Office of Developmental Disabilities Services (ODDS) Medicaid Guide for Families of Children who Experience Intellectual or Developmental Disabilities (I/DD)

The State of Oregon is changing how Oregonians apply for Medicaid benefits. This new system is known as OregONEligibility (ONE). This guide explains these changes and outlines the steps that a family can take to apply for Medicaid eligibility for the first time. If your family or child is already receiving Medicaid, please refer to the ODDS Renewal Guide for Medicaid.

Why is this important?
Although many people think of Medicaid in Oregon as accessing health benefits through the Oregon Health Plan (OHP), Oregon has also taken advantage of flexibility in designing its Medicaid programs to use its Medicaid dollars to fund other programs and services. In fact, many people are surprised to learn that most I/DD services are funded by Medicaid. In order to receive most I/DD services, the child must first be determined to be eligible for Medicaid. The ONE eligibility system will look at all the different ways that a child with I/DD might be eligible for Medicaid-funded services, even when the family’s income is above income limits.

Who does this impact?
Children and families who currently receive Medicaid will be moved to the new ONE system when it is time to renew their Medicaid eligibility. Families applying for Medicaid for the first time will do so through ONE.

What are the advantages to the new ONE Medicaid application process?
ONE is designed to streamline the Medicaid eligibility process and make it more efficient for individuals and families to access Medicaid-funded services. ONE will be used to determine the family or child’s eligibility for Medicaid and will consider all the different ways a child with I/DD might qualify for Medicaid. ONE may also identify eligibility for other state services, such as food and cash assistance programs through Aging and
People with Disabilities (APD), Self Sufficiency Programs and Employment services.

**FREQUENTLY ASKED QUESTIONS (FAQ):**

**What is the difference between Medicaid and developmental disabilities services?**
*Medicaid* provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities.

Oregon *DD Services*, known as K Plan/Community First Choice, gives Oregon the right to use federal funds to increase community services for people experiencing intellectual and developmental disabilities who meet the eligibility requirements. These developmental disabilities services might include: service coordination to help you understand I/DD services, more chances for your child to be an active community member, respite providers, additional caregivers to help with daily care needs, training for the family to understand how to best support your child, help to change the home to more easily care for your child there.

**What if my child has not yet been determined eligible for DD services?**
You may apply for Medicaid anytime, however, it is helpful to have your child’s DD eligibility determined first. Refer to the Tips for Parents, section A1, for instructions.

**How do you apply for Medicaid?**
Oregon’s new OregONEligibility (ONE) program allows you to apply for Medicaid on-line, by phone, in person, or by filling out a paper application. It is important to fill out the Medicaid application correctly so that all the ways your child might be eligible are considered. Refer to the Tips for Parents, section A2, for instructions.

**Our combined household income is over the limit for Medicaid eligibility. Can my child with a disability still receive Medicaid benefits?**
Yes. Some children do not receive Medicaid based on their family’s income but may qualify based on their disability. This is called presumptive Medicaid disability determination. If your child does not qualify based on
family income, and you have indicated in the application that your child has a disability, the ONE system automatically refers your child to the Presumptive Medicaid Disability Determination Team (PMDDT) to determine eligibility.

**What if my child is not eligible based on family income?**
You will get a call from an ODHS Eligibility Worker to complete an intake for other Medicaid Programs and determine your next steps. This may include a referral to PMDDT (described above) to see if your child qualifies for Medicaid based on disability. If you do not connect by phone, you will receive notification by mail. Be sure to respond to this request for more information. Without this follow-up interview, your application will be denied, and you will have to start over.

**What if I believe my child will not be eligible for Medicaid based on our family’s income? Do I still fill in the information for every person in my household on the application?**
Yes. All Medicaid applications must be filled out entirely to be processed and approved.

**Who can help me fill out my Medicaid application?**
Your county I/DD program, called Community Developmental Disability Program (CDDP), will assist you with applying for Medicaid. Depending on the local program, they may refer you to a community partner or a local Oregon Department of Human Services (ODHS) office who will help you with the application. In some areas, the CDDP staff may be able to help you directly.
If you are having problems with the ONE application, please call *ONE Customer Service Center at: 1-800-699-9075 from 7 a.m. to 6 p.m., Monday through Friday. *Please be aware that because ONE is a new program, hold times may be very long. Following the verbal prompts carefully will help you get to the right person in a shorter amount of time. See Tips for Parents, Section A1.

