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INFORMATION MEMORANDUM
SPD-IM-03-014
Date: Febraury 5, 2003

TO: Area Agency on Aging Directors CHS SDA Managers
CHS/AAA Field Managers and Staff CHS SDA Assistant Managers
SPD Managers and Staff CHS Central Office Managers

SUBJECT: Presumptive Medicaid Disability Determination
Questions and Answers

INFORMATION:

This information memo contains the questions and answers from the NetCast training sessions on the Presumptive Medicaid Disability Determination process. Some of these questions were answered during the training session, and will be helpful to staff who were unable to attend. Other questions remained unanswered during the training session or have answers that have changed due to follow up contacts with the Centers for Medicare and Medicaid. For this reason, staff will want to review this information carefully.

Following is also a chart which summarizes when it is appropriate to refer certain categories of cases to the Presumptive Medicaid Disability Determination Team (PMDDT) for review. The questions and answers that follow support the information in the table.

When to Refer Cases to PMDDT	
<i>Type of Case</i>	<i>Action Needed</i>
Pending GA cases determined eligible after 1/31/03.	Determine eligibility for OHP-Standard and refer to PMDDT.
Pending GA cases denied after 1/31/03.	Determine eligibility for OHP-Standard and do not refer to PMDDT.
Current OHP-Plus cases that were auto-converted to program _5 with a NCP case descriptor, and receives an SSA denial on disability.	Send notice to reduce to OHP-Standard, do not refer to PMDDT. Use OAR 461-125-0370.
GA cases formerly denied, closed or proposed to be closed, with a Hearing Officer Panel hearing pending.	If the Panel reverses the Department's decision, refer to PMDDT.
Current OHP-Plus cases that were auto-converted to program _5 with a NCP case descriptor, that come up for a medical review or a financial redetermination of eligibility-- whichever is sooner.	Refer to PMDDT.
New applicant with SSA denial in the last 12 months (whether the decision is being appealed or not) and the client is alleging a new or significantly worsened condition.	Determine eligibility for OHP-Standard and refer to PMDDT.

Questions and Answers

1. *Is OSIPM-EPD a categorical Medicaid program? If so, when it comes due for review, should it be referred to the PMDDT?*

Yes, it is a categorical program. Refer the case for review if:

- The client does not have SSDI income, and
- There was no presumptive eligibility determination by central office previously, or
- There was a previous determination by central office which specified it would need review.

2. *For the OMAP list of clients potentially eligible for OHP-plus based on their diagnostic codes, was this generated from covered medical services?*

Yes.

3. *Who will be responsible for working this list?*

Notices about potential OSIPM eligibility and applications will be sent from central office. More detail will be communicated at a later date on this transition plan.

4. *How will the PMDDT know if there has been a previous presumptive decision made on a particular client?*

Central office has a database with this information.

5. *How will alternate formats be handled at the OHP Statewide Processing Center?*

They will use the existing process.

6. *What if a client who is applying through the OHP Statewide Processing Center needs help completing the application?*

They can access help through a local office or other community non-profits.

7. *Is this disability process only needed for applicants through age 64?*

This process is not needed in most cases where clients are age 65 or over, because eligibility is based on age. However, this process is needed for OSIPM-EPD clients and non-citizen clients age 65 or over.

8. *How do the OSIP 1 and 2 person standards cover persons in families?*

Because OSIP is not a family assistance program, disabled parents or children are handled in the following manner:

If either parent is applying for OSIPM, the other spouse's income and resources would be considered in the financial determination of eligibility, using the 2-person standard. (461-110-0410)

If the family is applying for Medical Assistance Assumed (MAA), then all the family's income and resources would be considered. (461-110-0330)

If the dependent child is applying for OSIPM, then the parent's income and resources would be deemed to the disabled child to determine the child's financial eligibility, using the 1-person standard. (461-110-410)

9. *When the OHP Statewide Processing Center narrates eligibility on an OSIPM case, will they use Oregon ACCESS?*

Yes, in cases where they have received an actual OSIPM application (SDS 539A).

10. *Since a client may apply at any field office, what is the expectation as far as transferring a case to a Disability Services Office?*

There is no change to existing local procedures.

11. *When the PMDDT evaluates a client using the Social Security Administration's disability criteria, will they use a 3-step or 5-step sequential process?*

They will use the 5-step process, unless the case is OSIPM-EPD.

