

Karen House, SSP Medical Program Manager

**Authorized Signature**

**Number:** SS-AR-09-012

**Issue Date:** 11/13/2009

**Topic:** Medical Benefits

**Due Date:** 11/13/2009

**Subject:** PMDDT Referrals

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors                   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services                                  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities             |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): CAF SSP Group |

**Action Required:**

Self-Sufficiency eligibility workers must complete the PMDDT referral process when a client reports a disability that will last at least 12 months, or is terminal, either verbally or on any DHS form (e.g. [DHS 415F](#), [OHP 7210W](#), [OHP 7214](#), [SDS 539A](#)).

The PMDDT referral process is for clients who report a disability and who are not directly receiving Oregon Health Plan Plus benefits. Clients who receive SSI or SSD who are 65 years of age or older, or open CAWEM clients should **NOT** be referred to the PMDDT for a disability determination.

For a PMDDT referral, the worker shall screen the client, using [DHS 0709](#) (or information provided on the [OHP 7214](#)) to see if the client meets all OSIPM financial and nonfinancial criteria (if the client requests Waivered Services or if the client is applying for the Employed Persons with Disabilities (EPD) Program, skip this step). If the client does not meet eligibility requirements spelled out on the [DHS 0709](#), advise the client that they may not be eligible. If the client wishes to withdraw their application, they may do so by filling out a [DHS 457D](#). If the client wants to continue with the process after being advised that they may not qualify, a PMDDT referral should still be completed.

Prior to making a PMDDT referral, the worker must evaluate for all other Medicaid programs. Once the PMDDT referral is made, the worker must wait for PMDDT's approval or denial. If there is an open CM case, the worker will code the case with a "PMP" case descriptor to identify that this medical case has a PMDDT referral. If approved, PMDDT will inform the local SPD office who will, in turn, inform the SSP worker and, if there is an opened CM case, the worker will transfer the case online to the requesting SPD branch. If denied, PMDDT will inform the local SPD office who will, in turn, inform the SSP worker and replace the "PMP" case descriptor with a "PMD" case descriptor.

A PMDDT decision must be made prior to the reducing or terminating of SSP medical benefits. The worker will have to narrate the outcome in TRACS. If the client requests a hearing, the worker will refer the hearing request to SPD Field Services.

The following are some general guidelines to specific scenarios:

- A client is a new, nonpregnant applicant who reports a disability. The worker will send the client a [DHS 462C](#) and send a completed [DHS 0709](#) to PMDDT.
- A client is a current OHP-OPU standard adult who reports a disability. If the client is nearing the end of their certification, and continues to be OPU eligible, then recertify with a new OPU certification period. The worker will code the CMS case with a “PMP” case descriptor and send off a PMDDT referral.
- A client is on Medicaid benefits (e.g., MAA, MAF, EXT, OPP) and at recertification is found eligible only for OPU. The client reports a disability. The worker will code the CM case with a “PMP” case descriptor. Since a PMDDT decision must be made prior to the SSP medical being reduced or terminated, the client will continue their current Medicaid coverage with a BED code until a PMDDT decision is made. Only the client with the PMDDT referral should be kept open on their current Medicaid benefits, everyone else on the case should have their benefits renewed.

For more information, go to the Worker Guide ([SSP#9](#), [SPD #4](#)), or [SSP Staff Tools/SPD Staff Tools](#) for a comprehensive guide to the PMDDT referral process.

**Reason for Action:**

SSP eligibility workers are required to do a PMDDT referral when a client who is not already receiving Oregon Health Plan Plus benefits reports a disability to the SSP worker. This is to ensure that the client is screened appropriately for all, potentially available, state medical benefits.

**Field/Stakeholder review:**      Yes      No

**If yes, reviewed by:** PMDDT

*If you have any questions about this action request, contact:*

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