

DocuSign Guide OPI-M Application

Table of Contents

1. [OPI-M Application Overview](#)
2. [Accessing OPI-M Application Templates](#)
3. OPI-M Application Templates
 - a. [Case Manager Fills Out](#)
 - b. [Applicant Fills Out](#)
 - c. [In-Person Signing](#)
 - d. [Offline In-Person Signing](#)
4. [Managing DocuSign Envelopes](#)
5. Appendix
 - a. [Guides from DocuSign Support](#)
 - b. [Training and Support Sites](#)
 - c. [Support Resources](#)

OPI-M Application Overview

OPI-M Application Overview.

The OPI-M Application includes the following forms:


- What to Expect from Your Assessment for Long-Term Support
- Medicaid In-Home Service Options Brochure,
- OPI-M Application

4 templates have been made available in DocuSign to satisfy requirements for the many scenarios Case Managers may encounter. These templates include:

- **(Case Manager (CM) Fills Out) OPI-M Application**
 - Case Manager fills out the forms on behalf of the Consumer. Consumer, and Consumer's Spouse only have to sign.
- **(Applicant Fills Out) OPI-M Application**
 - Consumer fills out the forms themselves and signs. Consumer's Spouse has to sign. Case Manager reviews the Consumer's responses for accuracy and signs or declines to sign.
- **(In-Person Signing) OPI-M Application**
 - Case Manager fills out the forms on behalf of the Consumer but the Case Manager hosts a signing session on their machine/device so that the Consumer and Consumer's Spouse can sign.
- **(Offline In-Person Signing) OPI-M Application**
 - In-Person Signing for Consumers that are in location with no Wifi or cell service. Case Manager fills out the forms in advance and downloads the envelope on the DocuSign Mobile App before they meet with the Consumer

Accessing OPI-M Application Templates

Log into DocuSign using your username and password (one-1) at <https://account.docusign.com/>



Log In

← anastacio.lambaria@docusign.com

Use company login

1

Password *

Enter password

Log in

[Reset password](#)

Log In with Passkey

Use Security Key or Biometrics

Confirm that you are in the APD-Medicaid Services and Supports - Production account (one-1). If not, select your profile icon in the top right hand corner and switch accounts (two-2).

Agreements

Templates

Reports

Admin

?

Oregon Department
of Human Services
Ensuring People's Well-being

docusign

1

i APD - Medicaid Services and Supports - Production

Last 6 Months

Welcome back

Alex Lambaria

2

Action Required

0

Waiting for Others

0

Expiring Soon

5

Completed

2

Sign or get signatures

Manage Profile

Switch Account

My Preferences

Log Out

Select the Start button (one-1).

The screenshot shows the DocuSign user interface. At the top, there is a navigation bar with links for Home, Agreements, Templates, Reports, and Admin. The user's name, Alex Lambana, is displayed in the top right corner. Below the navigation bar, a dark blue banner contains the text 'Welcome back' and 'Last 6 Months'. The banner also displays four statistics: 0 Action Required, 1 Waiting for Others, 0 Expiring Soon, and 7 Completed. In the center of the dashboard, there is a dashed box containing the text 'Sign or get signatures'. Below this text, there is a red circle with the number 1 and an orange 'Start' button with a dropdown arrow. At the bottom of the dashboard, there is a section titled 'Agreement Activity'.

DocuSign

Home Agreements Templates Reports Admin

APD - OPIM - Production Account

Welcome back

Last 6 Months

0 Action Required

1 Waiting for Others

0 Expiring Soon

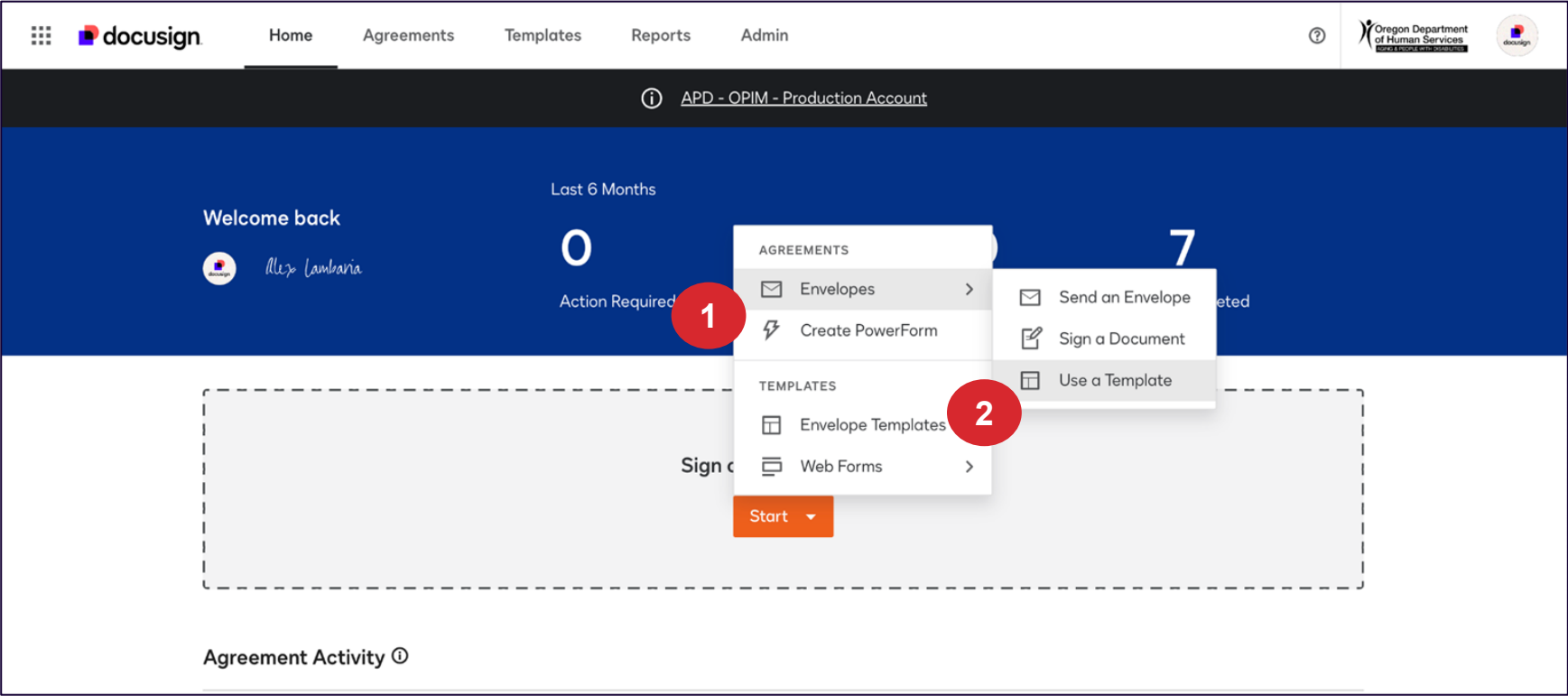
7 Completed

Sign or get signatures

1 Start

Agreement Activity

Select Envelopes (one-1) then Use a Template (two-2). You will be taken to a template selection screen.



On the template selection screen, select Shared with Me (one-1) or the OPI-M Application Forms folder to see the templates (two-2).

Select a template

My Templates

Shared with Me

All Templates

Favorites

Folders

Shared Folders

ARCHIVED

Authorized Representative F...

ICP Forms

OPI-M Application Forms

Stand Alone Forms

Show More

Search OPI-M Application Forms

NAME	OWNER	LAST CHANGE
(In Person Signing) OPI-M Application WIP - [RfT]	Alex Lambaria	11/25/2024 1:32:34 PM
(Case Manager Fills Out) OPI-M Application [WIP - RfT]	Alex Lambaria	11/25/2024 12:53:16 PM
(Applicant Fills Out) OPI-M Application [WIP - RfT]	Alex Lambaria	11/25/2024 12:52:06 PM
(Offline - In Person Signing) OPI-M Application [WIP - RfT]	Alex Lambaria	11/25/2024 12:50:44 PM

Add Selected

Select the template you need to use(one-1) and then select Add Selected (two-2).

Select a template

My Templates

Shared with Me

All Templates

Favorites

Folders

Shared Folders

ARCHIVED

Authorized Representative F...

ICP Forms

OPI-M Application Forms

Stand Alone Forms

Show More

Search OPI-M Application Forms

NAME	OWNER	LAST CHANGE
<input type="radio"/> (In Person Signing) OPI-M Application WIP - [RfT]	Alex Lambaria	11/25/2024 1:32:34 PM
<input checked="" type="radio"/> (Case Manager Fills Out) OPI-M Application [WIP - RfT]	Alex Lambaria	11/25/2024 12:53:16 PM
<input type="radio"/> (Applicant Fills Out) OPI-M Application [WIP - RfT]	Alex Lambaria	11/25/2024 12:52:06 PM
<input type="radio"/> (Offline - In Person Signing) OPI-M Application [WIP - RfT]	Alex Lambaria	11/25/2024 12:50:44 PM

2

Add Selected

OPI-M Application Template: CM Fills Out

Select template (CM Fills Out) OPI-M Application (two-2) then select Add Selected (three-3).

Select a template

1

- My Templates
- 2 Shared with Me
- All Templates
- Favorites
- Folders
- Shared Folders
- ARCHIVED
- Authorized Representative F...
- ICP Forms
- 3 OPI-M Application Forms
- Stand Alone Forms

Search OPI-M Application Forms

	NAME	OWNER	LAST CHANGE
<input type="radio"/>	(In Person Signing) OPI-M Application WIP - [RfT]	Alex Lambaria	11/25/2024 1:32:34 PM
<input checked="" type="radio"/>	(Case Manager Fills Out) OPI-M Application [WIP - RfT]	Alex Lambaria	11/25/2024 12:53:16 PM
<input type="radio"/>	(Applicant Fills Out) OPI-M Application [WIP - RfT]	Alex Lambaria	11/25/2024 12:52:06 PM
<input type="radio"/>	(Offline - In Person Signing) OPI-M Application [WIP - RfT]	Alex Lambaria	11/25/2024 12:50:44 PM

4 Add Selected

Note:

If there is an Authorized Representative (231), make sure to send the Authorized Representative form prior to sending the application. Found in the Stand Alone Forms folder.

Provide the name and email information for the CM(one-1), the Consumer or Authorized Representative (two-2), and the Consumer's Spouse (three-3) roles.

The screenshot shows the 'Set signing order' interface in DocuSign. It lists three roles to be added to the signing order:

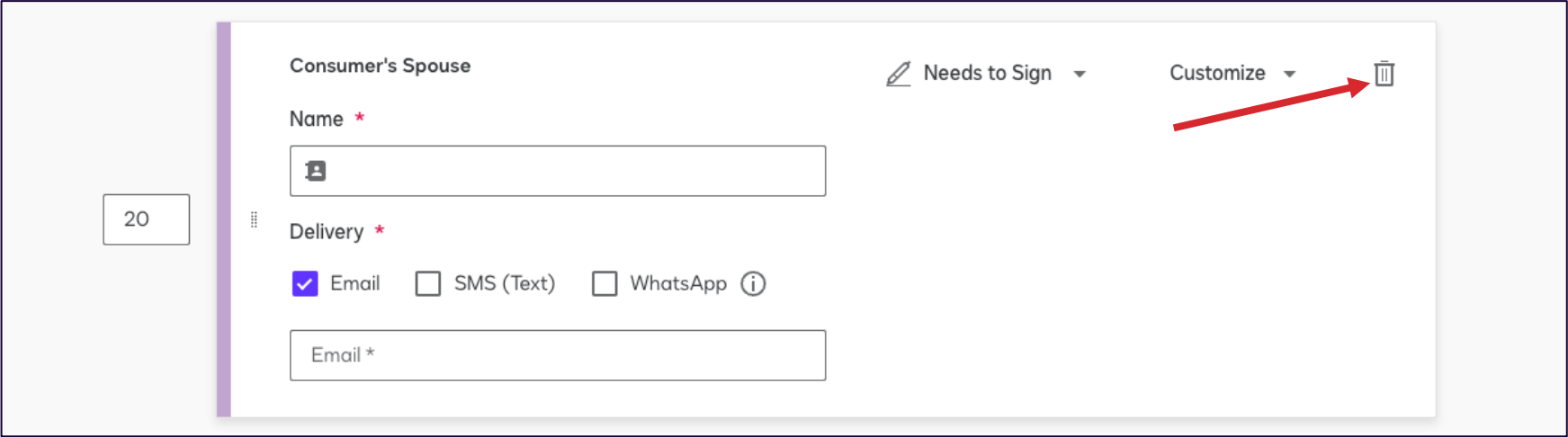
- 1 Case Manager**: The first role, highlighted with a red circle. It has a 'Needs to Sign' status and a 'Customize' dropdown. The form includes a 'Name' field, a 'Delivery' section with 'Email' selected and 'SMS (Text)' unselected, an 'Email' field, and a 'Phone number' field.
- 2 Consumer or Authorized Representative**: The second role, highlighted with a red circle. It also has a 'Needs to Sign' status and a 'Customize' dropdown. The form includes a 'Name' field, a 'Delivery' section with 'Email' selected and 'SMS (Text)' unselected, an 'Email' field, and a 'Phone number' field.
- 3 Consumer's Spouse**: The third role, highlighted with a red circle. It has a 'Needs to Sign' status and a 'Customize' dropdown. The form includes a 'Name' field, a 'Delivery' section with 'Email' selected and 'SMS (Text)' unselected, an 'Email' field, and a 'Phone number' field.

Note:

You have the ability to delete the Consumer's Spouse if they are not needed. If you need to re-add them, discard the envelope and start over.

While email should be the priority for sending to recipients, use SMS if it makes sense to do so. Make sure to get consent from recipients before sending via SMS.

(Situational) If the consumer does not have a spouse that needs to sign the OPI-M Application, you can delete them from the workflow by selecting the trashcan on their recipient card. This will remove their signature field from the document.



Under envelope custom fields, enter the Consumer First and Last Name (one-1) and Consumer Initials (two-2). This information is used to merge the Consumer's initials into the email subject line. Then select Send Now (three-3).

X

OPI-M Application for [[ECF:Consumer Initials]]

?

Advanced Options

1

Add envelope custom fields

2

Consumer First and Last Name *

Consumer Initials *

Characters remaining: 100

Characters remaining: 100

Add message

☒ Custom email and language for each recipient

To: Case Manager

Email Language *

English (US)

Email Subject *

OPI-M Application for [[ECF:Consumer Initials]]

Characters remaining: 53

3

Send Now

Next

If you are the CM, then you will get a Sign Now pop up that will bring you into the signing session to fill out the application. Otherwise, the envelope will be sent to the CM to fill out.

The screenshot displays the DocuSign application interface for an 'OPI-M Application for [[Consumer or Authorized Representative_UserName]]'. A modal dialog box is centered on the screen, asking 'Do you want to sign this document now?' with two buttons: 'SIGN NOW' (highlighted with a red arrow) and 'SIGN LATER'. The background interface shows a list of recipients. The first recipient is 'Rachel Representative' with email 'demo.alex.lambaria+rachel@gmail.com'. The second recipient is 'Consumer's Spouse' with name 'Sandy Spouse' and email 'Demo.alex.lambaria+spouse@gmail.com'. The 'Consumer's Spouse' entry has a status of 'NEEDS TO SIGN' and a 'CUSTOMIZE' dropdown. At the bottom, there are buttons for 'ADD RECIPIENT', 'ADD DELAY', 'SEND NOW', and 'NEXT'.

