

Secretary of State  
**NOTICE OF PROPOSED RULEMAKING HEARING\***

A Statement of Need and Fiscal Impact accompanies this form.

Department of Human Services - Children, Adults and Families 461  
Agency and Division Administrative Rules Chapter Number

Annette Tesch Human Services Building, 500 Summer St. NE - E48, Salem, OR 97301-1066 (503) 945-6067  
Rules Coordinator Address Telephone

**RULE CAPTION**

Changing OARs affecting public assistance, medical assistance or food stamp clients

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

August 21, 2008 10:00a.m. Rm 251, 500 Summer St. NE, Salem, OR Annette Tesch  
Hearing Date Time Location Hearings Officer

*Auxiliary aids for persons with disabilities are available upon advance request*

**RULEMAKING ACTION**

**ADOPT:** 461-190-0199

**AMEND:** 461-001-0000, 461-001-0035, 461-101-0010, 461-110-0370, 461-115-0030, 461-120-0130, 461-120-0510, 461-130-0310, 461-135-0010, 461-135-0082, 461-135-0400, 461-135-0493, 461-135-0494, 461-135-0506, 461-135-0930, 461-135-0990, 461-135-1235, 461-140-0296, 461-145-0080, 461-145-0130, 461-145-0150, 461-145-0330, 461-145-0380, 461-145-0410, 461-145-0470, 461-145-0490, 461-145-0600, 461-155-0020, 461-155-0150, 461-155-0190, 461-155-0250, 461-155-0360, 461-155-0660, 461-160-0040, 461-160-0200, 461-160-0420, 461-160-0430, 461-160-0610, 461-165-0060, 461-170-0015, 461-170-0020, 461-170-0100, 461-170-0101, 461-170-0150, 461-175-0340, 461-180-0070, 461-190-0211, 461-190-0231

**REPEAL:** 461-115-0015, 461-135-0401, 461-190-0195

**AMEND AND RENUMBER:** 461-145-0265 to 461-145-0145

ORS 409.050, 411.060, 411.070, 411.700, 411.816, 412.006, 412.009, 412.014, 412.049, 414.042, 414.342,  
2003 Or. Laws ch. 212, 2007 Or. Laws ch. 861

Stat. Auth.

7 USC 2014; 42 USC 602(a)(1)(B)(iii); 42 USC 1396p; 7 CFR 273.9; 7 CFR 280.1; 45 CFR 260.31, 45 CFR 260.50; Social Security Administration, Program Operations Manual sections SI 0815.350 and SI 01120.220;  
Oregon Medicaid/State Children's Health Insurance Program (SCHIP) Health Insurance Waiver

Other Authority

ORS 183.417, 411.060, 411.070, 411.105, 411.117, 411.700, 411.816, 411.825, 412.006, 412.009, 412.049,  
412.124, 414.025, 414.042, 414.342, 1999 Or. Laws ch. 859, 2003 Or. Laws ch. 212, 2007 Or. Laws ch. 861

Stats. Implemented

**RULE SUMMARY**

OAR 461-001-0000 about the definition of terms is being amended to restate the definition for the term "basic decision notice" in the Department's public assistance, medical, and Food Stamp programs. This rule is also

being amended to restate the definition for the term "nonstandard living arrangement" in the General Assistance (GA), General Assistance Medical (GAM), Oregon Supplemental Income Program (OSIP), Oregon Supplemental Income Program Medical (OSIPM), and Qualified Medicare Beneficiaries (QMB) programs.

OAR 461-001-0035 about definitions of terms used in the Oregon Supplemental Income Program-Employed Persons with Disabilities (OSIP-EPD) program and Oregon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD) program is being amended to remove the definitions of *cost share* and *premium* and add a definition of *participant fee*. This rule is also being amended to replace old terminology with new terminology, add cross-references to other rules and laws, and follow standard formatting.

OAR 461-101-0010 about program acronyms is being amended to comply with the Food, Conservation, and Energy Act of 2008. Changing this rule introduces the new federal name of the Food Stamp program. This rule is also being amended to remove references to Employment Related Day Care-Student Block Grant (ERDC-SBG) and Student Child Care Program to bring policies up to date as this program is no longer administered by the Department of Human Services. It was moved to Oregon Student Assistance Commission effective December 31, 2007.

OAR 461-110-0370 about filing groups in the Food Stamp program, OAR 461-155-0190 about income and payment standards in the Food Stamp program, and OAR 461-160-0430 about income deductions in the Food Stamp program are being amended to comply with Food, Conservation, and Energy Act of 2008 by implementing the annual increase in the standards for the Food Stamp program.

OAR 461-115-0015 and 461-135-0401 are being repealed and OAR 461-115-0030, 461-120-0130, 461-135-0400, 461-155-0150, 461-160-0040, 461-170-0015, 461-170-0150, and 461-180-0070 are being amended to remove references to Employment Related Day Care-Student Block Grant (ERDC-SBG) and Student Child Care Program to bring policies up to date as this program is no longer administered by the Department of Human Services. This program was moved to Oregon Student Assistance Commission effective December 31, 2007.

OAR 461-120-0510 about the age requirements for clients to receive benefits in the Department's public assistance, medical, and Food Stamp programs is being amended to restate the Department's policy regarding which individuals may be eligible for the Refugee Assistance (REF) program. This rule is being amended to add refugees who are part of an ineligible TANF filing group to the individuals who may be eligible for the REF program, and to clarify that in order to be eligible for the REF program a minor must be legally emancipated.

OAR 461-130-0310 is about the participation categories of exempt mandatory and volunteer in the employment programs of the Department's Food Stamp, Pre-Temporary Assistance for Needy Families (Pre-TANF), Refugee Assistance (REF), and Temporary Assistance for Needy Families (TANF) programs. This rule is being amended to comply with federal regulations by removing the "not attending school full time" requirement from the parental exemption from participation when the parent is caring for a family member who lives at home and has a disability.

OAR 461-135-0010 about assumed eligibility for medical programs is being amended to clarify the Department's policy and make the Department's policy consistent with the Department's practice. This rule is being amended to clarify that clients who receive Oregon Health Plan standard benefits (OHP-OPU) who become pregnant are assumed eligible for Medicaid once they have documented their pregnancy, and that OHP-OPU clients who become pregnant will be converted to OHP-OPP as an assumed eligible Medicaid client.

OAR 461-135-0082 about the eligibility for the Refugee Case Services Program is being amended to replace old terminology with new terminology and eliminate unnecessary wording.

OAR 461-135-0493 and 461-135-0494 are about the eligibility criteria and benefit amount for the Disaster Food Stamp program and how to treat households that are already receiving food stamp benefits. These rules are being amended to incorporate new guidance for the program received from the United States Department of Agriculture, Food and Nutrition Services (FNS). The list of disaster-related expenses in OAR 461-135-0493 is being expanded and the cost of food as an expense is being removed. A cross reference for the replacement of destroyed food purchased with food stamp benefits is being added to OAR 461-135-0494, which is also being amended to clarify the calculation of disaster benefits for households who are already receiving food stamp benefits.

OAR 461-135-0506 about the Transitional Benefits Alternative (TBA) is being amended to state that households that receive state-funded cash assistance from the Temporary Assistance for Needy Families (TANF) program are now eligible to receive TBA benefits when they leave TANF. Without this amendment, TBA eligibility is limited to households that received cash assistance funded by Title IV-A of the Social Security Act.

OAR 461-135-0930 about the medical coverage for the Refugee Assistance Medical (REFM) program is being amended to replace old terminology with new terminology and eliminate unnecessary wording.

OAR 461-135-0990 about reimbursing clients in certain medical programs for the cost of health insurance premiums sponsored by the client's employer is being amended to change the Department's policy for the Refugee Assistance Medical (REFM) program. This rule is being amended so that the Department will not reimburse REFM clients for the cost of employer sponsored health insurance premiums.

OAR 461-135-1235 about hearing rights in the Temporary Assistance for Domestic Violence Survivors (TA-DVS) program is being amended to replace old terminology with new terminology.

OAR 461-140-0296 about the length of disqualification due to an asset transfer in the General Assistance (GA), General Assistance Medical (GAM), Oregon Supplemental Income Program (OSIP), and Oregon Supplemental Income Program Medical (OSIPM) programs is being amended to update the amount used to calculate the number of months of ineligibility due to a disqualifying transfer of assets. This amount is calculated by using the average monthly cost to a private patient of nursing facility services in Oregon.

OAR 461-145-0080 about the treatment of child support and cash medical support in the Department's public assistance, medical, and Food Stamp programs is being amended to implement the provisions of HB 2469, 2007 Or. Laws ch. 861, by restating the treatment of child support in the Food Stamp, Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), Oregon Health Plan (OHP), Refugee Assistance (REF), Refugee Assistance Medical (REFM), Medical Coverage for Children in Substitute or Adoptive Care (SAC), and Temporary Assistance for Needy Families (TANF) programs. This rule is also being amended to define the terms "pass through" and "disregard" and state when clients may receive a pass-through or disregard of their child support.

OAR 461-145-0130 about the treatment of earned income in the Department's public assistance, medical, and Food Stamp programs is being amended to restate the Department's policy on the treatment of the income of temporary employees of the U.S. Census Bureau employed to assist in taking the census. This rule is also being amended to restate the Department's policy regarding the treatment of earned income in the Medical Assistance Assumed (MAA) and Medical Assistance to Families (MAF) programs. This rule is being amended to implement the provisions of HB 2469 (2007 Or Laws Ch 861) by clarifying that an increase in hours of employment or increased earnings is excluded for individuals who are currently receiving MAA or MAF medical benefits and who go over the income limit prior to meeting three of six months MAA or MAF eligibility. Currently, an individual must meet the last three of six months MAA or MAF eligibility in order to be eligible for EXT. With the new amendment, the Department can exclude income in order for the client to be eligible for EXT. This will allow at least six months extended medical benefits.

OAR 461-145-0150 about the treatment of educational income is being amended to state the Department's policy for the treatment of educational income for the Parents as Scholars (PAS) component of the Job Opportunity and Basic Skills Program (JOBS) program.

OAR 461-145-0265 about the treatment of educational accounts is being amended and renumbered as 461-145-0145 to comply with the Food, Conservation, and Energy Act of 2008 by restating the Department's policy on the treatment of Educational Accounts in the Food Stamp program.

OAR 461-145-0330 about the treatment of loans and interest on loans in the Department's public assistance, medical, and Food Stamp programs is being amended to align the Department's policy with federal policy by restating the Department's policy on the treatment of loans and interest on loans.

OAR 461-145-0380 about the treatment of pension and retirement plans is being amended to comply with the Food, Conservation, and Energy Act of 2008 by restating the Department's policy on the treatment of pension and retirement plans in the Food Stamp program.

OAR 461-145-0410 about the treatment of program benefits is being amended to revise the Department's policy on the treatment of Oregon Supplemental Income Program-Independent Choices (OSIP-IC) benefits in the Food Stamp program.

OAR 461-145-0470 about the treatment of shelter-in-kind income is being amended to restate the Department's policy related to counting shelter-in-kind income when prorated standards are used in the Oregon Supplemental Income Program (OSIP), Oregon Supplemental Income Program Medical (OSIPM), and Qualified Medicare Beneficiary (QMB) programs. This rule is being amended to clarify that shelter-in-kind income is not counted in situations where prorated standards are used.

OAR 461-145-0490 about the treatment of Social Security Benefits is being amended to restate the Department's policy on the treatment of representative payee fees in the Food Stamp program. This rule is being amended to restate the Department's policy and make the Department's policy consistent with the Department's practice by restoring wording present in the rule prior to April 1, 2008. This change will clarify that the representative payee fee paid by a client who is required by the Social Security Administration to receive payments through a representative payee is excluded for food stamps.

OAR 461-145-0600 about the treatment of work-related capital assets, equipment and inventory in the Department's public assistance, medical and Food Stamp programs is being amended to restate the Department's policy on the treatment of capital assets in the Refugee Assistance (REF) and Refugee Assistance Medical (REFM) programs.

