



OregONEligibility ODDS FAQs for Case Management Entities

Send questions to: ODDS.ONEquestions@dhsosha.state.or.us

Frequently Asked Questions (FAQ's) for ONE

New Questions 03/01/22

Q: There are a few individuals on my caseload that have been charged a liability, but there haven't been any changes that would result in a liability being assessed. Who do I contact when I have a question or concern about liabilities being inaccurately assessed?

A: If there are concerns about liabilities being assessed due to inaccurate information, the first point of contact should be the local APD office. If the local APD office is unable to assist, please email your concern to

APD.Medicaidpolicy@dhsosha.state.or.us

and copy both Heather Piercy, Medicaid Policy Analyst, at

HEATHER.C.PIERCY@dhsosha.state.or.us and

dd-eligibility.enrollment@dhsosha.state.or.us for research and response.

New Questions 04/18/21

Questions: For PMDDT determination when is notification through TAU provided to the CDDP?

- TAU notifies CDDP once the DDEE and ONA have been submitted, PMDDT determination is completed and Medicaid case is established.
- If there is a question regarding PMDDT status, please reach out to APD- CCU: APD.CentralCoordinationUnit@dhsosha.state.or.us or 503-945-5659

Sub-question: What about adults? We have several that end up pending.

- Contact local APD office

Question: How do we know to enter LOC/ONA if we don't know if the person is going through the process?

- Service-related questions generate a task to CCU. CCU takes several actions:
 - Review if an individual is under 18 years old
 - Have services in place?
 - Yes, okay to continue
 - No, was PMDDT generated – send email to CDDP (using DD-Directory) requesting services (includes section about what documents will need to be submitted to PMDDT)
 - Was there a recent determination – CCU emails CDDP and includes screenshot of determination

Question: With the ONE system will there be any changes around timing for the PMDDT process? The PMDDT process can take a long time.

- There are no changes for timing, PMDDT can be approved in as little as 5-days if PMDDT has access to all the records needed. The process is slowed down when releases are not fully completed.

Sub-question: If assisting a family with applying for Medicaid, who is over income limits and it is likely they will go through PMDDT process, should I start getting releases in place at that time?

- Yes, it is a good idea to start to get PMDDT releases in place
- Financial eligibility for CHIP is much higher 305% of Federal Poverty Limit

Question: When does the 90-day timeline for PMDDT determination begin?

- The 90-day timeline is a framework for determination once a Medicaid application has been submitted/signed. However, several things can impact the 90-day period including administrative exam and signed release forms.

Question: Does MAGI need to have a service code entered within 45 days?

- Does not apply to MAGI. When waiting for PMDDT determination the case will close if there is no service coding entered after 45 days.

*Note – Regroup with CCU on this piece to further clarify

Question: If more questions, who is the best contact to reach out to?

- This depends on the type of question:
 - For PMDDT questions: PMDDT.referrals@dhsosha.state.or.us
 - For an application status update, contact CCU: APD.CentralCoordinationUnit@dhsosha.state.or.us
 - For a service coding related question, contact TAU: DD-Eligibility.ENROLLMENT@dhsosha.state.or.us
 - There is also an email for general ONE related questions: ODDS.ONEquestions@dhsosha.state.or.us

Question: If a child is eligible under PMDDT and then obtains SSI, how is that reported or changed in the system?

- Notify local APD, send email to CCU, or call ONE customer service to report change

Question: If a client who was PMDDT before completes the redetermination and they now qualify under CHIP, is CDDP notified?

- There is no notification sent to CDDPs, the client will receive a notice in the mail or by phone (depending on how they applied)
- If the CDDP is in application assistor role, a notice will be not be sent, but can go in and check determination status in the applicant portal

Question: is there a visual workflow type of document that could be available to us as a reference?

- Yes, please refer to the PMDDT process maps included with the CDDP guides: <https://www.oregon.gov/dhs/SENIORS-DISABILITIES/DD/PROVIDERS-PARTNERS/WorkerGuides/ONE-PMDDT-Process-Map.pdf>

New Questions 04/08/21

Q: What are the 3 questions that parents most often find confusing on the application form?

A: Each version of the Medicaid application looks a little different and asks questions a little differently. We want parents to be aware of some important questions that they may come across and understand what they are being asked about your child's disability:

1. **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.
2. **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.
3. **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.