Once the CM is in the signing session, they will have to fill out all of the required fields and select Finish before the application is routed to the next recipient.

Review and complete

Finish

START

What to Expect from Your Assessment for Long-Term Support

This supplement is for your information.

VIEW

Medicaid In-Home Service Options Brochure

This supplement is for your information.

VIEW

DocuSign Envelope ID: 68E87211-0F4F-4CFC-B6BC-0818A7A1DB09

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docuSign.com

Oregon Department
of Human Services

AGING & PEOPLE WITH DISABILITIES


Application for the
Oregon Project Independence-Medicaid (OPI-M)

Name of individual:

DOB: SSN: Are you a U.S. Citizen or National? -- select --

Physical address: County: -- select --

Note: If you need more time to fill out the application select **Finish Later** under the dropdown next to the Finish button

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[Table of Contents](#)

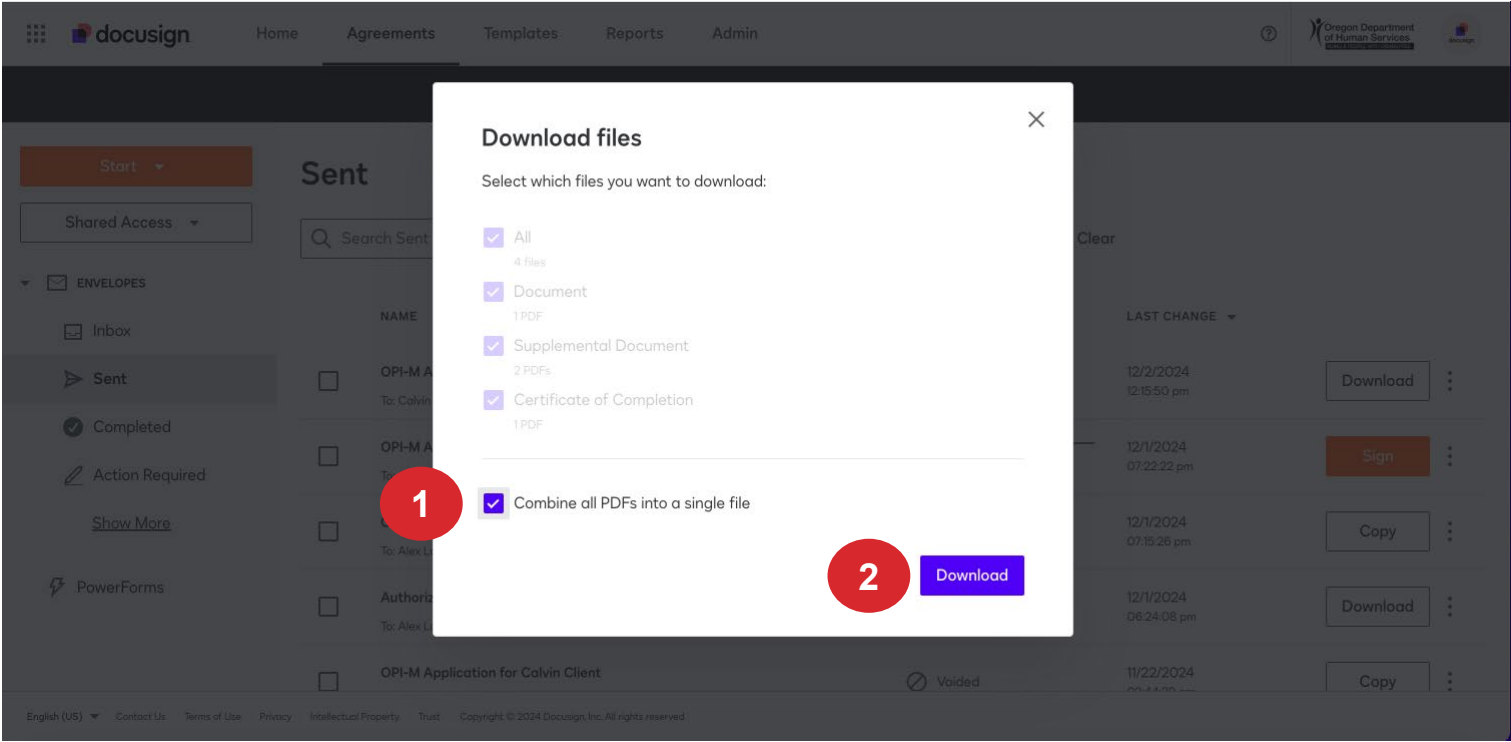
18

Once all of the recipients have signed, all recipients and the sender will receive a completed copy of the OPI-M Application. The Case Manager can go to the agreements tab (one-1) and download the envelope (two-2).

The screenshot displays the Docusign web application interface. At the top, the navigation bar includes 'Home', 'Agreements', 'Templates', 'Reports', and 'Admin'. The 'Agreements' tab is active. Below the navigation bar, the page title is 'APD - Medicaid Services and Supports - Demo'. The left sidebar contains a 'Start' button, a 'Shared Access' dropdown, and a list of folders: 'ENVELOPES', 'Inbox', 'Sent', 'Completed', 'Action Required', and 'PowerForms'. The 'Inbox' folder is selected. The main content area shows a table of envelopes. The table has columns for 'NAME', 'STATUS', and 'LAST CHANGE'. The 'Inbox' folder is highlighted with a red circle and the number '1'. The 'Download' button for the third envelope is highlighted with a red circle and the number '2'.

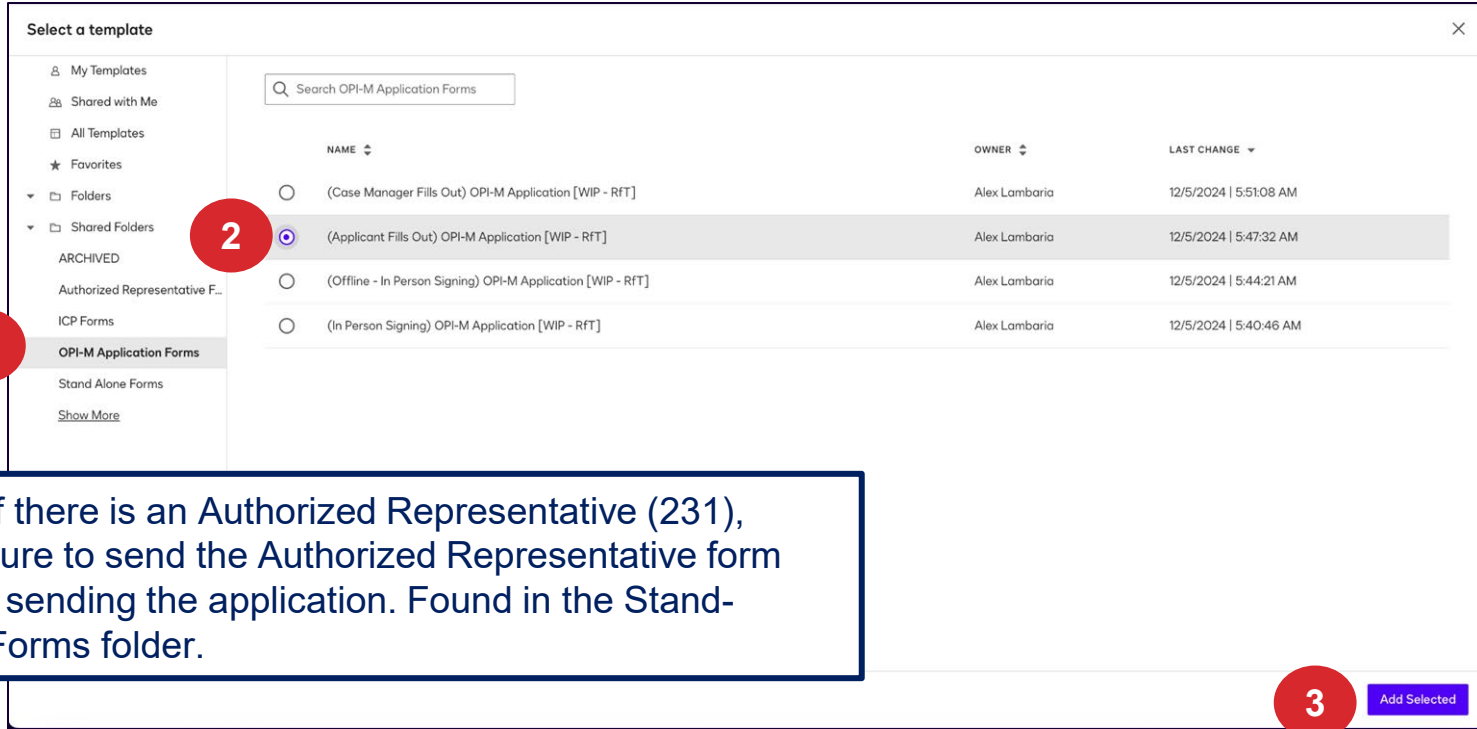
NAME	STATUS	LAST CHANGE
<input type="checkbox"/> OPI-M Application for Calvin Consumer To: Alex Lambaria, Calvin Consumer +1 more	Need to sign	12/2/2024 12:59:27 pm
<input type="checkbox"/> OPI-M Application for Calvin Consumer To: Calvin Client, Sandy Spouse +1 more	Voided	12/2/2024 12:34:04 pm
<input type="checkbox"/> OPI-M Application for Calvin Consumer To: Calvin Client, Sandy Spouse +1 more	Completed	12/2/2024 12:15:50 pm
<input type="checkbox"/> OPI-M Application for Calvin Consumer To: Alex Lambaria, Rachel Representative +1 more	Need to sign	12/1/2024 07:22:22 pm
<input type="checkbox"/> OPI-M Application for Rachel Representative To: Alex Lambaria, Rachel Representative +1 more	Voided	12/1/2024 07:35:26 pm
<input type="checkbox"/> Authorization for Electronic Verification of Resources for Calvin Client To: Alex Lambaria, Calvin Client +1 more	Completed	12/1/2024 06:24:08 pm
<input type="checkbox"/> Oregon Project Independence - Medicaid Application for [[Consumer_UserName]] To: Alex Lambaria, Sandy Spouse +2 more	Voided	11/11/2024 02:25:09 pm

Select Combine all PDFs into a single file (one-1) and select download (two-2). You can then store the documents in Laserfiche.



OPI-M Application Template: Applicant Fills Out

Select template (Applicant Fills Out) OPI-M Application (two-2) then select Add Selected (three-3).



Select a template

My Templates
Shared with Me
All Templates
Favorites
Folders
Shared Folders
ARCHIVED
Authorized Representative F...
ICP Forms
OPI-M Application Forms
Stand Alone Forms
[Show More](#)

Search OPI-M Application Forms

NAME	OWNER	LAST CHANGE
<input type="radio"/> (Case Manager Fills Out) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:51:08 AM
<input checked="" type="radio"/> (Applicant Fills Out) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:47:32 AM
<input type="radio"/> (Offline - In Person Signing) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:44:21 AM
<input type="radio"/> (In Person Signing) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:40:46 AM

1

2

3 Add Selected

Note: If there is an Authorized Representative (231), make sure to send the Authorized Representative form prior to sending the application. Found in the Stand-Alone Forms folder.

Provide the name and email information for the CM (one-1), the Consumer or Authorized Representative (two-2), and the Consumer's Spouse (three-3) roles.

The screenshot shows the 'Set signing order' interface in DocuSign. It lists three roles to be added to the signing order:

- 1** **Consumer or Authorized Representative** (Needs to Sign):
 - Name: [Text Field]
 - Delivery: ☒ Email ☐ SMS (Text)
 - Email: [Text Field]
 - +1 - Phone number: [Text Field]
- 2** **Consumer's Spouse** (Needs to Sign):
 - Name: [Text Field]
 - Delivery: ☒ Email ☐ SMS (Text)
 - Email: [Text Field]
 - +1 - Phone number: [Text Field]
- 3** **Case Manager** (Needs to Sign):
 - Name: [Text Field]
 - Delivery: ☒ Email ☐ SMS (Text)
 - Email: [Text Field]
 - +1 - Phone number: [Text Field]

Note:

You can delete the Consumer's Spouse if they are not needed. If you need to re-add them, discard the envelope and start over.

While email should be the priority for sending to recipients, use SMS if it makes sense to do so. Make sure to get consent from recipients before sending via SMS.

(Situational) If the consumer does not have a spouse that needs to sign the OPI-M Application, you can delete them from the workflow by selecting the trashcan on their recipient card. This will remove their signature field from the document.

☒ Set signing order [View](#)

10

Consumer or Authorized Representative

✎

Needs to Sign ▾

Customize ▾

Name *

Delivery *

☒ Email ☐ SMS (Text) ☐ WhatsApp ⓘ

Email *

15

Consumer's Spouse

✎

Needs to Sign ▾


Customize ▾

Name *

Delivery *

☒ Email ☐ SMS (Text) ☐ WhatsApp ⓘ

Email *

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[Table of Contents](#)

24

Under envelope custom fields, enter the Consumer First and Last Name (one-1) and Consumer Initials (two-2). This information is used to merge the Consumer's initials into the email subject line. Then select Send Now (three-3).

X

OPI-M Application for [[ECF:Consumer Initials]]

?

