

OregONEligibility ODDS FAQs for Case Management Entities

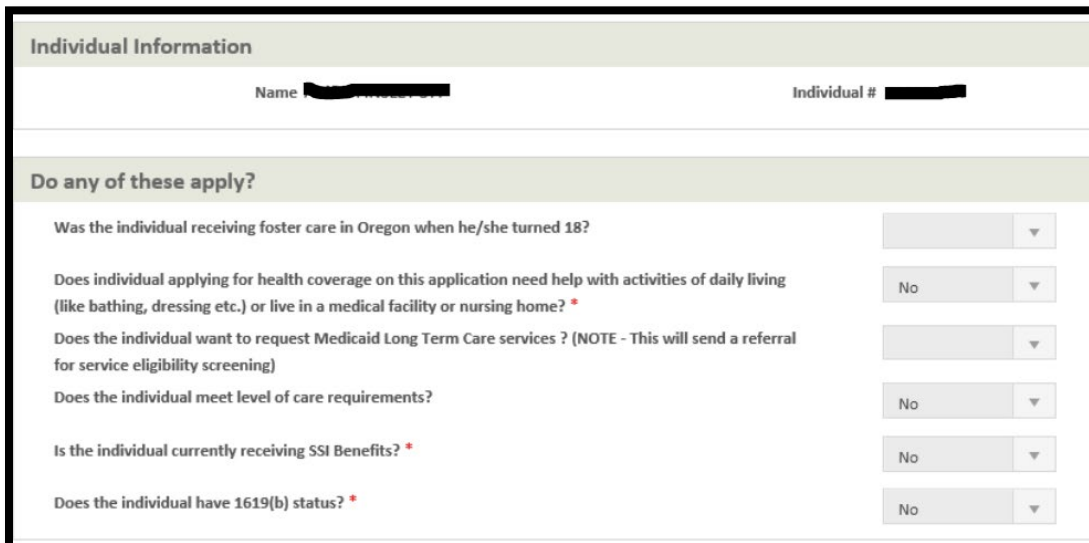
Send questions to: ODDS.ONEquestions@dhsosha.state.or.us

ONE portal questions:

Question: Can you clarify what are the questions in the new application that lead to further referrals?

Answer: There are two questions in the application that are particularly relevant for intellectual and developmental disabilities (I/DD) services.

- 1) “Does the individual want to request Medicaid Long Term Care services?”
 - a. A “Yes” answer will generate a few follow up questions, and send a referral for service eligibility screening for adults to APD
 - b. This may result in a referral either to the local APD office or to ODDS (for children and youth) to reach out to the individual or family to see if the individual may be eligible and interested in LTC services



The screenshot shows a web form titled "Individual Information". It contains two fields: "Name" and "Individual #", both of which are redacted with black bars. Below this is a section titled "Do any of these apply?". This section contains six questions, each with a dropdown menu to its right. The questions and their corresponding dropdown values are:

Question	Dropdown Value
Was the individual receiving foster care in Oregon when he/she turned 18?	[Blank]
Does individual applying for health coverage on this application need help with activities of daily living (like bathing, dressing etc.) or live in a medical facility or nursing home? *	No
Does the individual want to request Medicaid Long Term Care services ? (NOTE - This will send a referral for service eligibility screening)	[Blank]
Does the individual meet level of care requirements?	No
Is the individual currently receiving SSI Benefits? *	No
Does the individual have 1619(b) status? *	No

- 2) “Is anyone Blind/Disabled?” (NOTE – A “Yes” answer will generate a ONE action for Presumptive Medicaid Disability Determination Team (PMDDT) when
 - a. MAGI is denied
 - b. CHIP is denied for children

There are some circumstances where that both the Long-Term Care Services or disability question must be marked yes, or only one or the other question must be marked for a ONE auto-referral to PMDDT (when the person does not qualify for any other Medicaid package). ODDS and APD are working with ONE program staff to obtain clear direction on these scenarios. For the interim, ensuring both questions are marked yes may be the best way to assure a PMDDT referral occurs if the person is not eligible for other Medicaid packages.

PMDDT will reach out to the individual or family regarding documentation of disability.

Community Partnership Questions

Training

New Questions 11/13/2020

Question: How do we access training for the OHP Application Assister or OHP Ambassador roles in the future?