OAR 461-155-0020 about prorated standards based on the adjusted number in the household in the Oregon Supplemental Income Program (OSIP), Oregon Supplemental Income Program Medical (OSIPM), and the Temporary Assistance to Needy Families (TANF) programs is being amended to align the Department's policy with federal policy by restating the Department's policy regarding the use of prorated standards to determine eligibility for OSIP, OSIPM, and TANF. This rule is also being amended to clarify current policy by stating that even when prorated standards do not apply in the OSIP and OSIPM programs, shelter-in-kind (see OAR 461-145-0470) may still be applicable, and by stating additional requirements for determining the adjusted number in the household.

OAR 461-155-0250 about the income and payment standards in the Oregon Supplemental Income Program (OSIP) and Oregon Supplemental Income Program Medical (OSIPM) programs is being amended to restate the Department's policy on the income standards that apply to clients in the Oregon Supplemental Income Program (OSIP) and Oregon Supplemental Income Program Medical (OSIPM) programs. OAR 461-155-0250 is being

amended to specify that the non-SSI OSIP and OSIPM standard in section (3) of the rule does not apply to clients in the Oregon Supplemental Income Program-Employed Persons with Disabilities (OSIP-EPD) and Oregon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD) programs. The rule specifies that the income standard in section (6) of the rule applies to clients in the OSIP-EPD and OSIPM-EPD programs.

OAR 461-155-0360 about determining the cost-effectiveness of employer-sponsored health insurance plans in certain medical programs is being amended to change the Department's policy for the Refugee Assistance Medical (REFM) program. This rule is being amended so that the Department will not reimburse REFM clients for the cost of employer sponsored health insurance premiums.

OAR 461-155-0660 regarding accommodation allowance special need for individuals under the Oregon Supplemental Income Program Medical (OSIPM, aid to the elderly and people with disabilities) is being amended to clarify the eligibility criteria for the accommodation allowance special need. The intent of the rule has always been to provide funds to maintain an individual's home when the individual is or will be receiving in-home long term care services, and the rule is being amended to clarify this coverage.

OAR 461-160-0200 about the unearned income exclusion for child support and spousal support payments in the Medical Assistance to Families (MAF) and Substitute and Adoptive Care (SAC) programs is being amended to support program alignment. Effective October 1, 2008, the TANF program (as required by HB 2469) will implement a child support disregard by excluding up to \$50 per dependent child or minor parent per financial group per month, not to exceed \$200 per financial group per month. To support program policy alignment, the Department needs to amend this rule to match the TANF child support disregard program policy change. Additionally, this rule is being amended to clarify that the child support disregard is excluded income rather than a deduction and therefore not included in the countable income calculation. This rule is also being amended to include all child support exclusions affecting the MAF and SAC programs in the same rule.

OAR 461-160-0420 about how to calculate the shelter cost in the Food Stamp program is being amended to reflect the annual change in the Standard Utility Allowances. Each year Oregon surveys utility companies and the general public about increases in utility costs. The utility allowances are derived from these surveys and approved by the Food and Nutrition Service in the Food Stamp Program State Plan. There are four utility allowances. The full utility allowance (FUA) is for those households that have heating and cooling costs. The limited utility allowance (LUA) is for those households with more than one non-heating/cooling utility costs. The individual utility allowance (IUA) is for those households with a single non-heat cost. The single utility allowance (TUA) is for those households with only a telephone cost.

OAR 461-160-0610 regarding which individuals must pay a liability in order to receive long term care services under the Oregon Supplemental Income Program Medical (OSIPM, aid to the elderly and people with disabilities) is being amended to delete the cross-reference to OAR 461-135-0811 because that rule has been repealed.

OAR 461-165-0060 about minimum benefit amounts is being renamed and is being amended to restate how the minimum benefit amount for the Food Stamp program is determined.

OAR 461-170-0020 about changes that must be reported in the Food Stamp, Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), Refugee Assistance (REF), Refugee Assistance Medical (REFM), and Medical Coverage for Children in Substitute or Adoptive Care (SAC) programs is being amended to comply with the Food, Conservation, and Energy Act of 2008. This rule is being amended to restate the reporting requirements for clients in the Food Stamp program who are assigned to the simplified reporting system. This rule is being amended to remove the requirement to report income over 185 percent of the federal poverty level for households in which all members are elderly or have disabilities and there is no earned income. This rule is also being amended to restate the reporting requirements for clients in the REFM program.

OAR 461-170-0100 about the criteria for using the monthly reporting system is being amended to change the Department's policy for using the monthly reporting system for the Refugee Assistance Medical (REFM) program. This rule is being amended to remove REFM from the list of programs that can be assigned to the monthly reporting system.

OAR 461-170-0101 is about the simplified reporting system (SRS) used in the Food Stamp program. This rule is being amended to restate the Department's policy on the length of time that households containing migrant or seasonal farm workers or homeless individuals may be certified for food stamps in the simplified reporting system. This amendment allows such households to be certified for 12 months. Prior to this change these groups were limited to six-month certifications.

OAR 461-175-0340 about the type of decision notice that is required when an individual makes a voluntary decision to withdraw, reduce, or end benefits is being amended to restate the Department policy about what type of decision notice is required when an individual makes a voluntary decision to withdraw, reduce, or end benefits in programs other than the Food Stamp program. This rule is also being amended to replace old terminology with new terminology, add cross-references to other rules and laws, and follow standard formatting.

OAR 461-190-0195 about the Degree Completion Initiative (DCI) component of the Job Opportunity and Basic Skills Program (JOBS) is being repealed because this rule is no longer necessary as DCI is a pilot program and will be replaced by Parents as Scholars (PAS) component of the JOBS program.

OAR 461-190-0199 about the Parents as Scholars (PAS) component of the Job Opportunity and Basic Skills Program (JOBS) is being adopted to implement 2003 Or. Laws ch. 212 and 2007 Or. Laws ch. 861 by establishing eligibility criteria for the PAS component of the JOBS program. PAS will replace the Degree Completion Initiative (DCI) component of the JOBS Program on October 1, 2008. PAS will allow the Department to support clients eligible for Temporary Assistance for Needy Families (TANF) who are or will be undergraduates in beginning or continuing a two- or four-year degree program at an approved school.

OAR 461-190-0211 about the standards for support service payments is being amended to restate the Department's policy on paying for books and supplies for educational needs.

OAR 461-190-0231 about the re-engagement process in the Job Opportunity and Basic Skills (JOBS), Pre-Temporary Assistance for Needy Families (Pre-TANF), Refugee Assistance (REF), State Family Pre-SSI/SSDI Program (SFPSS), and Temporary Assistance for Domestic Violence Survivors (TA-DVS) programs is being amended to state the Department's policy regarding the consequences of unsuccessful reengagement for a participant in the Parents as Scholars (PAS) component of the JOBS program.

In addition, the above rules may also be changed to reflect new Department terminology and to correct formatting and punctuation.

The Department requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

August 26, 2008, 5:00p.m.

Last Day for Public Comment

Last day to submit written comments to the Rules Coordinator

\_\_\_\_\_  
Signature

Robert Trachtenberg

Printed Name

7/15/08

Date

(If you plan to attend the hearing and need auxiliary aids and services such as assistive listening devices or interpreters for the hearing impaired, please contact the Rules Coordinator as soon as possible about the type of aid or service needed. The hearing site is accessible for individuals with mobility impairments.)

A copy of the draft rules can be accessed at the self-sufficiency policy website:

[http://www.dhs.state.or.us/policy/selfsufficiency/ar\\_proposed.htm](http://www.dhs.state.or.us/policy/selfsufficiency/ar_proposed.htm)

To request a hardcopy, please contact the Rules Coordinator listed at the top of this form.

\*Hearing Notices published in the Oregon Bulletin must be submitted by 5:00 pm on the 15th day of the preceding month unless this deadline falls on a weekend or legal holiday, upon which the deadline is 5:00 pm the preceding workday.

ARC 920-2005

**STATEMENT OF NEED AND FISCAL IMPACT**

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Department of Human Services - Children, Adults and Families  
Agency and Division

OAR Chapter 461  
Administrative Rules Chapter Number

In the Matter of: Adopting, Amending, Repealing, and Amending and Renumbering OARs

Rule Caption: Changing OARs affecting public assistance, medical assistance or food stamp clients

Statutory Authority: ORS 409.050, 411.060, 411.070, 411.700, 411.816, 412.006, 412.009, 412.014, 412.049, 414.042, 414.342, 2003 Or. Laws ch. 212, 2007 Or. Laws ch. 861

Other Authority: 7 USC 2014; 42 USC 1396p; 42 USC 602(a)(1)(B)(iii); 7 CFR 273.9; 7 CFR 280.1; 45 CFR 260.31, 45 CFR 260.50; Social Security Administration, Program Operations Manual sections SI 0815.350 and SI 01120.220; Oregon Medicaid/State Children's Health Insurance Program (SCHIP) Health Insurance Waiver

Statutes Implemented: ORS 183.417, 411.060, 411.070, 411.105, 411.117, 411.700, 411.816, 411.825, 412.006, 412.009, 412.049, 412.124, 414.025, 414.042, 414.342, 1999 Or. Laws ch. 859, 2003 Or. Laws ch. 212, 2007 Or. Laws ch. 861

Need for the Rule(s):

OAR 461-001-0000 about the definition of terms needs to be amended to restate the definition for the term "basic decision notice" in the Department's public assistance, medical and Food Stamp programs. This rule also needs to be amended to restate the definition for the term "nonstandard living arrangement" in the General Assistance (GA), General Assistance Medical (GAM), Oregon Supplemental Income Program (OSIP), and Oregon Supplemental Income Program Medical (OSIPM), and Qualified Medicare Beneficiaries (QMB) programs. This rule needs to be amended to restate the definition of "basic decision notice" to clarify that a basic decision notice is issued not later than the date the action is taken rather than the decision notice being mailed no later than the date on the notice. There are instances such as electronic benefit transfers where benefits are issued before a notice is sent. This rule needs to be amended to restate the definition of "nonstandard living arrangement" to clarify that clients who reside in waived and nonwaived community based settings are considered to be in a nonstandard living arrangement.

OAR 461-001-0035 about definitions of terms used in the Oregon Supplemental Income Program-Employed Persons with Disabilities (OSIP-EPD) program and Oregon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD) program needs to be amended to be consistent with OAR 461-160-0800 by removing the definitions of *cost share* and *premium* and adding a definition of *participant fee* because cost share and premium are terms that are no longer used in the OSIP-EPD and OSIPM-EPD programs and participant fee is a new term that is used in the OSIP-EPD and OSIPM-EPD programs. This rule also needs to be amended to replace old terminology with new terminology, add cross-references to other rules and laws, and follow standard formatting.

OAR 461-101-0010 about program acronyms needs to be amended to comply with the Food, Conservation, and Energy Act of 2008. Changing this rule introduces the new federal name of the Food Stamp program. This rule also needs to be amended to remove references to



Employment Related Day Care-Student Block Grant (ERDC-SBG) and Student Child Care Program to bring policies up to date as this program is no longer administered by the Department of Human Services. The program was moved to Oregon Student Assistance Commission effective December 31, 2007.

OAR 461-110-0370 about filing groups in the Food Stamp program, OAR 461-155-0190 about income and payment standards in the Food Stamp program, and OAR 461-160-0430 about income deductions in the Food Stamp program need to be amended to comply with the Food, Conservation, and Energy Act of 2008 by implementing the annual increase in the standards for the Food Stamp program.

OAR 461-115-0015 and 461-135-0401 need to be repealed and OAR 461-115-0030, 461-120-0130, 461-135-0400, 461-155-0150, 461-160-0040, 461-170-0015, 461-170-0150, and 461-180-0070 need to be amended to remove references to Employment Related Day Care-Student Block Grant (ERDC-SBG) and Student Child Care Program to bring policies up to date as this program is no longer administered by the Department of Human Services. The program was moved to Oregon Student Assistance Commission effective December 31, 2007.

OAR 461-120-0510 about the age requirements for clients to receive benefits needs to be amended to restate the Department's policy regarding which individuals may be eligible for the Refugee Assistance (REF) program. This rule needs to be amended to add refugees that are part of an ineligible TANF filing group to the individuals that may be eligible for the REF program and to clarify that in order to be eligible for the REF program a minor must be legally emancipated.