**What happens once my child is determined eligible for Medicaid?**
Once your child is determined eligible for Medicaid, you will work with your services coordinator to learn about services available to your child. This is called choice advising. You will be able to choose the services that best meet your child’s needs. In addition to DD services, you should be advised
of other Medicaid-funded programs that you might be able to access for your child.

**What happens if my child is determined NOT eligible for Medicaid?**

There are some limited resources available to children who do not qualify for Medicaid. Schedule a meeting with your services coordinator to discuss your options and plan your next steps.

**If my child becomes eligible through PMDDT are there on-going requirements?**

When a child becomes eligible through PMDDT you are required to have monthly services (usually CM service each month) in order to maintain waiver eligibility for Medicaid.

**Will additional information be needed if my child is referred to PMDDT?**

If your child is referred for a determination through PMDDT, you will be notified, as well as your Service Coordinator, in order to collect any additional information needed for the determination. In many cases the CDDP will be able to provide the needed documents (with your permission). A list of the kinds of documents that may be needed is listed in the *Tips for Parents, Section A4*.

**What if my child already receives Medicaid? Do I need to reapply?**

**NO. You do not need to reapply for Medicaid.** Medicaid recipients are already required to periodically complete a renewal for Medicaid. This process is called Renewal in ONE. Your Medicaid renewal will be updated in ONE at that time.

**What if my child already receives Supplemental Security Income (SSI)?**

If your child has SSI, but has not been determined eligible for Medicaid, apply for Medicaid through the ONE system. When you indicate in the application that your child is receiving SSI, the ONE system will confirm that your child is eligible for the appropriate category of Medicaid. Refer to the *Tips for Parents, section A2, for instructions on how to apply for Medicaid.*

**Tips for Parents when Applying for Medicaid through the New OregONEligibility**

Updated: April 18, 2021
Be prepared. Before you apply for Medicaid, it is helpful to gather this personal information about every person in your household:

The ONE Medicaid application asks you to give some personal information to make sure you meet the requirements for the program. The Medicaid application will ask for:

- Information about vehicles you own, homes you own and other resources like checking account(s), savings account(s), stocks, bonds, money in a safe deposit box, sales contracts, estate funds, retirement funds, time certificate of deposit, personal/incidental funds, securities, trust and annuity accounts and trust funds. This may or may not apply to you

- Birth date(s) for members of household

- Information about health coverage available at work. Policy numbers and plan names (s) for any current health insurance

- Social security numbers(s), when available or if you have one

- Immigration document(s), when available or if you have them

- Email address(es), if you have them

- Employer and income information

- Any deductions including self-employment deductions

- Award letters if receiving any sort of social security income and if you have them available

- How you plan to file taxes e.g. single, married-jointly, married-separately, qualifying widow(er), or head of household

- A list of your tax dependents

- A list of educator expenses, student loan interest paid, and tax-deductible IRA contributions.
A1. To apply for DD eligibility, please go to this link to find an application for DD services: https://www.oregon.gov/dhs/seniors-disabilities/DD/Pages/index.aspx or contact the Community Developmental Disabilities Program (CDDP) in your area for an application. Go to https://www.oregon.gov/DHS/Pages/ddcounty/county_programs.aspx for a list. Fill out the application and email, mail, or drop it off at your local CDDP. This process can take time. We encourage you to get started as soon as possible.

A2. Oregonians may apply for Medicaid several ways:
• **Online**: Use the ONE Applicant Portal at https://one.oregon.gov/; the online help guide is here: Oregon Health Plan Quick Start Guide
• **Paper application**: Complete the Form 7210 + Appendix A
• **In person**: Visit any ODHS office; find office locations here. Work with an OHA Community Partner OHP Application Assister; find Assister’s here: https://healthcare.oregon.gov/Pages/find-help.aspx
• **By phone**: Call the ONE Customer Service Center at: 1-800-699-9075 from 7am to 6pm, Monday through Friday.