Advanced Options

1

Add envelope custom fields

2

Consumer First and Last Name *

Characters remaining: 100

Consumer Initials *

Characters remaining: 100

Add message

☒ Custom email and language for each recipient

To: Case Manager

Email Language *

English (US)

Email Subject *

OPI-M Application for [[ECF:Consumer Initials]]

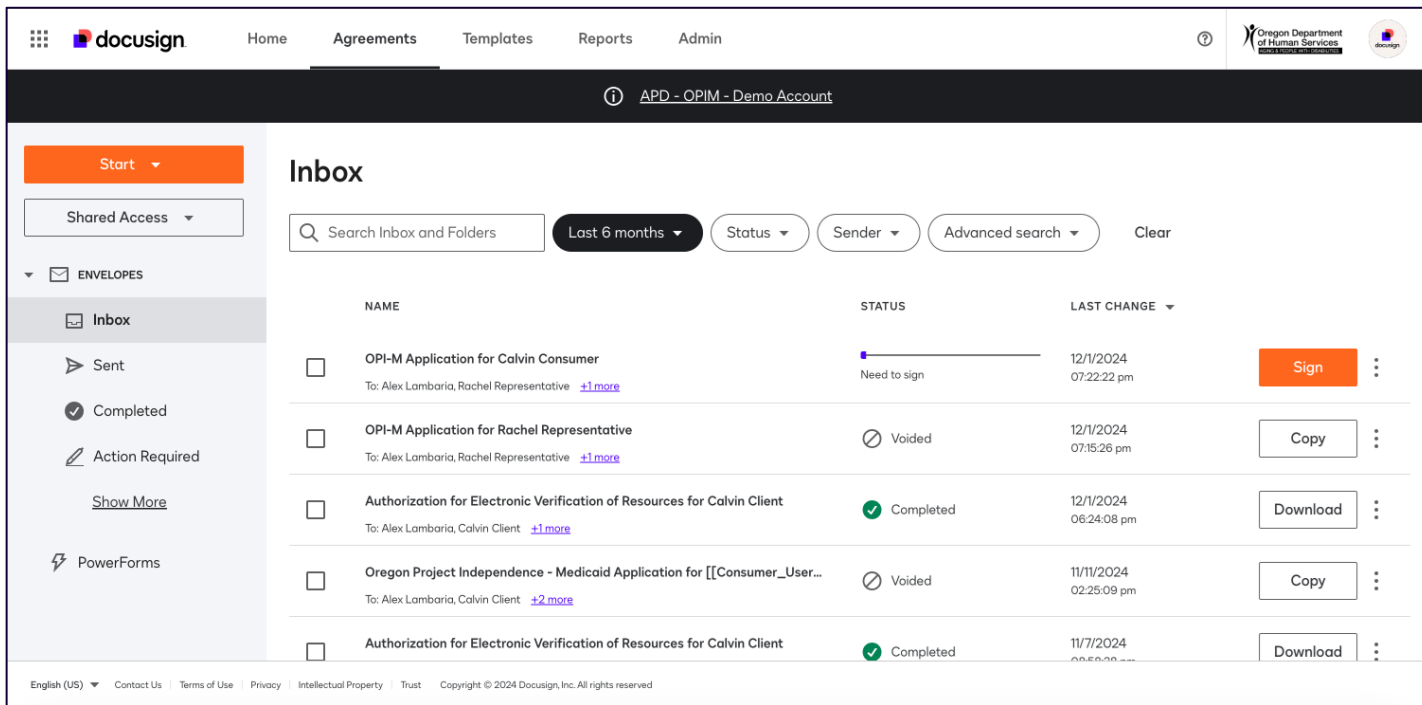
Characters remaining: 53

3

Send Now

Next

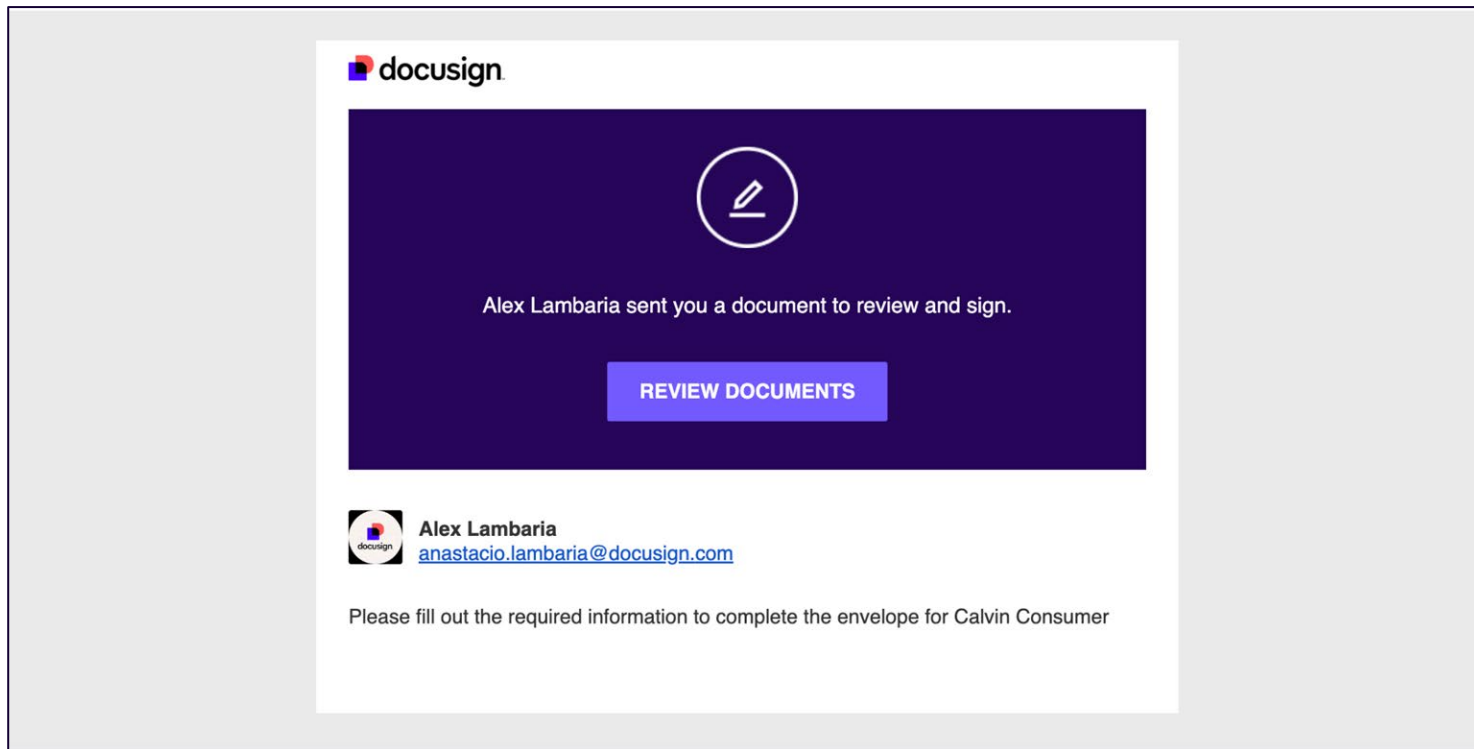
The Sender is taken to the Agreements page. The Consumer or Authorized Representative will receive an email notification directing them to fill out the form and sign.



The screenshot displays the Docusign user interface. At the top, the navigation bar includes 'Home', 'Agreements', 'Templates', 'Reports', and 'Admin'. The user is logged in as 'APD - OPI-M - Demo Account'. The left sidebar shows a 'Start' button, 'Shared Access', and a list of folders including 'Inbox', 'Sent', 'Completed', and 'Action Required'. The main area is titled 'Inbox' and contains a search bar and filters for 'Last 6 months', 'Status', 'Sender', and 'Advanced search'. A table lists five documents with their names, recipients, status, and last change dates. The first document, 'OPI-M Application for Calvin Consumer', is marked 'Need to sign' and has a 'Sign' button. The second, 'OPI-M Application for Rachel Representative', is 'Voided' and has a 'Copy' button. The third, 'Authorization for Electronic Verification of Resources for Calvin Client', is 'Completed' and has a 'Download' button. The fourth, 'Oregon Project Independence - Medicaid Application for [[Consumer_User...', is 'Voided' and has a 'Copy' button. The fifth, 'Authorization for Electronic Verification of Resources for Calvin Client', is 'Completed' and has a 'Download' button.

	NAME	STATUS	LAST CHANGE	
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Alex Lambaria, Rachel Representative +1 more	Need to sign	12/1/2024 07:22:22 pm	Sign
<input type="checkbox"/>	OPI-M Application for Rachel Representative To: Alex Lambaria, Rachel Representative +1 more	Voided	12/1/2024 07:15:26 pm	Copy
<input type="checkbox"/>	Authorization for Electronic Verification of Resources for Calvin Client To: Alex Lambaria, Calvin Client +1 more	Completed	12/1/2024 06:24:08 pm	Download
<input type="checkbox"/>	Oregon Project Independence - Medicaid Application for [[Consumer_User... To: Alex Lambaria, Calvin Client +2 more	Voided	11/11/2024 02:25:09 pm	Copy
<input type="checkbox"/>	Authorization for Electronic Verification of Resources for Calvin Client	Completed	11/7/2024 08:58:08 pm	Download

CM will receive a Docusign email notification to review the applicant's responses and fill out their case fields on the application.



(Situational) If everything isn't in good order, the CM can select More Options and select Void. They will be prompted to provide a reason.

Review and complete

Finish

START

What to Expect from Your Assessment for Long-Term Support
This supplement is for your information.

Medicaid In-Home Service Options Brochure
This supplement is for your information.

OTHER ACTIONS

- Finish Later
- Assign to Someone Else
- Void**
- Print & Sign

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docuSign.com

Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

Application for the Project Independence-Medicaid (OPI-M)

Alvin Client

ID: 555-55-5555 Are you a U.S. Citizen or National? Yes

County: Baker

English (US) Contact Us Terms of Use Privacy

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Note: The CM can use [Copy with Field Data](#) on the voided envelope to resend the envelope with a message on what needs to be corrected. The Case Manager should also contact the Consumer outside of DocuSign to explain errors.

Once all of the recipients have signed, all recipients and the sender will receive a completed copy of the OPI-M Application. The CM can go to the agreements tab (one-1) and download the envelope (two-2).

docusign

HomeAgreementsTemplatesReportsAdmin

APD - Medicaid Services and Supports - Demo

Start

Shared Access

ENVELOPES

Inbox

Sent

Completed

Action Required

Show More

PowerForms

Inbox

OPI-M Application for Calvin Consumer

To: Alex Lambaria, Calvin Consumer +1 more

OPI-M Application for Calvin Consumer

To: Calvin Client, Sandy Spouse +1 more

OPI-M Application for Calvin Consumer

To: Calvin Client, Sandy Spouse +1 more

OPI-M Application for Calvin Consumer

To: Alex Lambaria, Rachel Representative +1 more

OPI-M Application for Rachel Representative

To: Alex Lambaria, Rachel Representative +1 more

Authorization for Electronic Verification of Resources for Calvin Client

To: Alex Lambaria, Calvin Client +1 more

Oregon Project Independence - Medicaid Application for [[Consumer_UserName]]

To: Alex Lambaria, Sandy Spouse +2 more

STATUS

Need to sign

Voided

Completed

Need to sign

Voided

Completed

Voided

LAST CHANGE

12/2/2024 12:59:27 pm

12/2/2024 12:34:04 pm

12/2/2024 12:15:50 pm

12/1/2024 07:22:22 pm

12/1/2024 07:35:26 pm

12/1/2024 06:24:08 pm

11/11/2024 02:25:09 pm

Sign

Copy

Download

Sign

Copy

Download

Copy

English (US)Contact UsTerms of UsePrivacyIntellectual PropertyTrustCopyright © 2024 Docusign, Inc. All rights reserved

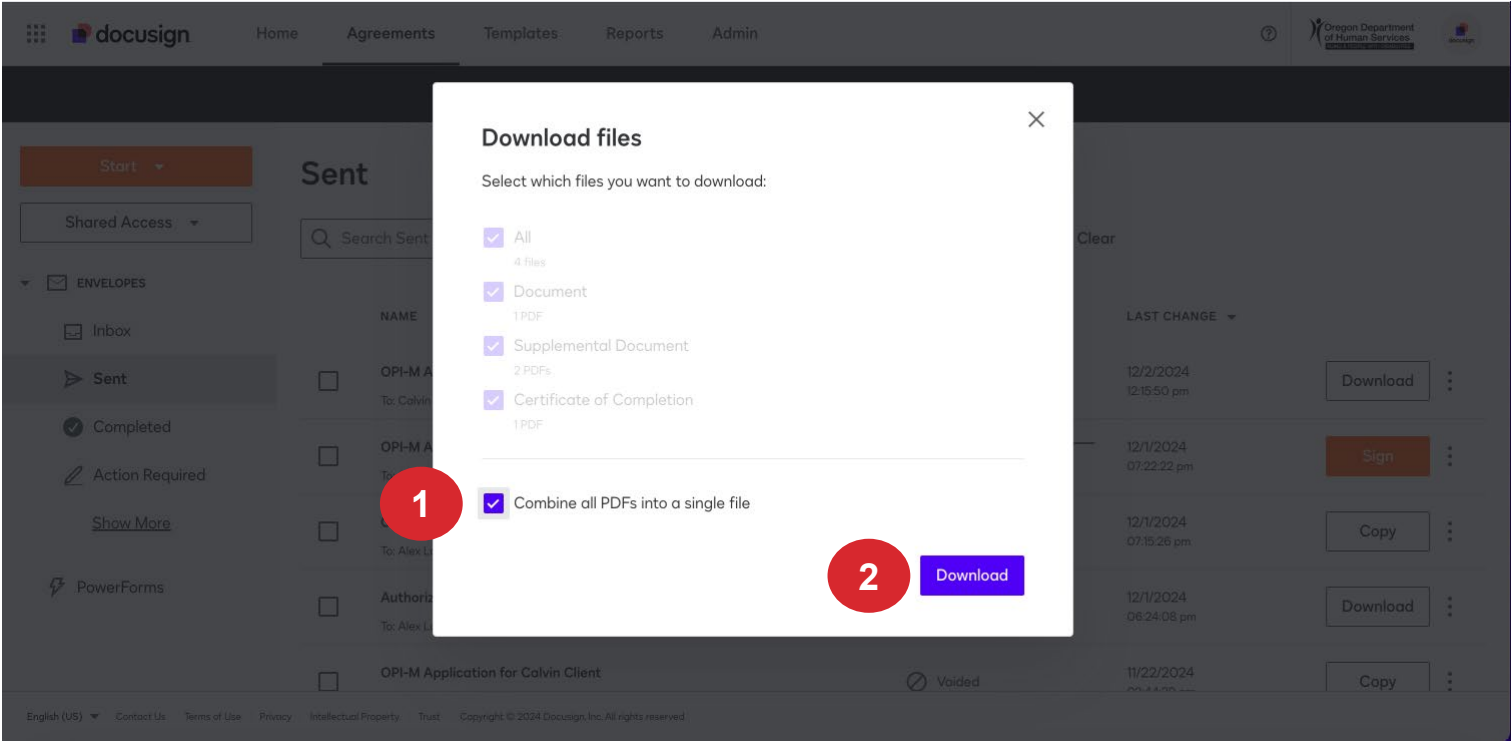
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Table of Contents

29

Select Combine all PDFs into a single file (one-1) and select download (two-2).
You can then store the documents in Laserfiche (LF).



OPI-M Application Template: In-Person Signing

In OPI-M Application Forms Section (one-1) Select template (In-Person Signer) OPI-M Application (two-2) then selected Add Selected (three-3)

1

2

Select a template

My Templates

Shared with Me

All Templates

Favorites

Folders

Shared Folders

ARCHIVED

Authorized Representative

ICP Forms

OPI-M Application Forms

Stand Alone Forms


Show More

Search OPI-M Application Forms

NAME	OWNER	LAST CHANGE
<input type="radio"/> (Case Manager Fills Out) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:51:08 AM
<input type="radio"/> (Applicant Fills Out) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:47:32 AM
<input type="radio"/> (Offline - In Person Signing) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:44:21 AM
<input checked="" type="radio"/> (In Person Signing) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:40:46 AM

3 Add Selected

Note: If there is an Authorized Representative (231), make sure to send the Authorized Representative form prior to sending the application. Found in the Stand Alone Forms folder.

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[Table of Contents](#)

32

Enter the name and email information for the CM (one-1) . Enter the name of the Consumer (two-2) and Consumer's Spouse (three-3), Enter the CM's name and email for the Host Name and Host Email (four-4) since the CM will be hosting the signing sessions in-person.