OAR 461-130-0310 is about the participation categories of exempt mandatory and volunteer in the employment programs of the Department's Food Stamp, Pre-Temporary Aid for Needy Families (Pre-TANF), Refugee Assistance (REF), and Temporary Aid for Needy Families (TANF) programs. This rule needs to be amended to comply with federal regulations by removing the "not attending school full time" requirement from the parental exemption from participation when the parent is caring for a family member who lives at home and has a disability.

OAR 461-135-0010 about assumed eligibility for medical programs needs to be amended to clarify the Department's policy and make the Department's policy consistent with the Department's practice. This rule needs to be amended to clarify that clients who receive Oregon Health Plan standard benefits (OHP-OPU) who become pregnant are assumed eligible for Medicaid once they have documented their pregnancy, and that OHP-OPU clients who become pregnant will be converted to OHP-OPP as an assumed eligible Medicaid client.

OAR 461-135-0082 about the eligibility for the Refugee Case Services Program needs to be amended to clarify the Department's policy by replacing old terminology with new terminology and eliminating unnecessary wording.

OAR 461-135-0493 and 461-135-0494 are about the eligibility criteria and benefit amount for the Disaster Food Stamp program and how to treat households that are already receiving food stamp benefits. These rules need to be amended to incorporate new guidance for the program received from United States Department of Agriculture, Food and Nutrition Services (FNS) and to clarify the calculation of disaster benefits for households who are already receiving food stamp benefits.

OAR 461-135-0506 about the Transitional Benefits Alternative (TBA) needs to be amended to state that households that receive state-funded cash assistance from the Temporary Assistance for Needy Families (TANF) program, funded by the State are now eligible to receive TBA benefits when they leave TANF. Without this change, TBA eligibility is limited to households that received cash assistance funded by Title IV-A of the Social Security Act.

OAR 461-135-0930 about the medical coverage for the Refugee Assistance Medical (REFM) program needs to be amended to clarify the Department's policy by replacing old terminology with new terminology and eliminating unnecessary wording.

OAR 461-135-0990 about reimbursing clients in certain medical programs for the cost of health insurance premiums sponsored by the client's employer needs to be amended to change the Department's policy for the Refugee Assistance Medical (REFM) program. This rule needs to be amended so that the Department will not reimburse REFM clients for the cost of employer sponsored health insurance premiums. This rule needs to be amended because REFM is not a Medicaid program and therefore the Department cannot reimburse clients for third party health insurance.

OAR 461-135-1235 about hearing rights in the Temporary Assistance for Domestic Violence Survivors (TA-DVS) program needs to be amended to replace old terminology with new terminology. This rule needs to be amended because the Department has redesigned the Temporary Assistance for Needy Families (TANF) program and uses the term re-engagement instead of conciliation.

OAR 461-140-0296 about the length of disqualification due to an asset transfer in the General Assistance (GA), General Assistance Medical (GAM), Oregon Supplemental Income Program (OSIP), and Oregon Supplemental Income Program Medical (OSIPM) programs needs to be amended to update the amount used to calculate the number of months of ineligibility due to a disqualifying transfer of assets. This amount is calculated by using the average monthly cost to a private patient of nursing facility services in Oregon.

OAR 461-145-0080 about the treatment of child support and cash medical support in the Department's public assistance, medical and Food Stamp programs needs to be amended to implement the provisions of HB 2469 (2007 Or Laws ch. 861) by restating the treatment of child support in the Food Stamp, Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), Oregon Health Plan (OHP), Refugee Assistance (REF), Refugee Assistance Medical (REFM), Medical Coverage for Children in Substitute or Adoptive Care (SAC) and Temporary Assistance for Needy Families (TANF) programs. This rule also needs to be amended to define the terms "pass through" and "disregard" and state when clients may receive a pass-through or disregard of their child support.

OAR 461-145-0130 about the treatment of earned income in the Department's public assistance, medical and Food Stamp programs needs to be amended to restate the Department's policy on the treatment of the income of temporary employees of the U.S. Census Bureau employed to assist in taking the census. This rule needs to be amended to make the Department's policy consistent with the Department's past practices concerning the income of temporary employees of the U.S. Census Bureau employed to assist in taking the census. This rule is also being amended to implement the provisions of HB 2469 (2007 Or Laws Ch 861) by restating the Department's policy regarding the treatment of earned income in the Medical Assistance Assumed (MAA) and Medical Assistance to Families (MAF) programs.

OAR 461-145-0150 about the treatment of educational income needs to be amended to state the Department's policy for the treatment of educational income for the Parents as Scholars (PAS) component of the Job Opportunity and Basic Skills Program (JOBS) program.

OAR 461-145-0265 about the treatment of educational accounts needs to be amended and renumbered as 461-145-0145 to comply with the Food, Conservation, and Energy Act of 2008 by restating the Department's policy on the treatment of educational accounts in the Food Stamp program.

OAR 461-145-0330 about the treatment of loans and interest on loans in the Department's public assistance, medical and Food Stamp programs needs to be amended to align the Department's policy with federal policy by restating the Department's policy on the treatment of loans and interest on loans.

OAR 461-145-0380 about the treatment of pension and retirement plans needs to be amended to comply with the Food, Conservation, and Energy Act of 2008 by restating the Department's policy on the treatment of pension and retirement plans in the Food Stamp program.

OAR 461-145-0410 about the treatment of program benefits needs to be amended to revise the Department's policy on the treatment of Oregon Supplemental Income Program-Independent Choices (OSIP-IC) benefits in the Food Stamp program. This rule needs to be amended to be consistent with federal statutes. Previously, OSIP-IC was a demonstration project, and as such the Department could exclude OSIP-IC benefits consistent with federal statutes. Effective October 1, 2008, OSIP-IC will no longer be a demonstration project, and so the benefits may no longer be excluded in the Food Stamp program and must be counted.

OAR 461-145-0470 about the treatment of shelter-in-kind income needs to be amended to restate the Department's policy related to counting shelter-in-kind income when prorated standards are used (see OAR 461-155-0020) in the Oregon Supplemental Income Program (OSIP), Oregon Supplemental Income Program Medical (OSIPM), and Qualified Medicare Beneficiary (QMB) programs. This rule needs to be amended to clarify that shelter-in-kind income is not counted in situations where prorated standards are used.

OAR 461-145-0490 about the treatment of Social Security Benefits needs to be amended to restate the Department's policy on the treatment of representative payee fees in the Food Stamp program. OAR 461-145-0490 needs to be amended to restate the Department's policy and make the Department's policy consistent with the Department's practice by restoring wording present in the rule prior to April 1, 2008. This change will clarify that the representative payee fee paid by a client who is required by the Social Security Administration to receive payments through a representative payee is excluded for food stamps.

OAR 461-145-0600 about the treatment of work-related capital assets, equipment, and inventory needs to be amended to clarify the Department's policy by restating the Department's policy on the treatment of capital assets in the Refugee Assistance (REF) and Refugee Assistance Medical (REFM) programs.

OAR 461-155-0020 about prorated standards based on the adjusted number in the household in the Oregon Supplemental Income Program (OSIP), Oregon Supplemental Income Program Medical (OSIPM), and the Temporary Assistance to Needy Families (TANF) programs needs to be amended to align the Department's policy by restating the Department's policy regarding the use of prorated standards to determine eligibility for OSIP, OSIPM, and TANF. This rule also needs to be amended to clarify current policy by stating that even when prorated standards do not

apply in the OSIP and OSIPM programs, shelter-in-kind (see OAR 461-145-0470) may still be applicable, and by stating additional requirements for determining the adjusted number in the household.

OAR 461-155-0250 about the income and payment standards in the Oregon Supplemental Income Program (OSIP) and Oregon Supplemental Income Program Medical (OSIPM) programs needs to be amended to restate the Department's policy on the income standards that apply to clients in the OSIP and OSIPM programs. This rule also needs to be amended to specify that the non-SSI OSIP and OSIPM standard in section (3) of the rule does not apply to clients in the Oregon Supplemental Income Program-Employed Persons with Disabilities (OSIP-EPD) and Oregon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD) programs. The rule specifies that the income standard in section (6) of the rule applies to clients in the OSIP-EPD and OSIPM-EPD programs.

OAR 461-155-0360 about determining the cost-effectiveness of employer-sponsored health insurance plans in certain medical programs needs to be amended to change the Department's policy for the Refugee Assistance Medical (REFM) program. This rule is being amended so that the Department will not reimburse REFM clients for the cost of employer sponsored health insurance premiums. This rule needs to be amended because REFM is not a Medicaid program and therefore the Department cannot reimburse clients for third party health insurance.

OAR 461-155-0660 regarding the accommodation allowance special need for individuals under the Oregon Supplemental Income Program Medical (OSIPM, aid to the elderly and people with disabilities) needs to be amended to clarify the eligibility criteria for the accommodation allowance special need. This rule is being amended so that the home can be maintained not only for individuals who are receiving in-home long term care services, but also for an individual who will be eligible to receive in-home long term care services after temporarily being absent from the home.

OAR 461-160-0200, about the unearned income exclusion for child support and spousal support payments in the Medical Assistance to Families (MAF) and Substitute and Adoptive Care (SAC) programs needs to be amended to support program alignment. This rule needs to be amended to increase the maximum amount of child support allowed to be excluded so that the amount will equal the amount allowed under the October 1, 2008 TANF child support disregard policy implementation.

OAR 461-160-0420 about the calculation of shelter cost in the Food Stamp program needs to be amended to reflect the annual change in the Standard Utility Allowances. Each year Oregon surveys utility companies and the general public about increases in utility costs. The utility allowances are derived from these surveys and approved by the Food and Nutrition Service in the Food Stamp Program State Plan. There are four utility allowances. The full utility allowance (FUA) is for those households that have heating and cooling costs. The limited utility allowance (LUA) is for those households with more than one non-heating/cooling utility costs. The individual utility allowance (IUA) is for those households with a single non-heat cost. The single utility allowance (TUA) is for those households with only a telephone cost.

OAR 461-160-0610 regarding which individuals must pay a liability in order to receive long term care services under the Oregon Supplemental Income Program Medical (OSIPM, aid to the elderly and people with disabilities) needs to be amended to delete the cross-reference to OAR 461-135-0811 because that rule has been repealed.

OAR 461-165-0060 about minimum benefit amounts in the Food Stamp, Refugee, and TANF programs needs to be amended to clarify the topic of the rule and restate how the minimum benefit amount for the Food Stamp program is determined.

OAR 461-170-0020 about changes that must be reported in the Food Stamp, Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), Refugee Assistance (REF), Refugee Assistance Medical (REFM), and Medical Coverage for Children in Substitute or Adoptive Care (SAC) programs needs to be amended to comply with the Food, Conservation, and Energy Act of 2008. This rule needs to be amended to restate the reporting requirements for clients in the Food Stamp program who are assigned to the simplified reporting system. This rule needs to be amended to remove the requirement to report that income has exceeded 185 percent of the federal poverty level for households with no earned income in which all members are elderly or have disabilities. This rule also needs to be amended to restate the reporting requirements for clients in the REFM program so that the rules provide greater clarity on the reporting requirements for clients in REFM.

OAR 461-170-0100 about the criteria for using the monthly reporting system needs to be amended to change the Department's policy for using the monthly reporting system for the Refugee Assistance Medical (REFM) program. This rule needs to be amended to remove REFM from the list of programs that can be assigned to the monthly reporting system.

OAR 461-170-0101 is about the simplified reporting system (SRS) used in the Food Stamp program. This rule needs to be amended to restate the Department's policy on the length of time that households containing migrant or seasonal farm workers or homeless individuals may be certified for food stamps in the simplified reporting system. This amendment allows such households to be certified for 12 months. Without this change, these groups are limited to six-month certifications.

OAR 461-175-0340 about the type of decision notice required when an individual makes a voluntary decision to withdraw, reduce, or end benefits needs to be amended to restate the Department policy about what type of decision notice is required when an individual makes a voluntary decision to withdraw, reduce or end benefits in programs other than the Food Stamp program. This rule is also needs to be amended to replace old terminology with new terminology, add cross-references to other rules and laws, and follow standard formatting.