Answer: The OHA Community Partnership unit offers ongoing general trainings for anyone wishing to become an OHP Assister and/or Healthcare Marketplace Navigator via regular webinars. More information on OHA training is available here:

<https://healthcare.oregon.gov/marketplace/Pages/community-partner-trainings.aspx>

Question: Who is a “primary contact person” for an office wanting to be a community partner?

Answer: The primary contact person can be anyone in your office. It is the person who can send in the background check and ONE account creation form to OHA at: cp.business@dhsoha.state.or.us

New Questions 10/21/2020

Question: Will this training address helping a DD client apply for OSIPM under the 300% Rule, or would we work with a Regional Coordinator when we encounter those situations? That is one area where we always get stuck.

Answer: This should be covered in the OHP Application Assister training: If a person is identified as ineligible for all other Medicaid medical programs in the ONE application (MAGI, CHIP, etc.) AND the long-term care services question AND the Disability questions are answered “Yes” with corresponding details the ONE system will auto-generate a PMDDT action (referral). As an OHP Application Assister you can help applicants ensure these important questions are answered correctly. You will need to track the decision for other Medicaid, then email the records and releases directly to PMDDT if ONE denies Medicaid, or to the new APD Central Coordination Unit. See APD-PT 20-106 and 108 for more details.

Question: Will the training help us understand Medicaid eligibility, like who should be in a household or countable income and resources?

Answer: With the OregONEligibility (ONE) portal and the OHA Community Partner role – you are not determining eligibility. You don't need to remember the details about differences between income or resources, or specific program criteria such as: 1) OSIPM, 2) Qualified Medicare Beneficiary, 3) MAGI, 4) CHIP, 5) CAWEM (CWM - emergency medical for non-citizens). The ONE system questions will screen for the correct program for your applicant! You DO need to remember to help an applicant select “Yes” to the Long-Term Care Services and Disability questions to trigger a PMDDT action if they are not found eligible for other Medicaid in ONE.

Roles

New Questions 10/21/2020

Question: If we choose to not become an OHA Community Partner at this time, but refer people eligible for DD services to apply for Medicaid as an OHP Ambassador (warm referrals) can we choose another role in the future?

Answer: Yes, as a reminder – policy and rule require CMEs to assist individuals in obtaining Medicaid to access paid services. This can be accomplished with ‘warm’ referrals as an OHP Ambassador. If a CME wishes to pursue another role in the future, they must complete the voluntary agreement and have staff complete the required training by OHA.

Question: Will we be able to see information on clients who have already applied on the ONE portal independently?

Answer: If an OHA CP Assister is not associated with an active/pending ONE case, and a person applies on their own - you can be added to the case by emailing the ODHS APD Central Coordination Unit. You will need to have the consent form completed and email it with your request to: APD.CentralCoordinationUnit@dhsoha.state.or.us

Question: If a CME chooses to become a community partner, is the CME obligated to serve anyone, or can the CME provide this service to only clients enrolled with that case management entity?

Answer: CME’s who choose to become a Community Partner OHP Application Assister may choose to restrict the service to only individuals enrolled in their CME. An Assister may help complete the application using their own login for ONE or assist with a paper application.

Question: Can a family still apply on their own and the CME assist when there are problems?

Answer: If a family applies on their own, the CME should submit the authorization form to CCU by email APD.CentralCoordinationUnit@dhsoha.state.or.us and relay that a Medicaid application has occurred for a person needing paid DD services in order to be attached to the case in the ONE portal.

Question: What is the difference between roles, “light” vs. “full” or certified, and can a CME have more than one role?

Answer: This is explained in [APD-PT 20-106](#),

- 1) The OHP Ambassador (“Light”) is a Community Partner that makes “warm” referrals to a certified assister after completing a 1-hour training

- 2) The OHP Application Assister (“Full”) role as an OHA Certified Community Partner helps people apply for Medicaid only, after completing a 6-hour training
- 3) The Assister + Healthcare Marketplace Navigator (also “Full”) role is also an OHA Certified Community Partner that can assist with Medicaid *and* private insurance if a person isn’t eligible for Medicaid or PMDDT
- 4) Yes a CME may have staff with different roles

Question: If a CME chooses to voluntarily apply to become a Community Partner, how much time is there to operationalize the process before the existing process and forms must end?

Answer: The target date for integrating ONE processes for individuals in I/DD services is January 1, 2021. ONE training and implementation of roles by CME’s must occur between now and January 1 (see APD-PT 20-106).

Question: If a CME chooses to voluntarily apply to become a Community Partner, is there compensation associated with the voluntary agreement? If not, is this something that will be captured in a future workload model?