The screenshot displays the DocuSign interface with four numbered steps for adding participants:

- 1 Case Manager**: Fields for Name * and Email *. A dropdown menu is set to "NEEDS TO SIGN".
- 2 Consumer or Authorized Representative**: Fields for Name *, Host Name *, and Host Email *. A dropdown menu is set to "IN PERSON SIGNER".
- 3 Consumer's Spouse**: Fields for Name *, Host Name *, and Host Email *. A dropdown menu is set to "IN PERSON SIGNER".
- 4**: This step is partially visible, showing the same fields as step 3.

Each step includes a "CUSTOMIZE" link and a trash icon. A vertical timeline on the left indicates the sequence of steps.

Note: You have the ability to delete the Consumer's Spouse if they are not needed. If you need to re-add them, discard the envelope and start over.

Under envelope custom fields, enter the Consumer First and Last Name (one-1) and Consumer Initials (two-2). This information is used to merge the Consumer's initials into the email subject line, Then select Send Now (three-3).

X

OPI-M Application for [[ECF:Consumer Initials]]

?

Advanced Options

1

Add envelope custom fields

2

Consumer First and Last Name *

Consumer Initials *

Characters remaining: 100

Characters remaining: 100

Add message

☒ Custom email and language for each recipient

To: Case Manager

Email Language *

English (US)

Email Subject *

OPI-M Application for [[ECF:Consumer Initials]]

Characters remaining: 53

3

Send Now

Next

If you are the CM, then you will get a Sign Now pop up that will bring you into the signing session to fill out the application. Otherwise, the envelope will be sent to the CM to fill out

The screenshot shows a DocuSign envelope titled "OPI-M Application for [[Consumer or Authorized Representative_UserName]]". The interface includes a list of recipients with a "20" icon and a vertical ellipsis for each. The first recipient is "Rachel Representative" with email "demo.alex.lambaria+rachel@gmail.com". A modal pop-up is displayed over this recipient, asking "Do you want to sign this document now?" with two buttons: "SIGN NOW" (highlighted with a red arrow) and "SIGN LATER". Below the first recipient is a section for "Consumer's Spouse" with fields for "Name" (filled with "Sandy Spouse") and "Email" (filled with "Demo.alex.lambaria+spouse@gmail.com"). At the bottom of the envelope, there are buttons for "ADD RECIPIENT" and "ADD DELAY". The bottom of the screen features a "Consumer *" field and a "SEND NOW" button with a dropdown arrow, and a "NEXT" button. A "Table of Contents" button is visible in the bottom right corner of the slide.

Once the CM is in the signing session, they will have to fill out all of the required fields and select Finish before the application is in-person signing session

Review and complete

Finish

START

What to Expect from Your Assessment for Long-Term Support

This supplement is for your information.

VIEW

Medicaid In-Home Service Options Brochure

This supplement is for your information.

VIEW


DocuSign Envelope ID: 68E87211-0F4F-4CFC-B6BC-0818A7A1DB09

DEMONSTRATION DOCUMENT ONLY

PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE

999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200

www.docuSign.com



Oregon Department of Human Services

AGING & PEOPLE WITH DISABILITIES

Application for the

Oregon Project Independence-Medicaid (OPI-M)

Name of individual:

DOB:

SSN:

Are you a U.S. Citizen or National?


-- select --

Physical address:

County:

-- select --

Note: If you need more time to fill out the application select [Finish Later](#) under the dropdown next to the Finish button

 docuSign

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[Table of Contents](#)

36

The CM finds the application at the top of the agreements page and selects Sign.

The screenshot displays the DocuSign 'Inbox' interface. The top navigation bar includes 'Home', 'Agreements', 'Templates', 'Reports', and 'Admin'. The left sidebar shows 'Start', 'Shared Access', 'ENVELOPES', 'Inbox', 'Sent', 'Completed', 'Action Required', 'Show More', and 'PowerForms'. The main content area is titled 'Inbox' and features a search bar, filters for 'Last 6 months', 'Status', 'Sender', and 'Advanced search', and a 'Clear' button. The inbox table lists five applications, all titled 'OPI-M Application for Calvin Consumer'. The first application is in 'Need to sign' status and has an orange 'Sign' button. A red arrow points to this button. The second application is 'Voided' and has a 'Copy' button. The third application is 'Completed' and has a 'Download' button. The fourth application is 'Need to sign' and has a 'Sign' button. The fifth application is 'Voided' and has a 'Copy' button. The bottom of the page shows the footer with 'English (US)', 'Contact Us', 'Terms of Use', 'Privacy', 'Intellectual Property', 'Trust', and 'Copyright © 2024 DocuSign, Inc. All rights reserved'.

	NAME	STATUS	LAST CHANGE	
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Alex Lambaria, Calvin Consumer +1 more	Need to sign	12/2/2024 12:53:07 pm	Sign
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Calvin Client, Sandy Spouse +1 more	Voided	12/2/2024 12:34:04 pm	Copy
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Calvin Client, Sandy Spouse +1 more	Completed	12/2/2024 12:15:50 pm	Download
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Alex Lambaria, Rachel Representative +1 more	Need to sign	12/1/2024 07:22:22 pm	Sign
<input type="checkbox"/>	OPI-M Application for Rachel Representative	Voided	12/1/2024 07:15:05 pm	Copy

The Case Manager will then be taken to a pop-up screen, selects the Consumer (one-1), and selects Save(two-2).

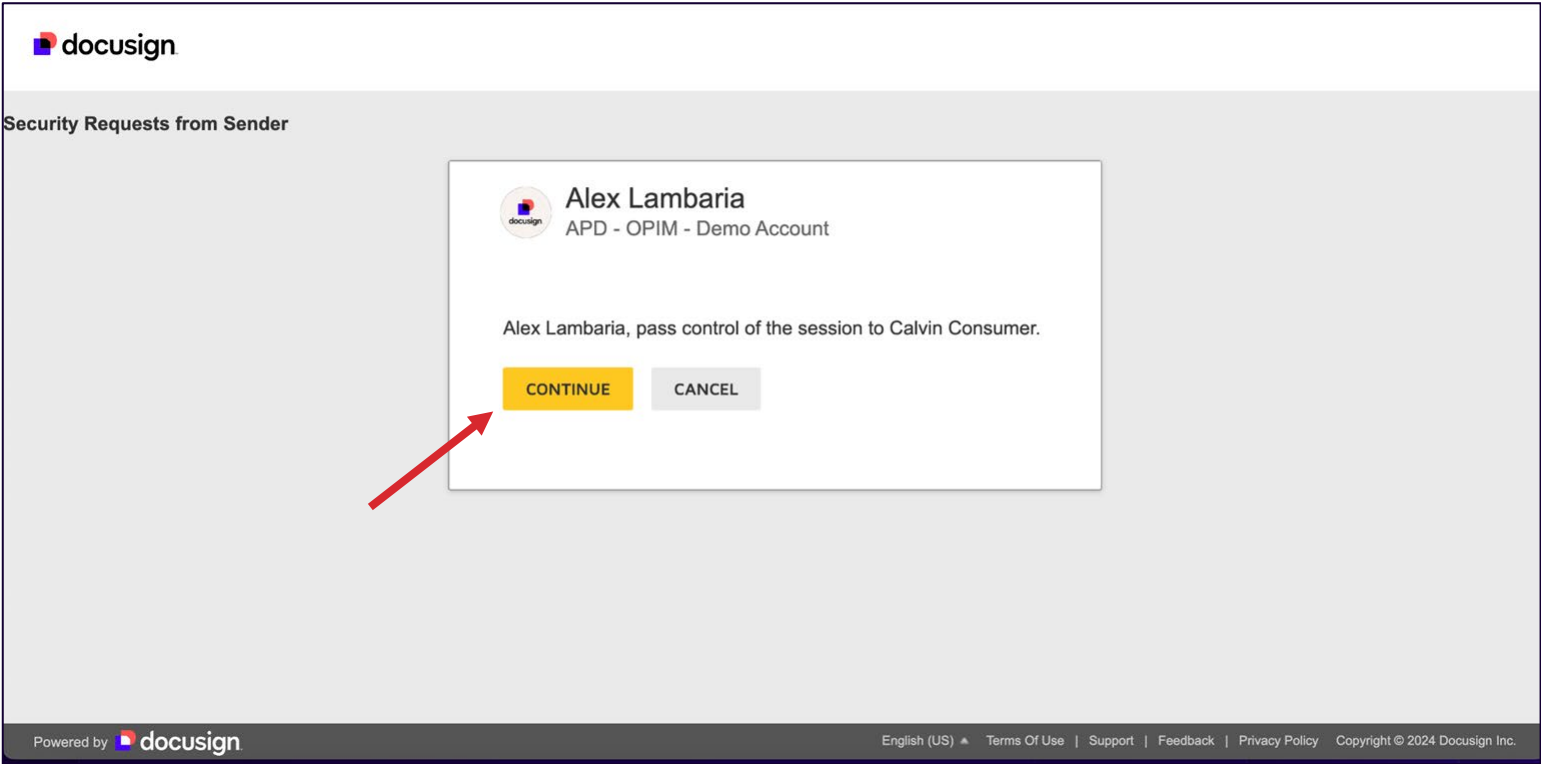
The screenshot displays the Docusign interface with a 'Select a Recipient' pop-up dialog. The dialog has a table with the following data:

Name	Role	Recipient Type
Calvin Consumer		In Person Signer
Sandy Spouse		In Person Signer

Red circle 1 highlights the selection of 'Calvin Consumer'. Red circle 2 highlights the 'SAVE' button. The background shows a list of documents with columns for NAME, STATUS, and LAST CHANGE.

NAME	STATUS	LAST CHANGE
OPI-M Application for Calvin Consumer To: Alex Lambaria, Calvin Consumer +1 more	Need to sign	12/2/2024 12:53:07 pm
OPI-M Application for Calvin Consumer To: Calvin Client, Sandy Spouse +1 more	Voided	12/2/2024 12:34:04 pm
OPI-M Application for Calvin Consumer To: Calvin Client, Sandy Spouse +1 more	Completed	12/2/2024 12:15:50 pm
OPI-M Application for Calvin Consumer To: Alex Lambaria, Rachel Representative +1 more	Need to sign	12/1/2024 07:22:22 pm
OPI-M Application for Rachel Representative	Voided	12/1/2024 07:15:00 pm

The **Case Manager** selects **Continue** and hands their machine over to the **Consumer** to sign the documents



The Consumer will then agree to the Electronic Records and Signature Disclosure, review the application, sign (one-1), and selects Finish (two-2) to complete their signing session

Review and complete

Finish

speed up our decision. If you do not give a social security number and sign this form, we may ask you for up to five years of banking records.

Authorization

I authorize electronic verification of my resources held at banks and credit unions in order to determine and redetermine Medicaid eligibility. This authorization will end if you are denied, if your benefits close, or if you ask us to end it in writing.

If we review for long-term care or programs based on age or being blind or disabled, failure to fill out Required - Signature Applied - SignHere a denial, reduction or closure of benefits.

Signed by:

Calvin Consumer

Signature of person requesting benefits

12/5/2024

Today's date

Signature of spouse

Today's date

For office use only

Case number

SIGN

1

2

100%

Ready to Finish?

You've completed the required fields. Review your work, then select FINISH.

Finish

The Consumer will be prompted to provide their email if they would like to receive a copy. Then they will select continue.

The screenshot shows a DocuSign document review interface. At the top, a dark header bar contains the text "Review and complete" on the left, a "Finish" button in the center, and a menu icon on the right. The main content area is a document with various fields and text. A modal window titled "Request a Copy" is centered over the document. The modal has a "PRINT" button with a printer icon in its top right corner. Inside the modal, the text reads: "Enter your email to request a copy of the completed document. Select PRINT to print a copy." Below this is an "Email" label and an empty text input field. At the bottom of the modal is a yellow "CONTINUE" button. A red arrow points from the "CONTINUE" button in the modal to the "CONTINUE" button on the document page. The document page also features a "SIGN" button on the left and a "Ready to Finish?" section at the bottom with a "Finish" button. The footer contains the DocuSign logo, language and contact links, and a copyright notice for 2024.

Review and complete

Finish

PRINT

Request a Copy

Enter your email to request a copy of the completed document. Select PRINT to print a copy.

Email

CONTINUE

SIGN

Authorization

I authorize electronic redetermine Medicaid ask us to end it in writing

If we review for long and sign this form n

Signed by: Calvin Consumer

Signature of person requesting benefits

Today's date

Signature of spouse

Today's date

Ready to Finish?

You've completed the required fields. Review your work, then select **FINISH**.

Finish

Powered by docuSign

English (US) Contact Us Terms of Use Privacy

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The Consumer will then be prompted to hand the machine back to the CM.
The CM finds the envelope in the agreement tab and repeats the process for the Consumer's Spouse.

The screenshot shows a DocuSign document review interface. At the top, a dark header bar contains the text "Review and complete" on the left, a "Finish" button on the right, and a menu icon. A white modal box titled "Pass Control" is centered on the screen. The modal contains the text "To complete the signing process, pass control back to Alex Lambaria." and a yellow "CONTINUE" button. A red arrow points from the "CONTINUE" button in the modal to the "NEXT" button on the left side of the document. The document text is partially visible in the background, including "Authorization", "I authorize electronic", "redetermine Medical", "ask us to end it in wri", "If we review for long-term care or programs based on age or being blind or disabled, failure to fill out and sign this form may result in a denial, reduction or closure of benefits.", "Signed by:", "Calvin Consumer", "12/5/2024", "Today's date", "Signature of person requesting benefits", "Signature of spouse", "Today's date", and "For office use only". At the bottom of the screen, a grey bar contains the text "Ready to Finish?", "You've completed the required fields. Review your work, then select FINISH.", and a "Finish" button. The footer of the page includes "Powered by docuSign", "English (US)", "Contact Us", "Terms of Use", "Privacy", and "Copyright © 2024 DocuSign, Inc. All rights reserved".

Review and complete

Finish

Pass Control

To complete the signing process, pass control back to Alex Lambaria.

CONTINUE

Authorization

I authorize electronic

redetermine Medical

ask us to end it in wri

If we review for long-term care or programs based on age or being blind or disabled, failure to fill out and sign this form may result in a denial, reduction or closure of benefits.

Signed by:

Calvin Consumer

12/5/2024

Today's date

Signature of person requesting benefits

Signature of spouse

Today's date

For office use only

Case number

Ready to Finish?

You've completed the required fields. Review your work, then select FINISH.