OAR 461-190-0195 about the Degree Completion Initiative (DCI) component of the Job Opportunity and Basic Skills Program (JOBS) needs to be repealed because this rule is no longer necessary as DCI is a pilot program and will be replaced by Parents as Scholars (PAS) component of the JOBS program.

OAR 461-190-0199 about the Parents as Scholars (PAS) component of the Job Opportunity and Basic Skills Program (JOBS) needs to be adopted to implement 2003 Or. Laws ch 212 and 2007 Or. Laws ch 861 by establishing eligibility criteria for the PAS component of the JOBS program. PAS will replace the Degree Completion Initiative (DCI) component of the JOBS Program on October 1, 2008. PAS will allow the Department to support clients eligible for Temporary Assistance for Needy Families (TANF) who are or will be undergraduates in beginning or continuing a two- or four-year degree program at an approved school.

OAR 461-190-0211 about the standards for support service payments needs to be amended to restate the Department's policy on paying for books and supplies for educational needs.

OAR 461-190-0231 about the re-engagement process in the Job Opportunity and Basic Skills (JOBS), Pre-Temporary Assistance for Needy Families (Pre-TANF), Refugee Assistance (REF), State Family Pre-SSI/SSDI Program (SFPSS), and Temporary Assistance for Domestic Violence Survivors (TA-DVS) programs needs to be amended to state the Department's policy regarding the consequences of unsuccessful re-engagement for a participant in the Parents as Scholars (PAS) component of the JOBS program.

Documents Relied Upon (and where they are available): Memorandum of Understanding agreement signed by Vic Todd, Administrator of Department of Human Services on November 8, 2007, and Dennis R. Johnson, Executive Director of Oregon Student Assistance Commission on November 2, 2007; Letter from Sidonie Squier, Director, Office of Family Assistance, U.S. Department of Health and Human Services, Administration for Children and Families addressed "Dear Colleague" sent to State TANF administrators nationwide, dated March 12, 2008; E-mail from Marisa Santistevan, Human Capital and Decennial Field Staff, U.S. Census Bureau, Human Resources Division to Vic Todd, Administrator, Department of Human Services, Children, Adults and Family, Office of Self Sufficiency Programs, subject line: "Request for waiver on behalf of the U.S. Census Bureau, dated May 22, 2008; Medicaid State Plan; Social Security Administration Program Operation Manual System (SSA POM) SI 00835.200 (The One-Third Reduction Provision-General) located at: <https://s044a90.ssa.gov/apps10/poms.nsf/lrx/0500835200!opendocument>; Index Policy Memo 92-02 (Treatment of Payments to Qualified Organizations Serving as Representative Payees in the SSI Program); Index Policy Memo 95-03 Title XVI SSI and Title II SSDI Payments to Individuals Whose Disability is Based on Drug Addiction and/or Alcoholism; SSA POM SI 00835.300 (Presumed Maximum Value Rule) located at: <https://s044a90.ssa.gov/apps10/poms.nsf/lrx/0500835300!opendocument>; SSA POM SI 00835.110 (Home Ownership as LA Basis) located at: <https://s044a90.ssa.gov/apps10/poms.nsf/lrx/0500835110!opendocument>; Memo from Food and Nutrition Service regarding the new standards; Food Stamp State Plan submitted to Food and Nutrition Service; October 1, 2008 TANF State Plan amendment, These documents are available from the Department at 500 Summer Street NE E48, Salem, OR 97301.

Fiscal and Economic Impact, including Statement of Cost of Compliance:

Amending OAR 461-001-0000 will have no fiscal impact on state agencies, local government, the public, and business including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-001-0035 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-101-0010 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-110-0370, 461-155-0190, 461-160-0420, 461-160-0430, and 461-165-0060 will have a positive fiscal impact upon the participants in the Food Stamp program because additional clients will become eligible and some will receive more benefits due to an increase in the standards. Currently, the average cost per client is estimated at \$174.51 per month in the Food Stamp program. This figure is expected to increase slightly. The Department is unable to estimate the extent of client benefits because the Food and Nutrition Service has not yet published the new standards. These amendments will have no fiscal impact

on the Department because food stamp benefits are fully federally funded. The Department of Education may benefit with possibly a few more children eligible for free school snack and meal programs, and the Public Utility Commission may benefit with possibly a few more persons eligible for the Oregon Telephone Assistance program because clients who receive Food Stamps are eligible for these programs. Families that are currently ineligible for Food Stamps by a few dollars could potentially become eligible for food stamps and these other programs. There is no fiscal impact estimated on the general public, other public agencies, local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that repealing OAR 461-115-0015 and 461-135-0401 and amending OAR 461-115-0030, 461-120-0130, 461-135-0400, 461-155-0150, 461-160-0040, 461-170-0015, 461-170-0150, and 461-180-0070 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government and businesses, including small businesses. There is no cost of compliance for small businesses.

The Department estimates that amending OAR 461-120-0510 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business. There are not currently any REFM clients who receive reimbursement for employer sponsored health insurance premiums, so this amendment will not impact any clients. The Department finds that the fiscal impact on businesses, including small businesses, is not significant.

The Department estimates that amending OAR 461-130-0310 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-135-0010 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-135-0082 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business. There are not currently any REFM clients who receive reimbursement for employer sponsored health insurance premiums, so this amendment will not impact any clients. The Department finds that the fiscal impact on businesses, including small businesses is not significant.

The Department estimates that amending OAR 461-135-0493 and 461-135-0494 will have a positive fiscal impact on future benefit recipients in the Disaster Food Stamp program. In December 2007, an additional 322 food stamp households or 765 persons were approved for the Disaster Food Stamp program receiving \$72,715 in additional benefits in December. 656 food stamp households also received \$88,744 in replaced food stamp benefits for food destroyed during the disaster. These benefits are 100% federally funded. This amendment allows the state to continue to operate the Disaster Food Stamp program if a disaster strikes. It is estimated to have minimal fiscal impact on other state agencies, clients, and the public. There is no fiscal impact on local government and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-135-0506 will result in a positive impact for clients because additional households will be eligible to receive TBA benefits, which generally results in additional food stamp benefits for five months. This amendment will have no fiscal impact on the Department because food stamp benefits are fully federally funded. There is no

fiscal impact on other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-135-0930 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business. There are not currently any REFM clients who receive reimbursement for employer sponsored health insurance premiums, so this amendment will not impact any clients. The Department finds that the fiscal impact on businesses, including small businesses, is not significant.

The Department estimates that amending OAR 461-135-0990 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business. There are not currently any REFM clients who receive reimbursement for employer sponsored health insurance premiums, so this amendment will not impact any clients. The Department finds that the fiscal impact on businesses, including small businesses, is not significant.

The Department estimates that amending OAR 461-135-1235 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-140-0296 will have a minimal fiscal impact on the Department. Medicaid benefits are 60 percent federally funded and the state is required to follow federal regulations. The average cost per OSIPM long-term care case is estimated at \$1,631 per month. The Department is unable to estimate the extent of the fiscal impact because it is unable to determine the number of clients who make disqualifying transfers and there is no tracking mechanism for the outcomes of these decisions. There is no fiscal impact on local government, the public, other state agencies, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-145-0080 will have a negative economic impact on the Department. An average of \$100 per month in child support will be disregarded for the approximately 10 percent of families who are either applying for or receiving TANF and TANF-related medical and who receive a child support payment. This may result in additional families being eligible to receive TANF and TANF-related medical or continue to receive TANF and TANF-related medical when the family may otherwise be over the TANF and TANF-related medical income limits. Some of the additional families receiving TANF-related medical would have been eligible for Medicaid based on the Oregon Health Plan (OHP) poverty level medical programs, and the amendments may result in a slight shift from OHP to TANF-related medical. The Department is unable to estimate the number of families who will be eligible to receive TANF and TANF-related medical or continue to receive TANF and TANF-related medical or the shift to TANF-related medical because of the amendments to this rule. The Department estimates that as a result of the amendments to this rule, there may also be some additional families eligible for OHP poverty related medical. Because the Department is unable to estimate this number, the Department is also unable to estimate the fiscal impact on the Department from the amendments to this rule. However, the Department anticipates that the fiscal impact will not be substantial. The Department estimates that amending this rule will have a negative economic impact on the Department of Justice, Division of Child Support (DCS). TANF recoveries by DCS are retained by DCS and used, in part, to help fund the Oregon Child Support Program. Implementation of the pass-through provisions pursuant to HB 2469, 2007 Or Laws Ch 861, will result in a decrease in the TANF recoveries that DCS may retain thus decreasing the TANF recoveries that may be used to help fund the Oregon Child Support Program. DCS has estimated



this economic impact from loss of TANF recoveries to be \$925,485 for October 2008 to July 2009 and \$2,467,961 in the 2009-2011 biennium. Budgetary adjustments have been made to accommodate this loss in revenue as a result of implementation of pass-through. The Department estimates that amending this rule will have a positive economic impact on certain clients. This amendment will allow the Department to disregard up to \$50 of the child support received per dependent child or minor parent per financial group per month, not to exceed \$200 per financial group per month for the following for whom child support is already passed through: families applying for TANF; families in the State Family Pre-SSI/SSDI Program (SFPSS); families for whom deprivation is based on the unemployment or underemployment of the primary wage earner (PWE). These families will be positively economically impacted by the amendments to OAR 461-145-0080 because these amendments allow the Department to exclude or "disregard" as income the amount of support in the paragraph above when determining eligibility for TANF and TANF-related medical and Oregon Health Plan poverty related Medicaid. The ability to disregard this support means that families who may not otherwise be eligible to receive or continue to receive TANF and TANF-related medical will do so. For families receiving TANF (and who are not a family in SFPSS or a family for whom deprivation is based on the unemployment or underemployment of the primary wage earner (PWE)), the Department will pass-through and disregard up to \$50 of the child support received per dependent child or minor parent per financial group per month, not to exceed \$200 per financial group. These families will be positively economically impacted by the amendments to OAR 461-145-0080 if they receive a child support payment and a portion of that payment is passed through rather than being retained by the state. In addition, the Department will exclude or "disregard" as income the amount of support passed through which may allow some families who receive the pass-through to continue to be eligible for TANF and TANF-related medical and Oregon Health Plan poverty level medical when they would otherwise be over-income. However, the positive economic impact of pass-through on families receiving TANF (and who are not a family in SFPSS or a family for whom deprivation is based on the unemployment or underemployment of the primary wage earner (PWE)) may be lessened because many of these same families receive benefits from the Food Stamp program and the amount of child support passed through to the family is considered countable income. The Food Stamp benefit a family receives may be decreased as a result of the child support passed through to the family. The Department estimates that amending OAR 461-145-0080 will have no other fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business. The Department finds that the fiscal impact on businesses, including small businesses is not significant.

The Department estimates that amending OAR 461-145-0130 will have a negative fiscal impact on the Department and a positive fiscal impact on clients who have income from temporary employment with the US Census Bureau. Such clients might be eligible for a reduced amount of benefits if the Department counted this income. However, the Department is unable to estimate the amount of the fiscal impact because it is unknown how many individuals will have temporary employment with the US Census Bureau and apply for benefits with the Department, and the programs in which these clients will qualify. The Department estimates that amending OAR 461-145-0130 will have no other fiscal impact on other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-145-0150 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-145-0265 and renumbering to 461-145-0145, and amending OAR 461-145-0380, will have a positive fiscal impact on certain clients in the Food Stamp program. Approximately 99 percent of the food stamp caseload is categorically eligible and does not have to meet the resource guidelines. For the 1 percent of cases which are not categorically eligible, these changes will have a positive impact. The state will have no fiscal responsibility because the benefits for the Food Stamp program are fully funded by the Federal government. These amendments will have no fiscal impact on other state agencies, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-145-0330 will have a minimal fiscal impact on the Department. The Department is not able estimate the fiscal impact as it is difficult to determine the number of clients who will be impacted by the amendment. The average cost of an OSIPM client in a nonstandard living arrangement is \$1,631 per month. The Department estimates that these amendments will have no fiscal impact on other state agencies, local government, and business including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-145-0410 will have no fiscal impact on most recipients in the Food Stamp program as less than one percent of the food stamp case load will potentially receive OSIPM-IC as it rolls out state wide. There is a chance that this change could reduce FS benefits in households where the service provider is a filing group member or the funds are not used for the approved medical needs of the client. Currently, the average cost per client is estimated at \$174.51 per month in the Food Stamp program. This figure is expected to increase slightly. For at least 75 percent of the OSIPM-IC households receiving FS, the impact will be minimal because all of the funds will be used to pay for medically related costs. It is estimated to have minimal fiscal impact on other state agencies, clients, and the public. There is no fiscal impact on local government and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-145-0470 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-145-0490 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-145-0600 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business. There are not currently any REFM clients who receive reimbursement for employer sponsored health insurance premiums, so this amendment will not impact any clients. The Department finds that the fiscal impact on businesses, including small businesses is not significant.

