

**Health Services
Office of Medical Assistance Programs**

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Authorized Signature

Number: OMAP-IM-04-134

Issue Date: 11/10/2004

Topic: Medical Benefits

Subject: Oregon Health Plan (OHP) Client Handbook 2004

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, OMHAS and OMAP transmittal lists |

Message: OMAP has revised the OHP Client Handbook for 2004 mainly to reflect changes in the OHP Standard benefit package and some housekeeping changes. It carries the form number OHP 9035 (10/04) and will be printed in black and white. Branch forms coordinators may order a supply from the DHS Forms Distribution Center after November 15. As always, please recycle your old stock. The Web version, in color, is available at

<http://dhsforms.hr.state.or.us/Forms/Served/HE9035.pdf>

If you have any questions about this information, contact:

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