**Before you call:**
Please be aware that because ONE is a new program, hold times may be long. Following the verbal prompts carefully will help you get to the right person in a shorter amount of time. When you call the ONE Customer Service Center, you will hear a greeting message asking you to choose your preferred language: English, Spanish, Russian, Vietnamese and a prompt for “other languages” is offered Next, you will select the reason you are calling:

**What are the Options on the New Phone Tree?**
• To replace your Electronic Benefits (EBT) card for food or cash benefits, Press 1 – *(Goes to the EBT Team)*
• For technical help with your Oregon ONE online account, Press 2 – *(Goes to the AP Tech Team)*
• To schedule an appointment, including rescheduling a missed appointment, Press 3 – *(Goes to the Scheduling Line for HSS1s)*
• For questions about your current medical benefits or general questions about food, cash or childcare benefits, Press 4 – *(Goes to Eligibility Workers or Client Services Unit based on the sub menu selection)*
• To tell us about changes including contact information, income changes or if someone moved in or out of your household, Press 5 – (Goes to Eligibility Workers)
• To apply for benefits or renew your benefits, Press 6 – (Goes to HSS1s)

<table>
<thead>
<tr>
<th>Oregonians may apply for Medicaid several ways:</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Computer Icon]</td>
</tr>
</tbody>
</table>
| **Online:** Use the ONE Applicant Portal at: [https://one.oregon.gov/](https://one.oregon.gov/); the online help guide: [Oregon Health Plan Quick Start Guide](https://one.oregon.gov/)
| **In Person:** Visit any ODHS office; find office locations online. Work with an OHA Community Partner OHP Application Assister; [find Assisters](https://one.oregon.gov/): |
| **By Phone:** Call the ONE Customer Service Center at: **1-800-699-9075** from 7am to 6pm, Monday through Friday. |
| **Paper Application:** Complete the Form 7210 + Appendix A |

A3. What you need to know about disability related questions on the Medicaid application(s):
Each Medicaid application listed above looks a little different and asks questions a little differently. We want you to be aware of some important questions that you may come across and understand what you are being asked about your child’s disability:

**Disability Question:** Is a member of your household blind or permanently disabled? A YES answer to this question will prompt you to answer disability related questions to a specific person in your household.

**Long-Term Care Services Question:** Does anyone in your household need long-term care services? If your child requires support of some kind due to their disability, the answer is YES. It does NOT mean you are asking for long-term care in a placement outside of the home such as a group home.
**Activities of Daily Living (ADL) Question**: Does anyone need help with things like walking, using the bathroom, bathing or dressing? This question is asking about more than the physical ability of completing these tasks. For example, if your child requires a visual schedule, verbal prompting or behavior supports, the answer is **YES**. Or, for example, if your child is physically able to dress themselves but may not know to wear a coat outside when it’s snowing, the answer is **YES**.

Below are some examples of these questions in different formats:

**Online:**

![Image of online application form]

- Is any member of your household blind or permanently disabled?
  - Yes  No

- Tell us who is blind:
  - Inta Elug (29)  Dee Elug (0)  Grade Elug (0)
  - No One

- Tell us who is permanently disabled:
  - Inta Elug (29)  Dee Elug (0)  Grade Elug (0)
  - No One
Paper application:

**STEP 4** More questions for your household, continued **= Required**

**11. Is anyone blind or permanently disabled?**

- **First/last name:**
- **Birthday:**
- This person is:
  - [ ] Blind
  - [ ] Permanently disabled
  - [ ] Both blind and permanently disabled

**12. Does anyone need help with things like walking, using the bathroom, bathing or dressing?**

- **First/last name:**
- **Birthday:**

**13. Was anyone in foster care in Oregon when they turned 18?**

- **First/last name:**
- **Birthday:**

**14. Tell us which coordinated care organization (CCO) you prefer for each person.**

- **First/last name:**
- **Birthday:**
- **Coordinated care organization:**

*You are not required to choose now. However, if you do not choose now, we will select a CCO based on where you*
A4. If you have a meeting with PMDDT, it will be helpful to have this information ready:
The criteria that PMDDT looks at is different than DD eligibility. They look at the diagnosis and the extent to which the child is meeting developmental milestones. PMDDT requires two years of medical, mental health, and educational records to make a medical determination as to whether the child meets the Social Security Administration (SSA) disability criteria for eligibility.

✓ List of qualifying diagnoses

✓ All records from the DD file that were used in the DD eligibility determination.

✓ The most recent IEP and any testing/exams by the school or ESD.

✓ It’s important to use the correct ODHS Release of Information (ROI) DHS form MSC 3010 to share information with every provider that the child has seen in the last 2 years (with the exception of dental). You will need one for SSA, and one for the current or most recent school. ROI for SSA is required even if the child is not receiving any SSI benefits.

Finally, please remember, at any time during this process, you may be contacted by an ODHS eligibility worker requesting additional information. More than one attempt will be made to contact you by phone and by mail. ODHS has specific rules about completing your application in a timely way. If you do not respond to requests for more information in the time allowed, they are required to deny your application. That means you will have to start this process from the beginning.