The Department estimates that amending OAR 461-155-0020 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-155-0250 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and

business, including small business. There is no cost of compliance for small business. The Department finds that the fiscal impact on businesses is not significant.

The Department estimates that amending OAR 461-155-0360 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business. There are not currently any REFM clients who receive reimbursement for employer sponsored health insurance premiums, so this amendment will not impact any clients. The Department finds that the fiscal impact on businesses, including small businesses is not significant.

The Department estimates that amending OAR 461-155-0660 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-160-0200 will benefit some clients and have a minor negative economic impact on the Department. The Department does not have any fiscal data available, but expects the increase in the child support exclusion will have minimal impact on caseload. The Medical Assistance to Families (MAF) caseload is currently 430 total cases. The Department believes there may be some small increase in the MAF caseload, but does not have any specific numbers or fiscal amount available at this time. The current policy is to exclude up to \$50 child support per Substitute and Adoptive Care (SAC) financial group. While amending this rule will allow the exclusion to be up to \$50 per child, up to \$200 per household per month, the SAC financial group usually consists of a financial group of one. The increase in the allowable child support exclusion to \$50 per child up to \$200 per financial group will affect very few SAC households. The Department estimates that amending this rule will have no other fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business. The Department finds that the fiscal impact on businesses, including small businesses is not significant.

The Department expects that amending OAR 461-160-0610 will have no fiscal impact on the Department or Department clients. This is because the rule is only being corrected to remove a cross-reference to another rule that has been repealed. There also will be no fiscal impact due to amending this rule on other state agencies, local government, the public, and business, including small business. There are no costs of compliance for small business.

The Department estimates that amending OAR 461-170-0020 and 461-170-0101 will result in a positive impact for both clients and the Department with both of these changes. Clients will be required to report less if they are in a household with no earned income and all members are elderly or have disabilities. Homeless and migrant or seasonal farm workers will now be allowed to be certified for 12 months with a required report at six months, instead of reapplying every six months. Currently there are 13,644 households listed as homeless that receive food stamp benefits, and 233 cases with migrant and seasonal farm workers. The Department is unable to estimate the amount of the fiscal impact because it is unknown how much households will benefit from increasing the length of the certification period. There is no fiscal impact on other state agencies, local government, the public, and business, including small business. There are no costs of compliance for small business.

The Department estimates that amending OAR 461-170-0100 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business. There are not currently any REFM clients who receive reimbursement for employer sponsored health

insurance premiums, so this amendment will not impact any clients. The Department finds that the fiscal impact on businesses, including small businesses is not significant.

The Department estimates that amending OAR 461-175-0340 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There are no costs of compliance for small business.

The Department estimates that repealing OAR 461-190-0195 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that adopting OAR 461-190-0199 will have a negative fiscal impact on the Department and a positive impact on clients who will be approved for the Parents as Scholars (PAS) component of the Job Opportunity and Basic Skills (JOBS) program. This anticipated fiscal impact will result from the Department paying up to \$100 per term or semester for books and supplies for PAS participants in certain circumstances. It is anticipated that one-quarter of the number of PAS participants for 2008 (or 48 participants) will access the available \$100 per term for books and supplies. This will result in a 9-month (October 2008-July 2008) pro-rated fiscal impact of approximately \$14,000. The adoption of OAR 461-190-0199 is anticipated to have an additional fiscal impact as a result of parents who would not otherwise apply for the Temporary Assistance for Needy Families (TANF) program applying for TANF in order to be able to be approved for the Parents as Scholars (PAS) component of the Job Opportunity and Basic Skills (JOBS) program. This may result in an increase in support services being expended for these parents who would not have otherwise applied for TANF. Support services may include payment for child care and transportation. Under this rule, parents approved, conditionally approved and on the Degree Completion Initiative (DCI) list on October 1, 2008, will be moved into PAS. The Department estimates this will utilize approximately 116 DCI slots, leaving an additional 75 DCI slots to be filled. While the Department is unable to determine whether these 75 PAS slots will be filled by parents already receiving TANF, if all 75 slots were filled by parents who would not otherwise receive TANF and support services, a nine-month pro-rated (October 2008-July 2008) support service cost (at \$183 per month per participant for support services) for the additional 75 PAS participants would result in a fiscal impact to the Department of approximately \$124,000. The Department estimates that adopting OAR 461-190-0199 will have no other fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business. The Department finds that the fiscal impact on businesses, including small businesses is not significant.

The Department estimates that amending OAR 461-190-0211 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

The Department estimates that amending OAR 461-190-0231 will have no fiscal impact on the Department, other state agencies, clients and providers, any units of local government, and business, including small business. There is no cost of compliance for small business.

How were small businesses involved in the development of this rule? Small businesses were not involved in the early development of these rules but will be included in the public review and comment period.

Administrative Rule Advisory Committee consulted?: If not, why?

An administrative rule advisory committee reviewed OAR 461-145-0080, 461-145-0150, 461-190-0195, 461-190-0199, 461-190-0211, and 461-190-0231.

An administrative rule advisory committee did not review the other OARs in this Notice of Proposed Rulemaking package. Client advocates receive a copy of the notice rule package. In addition, advocates also receive copies of proposed changes to the Family Services Manual, which provides directives (operational processes and procedures) to the field for implementation of rules. The Family Services Review Commission receives a copy of the notice rule package. Advocates for clients are involved in the process of changing rules through participation in meetings about all rule changes and discussion with executive staff and other staff about some rule changes. Because most rule changes are driven by federal and state mandates, it is more efficient to hear from advocates in the context of these meetings than to set up an additional committee to gain their input.

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Signature

Robert Trachtenberg

Printed Name

7/15/08

Date

461-001-0000

Definitions for Chapter 461

Defined terms are often italicized throughout this chapter of rules. If a defined term is accompanied by a cross-reference to a rule defining the term, subsequent usages of that term in the same rule refer to the same definition cross-referenced earlier in the rule. In this chapter of rules, unless the context indicates otherwise:

- (1) A reference to Division, Adult and Family Services Division (or AFS), Senior and Disabled Services Division (or SDS), or any other agency formerly part of the Department of Human Services shall be taken to mean the Department of Human Services (DHS), except that the rule in which reference occurs only regulates programs covered by Chapter 461 of the Oregon Administrative Rules.
- (2) A reference to an Administrator of an agency mentioned in section (1) shall be taken to mean the Director of DHS.
- (3) "Address Confidentiality Program" (ACP) means a program of the Oregon Department of Justice, which provides a substitute mailing address and mail forwarding service for ACP participants who are victims of domestic violence, sexual assault, or stalking.
- (4) "Adjusted income" means the amount determined by subtracting income deductions from *countable* income (see OAR 461-140-0010). Specific rules on the deductions are found in division 461-160.
- (5) "Adoption assistance" means financial assistance provided to families adopting children with special needs. Adoption assistance may be state or federally funded. Federal adoption assistance is authorized by the Adoption Assistance and Child Welfare Act of 1980 (Pub. L. No. 96-272, 94 Stat. 500 (1980)). State adoption assistance is authorized by ORS 418.330 to 418.335.
- (6) "Assets" mean income and resources.
- (7) "Basic decision notice" means a *decision notice* ~~mailed~~ **issued** no later than the date of ~~the action given in the notice is taken.~~ **The notice must be mailed no later than the business day following the date the notice is issued.**
- (8) "Budgeting" means the process of calculating the benefit level.
- (9) "Budget month" means the calendar month from which nonfinancial and financial information is used to determine *eligibility* and benefit level for the payment month.
- (10) "Cafeteria plan" means a written benefit plan offered by an employer in which:
  - (a) All participants are employees; and

- (b) Participants can choose, cafeteria-style, from a menu of two or more cash or qualified benefits. In this context, qualified benefits are benefits other than cash that the Internal Revenue Service does not consider part of an employee's gross income. Qualified benefits include, but are not limited to:
  - (A) Accident and health plans (including medical plans, vision plans, dental plans, accident and disability insurance);
  - (B) Group term life insurance plans (up to \$50,000);
  - (C) Dependent care assistance plans; and
  - (D) Certain stock bonus plans under section 401(k)(2) of the Internal Revenue Code (but not 401(k)(1) plans).
- (11) "Capital asset" means property that contributes toward earning self-employment income, including self-employment income from a microenterprise, either directly or indirectly. A capital asset generally has a useful life of over one year and a value, alone or in combination, of \$100 or more.
- (12) "Caretaker" means an individual who is responsible for the care, control, and supervision of a child. The status of caretaker ends once the individual no longer exercises care, control, and supervision of the child for 30 days.
- (13) "Caretaker relative" means a *caretaker* who meets the requirements of one of the following subsections:
  - (a) Is one of the following relatives of the *dependent child*:
    - (A) Any blood relative, including those of half-blood, and including first cousins, nephews, or nieces, and individuals of preceding generations as denoted by prefixes of grand, great, or great-great.
    - (B) Stepfather, stepmother, stepbrother, and stepsister.
    - (C) An individual who legally adopts the child and any individual related to the individual adopting the child, either naturally or through adoption.
  - (b) Is or was a spouse of an individual listed in subsection (a) of this section.
  - (c) Met the definition of *caretaker relative* under subsection (a) or (b) of this section before the child was adopted (notwithstanding the child's subsequent adoption).
- (14) "Certification period" means the period for which a client is certified eligible for a program.

- (15) "Child" includes natural, step, and adoptive children. The term child does not include an unborn.
- (a) In the ERDC program, a child need not have a biological or legal relationship to the caretaker but must be in the care and custody of the caretaker, must meet the citizenship or alien status requirements of OAR 461-120-0110, and must be:
    - (A) Under the age of 18; or
    - (B) Under the age of 19 and in secondary school or vocational training at least half time.
  - (b) In the GA, GAM, and OSIP programs, a child is an individual under the age of 18.
  - (c) In the OHP program, child means an individual, including a minor parent, under the age of 19.
  - (d) In the OSIPM and QMB programs, child means an unmarried individual living with a parent who is:
    - (A) Under the age of 18; or
    - (B) Under the age of 22 and attending full time secondary, post secondary or vocational-technical training designed to prepare the individual for employment.
- (16) "Community based care" is any of the following:
- (a) Adult foster care - Room and board and 24 hour care and services for the elderly or for disabled people 18 years of age or older. The care is contracted to be provided in a home for five or fewer clients.
  - (b) Assisted living facility - A program approach, within a physical structure, which provides or coordinates a range of services, available on a 24-hour basis, for support of resident independence in a residential setting.
  - (c) In-home Services - People living in their home receiving services determined necessary by the Department.
  - (d) Residential care facility - A facility that provides residential care in one or more buildings on contiguous property for six or more individuals who have physical disabilities or are socially dependent.
  - (e) Specialized living facility - Identifiable services designed to meet the needs of individuals in specific target groups which exist as the result of a problem,



condition or dysfunction resulting from a physical disability or a behavioral disorder and require more than basic services of other established programs.