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

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

Q: Do you complete the ONA first, then submit the DDEE (0337) in eXPRS? Does it matter what order these steps get completed? In the past we would get notified of PMDDT approval, schedule the ONA so that this assessment can be used to inform ISP development, and then complete the DDEE (0337) once we know the tentative enrollment date into 151. The order of steps and timelines for completing them are not clear.

A: The ONA needs to be completed in order to generate the level of care which is now required to establish Medicaid eligibility. The ONA must be completed prior to submitting DDEE (0337).

Q: Does every child found not eligible get referred to an ODHS eligibility worker, even if the boxes are checked requesting long-term care services and indicating the child experiences disability?

A: The review by the eligibility worker is built into the new ONE system.

Q: Will the CDDP be notified of PMDDT approval and completion of the DDEE (0337)? Will the CDDP also be informed directly by PMDDT when PMDDT is approved?

A: The CDDP's will be notified of the PMDDT approval by the Technical Assistance Unit (TAU).

Q: Why does the family have to go through the ONA process before we are notified that the client is eligible for PMDDT?

A: For the child to be determined eligible for Medicaid through this process, the level of care needs to be completed. This is done through the ONA.

Q: Will the CDDP's be notified directly if a client is not eligible for OHP?

A: Yes. The Technical Assistance Unit (TAU) will send notification.

Q: Why are (CDDP) issuing the NOPA if we did not make the PMDDT decision? Is the family receiving a NOPA from the PMDDT team too?

A: Yes. Both notices are required. One is for not qualifying for Medicaid and the other comes from The CDDP saying not eligible for certain DD services because of lack of Medicaid.

Q: How will the CDDP know if the “boxes” have been marked correctly to trigger PMDDT application process? Does someone contact the family if it’s questionable?

A: The only way for CDDP to know is if they are serving in the assister role. Otherwise, there is not a way to know other than the family being denied Medicaid. This is the reason why it is so important to emphasize to families the need to complete the form accurately.

Q: What is SELG?

A: The SELG is the service code.

Q: What are the steps to complete and submit the DDEE (0337) once the CDDP’s receive the client's Individualized Service Plan (ISP) in the ONE system?

A: The steps are as follows:

1. Refer for Medicaid.
2. If referred to PMDDT, complete the ONA.
3. Submit the DDEE with the “pend for PMDDT” language.
4. Once Medicaid is established, complete planning including development of the ISP.

New Questions 12/06/20

ONE portal questions:

Question: Can you clarify what are the questions in the new application that lead to further referrals?

Answer: There are two questions in the application that are particularly

relevant for intellectual and developmental disabilities (I/DD) services.

- 1) “Does the individual want to request Medicaid Long Term Care services?”
 - a. A “Yes” answer will generate a few follow up questions, and send a referral for service eligibility screening for adults to APD
 - b. This may result in a referral either to the local APD office or to ODDS (for children and youth) to reach out to the individual or family to see if the individual may be eligible and interested in LTC services

Individual Information	
Name [REDACTED]	Individual # [REDACTED]
Do any of these apply?	
Was the individual receiving foster care in Oregon when he/she turned 18?	
Does individual applying for health coverage on this application need help with activities of daily living (like bathing, dressing etc.) or live in a medical facility or nursing home? *	No
Does the individual want to request Medicaid Long Term Care services ? (NOTE - This will send a referral for service eligibility screening)	
Does the individual meet level of care requirements?	No
Is the individual currently receiving SSI Benefits? *	No
Does the individual have 1619(b) status? *	No

- 2) “Is anyone Blind/Disabled?” (NOTE – A “Yes” answer will generate a ONE action for Presumptive Medicaid Disability Determination Team (PMDDT) when
- a. MAGI is denied
 - b. CHIP is denied for children

There are some circumstances where that both the Long-Term Care Services or disability question must be marked yes, or only one or the other question must be marked for a ONE auto-referral to PMDDT (when the person does not qualify for any other Medicaid package). ODDS and APD are working with ONE program staff to obtain clear direction on these scenarios. For the interim, ensuring both questions are marked yes may be the best way to assure a PMDDT referral occurs if the person is not eligible for other Medicaid packages.

PMDDT will reach out to the individual or family regarding documentation of disability.

Community Partnership Questions

Training

New Questions 11/13/2020

Question: How do we access training for the OHP Application Assister or OHP Ambassador roles in the future?

