

**Case Information Release**  
Divulgación de información del caso

**SECTION I / SECCIÓN I**

Case Name/Nombre del caso: \_\_\_\_\_ Case Number/Núm. del caso: \_\_\_\_\_

By signing this authorization form, you are giving the Texas Health and Human Services Commission (HHSC) permission to release all or part of your case record, which may also include health information. You do not have to sign this release in order to apply for or receive benefits from HHSC.

Al firmar esta autorización, usted le da a la Comisión de Salud y Servicios Humanos de Texas (HHSC) permiso para que divulgue todo o parte del expediente de su caso, el cual también puede contener información médica. No tiene que firmar esta autorización de divulgación para solicitar o recibir beneficios de la HHSC.

**SECTION II – To be completed by Client / SECCIÓN II – El cliente debe llenar esta sección.**

I authorize HHSC to release my case record to the following person or agency for the purpose(s) stated in Part A below. My information will remain available to the person or agency indicated until the expiration date stated in Part B.

Yo autorizo a la Comisión de Salud y Servicios Humanos de Texas (HHSC) para que proporcione información del expediente de mi caso a la siguiente persona o departamento con el propósito anotado en la Parte A más adelante. La persona o el departamento indicado podrá tener acceso a esta información hasta la fecha de vencimiento que aparece en la Parte B.

**Part A – Release of information: I understand that my case record may contain protected health information. Release my information to the following person/agency:**

Parte A, Divulgación de información. Entiendo que el expediente de mi caso puede contener información médica confidencial. Proporcionen mi información a la siguiente persona o departamento:

Check one of the following: / Marque una de las siguientes declaraciones:

- Release all of my case record. / Proporcionen todo el expediente de mi caso.
- Release only the following information: / Proporcionen sólo la siguiente información:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part B – Purpose(s) of Release: / Parte B, Propósito de la divulgación:**

Collinwood Nursing and Rehabilitation Business Office  
\_\_\_\_\_

This authorization expires on: / Esta autorización se vence el:

**Part C – Signature: / Parte C, Firma:**

Client or Personal Representative's Signature  
Firma del Cliente o del Representante Personal

Date  
Fecha

- If you are signing for the client, please describe your authority to act for the client on the following line:  
Si usted va a firmar por el cliente, por favor, describa la autoridad que tiene para actuar en nombre del cliente en el siguiente renglón:

\_\_\_\_\_

**Note: If the person requesting the release of case information cannot sign his/her name, two witnesses to his/her mark (X) must sign below. Accept one witness signature in circumstances where it is not possible to obtain two witness signatures. Document the reason in the case record.**

Nota: si la persona que solicita la divulgación de información del caso no puede firmar, debe poner una marca (X) ante dos testigos, que deben firmar a continuación. Acepte sólo la firma de un testigo en circunstancias en las que no es posible obtener la firma de dos testigos. Documente la razón en el expediente del caso.

Witness/Testigo: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

Witness/Testigo: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

### SECTION III/SECCIÓN III

#### Notice to Client/Aviso al cliente

- **Once you authorize HHSC to release your information, HHSC is not responsible for any redisclosure of the information by the recipient.**  
Una vez que usted autorice a la HHSC para que proporcione su información, la HHSC no se hace responsable de ninguna divulgación adicional de la información de parte del destinatario.
- **You can withdraw permission you have given HHSC to use or disclose health information that identifies you, unless HHSC has already taken action based on your permission. You must withdraw your permission in writing.**  
Usted puede retirar el permiso que le haya dado a la HHSC para usar o divulgar información médica que lo identifique a usted, a menos que la HHSC ya haya actuado de acuerdo con su permiso. Tiene que retirar su permiso por escrito.

**With a few exceptions, you have the right to request and be informed about the information that the Texas Health and Human Services Commission (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect. (Government Code, Sections 552.021, 552.023, 559.004.) If you would like HHSC to correct information about you that is incorrect, please contact your local eligibility determination office.**

Con algunas excepciones, usted tiene el derecho de saber qué información obtiene sobre usted la Comisión de Salud y Servicios Humanos (HHSC) y de pedir dicha información. Si desea recibir y estudiar la información, tiene el derecho de solicitarla. También tiene el derecho de pedir que la HHSC corrija cualquier información incorrecta (Código Gubernamental, Secciones 552.021, 552.023, 559.004). Para enterarse sobre la información y el derecho de pedir que la corrijan, favor de ponerse en contacto con la oficina local de determinación de elegibilidad.

## Appointment of an Authorized Representative To Allow Another Person to Act for You

If you want, you can give someone the right to act for you (an authorized representative).

