



To: Hospital Discharge Planner, Nursing Home Administrator,
Home Health Agency, Hospice Agency, and Physician

From: <Your name here>

Subject: Assistance with Required Medical Information

Your assistance is needed in order to make timely decisions for Medicaid eligibility which will provide access to vital medical services. If Medicaid applicants can show they are disabled and meet certain financial requirements, they are eligible for Medicaid and the Oregon Health Plan Plus benefit package, which could include long term care nursing facility coverage, mental health treatment and other benefits. The decision must be determined within 90 days of the Medicaid application.

The disability is based on meeting a Social Security Administration (SSA) disability requirement for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

Medicaid applicants who require long term care services, such as nursing facility care at a lower level and/or community based care services, beyond the 20 post hospital days must also have a service assessment completed by a local SPD/AAA field office and meet a service priority level currently being served.

Prior to approving an application, the State of Oregon will need the following information, as applicable, in order to make a disability determination decision for those clients requesting a Medical/OHP Plus benefit package. Your assistance in providing the following information, when requested, will assist in processing approvals in a timely manner.

- Admission Assessment

- Physician Progress Notes
- Consultative Reports
- Therapy Assessments (PT, OT, ST)
- Therapy Progress Notes
- Lab test results
- Medical Procedures
- Diagnostic study results (MRI, CAT scan, PET X-rays, PET scans)
- Biopsy Reports (if completed)
- History and Physical Reports
- Hospice orders and records
- Progress Notes
- Discharge Summary (if discharged)
- Physician Orders (Nursing Facilities only)

Your timely response to any requests for this information is greatly appreciated. It will enable DHS staff to make expedited decisions, which in turn, means people will receive needed medical services in a prompt fashion. If you have any questions about this, please feel free to contact Sharon Gilles at (503) 945-6373. Sharon is the nurse with the Presumptive Medicaid Disability Determination Team.