OPI-M – When to Make a PMDDT or MED Referral

Updated: Aug. 6, 2026

Purpose

When completing an Oregon Project Independence–Medicaid (OPI-M) financial and service eligibility determination, follow these steps to determine whether a Presumptive Medicaid Disability Determination Team (PMDDT) or Mental or Emotional Disorder (MED) referral is required.

Flow

1. Begin the OPI-M financial and service eligibility determination process.
2. Determine whether the individual is age 60 or older.
    a. If the individual is 60 or older:
        i. Complete the financial and service eligibility determination.
        ii. No PMDDT or MED referral is required.
    b. If the individual is under age 60:
        i. Continue to Step 3.
3. Determine whether the individual has a disability determination from the Social Security Administration (SSA) or PMDDT.
    a. If no disability determination exists:
        i. Refer the individual to PMDDT (see PMDDT guide).
    b. If the individual has an SSA or PMDDT disability determination:
        i. Continue to Step 4.
4. Determine whether the individual has a diagnosis of a mental, emotional, and/or substance use disorder.
    a. If yes:
        i. Refer the individual to MED (see the MED website).

b. If no:

    i. Complete the financial and service eligibility determination.

MED referral note

Individuals applying for OPI-M are referred to MED after their financial eligibility has been determined and they have been assessed with a Service Priority Level (SPL) of 1–18. Eligibility Case Managers (ECMs) should follow the same MED referral process used for Long-Term Services and Supports (LTSS) cases. The MED referral form includes a checkbox indicating that the referral is for an OPI-M case.

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