



DEPARTMENT OF HUMAN SERVICES
SENIORS & PEOPLE WITH DISABILITIES
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AUTHORIZED BY: _____

**SPD Assistant Director/
Deputy Assistant Director**

EXECUTIVE LETTER

SPD-EL-03-008

Date: January 30, 2003

TO: Area Agency on Aging Directors
CHS/AAA Field Managers and Staff
CHS All Senior Program Managers
SPD Managers & Staff

CHS SDA Managers
CHS SDA Assistant Managers
CHS Central Office Managers

SUBJECT: Presumptive Medicaid Disability Determination Process for OSIPM

ADMINISTRATIVE RULE REFERENCE:

Topic: N/A
Rule Number: N/A
Filing Instructions: N/A

PURPOSE:

- Transmits new or amended Administrative Rule;
- Interprets Administrative Rule;
- Establishes procedures related to Administrative Rule;
- Replaces existing procedures or interpretation;
- Deletes Administrative Rule.

GROUND TRUTHED: Yes No

EFFECTIVE DATE: upon receipt **EXPIRATION DATE:** n/a

DATE SENT FOR COMMENTS TO DIRECTORS AND MANAGERS:

CONTACT: Karl J. Bien

PHONE: 503-945-6409

E-MAIL: karl.j.bien@state.or.us

FAX: 503-373-7902

DISCUSSION:

Presumptive Medicaid Disability Determination (OSIPM)

Background: Oregon is required to make Medicaid eligibility disability determinations within 90 days on any applicant who alleges a disability that would meet the Social Security Administration (SSA) disability requirements for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and, in which SSA has not made a disability determination. This is because Oregon elected to become a non-1634 state. This means the State of Oregon elected not to relinquish the responsibility of making Medicaid determinations. These presumptive Medicaid eligibility determinations are made for the Oregon Supplemental Income Program (OSIP), SPD Home & Community Based Services and OSPIM-Employed Persons with Disabilities (EPD) programs.

Although the presumptive Medicaid disability determination process has been in place since 1991, the creation of the Oregon Health Plan (OHP) in 1994 limited the utilization of the Medicaid disability determination process. That is, for persons meeting the OHP criteria, there was no need to process a presumptive Medicaid disability determination as OHP provided the same Medicaid benefit package.

OHP Standard and OHP Plus Benefit Packages

Effective February 1, 2003, OHP will provide two separate benefit packages. All adults age 19 and over will be placed in the OHP standard package unless they meet the OHP Plus criteria. OHP Plus applicants must be found to be categorically eligible for Medicaid.

The client may apply at the field office or through OHP Statewide Processing Center. Applicants applying for the OHP standard package through the OHP Statewide Processing Center, who allege a disabling condition on the addendum form (DHS 7211) will be sent an OSIPM application (539A) and follow the process established for the OHP Statewide Processing Center. If found eligible for OSIPM, they will be eligible for the OHP Plus benefit package.

LOCAL ACTION REQUIRED:

Processing a Presumptive Medicaid Disability Determination

If a person makes an application for Medicaid at the field office and has not had a disability determination made by SSA, determine eligibility for OHP Standard and proceed with the following steps:

Step 1: Determine financial and non-financial eligibility, other than the disability, for OSIPM. If the applicant does not meet the financial or non-financial criteria for OSIPM, send appropriate notice of denial. If applicant meets the financial and non-financial criteria

for OSIPM proceed to step two.

Step 2: Determine whether the applicant has made an application for SSI/SSDI by checking the Versa Screen (formally known as DDSINQ). If the applicant received a decision denying their SSI/SSDI based on their alleged disability within a year from the date of request for OSIPM, send appropriate notice of denial citing OAR 461-125-0370. If the applicant has not received a disability decision by SSA on their SSI/SSDI within the last year proceed to step three.

Step 3: Process a Presumptive Medicaid Disability Determination request by doing the following:

- Complete a Request for Presumptive Title XIX Decision SDS 0620 and have the client complete the Activities of Daily Living Form SDS 620A if the client alleges a psychological impairment. If appropriate, have the Third Party Activities of Daily Living Form 0620B completed by family members or the spouse. The Forms can be found on the Web located at:
<http://afsforms.hr.state.or.us/Forms/databases/FirstPage.htm> .
- Have client complete a Medicaid Disability Determination OSIPM form (SDS 708).
- Send the above forms and any available medical documentation that is in the file or the client has available along with a release of information to Lisa Zacharias at:

**Department of Human Services
Presumptive Medicaid Disability Determination Team
Seniors and People with Disabilities
Office of Employment and Financial Benefits
500 Summer St. NE, E10
Salem, OR 97301**

Presumptive Medicaid Disability Determination Team (PMDDT) Process

All medical and vocational documentation will be evaluated by the PMDDT for a presumptive Medicaid disability determination. If the client has been found, based on the medical evidence submitted or gathered by PMDDT *to meet the SSA disability requirements for SSI/SSDI* , *they meet the disability requirements for medicaid (OSIPM)*.

The PMDDT will forward notice of the disability allowance or disallowance decision back to field person who originated the request.

Upon notification of Allowance from PMDDT

- Staff will need to open the case as a program 5 with an NCP case descriptor. If the case is approved at OHP Statewide Processing Center, the case will be opened and transferred to the appropriate field office. The case is coded as a Program 5/NCP so it can be identified as an OSIPM Presumptive Medicaid case.
- Clients who were originally opened under the OHP standard package, will need to be reimbursed for any premiums they made during any period they would have also been eligible for the OHP Plus benefit package through OSIPM. A **Request for Reimbursement of Premiums** form will need to be sent to the client by staff if the client paid any premiums while they were waiting for their OSIPM case to be approved. The client will need to complete this form and request to be reimbursed for any premiums paid and return it to:

**William C. Earhart
P.O. Box 4148
Portland OR. 97208.**

Through this contractor, OMAP will reimburse, if appropriate, any premium payments the client paid while they would have been otherwise eligible for the OHP Plus benefit package.

Upon Notification of Disallowance from PMDDT

- Staff will need to send a denial notice to the applicant advising them they are not eligible for Medicaid based on their disability. OAR 461-125-0370

Request for Hearing on Disability Disallowance

Process all hearings requested by the applicant on the disability disallowance in the normal manner.

CENTRAL OFFICE ACTION REQUIRED: Process, evaluate and determine presumptive Medicaid eligibility on cases referred from the field or OHP Statewide Processing Center. Provide NetCast training on the criteria for presumptive Medicaid disability determination and the processing of presumptive Medicaid claims.

TRAINING EXPECTATIONS: Managers will need to review presumptive Medicaid process with affected staff. A NetCast on presumptive Medicaid disability determination process will air on Friday, January 31, 2003.



Program	Branch	Case Number	Worker ID
Case Name			

**Request for Reimbursement
of OHP Premiums Paid**

I have been found eligible for OSIPM, effective _____.
(Date OSIPM eligibility began)

I request reimbursement of OHP premiums paid.

Client Signature: _____ Date: _____

Mail completed request to:
William C. Earhart
P.O. Box 4148
Portland, OR 97208

Give 1 copy to client, retain 1 copy for file