That person can:

- Give and get facts for this application.
- Take any action needed for the application process. This includes appealing an HHSC decision.
- Take any action needed to enroll in Medicaid or CHIP. This includes picking a health plan.
- Take any action needed to get benefits. This includes reporting changes and renewing benefits.

You can have only one authorized representative for all your benefits from HHSC. If you want to change your authorized representative: (1) log in to your account on [YourTexasBenefits.com](http://YourTexasBenefits.com) and report a change, or (2) call 2-1-1 (after you pick a language, press 2). If you're a legally appointed representative for someone on this application, send proof with this form.

### 1. Contact Information

Client name or Applicant		Case number
Name of person who can act for you (authorized representative)	Organization Collinwood Nursing and Rehabilitation	
Address of person who can act for you (authorized representative)		
Telephone number of person who can act for you (authorized representative)		

### 2. The authorized representative is your:

- Power of attorney  
 Court-appointed guardian (give end date):  
 Other (tell us about your relationship): Business Office

### 3. Sign below if you want the person you are listing on this form to be your authorized representative.

I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.

**Person who agrees to be the authorized representative:**  
(This person must be age 18 or older.)

**The client or applicant:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### Agreement to release your facts

To find out if you can get or keep getting benefits, we must check facts about you.  
Read and fill out this form.

My name (print): \_\_\_\_\_

Spouse's name (print): \_\_\_\_\_

**I agree to allow the following organization to give facts or records about me or my spouse to the Texas Health and Human Services Commission (HHSC):**

- Employers
- Insurance companies
- Real estate companies
- Government agencies
- Building associations
- Banks or other financial institutions

- This agreement does not include getting personal health information from doctors or other health-care providers.
- This agreement will not end until either:
  - Your application for benefits is cancelled or not approved.
  - You no longer get health-care benefits through HHSC.
 or
  - You send HHSC a written statement that says you no longer want HHSC to get your facts or records. (If you don't allow HHSC to get your facts or records, you might not be able to get benefits.)

**Sign here:**

\_\_\_\_\_  
**Person applying for or getting benefits** **Date**

\_\_\_\_\_  
**Spouse** **Date**

\_\_\_\_\_  
**Guardian, Power of Attorney, parent of minor child, or authorized representative** **Date**

**Return this form by:**

1. Using the Your Texas Benefits app for iPhones and Androids (take photo of form, upload, and send).
  2. Uploading it on YourTexasBenefits.com.
  3. Faxing it to 1-877-447-2839.
- or
4. Mailing it to HHSC, PO Box 149027, Austin, TX 78714-9027.

Name of Applicant or Individual	Medicaid ID or Social Security No.
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**To Persons Applying for Long-Term Care Services Paid by Medicaid**

**This is an informational notice only. The case manager or eligibility specialist will ask you to sign this form to show the state has met its obligation to inform you about Medicaid estate recovery. You do not have to sign this form. If you choose not to sign it, your application for Medicaid services will not be denied for that reason. However, the state may still file a claim against your estate after you die, unless certain exemptions or hardships exist at that time.**

**Medicaid Estate Recovery Program**

Medicaid is a government program that pays for health care services. Some of these services are for people as they grow older. Medicaid pays for services that help people stay in their own home. It also pays for people to move to a facility, such as a nursing home, if that is what they need.

To help pay for these long-term care services, every state must have a Medicaid Estate Recovery Program (MERP). If you receive long-term care services paid for by Medicaid, the state of Texas has the right to ask for some money back from your estate after you die. In some cases, the state may not ask for anything back. The state will never ask for more money back than it paid for your services.

**How does this program work?**

You are receiving this notice because you are applying for long-term care services covered by MERP. When you die, the state will send a notice to your estate representative or heirs to remind them that the state may file a MERP claim. The notice will ask them for information so that the state can decide whether it should file a claim, or whether your estate meets one of the exceptions described below.

If the state files a claim, Texas law sets out which claims will be paid first. The state's MERP claim will be paid **after** the following expenses are paid first, if there are any:

- unpaid expenses for your funeral and any expenses of your final illness, up to \$15,000;
- unpaid expenses from your estate administrator for managing your estate, or for keeping your estate intact, and any expenses of a guardian who is appointed for you while you are alive;
- unpaid secured claims and tax liens filed against your home;
- unpaid child support debts you owe;
- unpaid state and local taxes you owe; and
- unpaid expenses from any correctional institution.

**What is an estate?**

An estate is property, such as money, a house or other things of value that a person leaves to family members or others (heirs) when he or she dies. MERP does not apply to all property that a person may own. Here are some examples of property that the state will not collect on:

- Life insurance policies that name a person to receive the payment.
- Bank accounts that are paid on death to another person.