Answer: The OHA Community Partnership unit offers ongoing general trainings for anyone wishing to become an OHP Assister and/or Healthcare Marketplace Navigator via regular webinars. More information on OHA training is available here: <https://healthcare.oregon.gov/marketplace/Pages/community-partner-trainings.aspx>

Question: Who is a “primary contact person” for an office wanting to be a community partner?

Answer: The primary contact person can be anyone in your office. It is the person who can send in the background check and ONE account creation form to OHA at: cp.business@dhsosha.state.or.us

New Questions 10/21/2020

Question: Will this training address helping a DD client apply for OSIPM under the 300% Rule, or would we work with a Regional Coordinator when we encounter those situations? That is one area where we always get stuck.

Answer: This should be covered in the OHP Application Assister training: If a person is identified as ineligible for all other Medicaid medical programs in the ONE application (MAGI, CHIP, etc.) AND the long-term care services question AND the Disability questions are answered “Yes” with corresponding details the ONE system will auto-generate a PMDDT action (referral). As an OHP Application Assister you can help applicants ensure these important questions are answered correctly. You will need to track the decision for other Medicaid, then email the records and releases directly to PMDDT if ONE denies Medicaid, or to the new APD Central Coordination Unit. See APD-PT 20-106 and 108 for more details.

Question: Will the training help us understand Medicaid eligibility, like who should be in a household or countable income and resources?

Answer: With the OregONEligibility (ONE) portal and the OHA Community Partner role – you are not determining eligibility. You don't need to remember the details about differences between income or resources, or specific program criteria such as: 1) OSIPM, 2) Qualified Medicare Beneficiary, 3) MAGI, 4) CHIP, 5) CAWEM (CWM - emergency medical for non-citizens). The ONE system questions will screen for the correct program for your applicant! You DO need to remember to help an applicant select “Yes” to the Long-Term Care Services and Disability questions to trigger a PMDDT action if they are not found eligible for other Medicaid in ONE.

Roles

New Questions 10/21/2020

Question: If we choose to not become an OHA Community Partner at this time, but refer people eligible for DD services to apply for Medicaid as an OHP Ambassador (warm referrals) can we choose another role in the future?

Answer: Yes, as a reminder – policy and rule require CMEs to assist individuals in obtaining Medicaid to access paid services. This can be accomplished with ‘warm’ referrals as an OHP Ambassador. If a CME wishes to pursue another role in the future, they must complete the voluntary agreement and have staff complete the required training by OHA.

Question: Will we be able to see information on clients who have already applied on the ONE portal independently?

Answer: If an OHA CP Assister is not associated with an active/pending ONE case, and a person applies on their own - you can be added to the case by emailing the ODHS APD Central Coordination Unit. You will need to have the consent form completed and email it with your request to:

APD.CentralCoordinationUnit@dhsosha.state.or.us

Question: If a CME chooses to become a community partner, is the CME obligated to serve anyone, or can the CME provide this service to only clients enrolled with that case management entity?

Answer: CME’s who choose to become a Community Partner OHP Application Assister may choose to restrict the service to only individuals enrolled in their CME. An Assister may help complete the application using their own login for ONE or assist with a paper application.

Question: Can a family still apply on their own and the CME assist when there are problems?

Answer: If a family applies on their own, the CME should submit the authorization form to CCU by email

APD.CentralCoordinationUnit@dhsosha.state.or.us and relay that a Medicaid application has occurred for a person needing paid DD services in order to be attached to the case in the ONE portal.

Question: What is the difference between roles, “light” vs. “full” or certified, and can a CME have more than one role?

Answer: This is explained in [APD-PT 20-106](#),

- 1) The OHP Ambassador (“Light”) is a Community Partner that makes “warm” referrals to a certified assister after completing a 1-hour training

- 2) The OHP Application Assister (“Full”) role as an OHA Certified Community Partner helps people apply for Medicaid only, after completing a 6-hour training
- 3) The Assister + Healthcare Marketplace Navigator (also “Full”) role is also an OHA Certified Community Partner that can assist with Medicaid *and* private insurance if a person isn’t eligible for Medicaid or PMDDT
- 4) Yes a CME may have staff with different roles

Question: If a CME chooses to voluntarily apply to become a Community Partner, how much time is there to operationalize the process before the existing process and forms must end?

