



Office of Developmental Disabilities Services (ODDS) 2022 Medicaid Renewal Guide for Families of Children who Experience Intellectual or Developmental Disabilities (IDD)

This guide explains the renewal process and how it works now that you are established in the OregONEligibility (ONE) system. Most of the services a child receives through the Intellectual and Developmental Disabilities (IDD) service system require that the child be found eligible for both IDD services and Medicaid. Medicaid eligibility must be renewed every year. That process is called a *renewal* or “*redetermination*” of benefits. In 2020, Oregon began using the OregONEligibility (ONE) system for all Medicaid eligibility and renewals.

Frequently Asked Questions

Why is this important?

If you or a member of your household is asked to renew or redetermine Medicaid eligibility, be sure to check the notice to see who is due for renewal. If a child's name is listed, it means that the child is currently receiving Medicaid benefits and that it is time to check that they are still eligible. If you do not complete the renewal process, the child will not only lose Medicaid eligibility, they will also lose access to services through the IDD system. It is very important that you respond if you are contacted by mail or by phone about renewing Medicaid eligibility.

What is the advantage of renewal in the OregONEligibility (ONE) Medicaid renewal system?

Now that Medicaid benefits are in ONE, it should make things like the renewal process easier for everyone. All of your information in ONE can be used for review to determine ongoing eligibility.

How will I be contacted when renewal is required?

When renewal of Medicaid eligibility is required, a letter will be mailed approximately 60 days before the renewal is due. The first page of that letter will look like this:

English MED-044



P.O. Box 14015
Salem, OR 97309
Voice : 1-800-699-9075
Fax : 503-378-5628
TTY : 711
<https://benefits.oregon.gov>

Case #, Name



EN 6/02/2022

Name
Address

Please reply by:

6/02/2022

Important: Renew medical for your case

5/31/2022

Name

It is time to renew medical benefits. We have to review your information to make sure you still qualify. If you do not renew, benefits will end. See the "How to renew" section of this letter for instructions.

Please respond by 6/02/2022. If you do not respond by the due date, medical benefits will end. You will get a notice if benefits end for you or anyone on your case.

You must complete all actions in the letter, which includes reviewing information about your Medicaid eligibility, providing any requested verification, and participating in an interview with a worker from the Oregon Department of Human Services (ODHS). You are responsible for setting up the interview; please refer to your letter, which will look like this:

Important

This is your case ID: Case #
Please write this number on anything you send us.
Without your case number there may be delays.

Completing a renewal for the people listed below also requires an interview. You can interview over the phone or in person. To set up an interview, call 1-800-699-9075 or 711 (TTY):

You must complete the entire renewal process or request an extension by the due date ("please reply by" date) identified in the letter. If you do not reply by the due date, you will receive a second letter by mail called a *closure notice* letting you know that the child's benefits are ending at the

end of that month. If you receive a closure notice, you may still have a chance to complete the renewal application and restore Medicaid benefits by the end of that month. If you do not respond to either letter, the Medicaid benefits will close and you will have to reapply. Remember that Medicaid coverage is tied to I/DD services. So, if someone loses Medicaid, they will also lose I/DD services. **Please do not let the Medicaid renewal expire!**

How do I renew my Medicaid application?

Oregonians may renew their Medicaid several ways:

- **Online:** You can upload copies of your documents electronically. Go to <https://benefits.oregon.gov> to login or create your online account.
- **In person:** Visit local [ODHS Adults and People with Disabilities \(APD\) offices](#) and [Self Sufficiency \(SS\) offices](#). You can find the address on your renewal letter or by going to <https://benefits.oregon.gov> and clicking “Get Help”.
- **By phone:** Call the ONE Customer Service Center at: 1-800-699-9075 from 7am to 6pm, Monday through Friday.

If you need help or have questions about the ONE renewal packet, reach out to the resources listed on your letter for assistance.

Will the child need additional eligibility reviews, other than Medicaid?

Some children are eligible for Medicaid based on their disability and having gone through the Presumptive Medical Disability Determination Team (PMDDT) process. For those children, a review of their disability status, in addition to the Medicaid renewal, is required from time to time. The time frame for the PMDDT review depends on the child’s age and diagnosed disability. However, the timeline for these reviews often matches the Medicaid eligibility review date. As a result, you may be asked to renew Medicaid and PMDDT around the same time. The review by the PMDDT is called **Continuing Disability Review (CDR)**.

All children that are PMDDT approved will be assigned a disability review date. Dates are assigned based on the child’s age and diagnosed disability. The purpose of this review is to determine if the child is still eligible for Medicaid based on having a disability. For example, as some children get older, they may begin to meet the same developmental milestones as their peers. In some of those cases, the child may no longer meet the Social Security Administration (SSA) definition of disability. For more information on what to expect from the CDR process, see *Tips, Section A2* .

Tips when Renewing Medicaid through the OregONEligibility System

A1. Before you call the ONE Customer Service Center:

ONE Customer Service Center is open from 7am to 6pm. Please be aware that 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 get a greeting message asking you to choose a language. Next, you will select the reason you are calling.

A2. This is what you can expect when it's time to review your PMDDT eligibility:

PMDDT will contact you at the time of the review for current information from the child's medical providers and from the school the child attends. PMDDT will consider whether there has been medical improvement since the original decision, and whether the child still meets the disability criteria under its rules.

PMDDT will 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.

Most of the time, the child's services coordinator can help you gather these documents:

- ✓ List of qualifying diagnoses
- ✓ All records from the IDD 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) ODHS 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 the Social Services Administration (SSA), and one for the current or most recent school. ROI for SSA is required even

if the child is not receiving any Supplemental Security Income (SSI) benefits.

Any documentation that you can provide is helpful, including any recent evaluations and a current Individual Education Plan (IEP). PMDDT will need parent or legal guardian signatures on releases for the current school, one for SSA and one for each service provider the child has seen in the last 2 years. The parent should sign, date and initial the 4 protected lines on the release. If all 4 lines are not initialed, many of the providers will not provide the records which will delay a PMDDT decision. The providers will not accept electronic signatures so it must be a “wet signature.” If the child is 14 years of age or older, they may be asked to sign a release of information (ODHS Form 3010).

If the child has been found medically eligible for Supplemental Security Income (SSI), a review may not be needed. Please let the PMDDT staff know if there has been a disability determination by the Social Security Administration (SSA).

All cases will be reviewed once the child turns 18 to see if they meet the adult criteria for disability. PMDDT will generally need the young adult’s signature on the releases in order to obtain records.

If there is not enough documentation to make a medical decision, PMDDT may need to schedule an evaluation for the child.