**Does MERP affect you?**

This program will affect only long-term care services you receive after the age of 55 and only if you first apply for these services after March 1, 2005. If you applied for these services before March 1, 2005, MERP does not affect you. If you were on an interest list for services before that date but did not complete an application for services until after March 1, 2005, MERP does affect you.

The following services and programs are affected by MERP:

- Nursing Facility Care (nursing homes)
- Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)
- The following Medicaid Waiver Programs:
  - Home and Community-based Services (HCS)
  - Community Living Assistance and Support Services (CLASS)
  - Texas Home Living (TxHmL) Waiver
  - Deaf Blind with Multiple Disabilities (DBMD) Waiver
  - Consolidated Waiver Programs (CWP)
  - Community Based Alternatives (CBA)
  - STAR+PLUS Waiver (SPW)
  - Integrated Care Management Waiver (ICMW)
  - Community Attendant Services (CAS)

MERP also affects the costs of certain hospital and prescription drug services you receive. Primary Home Care (PHC) is **not** affected by MERP.

If you are not sure whether MERP applies to the services you will be receiving, you should ask your Department of Aging and Disability Services (DADS) case manager. If you are a Medicaid managed care enrollee, you should ask your service coordinator with the health plan from which you receive your services.

**Are there any times when the state will not ask for money back?**

Yes, the state will not ask for money back after you die if:

- Your spouse is still alive.
- You have a child under age 21.
- You have a child of any age who is blind or permanently and totally disabled.
- Your unmarried adult child lives full-time in your home for at least one year before you die.
- The value of your estate is \$10,000 or less.
- The amount of your Medicaid costs was \$3,000 or less.
- The cost of selling your property is more than the property is worth.

**Does the state make any exceptions for hardship?**

Yes, the state may not file a MERP claim to ask for money back when this would cause an undue hardship for the heirs. The state may grant a hardship waiver when:

- The estate property is a family business, farm or ranch for at least 12 months before you die and is the main source of income for your heirs.
- Your heirs would need financial assistance from the government if the state files a MERP claim.
- Your heirs will be able to stop getting financial assistance from the government if the state does not file a MERP claim.
- You are receiving services as the result of being a crime victim.

There are other circumstances that may create a hardship.

One type of hardship applies just to your home. If one or more of your heirs has a family income under a certain amount, MERP may grant a hardship waiver for up to \$100,000 of your home value.

In 2011, this income limit for one person is \$32,670. For a family of four, it is \$67,050. These figures are adjusted each year. To get a waiver based on an undue hardship, your heirs must ask for it and provide proof of the hardship.

**Will the state ever reduce the amount owed?**

Yes, if you or someone else spends money to maintain your home while you are in a nursing facility, these costs can be deducted from the MERP claim. If you or someone else spends money to pay for care that helps you live at home longer before entering a nursing home, those costs can be deducted as well. Your heirs must have receipts to show what was spent on your home or services when they ask the state to deduct these amounts from the MERP claim.

If your estate has debts such as funeral costs, legal costs or a home mortgage, those costs are paid first before MERP is paid.

**What happens if I give away or transfer my assets before moving into a nursing home?**

Giving away resources for no compensation, or refusing to accept income, or reducing income you could receive before moving into a nursing home may result in:

- a penalty against you for not paying for nursing facility or ICF/IID facility services when you were able to do so, or
- a decision by the state that you are ineligible for waiver program services or state supported living center services.

The state may "look-back" up to 60 months before you applied for nursing home, ICF/IID or waiver services to determine when your income was reduced and resources were transferred. To determine how long you may be penalized (or prevented from receiving nursing home care paid for by Medicaid), the state will divide the value of your transferred assets by the average cost of nursing home care paid for by a private-pay patient. The state will calculate the penalty period in terms of how long ago you transferred assets and how long you refused to accept income or reduced your income.

**How can I get more information on Medicaid estate recovery?**

For more detailed information on this program, call the agency's toll-free number at 1-800-641-9356. This line is answered from 8:00 a.m. through 5:00 p.m., Monday through Friday. Voicemail is available 24 hours a day.

You may also email your questions to [merp@dads.state.tx.us](mailto:merp@dads.state.tx.us).

You may also visit the DADS website at: [www.dads.state.tx.us/services/estate\\_recovery/](http://www.dads.state.tx.us/services/estate_recovery/).

Medicaid ID or Social Security No. \_\_\_\_\_

I have received and understand the information about MERP.

_____	_____	_____
Printed Name – Individual	Signature	Date
_____	_____	_____
Printed Name – Responsible Person	Relationship to Individual (if not individual)	Signature
_____	_____	_____
Printed Name – Case Manager	Signature	Date

Form 8001, MERP Receipt Acknowledgement, was provided to the individual or responsible person and the person chose not to sign the form.