12. *When a client applies at a local office and the VERSA screen shows an SSA disallowance of disability, should the application be denied?*

If the SSA decision was made within the 12 months before the date of request, it is binding. Deny the case unless the client is alleging a new or significantly worsened condition. If the client is alleging the latter, pend the case and refer it to the PMDDT for decision.

13. *Local offices currently use the Application (SDS 539A); Do they need to now need to use the Application for the Oregon Health Plan (OHP 7210) instead?*

No, local offices will continue to use the SDS 539A.

14. *For GA pending cases, local offices determine eligibility for cash through 1/31/03. Do they then refer the case to the PMDDT for a disability determination effective 2/1/03? Or do they only refer those that are determined eligible for GA?*

As per the chart above, refer only those pending GA cases that are determined eligible for cash to the PMDDT.

15. *Should GA cases in the hearing process be sent to PMDDT?*

Yes, as per the chart above, refer these cases to the PMDDT if the Hearing Officer Panel reverses the Department's decision.

16. *How do we make GA cash payments for a past period of time?*

Use the Special Cash Pay system, pay reason 16.

17. *Do we set up an OHP-Standard case for clients who are referred for a disability determination?*

Yes, if they meet the eligibility requirements for OHP.

18. *How do we determine the effective date for cases where PMDDT allows the disability?*

Use OAR 461-180-0090 Effective Dates; Initial Month Medical Benefits.

19. *If a client's disability was allowed previously for SSI, but then the case closed due to nonfinancial reasons (eg., client got married and then divorced), can we assume the client meets the disability requirement and approve the case?*

There are certain situations and time-frames in which the disability could still be presumed to be met. When this question arises on a specific case, feel free to contact the PMDDT to staff the case and determine whether it fits the criteria.

20. *When the client has questions about where their application is in the process, will PMDDT handle these calls?*

The PMDDT will not handle client calls directly. However, case managers are welcome to contact the PMDDT to check the status of a case on behalf of the client.

21. What happens if the disability determination takes longer than 90 days?

The PMDDT will do its best to meet the 90-day time-frame, but the application can be pended longer under the rule, when the delay happens due to circumstances beyond the client's control.

22. If the client does not have a current treating physician, does the local office provide an authorization for release of information?

No, the PMDDT will obtain the form in that situation.

23. If the client needs to travel out of town in order to see a specialist and be evaluated for a disability, they will be on the OHP-Standard benefit package, so how will medical transportation be paid?

Medical transportation is not a benefit covered under OHP-Standard. If the client has an application pending with DDS, we may be able to coordinate with them and access their funding for this purpose. Otherwise, the client may need to use Volunteer Services or other local community resources.

24. If a GA applicant is denied cash benefits for a period prior to 2/1/03, do they get OHP-Plus?

No, see chart above.

25. If the client has previously completed ADL forms for an SSA application, can these forms be used instead of sending an SDS 620A to the PMDDT?

Yes, the PMDDT will coordinate with DDS to use information that already exists.

26. Is a medical doctor a part of the PMDDT and is a doctor's sign off required?

Yes, and sign off is required except for a medical vocational allowance.

27. In the past, we have coded cases eligible for medical services as a program P2. Do they now need to be coded program D4?

Code cases approved by the PMDDT as program _5 with a NCP case descriptor.

28. In the past, there were certain medical conditions (eg., quadraplegia) for which the local office could make a presumptive disability determination. Can local staff still do this?

No. Call Lisa Zacharias to expedite decisions for these severe conditions. Please also note that the PMDDT will work with DDS to evaluate expedited eligibility for disability benefits.

29. If the client needs a consultive examination (CE), what provider will the PMDDT use?

Any medicaid provider in the state with the appropriate specialty.

30. *If the client is already seeing a specialist, will that doctor's records be used?*

Yes.

31. *If the client has not seen a doctor recently, do field staff need to order an administrative examination?*

No, the PMDDT will order the administrative examination.

32. *Can we share the information we get from the VERSA screen with the client?*

No, please refer individuals to the DDS customer service representative at 1-800-452-2147.

33. *If a client has \$600 SSDI income, is not on Medicare, and does not need services, are they eligible for OHP-Plus because of their disability?*

No, because they have income over the non-SSI OSIP standard.

34. *If a client on OHP-Standard has unpaid premiums incurred prior to being approved for OHP-Plus, can we waive the premiums?*

There is no criteria for waiving unpaid premiums under OHP-Standard. However, clients can receive OHP-Plus even with unpaid premiums. In addition, paid premiums can be reimbursed as far back as the client's date of request for OSIPM or even further, if retroactive medical eligibility is approved.

