Oregon Project Independence – Medicaid (OPI-M)

Central Office Financial Eligibility Team Referral Template

When submitting a referral to the Central Office Financial Eligibility (CO FE) Team for OPI-M, use the following template. Referrals must include the OPI-M application, AVS consent form, MSC 0231 – Authorized Representative, and any other supporting or required documentation for the case. Appropriate forms must be signed, and the ECM must be listed on the OA case before submitting the referral. Incomplete referrals will be returned.

Send referrals to: [OPIM.Financials@odhs.oregon.gov](mailto:OPIM.Financials@odhs.oregon.gov)

**Subject line:** OPI-M Financial Eligibility Referral

**Email Template:** (Copy the following information into the body of the email)

First Name:

Last Name:

Prime:

DOR:

Continuous Period of Care Date (if resource assessment required/ applicant is married):

ECM Name: (This does not need to be filled out if submitted by the ECM)

ECM Email: (This does not need to be filled out if submitted by the ECM)

Notes: (Any important information the CO FE team needs to know to complete the interview, if none, leave blank)