Answer: The target date for integrating ONE processes for individuals in I/DD services is January 1, 2021. ONE training and implementation of roles by CME’s must occur between now and January 1 (see APD-PT 20- 106).

Question: If a CME chooses to voluntarily apply to become a Community Partner, is there compensation associated with the voluntary agreement? If not, is this something that will be captured in a future workload model?

Answer: There are no funds attached to the Community Partner role or voluntary agreement. Because this is a voluntary OHA contract agreement, it will not be captured in a future workload model. This is outside of the ODDS requirements.

Question: If a CME does a warm hand off, meaning the CME makes referrals to other Community Partners, how will the CME know if/when paperwork is needed for PMDDT?

Answer: ODDS and CCU are exploring processes by which the CME may inform the central office via email that a child is being referred to apply for Medicaid, and PMDDT would then know to contact the CME.

Question: Would there be any restrictions on who within the CME can serve in these roles, such as conflict of interest concerns?

Answer: ODDS is not aware of any conflict of interest concerns. However, any such concerns should be addressed in the context of the contract and trainings provided by OHA.

Question: Will a copy of the OHA Community Partner voluntary agreement/contract be available before CME's commit to this work?

Answer: Yes, it is attached to the transmittal announcing this FAQ.

Question: How can we get a copy of the voluntary agreement:

Answer: e-mail CP.Business@dhsosha.state.or.us inbox to request a volunteer agreement.

Question: How do we get certified and obtain a training certificate?

Answer: The CME must attend the OHA CP training, complete and sign, date and submit the voluntary agreement before they become certified.

After training and submission of the voluntary agreement, ONE account access is given, and user ID's provided to staff who will assist people with applications.

Question: If a CME chooses to have multiple roles, how would the CME identify the different role when reporting to ODDS?

Answer: The CME would identify both Ambassador and Assister roles to ODDS; prioritization for complex cases is reasonable. Identifying both roles in the DD Directory and Brokerage Directory will be helpful.

Question: If a CME has internal assister staff, would the CME be required to refer their applications to them, or can the CME still refer out and utilize these staff as their own internal experts (as stated above, only assisting with applications that the CME feels need more support)?

Answer: Yes.

Question: Can Local Assister agencies decline referrals, and if so can the referrals be rotated to several agencies or DHS?

Answer: All CME's who are OHP Assisters may limit assistance to only individuals the CME is working with. If the CME is not taking an Assister or Navigator role, and are acting as an OHP Ambassador role they should connect the person with the OHA/OHP Community Partnership program and ask if OHA will handle distribution. See [APD-PT 20-081](#); a person may apply for Medicaid in several ways, including applying at a local ODHS APD office. If the OHP Assister or Navigator is unable to help the person apply in a timely manner, please review these other options with them. The CME is responsible for ensuring a person applies for and has Medicaid in place if there is a need.

Systems

Question: What needs to happen when a family applies through ONE and the child is determined CHIP eligible in ONE but requested paid services be provided (a previous PMDDT referral)?

Answer: ODDS is working to rework how these other processes will be coordinated in the future state. More information will be forthcoming.

Medicaid services, inter-program collaboration, redeterminations

Question: Will Children's Medicaid Eligibility Unit (CMEU's) continue to mail out redetermination notices for children for PMDDT cases?

Answer: See [APD-IM-20-109](#); the CMEU and Central Coordination Unit (CCU) staff will be making phone calls to complete redeterminations by phone interview for all cases held by CMEU that are still in the Legacy system. If a phone interview is not possible, an application will be mailed with an explanation letter after the first of the year and in the interim Medicaid will continue uninterrupted.

Question: For individuals who are identified as potentially eligible for IDD services during the Medicaid application process, and then referred to their CDDP, what is the expectation of the CDDPs?

Answer: The CDDPs are to treat this as an initial referral and reach out to the individual/ family to see if they are potentially eligible for services. This is the same as responding to any community referral. This process has been occurring for several years already. ODDS is working to rework how these other processes will be coordinated in the future state. More information will be forthcoming.

Question: Will this ONE process have impact on application for SSI?

Answer: The SSI process will remain essentially the same. Currently, when a referral to foster care occurs, the process for SSI is intertwined with multiple processes (CMEU, PMDDT, Foster Care application, etc.). ODDS is working to rework how these other processes will be coordinated in the future state. More information will be forthcoming.