



FREQUENTLY ASKED QUESTIONS REGARDING ACCESS TO K PLAN FOR CHILDREN¹ VERSION 1

Question: If a child is already receiving Oregon Health Plan (OHP) Plus benefits, do they still need to go through the Presumptive Medicaid Disability Determination Team (PMDDT) process?

Answer: A child may be enrolled in the K Plan without going through the PMDDT process if the child meets institutional level of care. In this case, the child would be enrolled in K Plan only. For children, this means that they will not be eligible for any waiver services such as Waiver Case Management or Family Training.

The decision to enroll in the waiver is to be discussed as part of choice advising. Factors to consider include the expectation for monthly waiver services and the access to employment related services as the child approaches transition aged services.

If the child and family opt to pursue waiver services, then the PMDDT process would need to be completed. The child can access K Plan services while going through the PMDDT process if they meet the eligibility criteria.

Q: If a child is enrolled in K Plan services, but is not enrolled on the comprehensive waiver, do monthly case management services need to be provided?

A: The frequency of Case Management services should be based on OAR and State Plan requirements as well as risk factors.

Q: For a child who is not eligible to receive OHP benefits through other means, can they still get K Plan services?

A: No, Medicaid eligibility is a requirement for K Plan services.

Q: When a child is considered for presumptive Medicaid disability, he/ she must meet financial eligibility. Are there circumstances where the child's resources are such that they are found not financially eligible?

A: Yes. Sometimes the child has income, assets or resources which results in a finding of ineligible. While this is rare, the most common assets that cause this are child support (which counts as the child's income), survivor's benefits through social security, and unprotected trusts. Should this situation arise, the CDDP can seek technical assistance from ODDS.

Q: How long does it take to complete the PMDDT process?

¹ This FAQ addresses questions regarding CDDPs assisting children with intellectual or developmental disabilities to access services through K Plan and/ or the Comprehensive Services Waiver.

A: This depends greatly, depending on the child's circumstances. Factors that may contribute to delaying the process include the submission of incomplete documentation, the need to request further medical records to substantiate the disability, and the need for clarification of a child's resources. The length of time required to complete the process may vary from a couple weeks to several months.

Q: When will medical benefits be available once a child has completed the PMDDT process?

A: The medical case cannot be opened until the child has completed the PMDDT process and is then enrolled in the waiver. Upon notification from the CMEU that the child has completed the PMDDT process, the CDDP shall submit enrollment documentation (LOC and 0337) to the Provider Technical Assistance Unit (PTAU). PTAU will coordinate with the CMEU to open the medical case.

Q: What services, if any, can be provided to a child and family while the PMDDT determination is in process?

A: The full array of services that have been available for children prior to implementation of the K Plan are still available during the determination process, depending on specific program requirements. This includes case management, family support, in-home support (General Fund) and PC 20 (if currently Medicaid eligible).

Q: Can a child be on OSIPM through the PMDDT process and receive Waiver Case Management services solely in order to stay open on the medical card?

A: Federal regulations prohibit individuals enrolling in a waiver for the sole purpose of obtaining a medical card. The process of not deeming parental income in order to receive OSIPM benefits is based on the assumption that the child would otherwise be provided services necessary to keep them out of an institution or ICF/ID. It is assumed that a child receiving OHP benefits in this manner requires the supports provided through waiver and K Plan services in order to be served in the home.

If a child meets level of care and the family has requested no services, the service coordinator must identify in the ISP the needs of the child and how those needs are being met, i.e. natural supports, community supports, etc...

Q: Can a child receive General Fund DD151 (In Home Supports for Children) services at the same time as receiving K Plan services?

A: No, a child cannot receive both GF and Medicaid funded supports through DD151 or DD 150 at the same time.

Q: If a child is receiving Medicaid benefits, can they still receive General Fund DD151 In Home Supports for Children?

A: No.

Q: Can a child receive State Plan Personal Care (formerly “PC20”) services and K Plan services at the same time?

A: State Plan Personal Care services are used to meet the needs of those individuals that are Medicaid eligible and have a need for personal care services but do not meet institutional Level of Care. The K Plan is available to provide enhanced services to those individuals that are Medicaid eligible and meet institutional Level of Care. However, an individual may choose to receive services through any available State plan option for which they are eligible. Medicaid services must not be duplicated.

Q: If a child is in a relative placement funded by Child Welfare, is he/ she eligible for K Plan services?

A: If the child is K Plan eligible (Medicaid eligible, DD eligible and meets ICF/ID LOC), the child can receive K Plan services. We must assure that there is no duplication of supports funded or provided by CW and ODDS. ODDS is working with Child Welfare to clarify policies regarding this. Further communication will be forthcoming.

Q: If the DD151 rule encompasses mostly K Plan expenditures but also some waiver services, how do we access the waiver services (family training, etc...)? Will there be a separate financial page to keep things separate?

A: The new in-home ISP lists both the K Plan and waiver services, each in separate sections.

Q: What documents need to be submitted to ODDS for the plan to be funded? Does the CDDP need to submit the ISP, the full ISP, or just the funding pages?

A: For the plan to be funded the CDDP must submit all funding pages to the FAC. Other documentation must be filed in the individual’s record and made available to ODDS upon request. The CNA must be submitted to the assigned mailbox for all assessments.