Finish

Powered by docuSign

English (US)

Contact Us

Terms of Use

Privacy

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Once all of the recipients have signed, all recipients and the sender will receive a completed copy of the OPI-M Application. The CM can go to the agreements tab(one-1) and download the envelope (two-2).

docusign

HomeAgreementsTemplatesReportsAdmin

APD - Medicaid Services and Supports - Demo

Start

Shared Access

ENVELOPES

Inbox

Sent

Completed

Action Required

Show More

PowerForms

Inbox

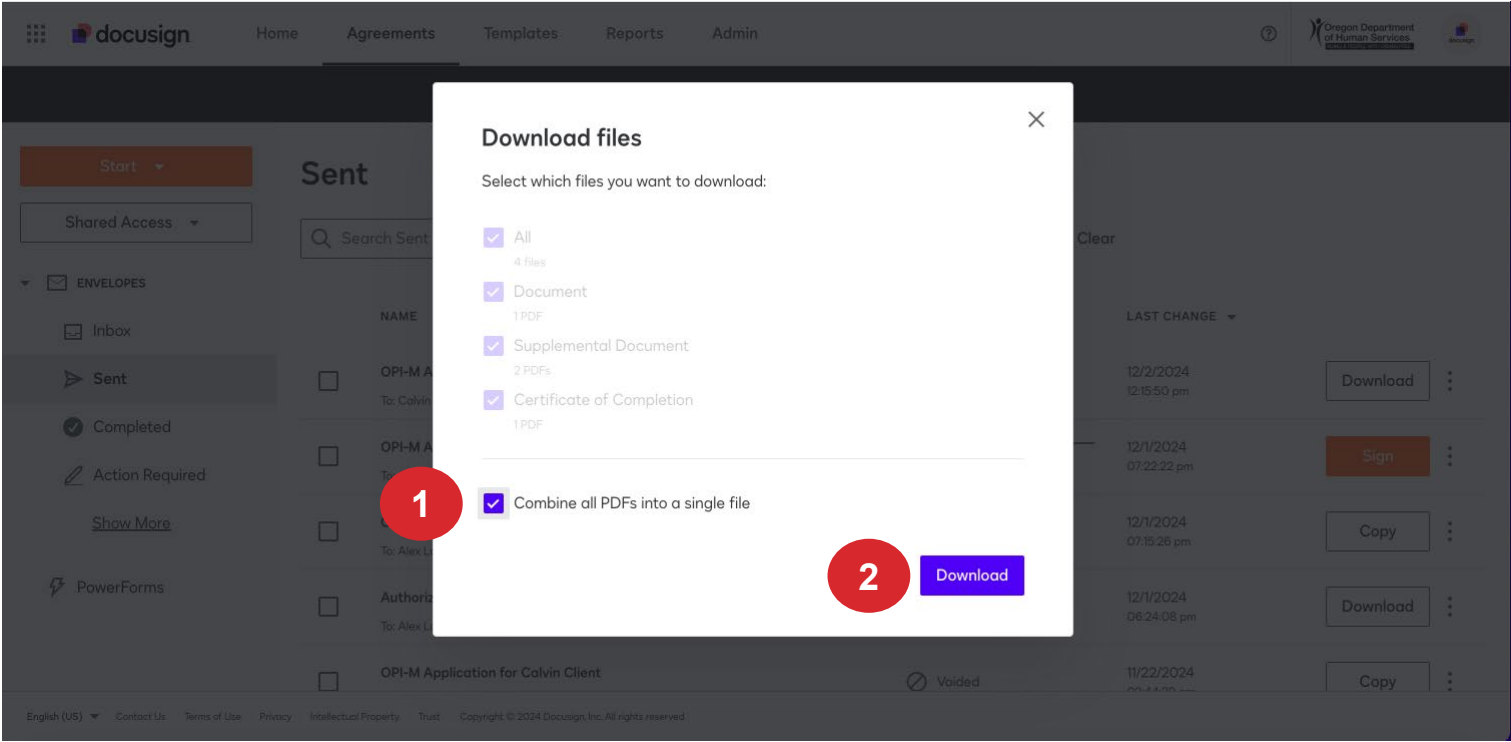
Search Inbox and Folders

Last 6 monthsStatusSenderAdvanced searchClear

	NAME	STATUS	LAST CHANGE	
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Alex Lambaria, Calvin Consumer +1 more	<div><div></div>Need to sign</div>	12/2/2024 12:59:27 pm	<div>Sign</div> <div></div>
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Calvin Client, Sandy Spouse +1 more	<div><div></div>Voided</div>	12/2/2024 12:34:04 pm	<div>Copy</div> <div></div>
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Calvin Client, Sandy Spouse +1 more	<div><div></div>Completed</div>	12/2/2024 12:15:50 pm	<div>Download</div> <div></div>
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Alex Lambaria, Rachel Representative +1 more	<div><div></div>Need to sign</div>	12/1/2024 07:22:22 pm	<div>Sign</div> <div></div>
<input type="checkbox"/>	OPI-M Application for Rachel Representative To: Alex Lambaria, Rachel Representative +1 more	<div><div></div>Voided</div>	12/1/2024 07:35:26 pm	<div>Copy</div> <div></div>
<input type="checkbox"/>	Authorization for Electronic Verification of Resources for Calvin Client To: Alex Lambaria, Calvin Client +1 more	<div><div></div>Completed</div>	12/1/2024 06:24:08 pm	<div>Download</div> <div></div>
<input type="checkbox"/>	Oregon Project Independence - Medicaid Application for [[Consumer_UserName]] To: Alex Lambaria, Sandy Spouse +2 more	<div><div></div>Voided</div>	11/11/2024 02:25:09 pm	<div>Copy</div> <div></div>

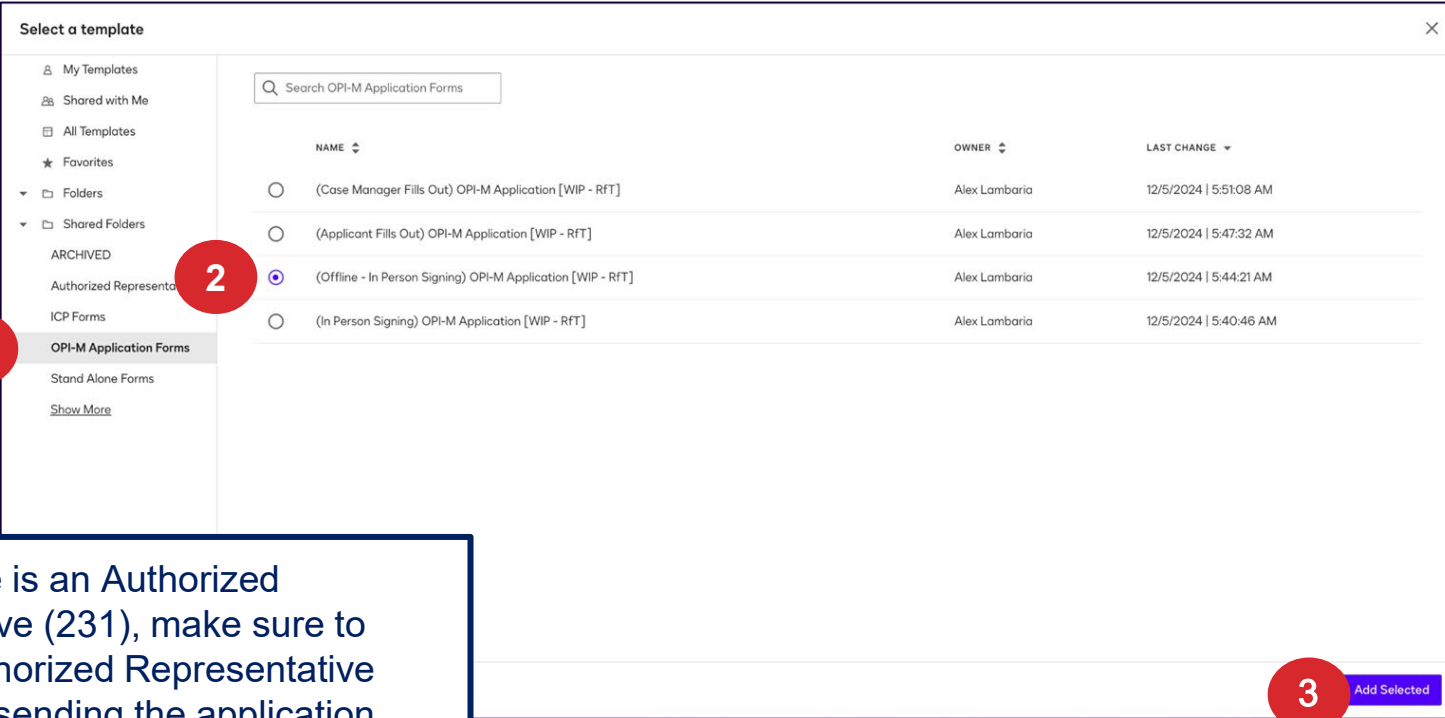
English (US)Contact UsTerms of UsePrivacyIntellectual PropertyTrustCopyright © 2024 Docusign, Inc. All rights reserved

Select Combine all PDFs into a single file (one-1) and select download (two-2).
You can then store the documents in Laserfiche (LF) .



OPI-M Application Template: Offline In-Person Signing

Under OPI-M Application forms (one-1), select template Offline In-Person Signer OPI-M Application (two-2) then select Add Selected (three-3).



Select a template

My Templates
Shared with Me
All Templates
Favorites
Folders
Shared Folders
ARCHIVED
Authorized Representative
ICP Forms
OPI-M Application Forms
Stand Alone Forms
[Show More](#)

Search OPI-M Application Forms

	NAME	OWNER	LAST CHANGE
<input type="radio"/>	(Case Manager Fills Out) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:51:08 AM
<input type="radio"/>	(Applicant Fills Out) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:47:32 AM
<input checked="" type="radio"/>	(Offline - In Person Signing) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:44:21 AM
<input type="radio"/>	(In Person Signing) OPI-M Application [WIP - RFT]	Alex Lambaria	12/5/2024 5:40:46 AM

3 Add Selected

Note: If there is an Authorized Representative (231), make sure to send the Authorized Representative form prior to sending the application.

Provide the name and email information for the CM (one-1). Then provide the name of the Consumer (two-2) and Consumer's Spouse (three-3), Then put the CM's name and email for the Host Name and Host Email (four-4) since the CM will be hosting the signing sessions in-person.

The screenshot displays the DocuSign 'Add Signers' interface. It features three main sections, each with a red circular callout number:

- Callout 1:** Points to the 'Case Manager' section. It includes a 'Name' field, an 'Email' field, and a 'NEEDS TO SIGN' status indicator.
- Callout 2:** Points to the 'Consumer or Authorized Representative' section. It includes a 'Name' field, a 'Host Name' field, and a 'Host Email' field. The status is 'IN PERSON SIGNER'.
- Callout 3:** Points to the 'Consumer's Spouse' section. It includes a 'Name' field, a 'Host Name' field, and a 'Host Email' field. The status is 'IN PERSON SIGNER'.
- Callout 4:** Points to the 'Host Name' and 'Host Email' fields in the 'Consumer's Spouse' section.

Each section also has a 'CUSTOMIZE' link and a trash icon for deletion.

Note: You have the ability to delete the Consumer's Spouse if they are not needed. If you need to re-add them, discard the envelope and start over.

Under envelope custom fields, enter the Consumer First and Last Name (one-1) and Consumer Initials(two-2). This information is used to merge the Consumer's initials into the email subject line. Then select Send Now(three-3).

X

OPI-M Application for [[ECF:Consumer Initials]]

?

Advanced Options

1

Add envelope custom fields

2

Consumer First and Last Name *

Consumer Initials *

Characters remaining: 100

Characters remaining: 100

Add message

☒ Custom email and language for each recipient

To: Case Manager

Email Language *

English (US)

Email Subject *

OPI-M Application for [[ECF:Consumer Initials]]

Characters remaining: 53

3

Send Now

Next

If you are the CM, then you will get a Sign Now pop up that will bring you into the signing session to fill out the application. Otherwise, the envelope will be sent to the CM to fill out.

The screenshot displays the DocuSign application interface for an 'OPI-M Application for [[Consumer or Authorized Representative_UserName]]'. A modal dialog box is centered on the screen, asking 'Do you want to sign this document now?' with two buttons: 'SIGN NOW' (highlighted with a red arrow) and 'SIGN LATER'. The background interface shows a list of recipients. The first recipient is 'Rachel Representative' with email 'demo.alex.lambaria+rachel@gmail.com'. The second recipient is 'Consumer's Spouse' with name 'Sandy Spouse' and email 'Demo.alex.lambaria+spouse@gmail.com'. The 'Consumer's Spouse' entry has a status of 'NEEDS TO SIGN' and a 'CUSTOMIZE' dropdown. At the bottom, there are buttons for 'ADD RECIPIENT', 'ADD DELAY', 'SEND NOW', and 'NEXT'.

Once the CM is in the signing session, they will have to fill out all of the required fields and select Finish before the application is in-person signing session.

Review and complete

Finish

START

What to Expect from Your Assessment for Long-Term Support

This supplement is for your information.

VIEW

Medicaid In-Home Service Options Brochure

This supplement is for your information.

VIEW

DocuSign Envelope ID: 68E87211-0F4F-4CFC-B6BC-0818A7A1DB09

DEMONSTRATION DOCUMENT ONLY

PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE

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www.docusign.com

Oregon Department of Human Services

AGING & PEOPLE WITH DISABILITIES

Application for the

Oregon Project Independence-Medicaid (OPI-M)

Name of individual:

DOB:

SSN:

Are you a U.S. Citizen or National?


-- select --

Physical address:

County:

-- select --

Note: If you need more time to fill out the application select Finish Later under the dropdown next to the Finish button

 docusign

DocuSign Confidential

[Table of Contents](#)

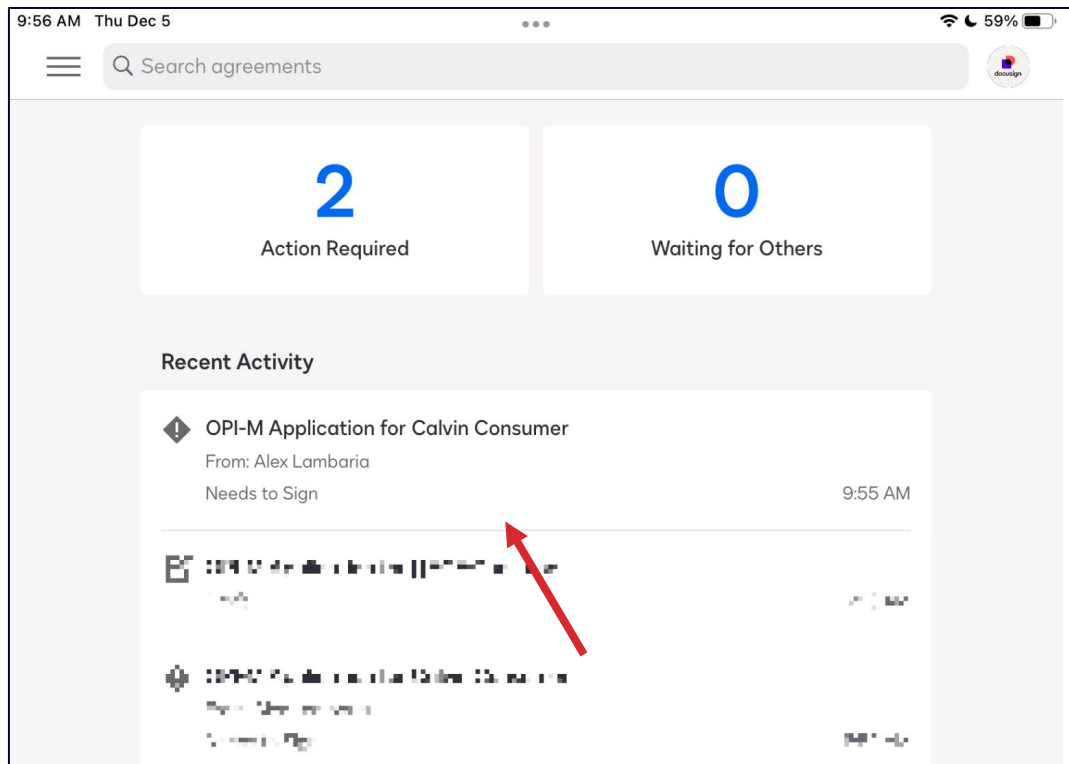
5
0

Once the CM is done filling out the forms. The CM should then download the envelope on the Docusign Mobile App before going to the consumer's residence. Select the Docusign Mobile App on your device.