- (f) Independent choices - In-home Services recipients in demonstration sites who receive a cash benefit to coordinate in-home services under a section 1115 (42 U.S.C. 1315) demonstration waiver.
- (17) "Continuing benefit decision notice" means a *decision notice* that informs the client of the right to continued benefits and is mailed in time to be received by the date benefits are, or would be, received.
- (18) "Countable" means that an available asset (either income or a resource) is not excluded and may be considered by some programs to determine eligibility.
- (19) "Custodial parents" mean parents who have physical custody of a child. Custodial parents may be receiving benefits as dependent children or as caretaker relatives for their own children.
- (20) "Decision notice" means a written notice of a decision by the Department regarding an individual's eligibility for benefits in a program.
- (21) "Department" means the Department of Human Services (DHS).
- (22) "Dependent child", in the EXT, MAA, MAF, REF, REFM, and TANF programs, means the following:
  - (a) An individual who is not a caretaker relative of a child in the household, is unmarried or married but separated, and is under the age of 18, or 18 years of age and a full time student in secondary school or the equivalent level of vocational or technical training; or
  - (b) A minor parent whose parents have chosen to apply for benefits for the minor parent. This does not apply to a minor parent who is married and living with his or her spouse.
- (23) "Disability" means:
  - (a) In the FS program, see OAR 461-001-0015.
  - (b) In the REF, SFPSS, TA-DVS, and TANF programs, for purposes other than determining eligibility:
    - (A) An individual with a physical or mental impairment that substantially limits the individual's ability to meet the requirements of the program; or

- (B) An individual with a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or who is regarded as having such an impairment as defined by the Americans with Disabilities Act (42 USC 12102; 28 CFR 35.104).
- (24) "Domestic violence" means the occurrence of one or more of the following acts between family members, intimate partners, or household members:
    - (a) Attempting to cause or intentionally, knowingly or recklessly causing physical injury or emotional, mental or verbal abuse.
    - (b) Intentionally, knowingly or recklessly placing another in fear of imminent serious physical injury.
    - (c) Committing sexual abuse in any degree as defined in ORS 163.415, 163.425 and 163.427.
    - (d) Using coercive or controlling behavior.
  - (25) "Domestic violence shelters" are public or private nonprofit residential facilities providing services to victims of domestic violence. If the facility serves other people, a portion must be used solely for victims of domestic violence.
  - (26) "Eligibility" means the decision as to whether an individual qualifies, under financial and nonfinancial requirements, to receive program benefits.
  - (27) "Equity value" means fair market value minus encumbrances.
  - (28) "Fair market value" means the amount an item is worth on the open market.
  - (29) "Family stability" in the JOBS, Pre-TANF, Post-TANF, SFPSS, TA-DVS, and TANF program means the characteristics of a family that support healthy child development, including parental mental health, drug and alcohol free environment, stable relationships, and a supportive, flexible, and nurturing home environment.
  - (30) "Family stability activity" in the JOBS, Pre-TANF, Post-TANF, SFPSS, TA-DVS, and TANF program means an action or set of actions taken by the client, as specified in a case plan, intended to promote the ability of one or both parents to achieve or maintain *family stability*.
  - (31) "Financial institution" means a bank, credit union, savings and loan association, investment trust, or other organization held out to the public as a place receiving funds for deposit, savings, checking, or investment.
  - (32) "HPN" means a health plan new/noncategorical client eligible under OHP-OPU.

- (33) "Income-producing property" means any real or personal property that generates income for the financial group. Examples of income-producing property are:
- (a) Livestock, poultry, and other animals.
  - (b) Farmland, rental homes (including a room or other space in the home or on the property of a member of the financial group), vacation homes, condominiums.
- (34) "Initial month" of eligibility means any of the following:
- (a) In all programs, the first month a *benefit group* (see OAR 461-110-0750) is eligible for a program benefit in Oregon after a period during which the group is not eligible.
  - (b) In all programs except the FS program, the first month a *benefit group* is eligible for a program benefit after there has been a break in the program benefit of at least one full calendar month. If benefits are suspended for one month, that is not considered a break.
  - (c) In the FS program:
    - (A) The first month for which the *benefit group* is certified following any period during which they were not certified to participate, except for *migrant* and *seasonal farm workers* (see OAR 461-001-0015).
    - (B) For *migrant* and *seasonal farmworkers*, the first month for which the *benefit group* is certified following any period of one month or more during which they were not certified to participate.
  - (d) In the OHP program, the first month of a redetermination or recertification period.
  - (e) For clients in the GA, GAM, OSIP, and OSIPM programs who live in a *nonstandard living arrangement*, for the purposes of calculating the correct divisor in OAR 461-140-0296, the month in which the client would have been eligible had it not been for the disqualifying transfer of assets.
- (35) "In-kind income" means income in a form other than money (such as food, clothing, cars, furniture, and payments made to a third party).
- (36) "Legally married" means a marriage uniting a man and a woman according to the provisions of either:
- (a) The statutes of the state where the marriage occurred;
  - (b) The common law of the state in which the man and woman previously resided while meeting the requirements for common law marriage in that state; or

- (c) The laws of a country in which the man and woman previously resided while meeting the requirements for legal or cultural marriage in that country.
- (37) "Life estate" means the right to property limited to the lifetime of the individual holding it or the lifetime of some other individual. In general, a life estate enables the owner of the life estate to possess, use and obtain profits from property during the lifetime of a designated individual while actual ownership of the property is held by another individual. A life estate is created when an individual owns property and then transfers their ownership to another while retaining, for the rest of their life, certain rights to that property. In addition, a life estate is established when a member of the *financial group* (see OAR 461-110-0530) purchases a life estate interest in the home of another individual.
- (38) "Lodger" means a member of the *household group* (see OAR 461-110-0210) who---
- (a) Is not a member of the filing group; and
  - (b) Pays the filing group for room and board.
- (39) "Long-term care" means the system through which the Department provides a broad range of social and health services to eligible adults who are aged, blind, or have disabilities for extended periods of time. This includes nursing homes and state hospitals (Eastern Oregon and Oregon State Hospitals).
- (40) "Lump-sum income" means income received too infrequently or irregularly to be reasonably anticipated, or received as a one-time payment. Lump-sum income includes:
- (a) Retroactive benefits covering more than one month, whether received in a single payment or several payments.
  - (b) Income from inheritance, gifts, winnings and personal injury claims.
- (41) "Marriage" means the union of a man and a woman who are *legally married*.
- (42) "Microenterprise" means a sole proprietorship, partnership, or family business with fewer than five employees and capital needs no greater than \$35,000.
- (43) "Minor parent", in the ERDC, EXT, MAA, MAF, REF, REFM, and TANF programs, means a parent under the age of 18.
- (44) "Nonstandard living arrangement" is defined as follows:
- (a) In the GA, GAM, OSIP, OSIPM, and QMB programs, a client is considered to be in a *nonstandard living arrangement* when the client is applying for or receiving services in any of the following locations:

- (A) A nursing facility.
  - (B) An intermediate care facility for the mentally retarded (ICF/MR).
  - (C) A psychiatric institution, if the individual is not yet 21 years of age or has reached the age of 65.
  - (D) A community-based setting ~~covered by a waiver under Title XIX of the Social Security Act.~~
- (b) In all programs except GA, GAM, OSIP, OSIPM, and QMB, a *nonstandard living arrangement* means each of the following locations:
- (A) Foster care.
  - (B) Residential Care Facilities.
  - (C) Drug or Alcohol Residential Treatment Facilities.
  - (D) Homeless or Domestic Violence Shelters.
  - (E) Lodging house if paying for room and board.
  - (F) Correctional facilities.
  - (G) Medical institutions.
- (45) "Ongoing month" means one of the following:
- (a) For all programs except FS and OHP, any month following the *initial month* of eligibility, if there is no break in the program benefit of one or more calendar months.
  - (b) For the FS and OHP programs, any month in the *certification period* following the *initial month* of eligibility.
- (46) "Parent" means the biological or legal (step or adoptive) mother or father of an individual or unborn child.
- (a) If the mother lives with a male and either she or the male claims that he is the father of the child or unborn, and no one else claims to be the father, he is treated as the father even if paternity has not been legally established.
  - (b) A stepparent relationship exists if:

- (A) The individual is *legally married* to the child's biological or adoptive parent; and
  - (B) The *marriage* has not been terminated by legal separation, divorce or death.
- (c) A legal adoption erases all prior legal and blood relationships and establishes the adoptive parent as the legal parent. However, the biological parent is also considered a parent if both of the following are true:
- (A) The child lives with the biological parent; and
  - (B) The legal parent (the adoptive parent) has given up care, control and supervision of the child.
- (47) "Payment month" means, for all programs except EA, the calendar month for which benefits are issued.
- (48) "Payment period" means, for EA, the 30-day period starting with the date the first payment is issued and ending on the 30th day after the date the payment is issued.
- (49) "Periodic income" means income received on a regular basis less often than monthly.
- (50) "Primary person" for all programs except FS, means the filing group member who is responsible for providing information necessary to determine eligibility and calculate benefits. The primary person for individual programs is as follows:
- (a) For EXT, MAA, MAF, and TANF, the parent or caretaker relative.
  - (b) For ERDC, the caretaker.
  - (c) For FS, see OAR 461-001-0015.
  - (d) For GA, GAM, OSIP, OSIPM, and QMB, the client or their spouse.
  - (e) For OHP, REF, and REFM, the applicant, caretaker, caretaker relative or parent.
- (51) "Qualified Partnership Policy" means a long term care insurance policy meeting the requirements of OAR 836-052-0531 that was either:
- (a) Issued while the client was a resident in Oregon on January 1, 2008 or later; or
  - (b) Issued in another state while the client was a resident of that state on or after the effective date of that state's federally approved State Plan Amendment to issue qualified partnership policies.

- (52) "Real property" means land, buildings, and whatever is erected on or affixed to the land and taxed as real property.
- (53) "Reimbursement" means money or in-kind compensation provided specifically for an identified expense.
- (54) "Safe homes" mean private homes that provide a few nights lodging to victims of domestic violence. The homes must be recognized as such by the local domestic violence agency, such as crisis hot lines and shelters.
- (55) "Shelter costs" mean, in all programs except the Food Stamp program, housing costs (rent or mortgage payments, property taxes) and utility costs, not including cable TV or non-basic telephone charges. In the Food Stamp program, see OAR 461-160-0420.
- (56) "Shelter-in-kind" means an agency or person outside the *financial group* (see OAR 461-110-0530) provides the shelter of the *financial group*, or makes a payment to a third party for some or all of the *shelter costs* of the *financial group*. *Shelter-in-kind* does not include temporary shelter provided by a domestic violence shelter, homeless shelter, or residential alcohol and drug treatment facilities or situations where no shelter is being provided, such as sleeping in a doorway, park or bus station.
- (57) "Sibling" means the brother or sister of an individual. "Blood-related" means they share at least one biological or adoptive parent. "Step" means they are not related by blood, but are related by the *marriage* of their parents.
- (58) "Spousal support" means income paid (voluntarily, per court order or per administrative order) by a separated or divorced spouse to a member of the *financial group* (see OAR 461-110-0530).
- (59) "Spouse" means an individual who is *legally married* to another individual. In the ERDC and FS programs, *spouse* includes an individual who is not *legally married* to another, but is presenting themselves to the community as the husband or wife by:
- (a) Representing themselves as husband and wife to relatives, friends, neighbors or tradespeople; and
  - (b) Sharing living expenses or household duties.
- (60) "Stable income" means income that is the same amount each time it is received.
- (61) "Standard living arrangement" means a location that does not qualify as a *nonstandard living arrangement*.
- (62) "Teen parent" means, for TANF and JOBS, a parent under the age of 20 who has not completed a high school diploma or GED.

- (63) "Timely continuing benefit decision notice" means a *decision notice* that informs the client of the right to continued benefits and is mailed no later than the time requirements in OAR 461-175-0050.
- (64) "Trust funds" mean money, securities, or similar property held by a person or institution for the benefit of another person.
- (65) "USDA meal reimbursements" mean cash reimbursements made by the Oregon Department of Education for family day-care providers who serve snacks and meals to children in their care.
- (66) "Variable income" means earned or unearned income that is not always received in the same amount each month.

