Aging and People with Disabilities

Patricia Baxter

Authorized Signature

Number: APD-AR-13-006
Issue Date: 8/30/2013

CORRECTED

Topic: Medical Benefits

Subject: New PMDDT initial contact letter

Applies to (check all that apply):

☐ All DHS employees   ☐ County DD Program Managers
☒ Area Agencies on Aging   ☐ County Mental Health Directors
☒ Aging and People with Disabilities   ☐ Health Services
☐ Children, Adults and Families   ☐ Other (please specify):

Action Required: Effective immediately, please use the attached letter as the initial contact method for persons who are referred, and potentially eligible, for PMDDT benefits. Please discontinue the use of all other letters and forms created by the local office for PMDDT contact.

Fields which need to be completed by the branch are indicated with double brackets: << >>; please be sure to fill in each of the fields indicated.

The referral letter is intended to be printed on local office letterhead. For APD letterhead, please see the DHS templates on the DHS intranet page. Workers are encouraged to send medical releases with the referral letter.

APD requested the attached referral letter be added to the DHS forms server as SDS 690. When the referral letter is available, APD and AAA managers and supervisors will be notified and a notice will be included in the APD Field Services newsletter.

Reason for Action: In response to requests from the field, DHS/OHA transfers work group and APD Hearings representatives created a standard communication letter to be used by all APD and AAA offices for PMDDT referral contact.

Field/Stakeholder review: ☒ Yes   ☐ No

If yes, reviewed by: APD Operations Committee, APD Medicaid Analysts, DHS Communications
If you have any questions about this action request, contact:

<table>
<thead>
<tr>
<th>Contact(s):</th>
<th>Karen Gulliver</th>
</tr>
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<tbody>
<tr>
<td>Phone:</td>
<td>503-569-7034</td>
</tr>
<tr>
<td>Fax:</td>
<td>503-945-6296</td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:karen.l.gulliver@state.or.us">karen.l.gulliver@state.or.us</a></td>
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DHS 0078 (07/12)
Dear <<insert name>>,

You have asked the Department of Human Services (DHS) for medical benefits. We are required to review your eligibility for all state funded medical programs.

You told us you have a disability that is expected to last at least 12 months. If so, then you may be eligible for the Oregon Health Plan Plus package of benefits. Your application has been referred to our office. We will be looking at your application to see if you are eligible for these benefits.

We need the following information from you:

- Information about your work history and education;
- Names, addresses, and medical releases for all medical providers you have seen in the last 12 months;
- More information about your physical and/or mental conditions.

We may ask you for more information or documentation in the future.

We would like to schedule an appointment to meet with you. Please contact us as soon as possible to set this up. If an office visit is too difficult for you, we may gather the information over the phone and mail you forms to complete. You will not have to fill out another application. When we have the information we need, we will send your case to the Presumptive Medicaid Disability Determination Team (PMDDT). They will determine if you are disabled. This may take some time, so it is important for you to contact our office at <<insert branch phone #here>> or visit us at <<insert branch address here>> as soon as possible.

If we do not hear from you by <<insert later of 90 days from DOR or 45 days from ‘Date mailed’; after 90 days, staff with local supervisor>>, your application for medical benefits will be denied. You should have already received a notice about your eligibility for other medical programs.

Sincerely,

<<Name>>, <<job title>>