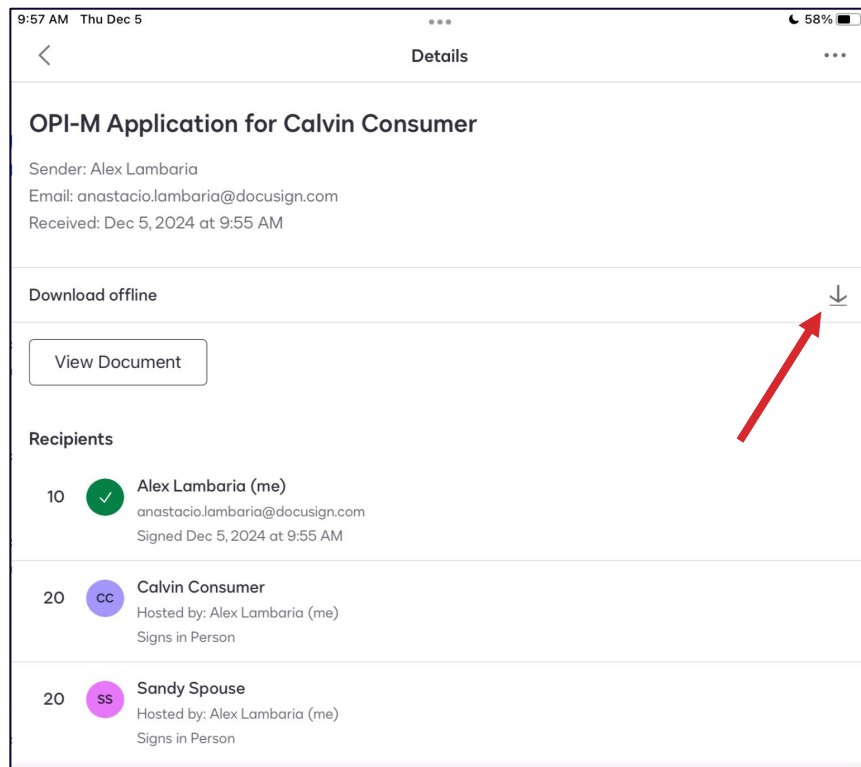
Note: Instructions are done on an iPad. They may look slightly different on iPhones and Android devices

Select the envelope for your Consumer.



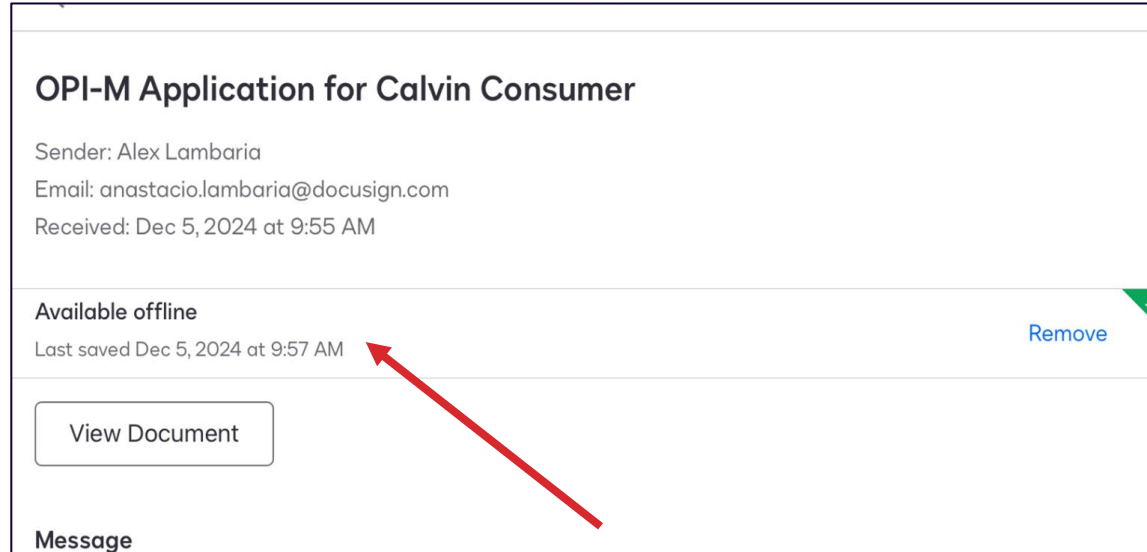
Note: Instructions are done on an iPad. They may look slightly different on iPhones and Android devices

Once in the envelope, select Download offline. It might take a few seconds to register.



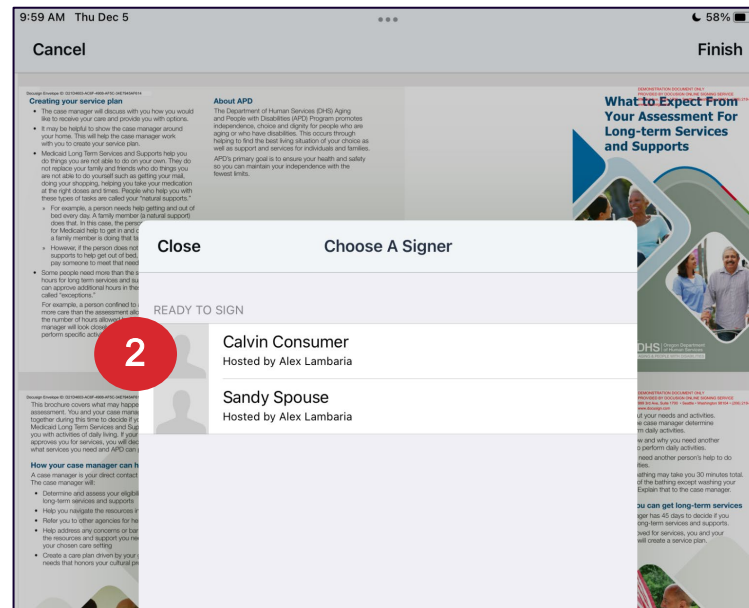
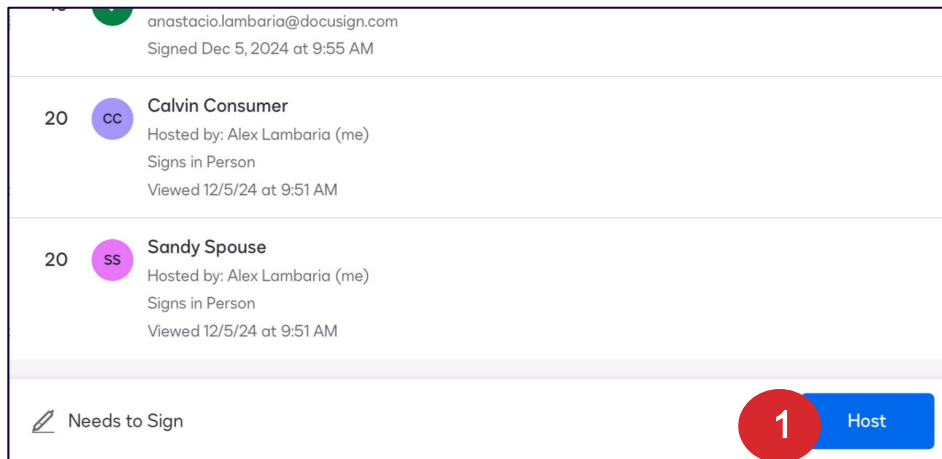
Note: Instructions are done on an iPad. They may look slightly different on iPhones and Android devices

If you have successfully downloaded the envelope, the envelope will say Available offline.



Note:
Instructions are done on an iPad. They may look slightly different on iPhones and Android devices

While at the Consumer's residence, the CM will find the envelope on their Docusign Mobile App, select Host (one-1) at the bottom right of the envelope, and then selects the Consumer (two-2) when the window opens.



The CM selects OK to pass the device to the Consumer to sign.

9:59 AM Thu Dec 5 58%

Cancel Calvin Consumer Next Field

Creating your service plan

- The case manager will discuss with you how you would like to receive your care and provide you with options.
- It may be helpful to show the case manager around your home. This will help the case manager work with you to create your service plan.
- Medicaid Long Term Services and Supports help you do things you are not able to do on your own. They do not replace your family and friends who do things you are not able to do yourself such as getting your mail, doing your shopping, helping you take your medication at the right doses and times. People who help you with these types of tasks are called your "natural supports."
- For example, a person needs help getting in and out of bed every day. A family member is a natural support, does that. In this case, the person would not qualify for Medicaid help to get in and out of bed because a family member is doing that task.
- However, if the person does not have natural supports to help get out of bed, Medicaid can pay someone to meet that need.
- Some people need more than the standard available hours for long term services and supports. APD can approve additional hours in these cases called "exceptions."

For example, a person confined to a bed may require more care than the assessment allows. To determine the number of hours allowed by Medicaid, the case manager will look closely at the time it takes to perform specific activities throughout each day.

About APD

The Department of Human Services (DHS) Aging and People with Disabilities (APD) Program promotes independence, choice and dignity for people who are aging or who have disabilities. This occurs through helping to find the best living situation of your choice as well as support and services for individuals and families. APD's primary goal is to ensure your health and safety so you can maintain your independence with the fewest limits.

What to Expect From Your Assessment For Long-term Services and Supports

Your honesty during this process will help us decide - together - what services will work best for you.

You can get this document in other languages, large print, braille or a format you prefer. Contact Aging and People with Disabilities Advocacy and Development at 503-947-5019 or email rebecca.e.arnold@state.or.us. We accept all relay calls or you can dial 711.

What to expect during the assessment

The case manager will discuss some very personal topics with you that may be uncomfortable. However, this information will help us decide if you are eligible for long-term services and supports. The case manager will ask these questions with dignity and respect.

(Be sure to:)

- Be honest about your needs and activities. This will help the case manager determine how you perform daily activities.
- Think about how and why you need another person's help to perform daily activities.
- How often you need another person's help to do your daily activities. For example, bathing may take you 30 minutes total. You can do all of the bathing except washing your hair and back. Explain that to the case manager.

Finding out if you can get long-term services

- The case manager has 45 days to decide if you are eligible for long-term services and supports.
- If you are approved for services, you and your case manager will create a service plan.

Pass to Next Signer

Please pass the iPad to Calvin Consumer.

OK

Your rights do

- You have the right to invite family, friends or supports to be with you.
- You will create a service plan centered on your goals and cultural preferences. For example, people who speak a language other than English have the right to a translator, those who wish to have a caregiver from their own community or faith may request one.

Housekeeping/laundry

- Meal preparation
- Knowing what medications to take at what time and dose
- Shopping
- Transportation

The Consumer will then agree to the Electronic Records and Signature Disclosure, review the application, sign, and select Finish (one-1) and Confirm Signing (two-2) to complete their signing session.

11:16 AM Mon Dec 9

...

📶 🌙 49% 🔋

Cancel

Calvin Consumer

Finish

Resource Type:

Bank/Institute Name:

Value:

Shared Resource:

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Please check this box if you are providing this information on a separate document.

Please note that the final value of the resource, or how the resource is counted, will be determined by the Department by following Oregon Administrative Rule.

Confirm Signing

The Consumer will then be prompted to select their spouse as the next signer if they have one.

11:20 AM Mon Dec 9

Cancel Calvin Consumer Finish

Name: Sandy Spouse
(First name) (Last name)
Social Security number: 1111 22 1111 Birthdate: 11/11/1111
* A social security number and signature are required if you are also requesting benefits. A spouse who is not requesting benefits is not required to give their social security number or sign this form. However, it will help speed up our decision. If you do not give a social security number and sign this form, we may ask you for up to five years of banking records.

Document details
I authorize electronic verification of my resources held at banks and credit unions in order to determine and redetermine Medicaid eligibility. This authorization will end if you are denied, if your benefits close, or if you ask us to end it in writing.
If we review for long-term care or programs based on age or being blind or disabled, failure to fill out and sign this form may result in a denial, reduction or closure of benefits.

Signature of person requesting benefits 12/20/24, 11:19 AM Today's date

Close Choose A Signer

✓ Calvin Consumer signed!

READY TO SIGN

Sandy Spouse
Hosted by Alex Lambaria

The Consumer will hand the device to their spouse. The Consumer's Spouse will agree to Electronic Records and Signature Disclosure, review the document, and sign.



Once all parties have signed there will be a pop up that says All In-Person Signers Have Completed and that the document will be sent as soon as a data connection is available.

11:20 AM Mon Dec 9

Cancel Sandy Spouse Finish

Name: Sandy Spouse
(First name) (Last name)
Social Security number: 111 22 1111 Birthdate: 11/11/1111

* A social security number and signature are required if you are also requesting benefits. A spouse who is not requesting benefits is not required to give their social security number or sign this form. However, it will help speed up our decision. If you do not give a social security number and sign this form, we may ask you for up to five years of banking records.

Authorization
I authorize electronic verification of my resources held at banks and credit unions in order to determine and redetermine Medicaid eligibility. This authorization will end if you are denied, if your benefits close, or if you ask us to end it in writing.
If we review for long-term care or programs based on age or being blind or disabled, failure to fill out and sign this form may result in a denial, reduction or closure of benefits.

Signature of person requesting benefits: 12/09/24 11:19 AM Today's date
Signature of spouse: 12/09/24 11:20 AM Today's date

For office use only Case number: MDC 2019 (2025)

Document ID: 00100001-ACDF-4880-9F0C-000769091014

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

- ODHHS and OHA will treat you with respect in a fair and polite way.
- What you tell ODHHS and OHA we will keep private.
- You can ask for help to apply, fill out forms, or report changes in your preferred language.
- ODHHS and OHA will give you information in a format or language you can understand.
- ODHHS and OHA will do its best to meet your special needs if you have a disability. ODHHS and OHA follow the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
- Your right to a hearing:
 - If you disagree with the decisions OHA or ODHHS make about your eligibility for this program, you have the right to request a hearing.
 - You can ask for a hearing if you do not get a decision from us within 45 days.
 - You have the right to choose an authorized representative to act on your behalf during the hearing process.
 - You can request a hearing in writing or by letting ODHHS know.
 - If you want a hearing, you must request it within 90 days of the date on the eligibility notice.

