

<u>Presumptive Medicaid Disability Determination (PMDDT) Guide for</u> Oregon Project Independence-Medicaid (OPI-M)

BACKGROUND

Oregon is required to make Medicaid eligibility disability determinations for any OPI-M applicant who meets financial and non-financial eligibility requirements and alleges a disability that would meet the SSA disability requirements for SSI or SSDI and, in which SSA has not made a disability determination.

<u>Utilizing the ONE system:</u> If a consumer requiring a PMDDT review requests benefits and their application is processed through the ONE system first; then the ONE PMDDT process should be followed as outlined in this ONE QRG for PMDDT. ONE will issue all decision notices.

Processing PMDDT outside the ONE system:

- 1. <u>Scheduling and forms:</u> If the consumer claims a disability on their OPI-M application or anytime during the application process and does not have an SSA disability determination, the Eligibility Case Manager (ECM) or Eligibility Worker (EW) must schedule an interview to obtain information about medical providers, release of information and to complete the following forms (forms can be found in different languages on the form server):
 - o SDS 620 indicate this is an OPI-M case and include the ECM/EWs name
 - o SDS 708
 - MSC 3010 (Multiple forms may be required)
 - a. The ECM/EW should contact the consumer by phone, mail, or email to schedule the intake appointment as soon as possible.
 - b. If the consumer is in the office at the time of the initial request, please have them complete as much of the application as possible and schedule a follow-up intake appointment if needed.
 - c. If the consumer does not respond to or follow through with the invitation to interview within 90 days of the Date of Request (DOR) for Medicaid (i.e., date of application) or within 45 days from the date the Local Offices initiates contact

(whichever is later), the ECM/EW denies the case and narrates in Oregon ACCESS. Denial notice is sent via the <u>SDS 540</u>. Medical benefits are not included with OPI-M/FCAP, therefore no medical denials are required. Denial language provided at the end of this document.

- 2. <u>Intake appointment:</u> At the intake appointment review and complete all forms with the consumer.
 - Olt's important to gather a proper 3010 for every provider that the adult has seen in the last 2 years and one for Social Security Administration/SSA. If all 4 lines on the 3010 are not initialed and the form is not signed many providers will not provide records and they will not accept electronic signatures. Missing signatures/initials will delay the PMDDT decision.
 - All the paperwork should be completed before submission to PMDDT for processing—it will help for quicker processing of the request.
 - o If the consumer attends the interview, <u>completes all the required paperwork</u> and a disability determination is needed, make a referral to PMDDT

3. Making a referral to PMDDT:

- There are several ways you can send a referral to PMDDT. The preferred and most efficient way to send completed referrals to PMDDT is to scan the documents, if you have the capability to do so, and e-mail them to PMDDT.Referrals@odhsoha.oregon.gov. These e-mails are checked daily.
- If you do not have the capability to scan the documents, you can send them by fax to 503-390-1460 or you can mail them to PMDDT at 3420 Cherry Ave NE, Ste. 140 Salem, OR 97303.

Decisions:

- 1. If PMDDT approves the referral they will narrate the approval in Oregon ACCESS and communicate the approval to the ECM/EW through email. The ECM/EW may proceed with completing the eligibility determination. **Important:** Do not open OPI-M services until the PMDDT approval has been received.
- 2. If PMDDT denies the referral they will narrate the denial in Oregon ACCESS and communicate the decision to the ECM/EW through email. The ECM/EW will need to send a SDS 540 to the applicant using the appropriate denial language listed below.
- 3. For either decision, the ECM/EW must add a case note to ONE to explaining the PMDDT decision.

<u>Denial Language for SDS 540:</u> (Note: rule language may be modified to fit an applicant's specific situation)

1. Denial based on PMDDT decision that the individual isn't disabled and not eligible for any other medical or benefits:

You must be determined disabled to qualify for the Oregon Supplemental Income Program-Medical (OSIPM) and Oregon Project Independence-Medicaid (OPI-M) per the Social Security Administration's (SSA) disability standards. After reviewing the medical and other evidence in your case, the Department has determined that you do not meet SSA's disability standards. You do not qualify for any medical assistance programs or OPI-M administered by the Oregon Department of Human Services. To be eligible for Oregon Supplemental Income Program Medical (OSIPM), you must be age 65 or older, blind, or have a disability that meets Social Security standards AND have assumed or protected eligibility or be within the income and resource limits. In order to qualify for the Medicare Savings Programs (QMB, SMB, SMF), you must have Medicare Part A and have income within the allowable program limits. To be eligible for Oregon Project Independence-Medicaid (OPI-M), you must be age 18 to 59 and have a disability that meets Social Security standards or age 60 or older. You must also meet all other non-financial eligibility requirements and complete the application and verification process to qualify for non-MAGI Medicaid programs. You are not eligible for the MAGI Medicaid programs because you are over age 18, not pregnant, are not a parent or caretaker relative of a dependent child living with you, or you have too much income to qualify.

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OAR 410-120-0006; 410-120-1210; 410-200-0015; 410-200-0410; 410-200-0415; 410-200-0420; 410-200-0425; 410-200-0435; 461-125-0310; 461-125-0370; 461-110-0210; 461-110-0310; 461-110-0410; 461-110-0530; 461-115-0010; 461-115-0020; 461-115-0230; 461-115-0540; 461-115-0610; 461-115-0700; 461-120-0315; 461-120-0330; 461-120-0345; 461-120-0510; 461-125-0330; 461-125-0350; 461-135-0730; 461-135-0745; 461-135-0750; 461-135-0771; 461-135-0780; 461-135-0790; 461-135-0820; 461-135-0820; 461-135-0830; 461-155-0250; 461-155-0290; 461-155-0295; 461-160-0010; 461-160-0015; 461-160-0540; 461-160-0550; 461-160-0551; 461-160-0552; 461-170-0130; 461-180-0085; 411-014-0020(1)(b).
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2. Denial due to failure to comply with PMDDT and is not eligible for any other medical program:

You do not qualify for any medical assistance programs, Oregon Project Independence-Medicaid (OPI-M) administered by the Oregon Department of Human Services. To be eligible for Oregon Supplemental Income Program Medical (OSIPM), you must be age 65 or older, blind, or have a disability that meets Social Security standards AND have assumed or protected eligibility or be within the income and resource limits. In order to qualify for the Medicare Savings Programs (QMB, SMB, SMF), you must have Medicare Part A and have income within the allowable program limits. To be eligible for Oregon Project Independence-Medicaid (OPI-M), you must be age 18 to 59 and have a disability that meets Social Security standards or age 60 or older. You must also meet all other non-financial eligibility requirements and complete the application and verification process to qualify for non-MAGI Medicaid programs. You are (v.4.2024)

not eligible for the MAGI Medicaid programs because you are over age 18, not pregnant, are not a parent or caretaker relative of a dependent child living with you, or you have too much income to qualify.

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PMDDT Resources:

 You can find additional information and training at: https://rise.articulate.com/share/nVibNOEwDROoh3lzLl10lfKkfMrVHTTP#/