35. *A non-citizen is not eligible for OSIPM on the basis of age, so will these applicants be referred to the PMDDT for a decision?*

Yes, refer them for disability decisions. Remember that non-citizens must also meet all other financial and non-financial OSIPM criteria.

36. *When the OHP Application is revised to include OSIPM questions, will the application require 2 denials - one in each program?*

No, this process will be clarified when the revision is complete.

37. *What happens if we allow a disability and the SSA denies it 2 months later?*

If the State approves medicaid based on the client's disability before SSA renders a denial of disability and SSA's determination is within the same 90 days from the date of request, then SSA's decision is binding on the State. If the State approves and SSA denies after the 90 day window, the State's decision is binding as long as the applicant appeals the denial. The applicant can appeal until all administrative appeals are exhausted. If at the final administrative appeal (appeals council) SSA rules the claimant does not meet disability criteria for SSI/SSDI, the State will need to send notice to the client that their medicaid benefits are terminated.

38. *Should we refer a case to PMDDT if the client has been denied by SSA but is appealing the denial?*

The State may not make a presumptive medicaid decision on any applicant who received a

SSI/SSDI denial based on their disability by SSA in the last 12 months, unless the individual

claims to have a different disability or the disability they initially claimed has significantly worsened. An SSA decision is binding on the State. This is true even if the individual is currently appealing their SSI/SSDI denial.

39. What if the client has been denied by SSA but is now applying with a new diagnosis?

If the SSA denial occurred within the previous 12 months, approve the OHP-Standard and refer the case to PMDDT for decision.

40. For clients applying with the Department and with SSA at the same time, how do we know if SSA renders a decision?

Check VERSA and/or BEIN prior to approving the case. After that the client is required to report this change to the case manager.

41. Does the local Medical Review Team (MRT) previously used for GA stop making eligibility decisions effective 2/1/03 if medical documentation is received on or after that date?

No, the MRT continues to determine eligibility for any period of GA cash eligibility prior to 1/31/03.

42. For current cases pending for GA, do we need to get additional forms completed in order to refer the case to PMDDT?

Yes, the SDS 620.

43. Who is now on the PMDDT?

The PMDDT consists of 6 individuals. A contact list will be released by February 28, 2003. Current questions may be directed to Lisa Zacharias.

44. Will local staff be able to access the VERSA narrative?

No, however existing access will continue.

45. Clients approved for OHP-Plus can request reimbursement of premiums. What about copays?

Copays are collected by the provider. Once the client is determined eligible for OSIPM, the provider may reimburse copays to the client and resubmit their billing to OMAP.

46. When disability is allowed, how long before the decision needs to be reviewed?

For the cases that were automatically converted to OHP-Plus on 2/1/03, within the next 6 months, either when the medical review comes due or when the redetermination of eligibility comes due -- whichever is sooner. For all other decisions, the PMDDT will specify the review date, if any.

47. When a client requests a hearing on the PMDDT disability decision, what copy of the AFS

443 should we forward to central office and will the PMDDT be the Department Representative in the hearing?

Distribute the copies of the form as usual, to the Hearing Officer Panel, the client and the local file. Send an additional copy or fax a copy to the PMDDT staff who will assist with the hearing. Additional hearing procedures will be released during the month of February.

48. For hearings where the administrative law judge holds the record open in order to obtain further medical documentation, who will get the medicals?

PMDDT will do this.

49. If a client residing in a nursing facility was denied by SSA, should the case be referred to the PMDDT for decision?

No, SSA's decision is binding.

50. Is a PMDDT decision needed in order for an OHP-Standard client to receive the 20 hours per month personal care?

No, all OHP clients are eligible for this service if they are determined to meet the personal care criteria.

51. Do staff need a new VERSA authorization every 30 days?

No, a new authorization is only needed if the staff haven't been using it.

52. Will OHP clients who were on services prior to 2/1/03 automatically convert to OHP-Plus?

No, these clients need PMDDT approval to get OHP-Plus.

53. If a client is on OHP-Standard but has a case pending for decision with the PMDDT, do we need to set up both an approved case (OHP) and a pending case (OSIPM) on the system?

No, set up only the approved case.

54. Will there be any special CMS coding to indicate that an OHP-Standard case is being evaluated for OSIPM?

Not currently, but we are exploring the possibility of adding a case descriptor as an identifier.

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