All In-Person Signers Have Completed
The document will be sent as soon as a data connection is available.

OK

Individual/Authorized Representative Signature: 12/09/24 11:19 AM Date:

Once the CM has a data connection they can access the completed envelope in there agreements tab (one-1) and download (two-2) the completed envelope.

docusign

HomeAgreementsTemplatesReportsAdmin

APD - Medicaid Services and Supports - Demo

Start

Shared Access

ENVELOPES

Inbox

Sent

Completed

Action Required

Show More

PowerForms

Inbox

Search Inbox and Folders

Last 6 months

Status

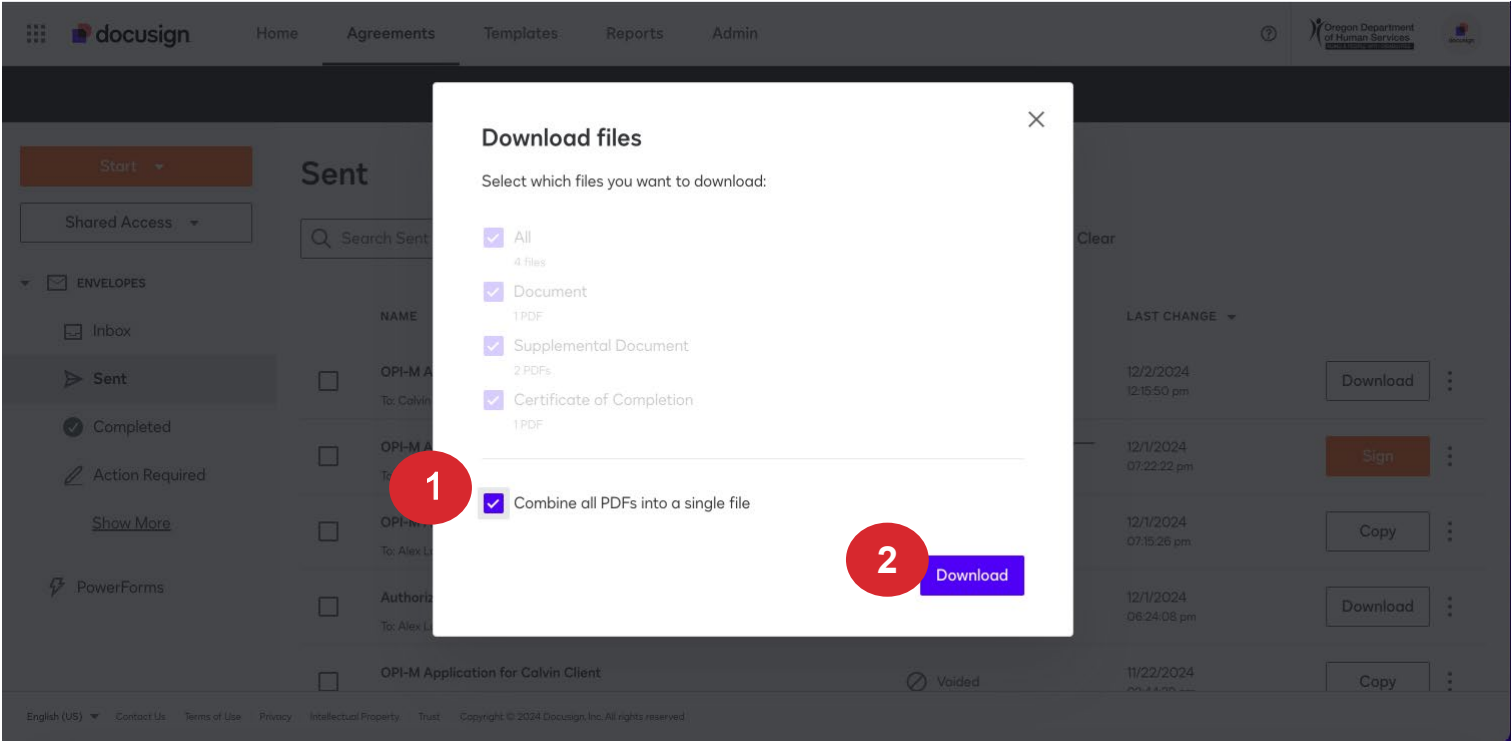
Sender

Advanced search

Clear

	NAME	STATUS	LAST CHANGE	
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Alex Lambaria, Calvin Consumer +1 more	<div>Need to sign</div>	12/2/2024 12:59:27 pm	<div>Sign</div> <div></div>
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Calvin Client, Sandy Spouse +1 more	<div>Voided</div>	12/2/2024 12:34:04 pm	<div>Copy</div> <div></div>
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Calvin Client, Sandy Spouse +1 more	<div>Completed</div>	12/2/2024 12:15:50 pm	<div>Download</div> <div></div>
<input type="checkbox"/>	OPI-M Application for Calvin Consumer To: Alex Lambaria, Rachel Representative +1 more	<div>Need to sign</div>	12/1/2024 07:22:22 pm	<div>Sign</div> <div></div>
<input type="checkbox"/>	OPI-M Application for Rachel Representative To: Alex Lambaria, Rachel Representative +1 more	<div>Voided</div>	12/1/2024 07:15:26 pm	<div>Copy</div> <div></div>
<input type="checkbox"/>	Authorization for Electronic Verification of Resources for Calvin Client To: Alex Lambaria, Calvin Client +1 more	<div>Completed</div>	12/1/2024 06:24:08 pm	<div>Download</div> <div></div>
<input type="checkbox"/>	Oregon Project Independence - Medicaid Application for [[Consumer_UserName]] To: Alex Lambaria, Sandy Spouse +2 more	<div>Voided</div>	11/11/2024 02:25:09 pm	<div>Copy</div> <div></div>

Select Combine all PDFs (one-1) into a single file and select download (two-2). You can then store the documents in Laserfiche.



Managing DocuSign Envelopes

View Envelope Details | You can see the basic envelope details such as the Status, Last Change, Recipients on the envelope from the Agreements Tab. Select History to see additional information.

The screenshot shows the Docusign Envelope Manager interface. The top navigation bar includes 'Home', 'Agreements', 'Templates', 'Reports', and 'Admin'. The sidebar on the left shows 'Start', 'Shared Access', and 'ENVELOPES' with a list of envelope statuses: 'Inbox', 'Sent', 'Completed', 'Action Required', and 'PowerForms'. The main area displays a table of envelopes with columns for NAME, STATUS, and LAST CHANGE. A red arrow points to the 'History' option in the dropdown menu for the second envelope.

NAME	STATUS	LAST CHANGE
<input type="checkbox"/> Authorization for Electronic Verification of Resources for Calvin Client To: Alex Lambaria, Calvin Client +1 more	Completed	11/7/2024 08:58:38 pm
<input type="checkbox"/> Oregon Project Independence - Medicaid Application for [[Consumer_User... To: Alex Lambaria, b +2 more	Voided	11/7/2024 08:50:10 pm
<input type="checkbox"/> Oregon Project Independence - Medicaid Application for d To: Alex Lambaria, c +2 more	Voided	11/7/2024 08:50:10 pm
<input type="checkbox"/> Authorization for Electronic Verification of Resources for Calvin Client To: Alex Lambaria, Calvin Client +1 more	Completed	11/7/2024 08:44:51 pm
<input type="checkbox"/> Oregon Project Independence - Medicaid Application for d To: Alex Lambaria, c +2 more	Voided	10/28/2024 12:12:43 pm

View Envelope Details | The Envelope History will provide you with all of the envelope details including the actions that transpired on the envelope as well as the Certificate of Completion.

The screenshot shows the Docusign interface with a modal window titled "Envelope History". The modal is divided into two main sections: "Details" and "Activities".

Details Section:

- Subject:** Authorization for Electronic Verification of Resources for Calvin Client
- Envelope ID:** 7d2192cf-33cd-44f3-97c1-c4a6be49f936
- Date Sent:** 11/7/2024 | 08:56:36 pm
- Date Created:** 11/7/2024 | 08:56:16 pm
- Time Zone:** My computer's time zone
- Enclosed Documents:** de2639.docx
- Envelope Recipients:** Alex Lambaria, Calvin Client, Sandy Spouse
- Status:** Completed
- Status Date:** 11/7/2024 | 08:58:38 pm
- Holder:** Alex Lambaria

Activities Section:

Time	User	Action	Activity	Status
11/7/2024 08:56:16 pm	Alex Lambaria (English (us)) [api:136.58.43.28]	Registered	The envelope was created by Alex Lambaria	Created
11/7/2024 08:56:37 pm	Alex Lambaria (English (us)) [api:136.58.43.28]	Sent Invitations	Alex Lambaria sent an invitation to Alex Lambaria [anastacio.lambaria@docusign.com Case Manager]	Sent
11/7/2024 08:56:43 pm	Alex Lambaria (English (us)) [web:136.58.43.28]	Opened	Alex Lambaria opened the envelope [documents: (de2639.docx)]	Sent

At the bottom of the modal, there are two buttons: "DOWNLOAD CERTIFICATE" and "PRINT".

Correcting an Envelope | If there was an error on your envelope and you need to correct it, find your envelope and select Correct. Please note that you cannot correct form responses for a recipient after their signing session is completed. You will need to void the envelope, use [copy with field data](#), and send the new envelope.

The screenshot shows the Docusign 'Sent' envelope management interface. The top navigation bar includes 'Home', 'Agreements', 'Templates', 'Reports', and 'Admin'. The user is logged in as 'APD - OPIM - Demo Account'. The left sidebar shows a list of folders: 'Inbox', 'Sent' (selected), 'Completed', 'Action Required', and 'PowerForms'. The main area displays a table of sent envelopes with columns for NAME, STATUS, LAST CHANGE, and FOLDER. A context menu is open for the envelope 'Oregon Project Independence - Medicaid Application for [[Consu...]', which has a status of 'Voided'. The menu options include 'Move', 'Correct' (highlighted by a red arrow), 'Copy', 'Copy With Field Data', 'Save as Template', 'Void', and 'History'.

NAME	STATUS	LAST CHANGE	FOLDER
OPI-M Application for Calvin Client To: Calvin Client, Sandy Spouse +2 more	Waiting for 4 others	11/11/2024 02:26:27 pm	Sent
Oregon Project Independence - Medicaid Application for [[Consu...] To: Alex Lamberia, Calvin Client +2 more	Voided	11/11/2024 02:25:09 pm	Sent Inbox
Authorization for Electronic Verification of Resources for Calvin Cli... To: Alex Lamberia, Calvin Client +1 more	Completed	11/7/2024 08:58:38 pm	Sent Inbox
Authorization for Electronic Verification of Resources for Calvin Cli... To: Alex Lamberia, Calvin Client +1 more	Completed	11/7/2024 08:44:51 pm	Sent Inbox
Authorization for Electronic Verification of Resources for Calvin Cli... To: Connie CM, Calvin Client +1 more	Completed	11/7/2024 08:40:42 pm	Sent

Correcting an Envelope | Update recipient names, emails, and add documents if needed. Then select Next to go to the tagging screen.

✕ OPI-M Application for Calvin Client

DISCARD CHANGES ADVANCED OPTIONS

Correcting

Add recipients

Some of the recipients are locked and cannot be changed [Learn More...](#)

☒ Set signing order [View](#)

10

Consumer or Authorized Representative

NEEDS TO SIGN CUSTOMIZE

Name *

Calvin Client

Email *

demo.alex.lambaria+client@gmail.com

15

Consumer's Spouse

NEEDS TO SIGN CUSTOMIZE

Name *

Sandy Spouse

Email *

NEXT

Correcting an Envelope | On the tagging screen, select Correct to finish correcting and send the envelope.

OPI-M Application for Calvin Client

Correcting

Calvin Client

Search Fields

- Standard Fields
- Signature
- Initial
- Date Signed
- Name
- Email
- Company
- Title
- Text
- Number
- Checkbox
- Dropdown

What to Expect from Your Assessment for Long-Term Support
This supplement must be created

Medicaid In-Home Service Options Brochure
This supplement must be created

Oregon Department of Human Services
Application for the Oregon Project Independence-Medicaid (OPI-M)

Name of individual: Full Name
DOB: Text SSN: Text Are you a U.S. Citizen or National? Select
Physical address: Text County: Select
City: Text State: OR Zip: Text
Mailing address (if different): Text
City: Text State: OR Zip: Text
Phone #: Text Email address: Text
Ethnicity: Select Race: Select
Language(s) spoken: Text
What is the preferred language for communication in person, over the phone, or virtually? Text
Language(s) read: Text
What is the preferred language for written communication? Text
Alternative formats requested: ☐ None ☐ Audio ☐ Braille ☐ Compact disk ☐ Diskette ☐ Large print ☐ Oral presentation ☐ USB thumb drive
Marital status: Select Name of Spouse: Text
Spouse DOB: Text Spouse SSN: Text
Primary contact person: Text
Relationship to individual: Text
Primary contact phone number: Text

Documents

- What to Expect from Your Assessment for Long-Term Support
- Medicaid In-Home Service Options Brochure
- Application Form v.10.2....
- Authorized Representati...

BACK CORRECT

English (US) Contact Us Terms of Use Privacy Intellectual Property Trust Copyright © 2024 Docusign, Inc. All rights reserved

Resend Envelopes | Select Resend on an envelope to resend the email notification to the current recipient in the signing order. Recipients who have finished their signing session will not receive an email notification.

Start

ed Access

ELOPES

inbox

ent

ompleted

ction Required

how More

verForms

Home

Agreements

Templates

Reports

Admin

?

Oregon Department of Human Services

docuSign

APD - OPIM - Demo Account

Sent

Search Sent and Folders

Last 6 months

Status

Advanced search

Clear

	NAME	STATUS	LAST CHANGE	FOLDER	
<input type="checkbox"/>	<div>OPI-M Application for Calvin Client</div> <div>To: Calvin Client, Sandy Spouse +2 more</div>	<div>Waiting for 4 others</div>	11/11/2024 02:26:27 pm	Sent	<div>Resend</div>
<input type="checkbox"/>	<div>Oregon Project Independence - Medicaid Application for [[Consu...</div> <div>To: Alex Lambaria, Calvin Client +2 more</div>	<div>Voided</div>	11/11/2024 02:25:09 pm	<div>Sent Inbox</div>	<div>Copy</div>
<input type="checkbox"/>	<div>Authorization for Electronic Verification of Resources for Calvin Cli...</div> <div>To: Alex Lambaria, Calvin Client +1 more</div>	<div>Completed</div>	11/7/2024 08:58:38 pm	<div>Sent Inbox</div>	<div>Download</div>
<input type="checkbox"/>	<div>Authorization for Electronic Verification of Resources for Calvin Cli...</div> <div>To: Alex Lambaria, Calvin Client +1 more</div>	<div>Completed</div>	11/7/2024 08:44:51 pm	<div>Sent Inbox</div>	<div>Download</div>

Copy with Field Data | This option clones an envelope to create a copy that retains any information already entered by recipients. This option is especially useful for complex, multi-recipient envelopes that are declined or otherwise voided.