Stat. Auth: ORS 411.060, 411.070, 411.816, 412.006, **412.014**, 412.049, 414.042

Stats. Implemented: ORS 411.060, 411.070, 411.816, 412.006, **412.014**, 412.049, 414.042



461-001-0035

Definitions; OSIP-EPD and OSIPM-EPD

The following definitions apply to the rules of the OSIP-EPD and OSIPM-EPD programs in Chapter 461:

- (1) *Approved account* refers to a segregated account in a financial institution, the purpose of which is to save to use for future disability-related expenses that would increase the individual's independence and employment potential. Also included in this definition are accounts regulated by the Internal Revenue Code and used for retirement planning, such as IRAs, 401(k)s, TSAs, and KEOGHs.
- (2) *Blind work expenses (BWEs)* refers to those costs defined by SSA that can be used as reductions to earned income as defined in 20 CFR 416.1112(c)(8).
- (3) *Client contribution* refers to the amount that must be paid monthly as a condition of eligibility for the EPD program. This contribution is the combination of the Cost Share and the Premium.
- (4) ~~*Cost share* refers to the amount of unearned income in excess of the OSIP income and payment standard that is given to the state.~~
- ~~(5)~~ *Disabled or has a disability* refers to having a physical or mental impairment, or a combination of these impairments, that meets the definition of disability used by SSA when determining eligibility for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) as defined in 20 CFR Part 404.
- (65) *Disability determination* refers to the process used to establish whether the individual's disability meets the definitions used by SSA in determining eligibility for SSI and SSDI.
- (76) *Employment* refers to an ongoing work activity for which a client provides the Department with one of the following:
  - (a) Tax payments or filing for Federal Insurance Contribution Act (FICA).
  - (b) Tax payments or filing for Self-Employment Contributions Act (SECA).
  - (c) Clear and convincing evidence of self-employment.
- (87) *Employment and independence expense (EIE)* refers to the cost of any expense that can be reasonably expected to enhance the independence and employment potential of the individual.
- (98) *Impairment related work expenses (IRWEs)* refers to those costs defined by SSA that can be used as reductions to earned income. To be allowed, the item or service must be

related to the impairment and necessary to enable the individual to perform the individual's job as defined in 20 CFR 416.976.

- (9) ***Participant fee* refers to the monthly payment that clients in the OSIP-EPD and OSIPM-EPD programs must make in order to be eligible for the OSIP-EPD and OSIPM-EPD programs (see OAR 461-160-0800).**
- (10) *Past relevant work* (PRW) refers to work done within the past 15 years, that was *substantial gainful activity*, and that lasted long enough for the worker to learn how to do it.
- (11) ~~*Premium* refers to the payment given to the state that is based on a graduated percentage of the total income of the individual.~~
- (12) ~~*Substantial gainful activity* (SGA) refers to the term used by SSA to describe a level of work activity and earnings. In the OSIP-EPD or OSIPM-EPD programs, an individual is engaging in SGA if the earnings of the individual are at or above the OSIP-EPD or OSIPM-EPD income standard.~~

Stat. Auth.: ORS 411.060, 411.070, 414.042

Stats. Implemented: ORS 411.060, 411.070, 414.042

461-101-0010

## Program Acronyms and Overview

- (1) Acronyms are frequently used when referring to a program. There is an acronym for each umbrella program (for instance, ~~ERDC~~ **OSIP**) and acronyms for each subprogram (for instance, ~~ERDC-SBG~~ **OSIP-AB, OSIP-AD, and OSIP-OAA**).
- (2) When no program acronym appears in a rule in Chapter 461 of these rules, the rule with no program acronym applies to all programs listed in this rule. If a rule does not apply to all programs, the rule uses program acronyms to identify the programs to which the rule applies.
- (3) Wherever an umbrella acronym appears, that means the rule covers all the subprograms under that code (for instance, OSIP means OSIP-AB, OSIP-AD, and OSIP-OAA).
- (4) ADC; Aid to Dependent Children. Financial aid to low-income families when children are deprived of parental support because of continued absence, death, incapacity, or unemployment. When used alone, ADC refers to all ADC programs. Use of the acronym, ADC, which stands for Aid to Dependent Children, and use of the phrase, Aid to Dependent Children, refer to the state's Temporary Assistance for Needy Families Program, and its acronym, TANF. The following codes are used for ADC subprograms:
  - (a) ADC-BAS; Aid to Dependent Children - Basic (includes eligibility based on continued absence, death, incapacity, or unemployment). ADC with deprivation based on unemployment is also denoted by ADC-BAS/UN.
  - (b) EA; Aid to Dependent Children - Emergency Assistance. Emergency cash to families without the resources to meet emergent needs.
- (5) ADCM; Aid to Dependent Children Medical. Medical aid to low-income families when children are deprived of parental support, as for ADC. Use of the acronym ADCM, which stands for Aid to Dependent Children Medical, and use of the phrase Aid to Dependent Children Medical refer to EXT, MAA, MAF, and SAC programs. When used alone, ADCM refers to all ADC-related medical programs. The following codes are used for ADCM subprograms:
  - (a) ADCM-BAS; Aid to Dependent Children Medical - Basic.
  - (b) ADCM-EXT; Aid to Dependent Children Medical - Extended. ADCM-EXT provides extended medical benefits to families after their ADC benefits end.
  - (c) ADCM-SAC; Aid to Dependent Children Medical - Substitute or Adoptive Care. ADCM-SAC gives medical coverage to children in substitute or adoptive care.
- (6) The Assessment Program (see the Pre-TANF program in this rule).

- (7) BCCM; Breast and Cervical Cancer Medical program.
- (8) CAWEM; Citizen/Alien-Waived Emergent Medical. Medicaid coverage of emergent medical needs for clients who are not eligible for other medical programs solely because they do not meet citizenship and alien status requirements.
- (9) DFSP; Disaster Food Stamp Program. Following a presidential declaration of a major disaster in Oregon, DFSP provides emergency food stamps to victims. OAR 461-135-0491 to 461-135-0497 cover DFSP eligibility and benefits.
- (10) ERDC **or ERDC-BAS**; Employment—~~or Education~~—Related Day Care—**Basic**. Helps low-income **working** families pay the cost of child care. ~~When used alone, ERDC refers to all ERDC programs. The following codes are used for ERDC subprograms:~~
  - ~~(a) ERDC-BAS; ERDC—Basic. Child care for working families.~~
  - ~~(b) ERDC-SBG; ERDC—Student Block Grant. Child care for students.~~
- (11) EXT; Extended Medical Assistance. The Extended Medical Assistance program provides medical assistance for a period of time after a family loses its eligibility for the MAA, MAF, or Pre-TANF program due to an increase in their child support or earned income.
- (12) FS; Food Stamps. Helps low-income households maintain proper nutrition by giving them the means to purchase food. **Any reference to Food Stamps or FS also includes the Supplemental Nutrition Assistance Program or SNAP.**
- (13) GA; General Assistance. Cash assistance to low-income individuals with disabilities who do not have dependent children.
- (14) GAM; General Assistance Medical. Medical assistance to clients who are eligible for the GA program but have not been found eligible for OSIPM benefits.
- (15) HSP; Housing Stabilization Program. A program that helps low-income families obtain stable housing. The program is operated through the Housing and Community Services Department through community-based, service-provider agencies. The Department's rules for the program (OAR 461-135-1305 to 461-135-1335) were repealed July 1, 2001.
- (16) JOBS; Job Opportunity and Basic Skills. An employment program for REF, REFM, and TANF clients. JOBS helps these clients attain self-sufficiency through training and employment. The program is part of Welfare Reform.
- (17) JOBS Plus. Provides subsidized jobs rather than FS or TANF benefits. For TANF clients, JOBS Plus is a component of the JOBS Program; for FS clients and noncustodial parents of children receiving TANF, it is a separate employment program. Eligibility for TANF clients, FS clients, and noncustodial parents of children receiving TANF is determined by the Department. Eligibility for UI recipients is determined by the Oregon State

Employment Department. When used alone, JOBS Plus includes only clients whose JOBS Plus program participation is through the Department of Human Services. JOBS Plus administered through the Oregon State Employment Department is known in chapter 461 of the Oregon Administrative Rules as Oregon Employment Department UI JOBS Plus. The following acronyms are used for specific categories:

- (a) ADC-PLS; Clients eligible for JOBS Plus based on TANF.
  - (b) FS-PLS; Clients eligible for JOBS Plus based on FS.
  - (c) NCP-PLS; Noncustodial parents of children receiving TANF.
- (18) LIS; Low-Income Subsidy. The Low-Income Subsidy program is a federal assistance program for Medicare clients who are eligible for extra help meeting their Medicare Part D prescription drug costs.
- (19) MAA; Medical Assistance Assumed. The Medical Assistance Assumed program provides medical assistance to people who are eligible for the Pre-TANF program or ongoing TANF benefits.
- (20) MAF; Medical Assistance to Families. The Medical Assistance to Families program provides medical assistance to people who are ineligible for MAA but are eligible for Medicaid using ADC program standards and methodologies that were in effect as of July 16, 1996.
- (21) OFSET. The Oregon Food Stamp Employment Transition Program, which helps FS recipients find employment. This program is mandatory for some FS recipients.
- (22) OHP; Oregon Health Plan. The Oregon Health Plan Program provides medical assistance to many low-income individuals and families. The program includes five categories of people who may qualify for benefits. The acronyms for these categories are:
- (a) OHP-OPU; Adults. OHP coverage for adults who qualify under the 100 percent income standard. A person eligible under OHP-OPU is referred to as a health plan new/noncategorical (HPN) client.
  - (b) OHP-OPC; Children. OHP coverage for children who qualify under the 100 percent income standard.
  - (c) OHP-OP6; Children Under 6. OHP coverage for children under age 6 who qualify under the 133 percent income standard.
  - (d) OHP-OPP; Pregnant Females and their newborn children. OHP coverage for pregnant females who qualify under the 185 percent income standard and their newborn children.

- (e) OHP-CHP; Persons Under 19. OHP coverage for persons under age 19 who qualify under the 185 percent income standard for medical assistance authorized by the Children's Health Insurance Program (CHIP) provision of the 1997 Balanced Budget Act.
- (23) OSIP; Oregon Supplemental Income Program. Cash supplements and special need payments to persons who are blind, disabled, or 65 years of age or older. When used alone, OSIP refers to all OSIP programs. The following acronyms are used for OSIP subprograms:
- (a) OSIP-AB; Oregon Supplemental Income Program - Aid to the Blind.
  - (b) OSIP-AD; Oregon Supplemental Income Program - Aid to the Disabled.
  - (c) OSIP-EPD; Oregon Supplemental Income Program - Employed Persons with Disabilities program. This program provides Medicaid coverage for employed persons with disabilities with adjusted income less than 250 percent of the Federal Poverty Level.
  - (d) OSIP-OAA; Oregon Supplemental Income Program - Old Age Assistance.
- (24) OSIPM; Oregon Supplemental Income Program Medical. Medical coverage for elderly and disabled individuals. When used alone, OSIPM refers to all OSIP-related medical programs. The following codes are used for OSIPM subprograms:
- (a) OSIPM-AB; Oregon Supplemental Income Program Medical - Aid to the Blind.
  - (b) OSIPM-AD; Oregon Supplemental Income Program Medical - Aid to the Disabled.
  - (c) OSIPM-EPD; Oregon Supplemental Income Program Medical - Employed Persons with Disabilities program. This program provides Medicaid coverage for employed persons with disabilities with adjusted income less than 250 percent of the Federal Poverty Level.
  - (d) OSIPM-OAA; Oregon Supplemental Income Program Medical - Old Age Assistance.
  - (e) OSIPM-IC; Oregon Supplemental Income Program Medical - Independent Choices
- (25) The Post-TANF program provides a monthly transitional payment to employed clients who are no longer eligible for the Pre-TANF or TANF programs due to earnings, and meet the other eligibility requirements.

