

Flexible Services Request Form

WHAT ARE FLEXIBLE SERVICES?

Flexible Services are items and services that can help improve your health, but not covered benefits by your regular health plan benefits. Flexible services are also called Health-Related Services.

Note: Flexible services are not benefits covered by the Oregon Health Plan, but are voluntary items and services provided by Trillium.

EXAMPLES OF FLEXIBLE SERVICES MIGHT BE:

- Access to a warm pool to swim to help with your arthritis and improve your movement
- A place to stay for a while to heal and get stronger after surgery when you do not have a home to return to
- A tablet to use to virtually join groups that your counselor or provider has recommended

HOW CAN I APPLY FOR FLEXIBLE SERVICES?

- If you have a need for items or services that will improve your health, talk with your doctor, a member of your care team or someone who you work with at a community agency. They can complete a Flexible Services Request Form for you and send it to us to review.
- You can call Trillium at 1-877-600-5472 (TTY: 711) and ask to talk with a care manager. They can complete a Flexible Services Request Form for you and get it reviewed.
- You, or someone who helps you, can fill out the Flexible Services Request Form.

WHAT ARE THE CRITERIA?

1. You must be a Trillium member.
2. The item/service must:
 - a. Improve your health
 - b. Give you a better chance to meet health goals through your identified treatment plan
 - c. Be for you
3. The item/service must be supported by:
 - a. Best practices used by many doctors, or
 - b. Information and guidelines from medical, quality, or government groups
4. The item/service must help you with at least one of the following:
 - a. Improve health outcomes, or
 - b. Keep you from having to go to the hospital again, or
 - c. Improve your safety, or
 - d. Increase your wellness and health activities

It is important to be sure that the item or service will support your health in a positive way and is not part of another benefit available to you. This item or service cannot replace a benefit that you have with another agency or in the community.

WHAT HAPPENS AFTER THE FORM IS SUBMITTED?

Trillium will review the request for eligibility. If the item/service qualifies as a Flexible Service, it will be processed within 60 days.

If the request is approved, Trillium staff will order or arrange for the service or item. If it is an item that is ordered, it may take additional time for delivery.

If the request does not meet requirements and is not approved, you have the right to file a grievance.

CONTACT INFORMATION

Phone: Call Trillium Customer Service at
1-877-600-5472 (TTY: 711) and ask to speak to a care manager.

Website: You can find the Flexible Services Request Form at:
<https://www.trilliumohp.com/members/oregon-health-plan/Benefits-and-Services.html>

Email: You can send questions about Flexible Services and completed forms
to CHW@TrilliumCHP.com

Fax: You can fax completed forms to
1-866-703-0958

Member Information

Date submitted _____ Member date of birth _____

Member first name _____ Member last name _____

Member address _____

Member phone number _____ Member ID number _____

Requester Information

Select the boxes and complete the sections below that apply to your request.

I am a:

**Trillium
Staff Member**

Member

**Provider's
office**

**Community
Organization**

Name (title if applicable) _____

Provider or Organization name (if applicable) _____

Direct number _____

Email address _____

Requested Item or Services

Describe the item or service:

Describe how the item or service will improve the member's quality of health:

What is the health condition related to this request?

Is this part of a treatment plan with your provider / CCO?

List all resources that have already been tried to access this item or service (examples: community resources, medical/behavioral/dental benefits, scholarships):

What is the plan to have access to this item or service over time?

Requested Item or Services

Select the boxes and complete the sections below that apply to your request.

Item request

Service request

Rent/move-in costs

Utility Assistance

Motel request

Item Request

(examples: car seats, strollers, furniture, household goods, cell phone, headphones)

Vendor _____ Cost _____

Phone number _____

Address or website address _____

Address item should be delivered to _____

Service Request

(examples: access to gym, access to pool, food/nutrition service, non-medical transportation, other social services)

Vendor _____ Cost _____

Phone number _____

Address or website address _____

Rent/move-in costs

Name on lease/rental agreement _____

What month(s) is this for? _____ Security deposit amount (if applicable) _____

Rent amount _____ Late fees _____

Address where check should be mailed _____

Note: Checks will be sent directly to the landlord or property management company.

** W9 (dated within the last 12 months) AND Rental Agreement or Late Payment or Eviction Notice must be submitted with this application. **

Utility Assistance

(examples: electricity, water, gas)

Name on account _____

Utility company name _____

Utility account number _____ Amount owed _____

****Most recent utility bill or shut off notice must be submitted with this application.****

Motel Request

MEMBER AGREEMENT FOR USE OF HOTEL OR MOTEL:

I will follow all hotel or motel rules. I understand that I'm responsible for my actions. I understand that I'm responsible for the actions of my guests, children, and pets. I may be asked to leave the hotel or motel if I don't follow their rules. If I'm asked to leave, I know that Trillium won't find a new room at a different hotel or motel. I understand that I may be asked to leave if I:

- Harass, cause injury, or threaten to harm any staff or guests by what I do, say, write, or communicate
- Engage in unsafe actions that could affect the safety or health of staff or guests
- Cause or threaten to cause damage to hotel or motel property
- Possess, use, or threaten to use any weapon on hotel or motel property
- Invite guests not listed on the reservation
- Disturb the peace of other guests
- Smoke or use illicit drugs in the room
- Incur extra costs not agreed to, such as room service, food, or rentals

I understand that if I miss the check-in time, or if I don't follow this agreement, I may not be eligible for a hotel or motel stay through Trillium in the future.

Member agrees to above Member Agreement for Use of Hotel or Motel

Please fill out the below sections:

- Name _____
- Do you have photo ID? _____
- Motel location (city/area) _____
- How many adults in room? _____ Amount owed _____
- How many adults in room? _____ What are the names? _____

- How many children (17 or younger) in room? _____
- Does the member have any pets? _____ If yes, what kind and how many? _____

- Does the member have any ADA needs? _____
If yes, describe what the need is: _____

Submit this request and supporting documentation via secure email to CHW@TrilliumCHP.com or by fax to 866-703-0958

Do you think Trillium Community Health Plan (Trillium) has treated you unfairly?

Trillium must follow state and federal civil rights laws. It cannot treat people unfairly in any of its programs or activities because of a person's:

- Age
- Gender identity
- Race
- Sexual orientation
- Color
- Marital status
- Religion
- Health Status
- Disability
- National Origin
- Sex
- Need for services

English

You can get this communication in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call [1-877-600-5472] or TTY 711. We accept relay calls.

-You can get help from a certified and qualified health care interpreter.

Spanish

Puede obtener esta información en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente [1-877-600-5472] o TTY 711. Aceptamos todas las llamadas de retransmisión.

-Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud.

Russian

Вы можете получить это документ на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. [1-877-600-5472] или TTY 711 Мы принимаем звонки по линии трансляционной связи.

-Вы можете получить помощь от аккредитованного и квалифицированного медицинского переводчика.