Answer: There are no funds attached to the Community Partner role or voluntary agreement. Because this is a voluntary OHA contract agreement, it will not be captured in a future workload model. This is outside of the ODDS requirements.

Question: If a CME does a warm hand off, meaning the CME makes referrals to other Community Partners, how will the CME know if/when paperwork is needed for PMDDT?

Answer: ODDS and CCU are exploring processes by which the CME may inform the central office via email that a child is being referred to apply for Medicaid, and PMDDT would then know to contact the CME.

Question: Would there be any restrictions on who within the CME can serve in these roles, such as conflict of interest concerns?

Answer: ODDS is not aware of any conflict of interest concerns. However, any such concerns should be addressed in the context of the contract and trainings provided by OHA.

Question: Will a copy of the OHA Community Partner voluntary agreement/contract be available before CME's commit to this work?

Answer: Yes, it is attached to the transmittal announcing this FAQ.

Question: How can we get a copy of the voluntary agreement:

Answer: e-mail CP.Business@dhsoha.state.or.us inbox to request a volunteer agreement.

Question: How do we get certified and obtain a training certificate?

Answer: The CME must attend the OHA CP training, complete and sign, date and submit the voluntary agreement before they become certified. After training and submission of the voluntary agreement, ONE account access is given, and user ID's provided to staff who will assist people with applications.

Question: If a CME chooses to have multiple roles, how would the CME identify the different role when reporting to ODDS?

Answer: The CME would identify both Ambassador and Assister roles to ODDS; prioritization for complex cases is reasonable. Identifying both roles in the DD Directory and Brokerage Directory will be helpful.

Question: If a CME has internal assister staff, would the CME be required to refer their applications to them, or can the CME still refer out and utilize these staff as their own internal experts (as stated above, only assisting with applications that the CME feels need more support)?

Answer: Yes.

Question: Can Local Assister agencies decline referrals, and if so can the referrals be rotated to several agencies or DHS?

Answer: All CME's who are OHP Assisters may limit assistance to only individuals the CME is working with. If the CME is not taking an Assister or Navigator role, and are acting as an OHP Ambassador role they should connect the person with the OHA/OHP Community Partnership program and ask if OHA will handle distribution. See [APD-PT 20-081](#); a person may apply for Medicaid in several ways, including applying at a local ODHS APD office. If the OHP Assister or Navigator is unable to help the person apply in a timely manner, please review these other options with them. The CME is responsible for ensuring a person applies for and has Medicaid in place if there is a need.

Systems

Question: What needs to happen when a family applies through ONE and the child is determined CHIP eligible in ONE but requested paid services be provided (a previous PMDDT referral)?

Answer: ODDS is working to rework how these other processes will be coordinated in the future state. More information will be forthcoming.

Medicaid services, inter-program collaboration, redeterminations

Question: Will Children's Medicaid Eligibility Unit (CMEU's) continue to mail out redetermination notices for children for PMDDT cases?

Answer: See [APD-IM-20-109](#); the CMEU and Central Coordination Unit (CCU) staff will be making phone calls to complete redeterminations by phone interview for all cases held by CMEU that are still in the Legacy system. If a phone interview is not possible, an application will be mailed with an explanation letter after the first of the year and in the interim Medicaid will continue uninterrupted.

Question: For individuals who are identified as potentially eligible for IDD services during the Medicaid application process, and then referred to their CDDP, what is the expectation of the CDDPs?

Answer: The CDDPs are to treat this as an initial referral and reach out to the individual/ family to see if they are potentially eligible for services. This is the same as responding to any community referral. This process has been occurring for several years already. ODDS is working to rework how these other processes will be coordinated in the future state. More information will be forthcoming.

Question: Will this ONE process have impact on application for SSI?

Answer: The SSI process will remain essentially the same. Currently, when a referral to foster care occurs, the process for SSI is intertwined with multiple processes (CMEU, PMDDT, Foster Care application, etc.). ODDS is working to rework how these other processes will be coordinated in the future state. More information will be forthcoming.

Question: OARs currently require only Brokerages to assist individuals when there is a loss of Medicaid, not for initial eligibility. CDDPs, but not brokerages, are required to make referrals to the local Medicaid office. Are

the OARs being adjusted to reflect this new requirement? Is it going to be consistent among all CMEs?

Answer: ODDS will be considering OAR changes to reflect that all CMEs must make initial referrals as well as follow up when there is a loss of Medicaid.