Start

Shared Access

ENVELOPES

Inbox

Sent

Completed

Action Required

Show More

PowerForms

Sent

Q Calvin


Last 6 months

Status

Advanced search

Clear

	NAME	STATUS	LAST CHANGE	FOLDER	
<input type="checkbox"/>	<div>OPI-M Application for Calvin Client</div> <div>To: Calvin Client, Sandy Spouse +2 more</div>	<div>Waiting for 4 others</div>	<div>11/11/2024</div> <div>03:05:23 pm</div>	<div>Sent</div>	<div>Resend</div> <div></div>
<input type="checkbox"/>	<div>Oregon Project Independence - Medicaid Application for [[Consu...</div> <div>To: Alex Lambaria, Calvin Client +2 more</div>	<div>Voiced</div>	<div>11/11/2024</div> <div>02:25:09 pm</div>	<div>Sent</div> <div>Inbox</div>	<div>Copy</div> <div></div>
<input type="checkbox"/>	<div>Authorization for Electronic Verification of Resources for Calvin Cli...</div> <div>To: Alex Lambaria, Calvin Client +1 more</div>	<div>Completed</div>	<div>11/7/2024</div> <div>08:58:38 pm</div>	<div>Sent</div> <div>Inbox</div>	<div>Move</div> <div>Copy With Field Data</div> <div>Save as Template</div> <div>History</div> <div>Transfer Ownership</div> <div>Export as CSV</div>
<input type="checkbox"/>	<div>Authorization for Electronic Verification of Resources for Calvin Cli...</div> <div>To: Alex Lambaria, Calvin Client +1 more</div>	<div>Completed</div>	<div>11/7/2024</div> <div>08:44:51 pm</div>	<div>Sent</div> <div>Inbox</div>	
<input type="checkbox"/>	<div>Authorization for Electronic Verification of Resources for Calvin Cli...</div> <div>To: Connie CM, Calvin Client +1 more</div>	<div>Completed</div>	<div>11/7/2024</div> <div>08:40:42 pm</div>	<div>Sent</div>	

 docusign

Docusign Confidential

[Table of Contents](#)

70

Copy with Field Data | After selecting Copy with Field Data you will be taken to the preparation page where you can review the documents and recipients for the envelope and update recipients if needed. Select Next to go to the tagging page.

Some of the recipients are locked and cannot be changed [Learn More...](#)

☒ Set signing order [View](#) | [Bulk send](#) [NEW](#)

10

Case Manager

NEEDS TO SIGN ▾

CUSTOMIZE ▾

Name *

Alex Lambaria

Email *

anastacio.lambaria@docusign.com

20

Consumer or Authorized Representative

NEEDS TO SIGN ▾

CUSTOMIZE ▾

Name *

Calvin Client

Email *

demo.alex.lambaria+client@gmail.com

SEND NOW ▾

NEXT

Copy with Field Data | On the tagging page, you can make edits to values that were previously entered or you can let the recipients to correct the information for their assigned fields. Select Send when ready.

Oregon Project Independence - Medicaid Application for [[Consumer_UserName]]

Alex Lambaria

Search Fields

Standard Fields

- Signature
- Initial
- Date Signed
- Name
- Email
- Company
- Title
- Text
- Number
- Checkbox
- Dropdown
- Radio

Medicaid In-Home Service Options Brochure
This application is for your information.

Application for the Oregon Project Independence-Medicaid (OPI-M)

Name of individual: Full Name
DOB: SSN Are you a U.S. Citizen or National? Select
Physical address: State: OR County: Zip
Mailing address (if different) City: State: OR Zip
City: State: OR Zip
Phone #: Email address:
Ethnicity: Race: Select
Language(s) spoken: Text
What is the preferred language for communication in person, over the phone, or virtually? Text
Language(s) read: Text
What is the preferred language for written communication? Text
Alternative formats requested: None Audio Braille Compact disk Diskette Large print Oral presentation USB thumb drive
Marital status: Select Name of Spouse: Text
Spouse DOB: Spouse SSN: Text
Primary contact person: Relationship to individual: Text
Primary contact phone number: Text
Primary contact email address: Text
Office use only: Branch #: DOR: Prime #: Text
Is the applicant in the ONE system? YES NO Case number: Text
Notes:

BACK SEND

Voiding Envelopes | When you have an envelope that you cannot make corrections to or no longer need, you can void the envelope by selecting the three vertical dots on the envelope and selecting Void.

docusign

Home

Agreements

Templates

Reports

Admin

APD - OPIM - Demo Account

Start

Shared Access

ENVELOPES

Inbox

Sent

Completed

Action Required

Show More

PowerForms

Inbox

Search Inbox and Folders

Last 6 months

Status

Sender

Advanced search

Clear

	NAME	STATUS	LAST CHANGE	
<input type="checkbox"/>	Oregon Project Independence - Medicaid Application for [[Consumer_User... To: Alex Lambaria, Calvin Client +2 more	Need to sign	11/11/2024 01:50:05 pm	<div>Sign</div> <div></div>
<input type="checkbox"/>	Authorization for Electronic Verification of Resources for Calvin Client To: Alex Lambaria, Calvin Client +1 more	Completed	11/7/2024 08:58:38 pm	<div></div> <div></div>
<input type="checkbox"/>	Oregon Project Independence - Medicaid Application for [[Consumer_User... To: Alex Lambaria, b +2 more	Voided	11/7/2024 08:50:10 pm	<div></div> <div></div>
<input type="checkbox"/>	Oregon Project Independence - Medicaid Application for d To: Alex Lambaria, c +2 more	Voided	11/7/2024 08:50:10 pm	<div></div> <div></div>
<input type="checkbox"/>	Authorization for Electronic Verification of Resources for Calvin Client To: Alex Lambaria, Calvin Client +1 more	Completed	11/7/2024 08:44:51 pm	<div></div> <div></div>

Correct

Copy

Copy With Field Data

Save as Template

Void

History

Transfer Ownership

English (US)

Contact Us

Terms of Use

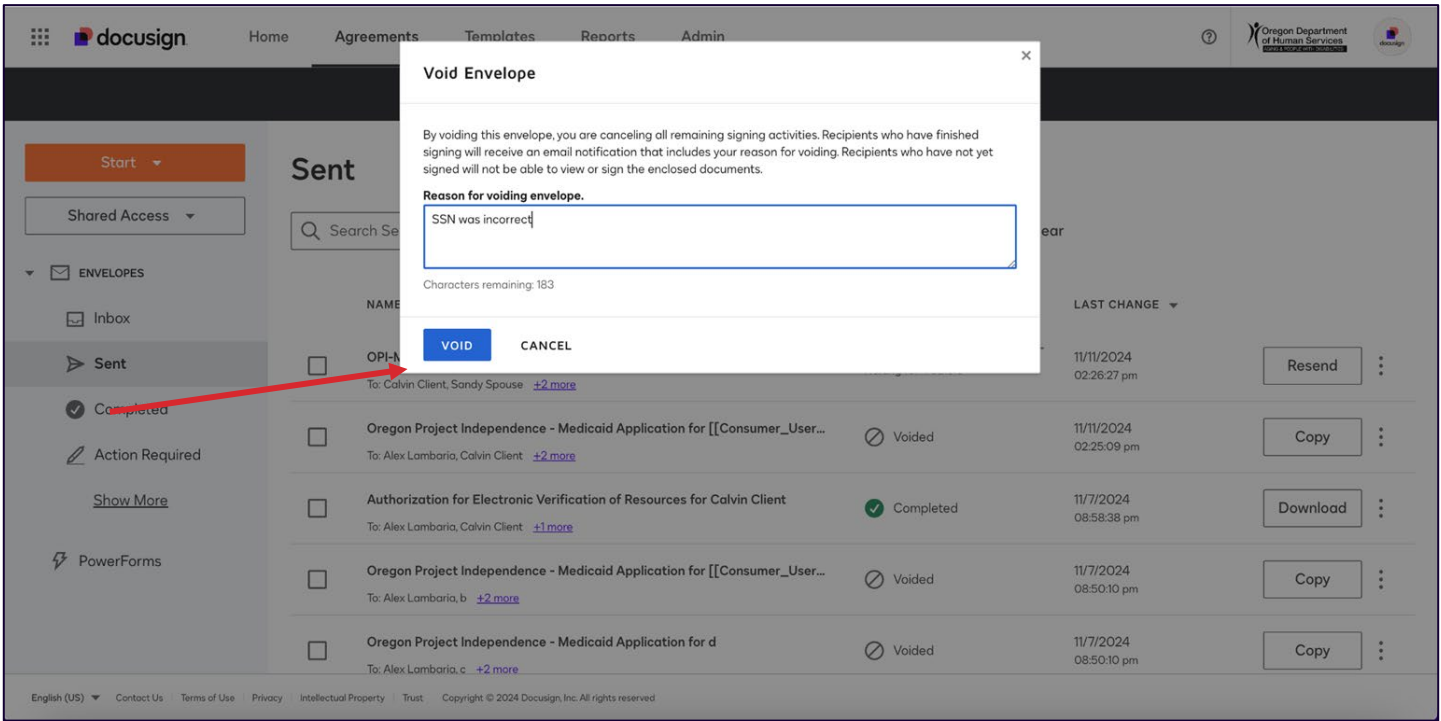
Privacy

Intellectual Property

Trust

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Voiding Envelopes Reason | After selecting Void, you will have to provide a reason for voiding the envelope. It's important to include a detailed explanation for your DocuSign Administrators.



Locate Envelopes | Quickly search for envelopes by using the search bar, filters, or folders

Start

Shared Access

ENVELOPES

Inbox

Sent

Completed

Action Required

Show More

PowerForms

APD - OPIM - Demo Account

Sent

Search Sent and Folders

Last 6 months

Status

Advanced search

Clear

	NAME	STATUS	LAST CHANGE	FOLDER	
<input type="checkbox"/>	OPI-M Application for Calvin Client To: Calvin Client, Sandy Spouse +2 more	<div>Waiting for 4 others</div>	11/11/2024 02:26:27 pm	Sent	Resend
<input type="checkbox"/>	Oregon Project Independence - Medicaid Application for [[Consu... To: Alex Lambaria, Calvin Client +2 more	Voided	11/11/2024 02:25:09 pm	Sent Inbox	Copy
<input type="checkbox"/>	Authorization for Electronic Verification of Resources for Calvin Cli... To: Alex Lambaria, Calvin Client +1 more	Completed	11/7/2024 08:58:38 pm	Sent Inbox	Download
<input type="checkbox"/>	Authorization for Electronic Verification of Resources for Calvin Cli... To: Alex Lambaria, Calvin Client +1 more	Completed	11/7/2024 08:44:51 pm	Sent Inbox	Download
<input type="checkbox"/>	Authorization for Electronic Verification of Resources for Calvin Cli...	Completed	11/7/2024	Sent	Download

Finish Later | Use Finish Later when you need more time to fill out the application so you can save your work and come back to it.

Review and complete

Finish

START

What to Expect from Your Assessment for Long-Term Support
This supplement is for your information.

Medicaid In-Home Service Options Brochure
This supplement is for your information.

DocuSign Envelope ID: 68E87211-0F4F-4CFC-B6BC-0818A7A1DB09

DEMONSTRATION DOCUMENT ONLY
PROVIDED BY DOCUSIGN ONLINE SIGNING SERVICE
999 3rd Ave, Suite 1700 • Seattle • Washington 98104 • (206) 219-0200
www.docusign.com

Oregon Department of Human Services
AGING & PEOPLE WITH DISABILITIES

Application for the Oregon Project Independence-Medicaid (OPI-M)

Name of individual:

DOB: SSN: Are you a U.S. Citizen or National? -- select --

Physical address: County: -- select --

OTHER ACTIONS

- Finish Later
- Assign to Someone Else
- Void
- Print & Sign

100%

Appendix

Additional Guides From DocuSign Support

1. [Managing Envelopes](#)
2. [Correcting Envelopes](#)
3. [Voiding Envelopes](#)
4. [Resending Envelopes](#)
5. [Forwarding Completed Envelopes](#)
6. [View Data Changes](#)
7. [Envelope Status Glossary](#)

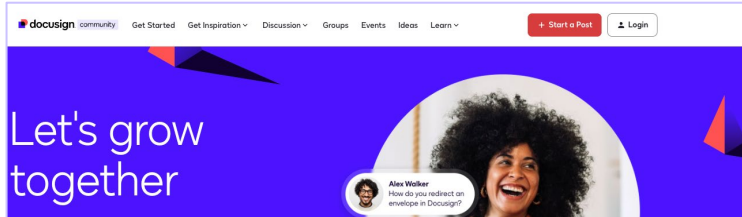
Training and Support Sites



Docusign University

Learn more. Build expertise.

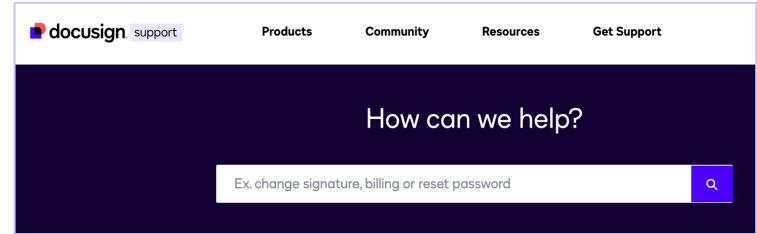
<https://support.docusign.com/docusignuniversity>



Docusign Community

Learn from the community. Discover solutions

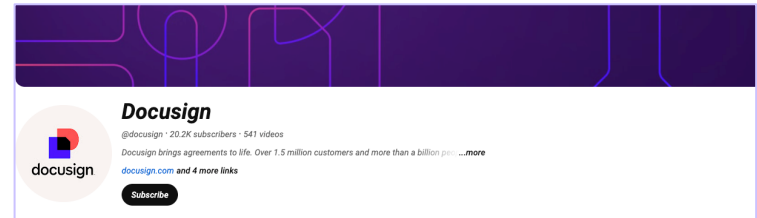
<https://community.docusign.com/>



Docusign Support

Find answers. Get help.

<https://support.docusign.com>



Docusign on YouTube

Watch how-to tutorials. Do more with Docusign.

<https://www.youtube.com/c/docusign/playlists>

Support Resources

APD Support	<ul style="list-style-type: none">- apd.docusignsupport@odhsoha.oregon.gov (Put Docusign in the subject line)
Docusign Support Center	<p>Support Center: support.docusign.com</p> <p>One-stop shop for all support and adoption resources.</p> <ul style="list-style-type: none">- Docusign Support Center – Open and manage support cases or view product help- Docusign Community - Questions and answers from Customers- Docusign University - Training and certification
Trust / Security	<p>Trust Center: trust.docusign.com</p> <ul style="list-style-type: none">- Monitored System Status on any performance issues- Docusign Public Certificates and Security information- Legality Guide: https://www.docusign.com/how-it-works/legality/global
Developer Support	<p>Developer Center: developers.docusign.com</p> <ul style="list-style-type: none">- stackoverflow.com using #DocusignAPI- Email: devsupport@docusign.com

Need this document in another format?

You can get this letter in other languages, large print, braille, or a format you prefer for free. Contact ODHS at apd.medicaidpolicy@odhsosha.oregon.gov or at 503-945-5811 (voice/text). We accept all relay calls.