDAP coverage, but it will help us verify the information you give in a timely manner.
How Do I Apply for the SPDAP?

1. Complete the “Application for the Senior Prescription Drug Assistance Program.” If you need more room, attach a separate sheet of paper.

   **Failure to send in the proof listed below will delay processing of your application**

2. You must attach copies of the following proof (Do not send original documents):

   - Proof of income for this month (see question 7 on the application). Proof can be a retirement check or Social Security check, a check register, or a printout from the Social Security Administration.
   - Any proof requested on the application

3. You must sign your application.

4. After completing the application, send it in the enclosed envelope, along with the required proofs to:

   SPDAP Unit
   PO Box 14520
   Salem, Oregon 97309-5044

   **If you need help filling out your application, call 1-877-877-7637 or TTY 1-800-735-1232.**
Contacting the SPDAP Unit

By phone

■ To receive an application
  1-800-359-9517 or TTY 1-800-325-0778

■ If you need help filling out an application
  1-877-877-7637 or TTY 1-800-735-1232

■ To report a change in your address or name, or to report a change in other health care coverage
  1-877-877-7637 (TTY 503-373-7800 or 1-800-735-1232)

By mail

■ When applying for SPDAP
  SPDAP Unit
  PO Box 14520
  Salem, Oregon  97309-5044

Reapplying

To continue your coverage after 12 months, you must reapply. We will mail an application to you.

It is important that we have your correct address. If your address changes, call the SPDAP Unit.
Other Health Resources

Each of the programs listed in this section have different eligibility requirements. For more information, or to apply for any of these programs, contact the local office listed or call the toll-free number.

| Medicare                     | 1-800-722-4134 or 1-800-772-1213 | TTY 1-800-325-0778 |

**Who is eligible for Medicare?**
You may be eligible for Medicare if you:

- Receive Social Security Disability for two years
- Are over age 65, or
- Have permanent kidney failure

**Cost to You**
There are premiums for some parts of the program.

**Important information about Medicare**
Medicare offers its members hospital and medical insurance. Medicare does not cover long-term care or prescriptions and usually does not pay for all of the medical care needed by its members. Medicare members may be eligible for other programs listed in this section.

There are state programs that can help low-income people pay the cost of Medicare. To apply for these programs, call your local Seniors and People with Disabilities (SPD) (formerly Senior and Disabled Services Division (SDSD)) or Area Agency on Aging (AAA) office or 1-800-282-8096 (voice and TTY).
Who is eligible for the OHP?
You or everyone in your family may be eligible for The Oregon Health Plan if you:

- Meet certain income and resource guidelines, and
- Are a U.S. citizen or an eligible non-U.S. citizen, and
- Live in Oregon

Cost to You
You may be required to pay a monthly premium and/or co-payments for some services.

Important information about OHP
There are many ways you may be eligible for the OHP. Different eligibility rules apply to different groups of people. Call the number above to find out if you are eligible.

Oregon Supplemental Income Program Medical (OSIPM)

Who is eligible for OSIPM?
You may be eligible for OSIPM coverage, if you:

- Receive Supplemental Security Income (SSI) benefits
- Need long-term care in your own home or a facility

Cost to You
You may be required to pay co-payments for some services.

Important information about OSIPM
OSIPM may pay for health care you have received in the last 90 days.

To apply for OSIPM coverage, call your local Seniors and People with Disabilities (SPD) (formerly Senior and Disabled Services Division (SDSD)) office or 1-800-282-8096 (voice and TTY).
Citizen/Alien Waived Emergent Medical (CAWEM)

**Who is eligible for CAWEM?**
You may be eligible for CAWEM coverage, if you are not eligible for OHP benefits because you are not a U.S. citizen.

**Cost to You**
Free

**Important information about CAWEM**
CAWEM will only pay for emergency services and delivery of babies. CAWEM can pay for emergency services you have received in the last 90 days. If you have received emergency services in the last 90 days, apply for CAWEM at your local Children, Adult and Families (CAF) office (formerly Adult and Family Services (AFS)).

If you have not received emergency services in the last 90 days, complete and return this application.

**Important:** If you are applying for CAWEM coverage, you do not need to give us information about your immigration status. If you give us your immigration status information, it will not be shared with the Immigration and Naturalization Service (INS).

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Oregon Medical Insurance Pool (OMIP) 1-800-542-3104
TTY 1-800-735-1232

**Who is eligible for OMIP?**
Anyone who has been turned down for health insurance because of a pre-existing medical condition.

**Cost to You**
Costs vary by age and location.

**Important information about OMIP**
OMIP allows you to purchase insurance from private companies who are part of the program. OMIP is not a low-cost health insurance program. FHIAP can help pay the costs for this program (see the next page for more information about FHIAP).
Who is eligible for veterans’ benefits?
Veterans of the U.S. Armed Forces, their spouse, widow, or child.

Cost to You
Free consultation. Some veterans’ affairs medical services require a co-payment.

Important information about veterans’ benefits
Veterans’ benefits include:
- Medical services
- Vocational training
- College tuition assistance
- Widow’s pension
- Wartime veteran’s pension
- Nursing care
- Property tax exemption
- Free copies of military records and discharge papers

The ODVA will help you seek benefits from the federal Department of Veterans’ Affairs (VA) and other veterans programs.
**Who is eligible for FHIAP?**

You may be eligible for FHIAP if you:

- Live in Oregon
- Are a U.S. citizen or an eligible non-U.S. citizen
- Have a 3 month average income of less than 185% of the Federal Poverty Level (FPL)
- Have less than $10,000 in resources
- Have been uninsured for the last six months (does not include OHP coverage), and
- Do not have or are not eligible for Medicare

**Cost to You**

As a FHIAP member you will pay a percentage of your insurance premium costs and any co-payments or deductibles that your health insurance plan requires.

**Important information about FHIAP**

FHIAP will help members pay for health insurance plans offered by employers or the private insurance market.

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**Insurance Pool Governing Board (IPGB)**

**Who is eligible for IPGB services?**

All Oregon small businesses and individuals needing assistance obtaining health insurance.

**Cost to You**

Free

**Important information about IPGB**

IPGB provides assistance, education, and agent referrals to all small businesses and individuals in making informed health insurance choices.
Mission

- Assisting people to become independent, healthy and safe.

Goals

- People are healthy.
- People are living as independently as possible.
- People are safe.
- People are able to support themselves and their families.