- (26) The Pre-TANF program is an up-front assessment and resource-search program for TANF applicant families. The intent of the program is to assess the individual's employment potential; determine any barriers to employment or family stability; develop an individualized case plan that promotes family stability and financial independence; help individuals find employment or other alternatives; and provide basic living expenses immediately to families in need.
- (27) QMB; Qualified Medicare Beneficiaries. Additional medical coverage for Medicare recipients. When used alone, QMB refers to all QMB programs. The following codes are used for QMB subprograms:
- (a) QMB-BAS; Qualified Medicare Beneficiaries - Basic. The basic QMB program.
  - (b) QMB-DW; Qualified Medicare Beneficiaries - Disabled Worker. Payment of the Medicare Part A premium for people under age 65 who have lost eligibility for Social Security disability benefits because they have become substantially gainfully employed.
  - (c) QMB-SMB; Qualified Medicare Beneficiaries - Special Medicare Beneficiary. Payment of all or a portion of the Medicare Part B premium only. There are no medical benefits available through QMB-SMB.
- (28) REF; Refugee Assistance. Cash assistance to low-income refugee singles or married couples without children.
- (29) REFM or REFM-BAS; Refugee Assistance Medical - Basic. Medical coverage for low-income refugees.
- (30) The Repatriate Program helps Americans resettle in the United States if they have left a foreign land because of an emergency situation.
- (31) SAC; Medical Coverage for Children in Substitute or Adoptive Care.
- (32) Senior Prescription Drug Assistance Program; provides that people 65 years of age or older can purchase prescription drugs at the Medicaid price.
- (33) SFDNP; Senior Farm Direct Nutrition Program. Food vouchers for low income seniors. Funded by a grant from the United States Department of Agriculture.
- (34) SFPSS; State Family Pre-SSI/SSDI Program. A voluntary program providing cash assistance and case management services to families when at least one TANF eligible adult in the household has an impairment (see OAR 461-125-0260) and is or will be applying for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).

- (35) TA-DVS; Temporary Assistance for Domestic Violence Survivors. Addresses the needs of clients threatened by domestic violence.
- (36) TANF; Temporary Assistance for Needy Families. Cash assistance for families when children in those families are deprived of parental support because of continued absence, death, incapacity, or unemployment. Cash assistance used to be known as ADC.

Stat. Auth.: ORS 411.060, 411.816, **412.014, 412.049**, 414.042, 414.342, 418.100, 2007 ~~Or. Laws ch. 861~~

Stats. Implemented: ORS 411.060, 411.816, **412.014, 412.049**, 414.042, 414.342, 418.100, 2007 ~~Or. Laws ch. 861~~



461-110-0370  
Filing Group; FS

THIS RULE WILL BE AMENDED TO REFLECT PUBLISHED 2008 INCOME AND  
PAYMENT STANDARDS

In the Food Stamp program:

- (1) Except as provided in this rule, the filing group is composed of members of a *household group* (see OAR 461-110-0210) who customarily purchase and prepare meals together.
- (2) Except as provided in sections (3), (6), and (7) and subsection (5)(b) of this rule, the following individuals, if they are in the same *household group*, must be in the same filing group, even if they do not customarily purchase and prepare meals together:
  - (a) Each *spouse* (see OAR 461-001-0000).
  - (b) A *parent* (see OAR 461-001-0000) and his or her child under age 22 who is living with them.
  - (c) A *household group* member and child under age 18 who lives with and is under *parental control* of that household group member. For the purposes of this subsection, *parental control* means the adult is responsible for the care, control, and supervision of the child or the child is financially dependent on the adult.
- (3) Notwithstanding sections (1) and (2) of this rule, an individual is excluded from the filing group if, during the month the group applied for food stamps, the individual received ~~food stamp~~ **food stamp** benefits or SSI benefits through the state of California that included ~~food stamp~~ **food stamp** benefits. This exclusion applies only in the initial month and, if necessary to meet notice requirements, in the month following the initial month. This exclusion does not apply to an individual who was the head of household in the prior household.
- (4) The following individuals may form a separate filing group if they purchase and prepare food with other members of the *household group*, unless they are required by section (2) of this rule to be in the same filing group:
  - (a) A paid live-in attendant and the attendant's minor children may choose not to be in the filing group with the individuals for whom they are providing services.
  - (b) An *elderly* individual (see OAR 461-001-0015) may be considered a separate filing group from the others with whom the *elderly* individual purchases and prepares meals, if:
    - (A) The *elderly* individual is unable to purchase and prepare food because of a permanent and severe disabling condition; and

- (B) The combined income of the other members of the *household group* does not exceed the following limit:

Other Household Members	Monthly Countable Income
1	\$1,404
2	1,883
3	2,361
4	2,840
5	3,318
6	3,797
7	4,275
8	4,754
Each additional person	479

- (5) The following individuals who are paying to have meals provided are not eligible to participate in the Food Stamp program independently of the care or service provider. However, they may be included in the care or service provider's filing group if the provider chooses to apply for benefits for them.
- (a) An individual in foster care along with his or her *spouse* and each child under age 22 living with them.
  - (b) A member of the *household group* who pays the filing group a reasonable amount for room and board (lodger). A reasonable amount is:
    - (A) An amount that equals or exceeds the Thrifty Food Plan for the person and anyone in that person's filing group (see OAR 461-155-0190(2)), if more than two meals a day are provided; or
    - (B) An amount that equals or exceeds two-thirds of the Thrifty Food Plan for the person and anyone in that person's filing group, if two or fewer meals a day are provided.
- (6) Notwithstanding section (2) of this rule, the following *household group* members may form a separate filing group from other members of the *household group*:
- (a) A resident of an alcohol or drug treatment and rehabilitation program certified by the Department for which an employee of the facility is the authorized representative (see OAR 461-135-0550).
  - (b) A resident in *group living* (see OAR 461-001-0015).
  - (c) A resident of a homeless or domestic violence shelter (see OAR 461-135-0510).

- (d) A member of the *household group* who is not paying the filing group a reasonable amount for room and board (lodger), as defined in subsection (5)(b) of this rule.
- (7) The following household group members are excluded from the filing group:
- (a) A resident of a commercial boarding house.
  - (b) An ineligible student, as defined in OAR 461-135-0570.
- (8) A household member may be in two filing groups if the member:
- (a) Is a resident of a *domestic violence shelter* (see OAR 461-001-0000) or *safe home* (see OAR 461-001-0000); and
  - (b) Recently left the household containing the individual who abused them.

Stat. Auth.: ORS 411.816

Stats. Implemented: ORS 411.816, 411.825

461-115-0015

Application Process; Waiting List for ERDC-SBG

THIS RULE IS REPEALED

- ~~(1) — Eligibility for the ERDC-SBG program is subject to the availability of funds. A waiting list of prospective applicants is created and maintained by the Department.~~
- ~~(2) — A random drawing from among those returning a "waiting list information" form during the initial period will establish the positions of prospective applicants on the waiting list to apply for funds. Following the initial application period, prospective applicants will be added to the waiting list following those remaining from the initial application period in order of the date and time the Department receives the "waiting list information" form.~~
- ~~(3) — An appropriate number of persons from the initial waiting list are notified of their right to apply. Those not selected are notified of their position on the waiting list.~~
- ~~(4) — Each month, on the basis of an estimate of available funds, an appropriate number of persons on the waiting list are notified of their right to apply.~~
- ~~(5) — The processing time frame for the ERDC-SBG application is the same as that specified in OAR 461-115-0190, except that:
  - ~~(a) — The date the Department sends the notification described in section (3) of this rule establishes the date of request.~~
  - ~~(b) — If the Department does not receive an application within 15 days following the date of request, the applicant is dropped from the waiting list. An applicant who applies after the 15 days must reapply to be put on the waiting list and will be added to the waiting list in order of the date and time the Department receives the "waiting list information" form.~~
  - ~~(c) — Effective January 1, 2004 through March 31, 2004, if the student is not enrolled in school when his or her name comes up on the waiting list, the application processing time frame may not be extended to allow the student time to register and enroll in school.~~
  - ~~(d) — Effective April 1, 2004, if the student is not enrolled in school when his or her name comes up on the waiting list, the application processing time frame will be extended to allow the student time to register and enroll in school no later than the next school term.~~~~
- ~~(6) — The Department updates the waiting list monthly by notifying all persons who have been on the waiting list for six months or more that they must submit a new "waiting list information" form. A person on the waiting list who does not respond within 15 days~~

~~from the date the notification is sent to the person or who indicates assistance with child care expenses is not needed will be removed from the waiting list.~~

Stat. Auth: ORS 411.060

Stats. Implemented: ORS 411.060

461-115-0030  
Date of Request

- (1) For all programs covered by Chapter 461 of the Oregon Administrative Rules, the client or someone authorized to act on behalf of the client must contact the Department or use another appropriate method to request benefits (see OAR 461-115-0150). The request may be oral or in writing. The request starts the application process.
- (2) The *date of request* is one of the following:
  - (a) In the EA, ERDC-BAS, GA, OSIP, REF, and TANF programs and for support service payments in the JOBS program authorized by OAR 461-190-0211, the *date of request* is the day the request for benefits is received by the Department.
  - (b) ~~In the ERDC-SBG program, the *date of request* is the date the Department sends the client a notice of the right to apply, along with an application.~~
  - (c) — In the FS program, this section does not apply. See OAR 461-115-0040.
  - (d) In the GAM, MAA, MAF, OHP, OSIPM, REFM, and SAC programs, the *date of request* is determined as follows:
    - (A) For a new applicant,
      - (i) The day the request for medical benefits is received by a Department representative, except as described in subparagraph (ii) of this paragraph.
      - (ii) If the request for medical benefits is received by a Department representative no later than the next business day after medical services are received, the *date of request* is the day these medical services were received.
    - (B) For a current recipient, the *date of request* is one of the following:
      - (i) The date the client reports a change requiring a redetermination of eligibility.
      - (ii) The date the Department initiates a review, except that the automatic mailing of an application does not constitute a Department-initiated review.
      - (iii) The date the client establishes a *date of request* by contacting the Department orally or in writing or by submitting an application.

(C) For an *OHP Standard Reservation List Applicant* (see OAR 461-135-1125), the *date of request* is the date the Department mails the *OHP 7210R Application* (see OAR 461-135-1125).

(ed) In the SFPSS program:

(A) Except as provided in paragraph (B) of this subsection, the *date of request* is the day the client signs the program's Interim Assistance Agreement.

(B) The *date of request* for support service payments is the day the request for benefits is received by the Department.

Stat. Auth: ORS 409.050, 411.060, 411.070, 411.816, 412.014, 412.049, 414.042

Stats. Implemented: ORS 411.060, 411.070, 411.816, 412.014, 412.049, 414.042

461-120-0130

Declaration of Citizenship or Alien Status

(1) All persons required to meet the citizenship and alien status requirements of OAR 461-120-0110, ~~except ERDC-SBG clients~~, must report their citizenship and alien status and sign a statement attesting to their status under penalty of perjury. The following persons must sign the statement:

(a1) For all programs except the Food Stamp program, each adult in the filing group must sign the statement; the primary person signs for the children in the filing group.

(b2) For the Food Stamp program, an adult filing group member or an authorized representative must sign the statement for everyone in the filing group.

~~(2) For ERDC-SBG, there is no requirement to sign the statement.~~

Stat. Auth: ORS 411.060, **411.816, 412.014, 412.049, 414.042**

Stats. Implemented: ORS 411.060, **411.816, 412.014, 412.049, 414.042**



461-120-0510

Age Requirements for Clients to Receive Benefits

- (1) If the year of a person's birth is known but the month is unknown, the month of birth is presumed to be July. If the date of birth is unknown, the date of birth is presumed to be the first of the month.
- (2) To be eligible for the BCCM program, a woman must be under 65 years of age.
- (3) To be eligible for the EXT, MAA, MAF, or TANF programs:
  - (a) A *child* (see OAR 461-001-0000) must be--
    - (A) Under 18 years of age; or
    - (B) Under 19 years of age and *regularly attending school* full time, as determined by the school.
  - (b) A caretaker relative may be any age.
- (4) To be eligible for payment of child care costs for the ERDC or TANF program, a *child* must be--
  - (a) Under 12 years of age for the ERDC program or under 13 years of age for the TANF program; or
  - (b) Under 18 years of age and--
    - (A) Physically or mentally incapable of selfcare;
    - (B) Under court supervision;
    - (C) Receiving foster care;
    - (D) Eligible for the special need rate for child care in OAR 461-155-0150; or
    - (E) Subject to circumstances that significantly compromise the *child's* safety or the caretaker's ability to work or participate in an assigned activity if child care is not available.
- (5) To be eligible for the FS, OSIP-AB, OSIPM-AB, QMB-BAS, QMB-SMB, or REFM programs, a client may be any age.
- (6) To be eligible for the GA and GAM programs, a client must be--
  - (a) Eighteen years of age or older and less than 65 years of age; or

- (b) Sixty-five years of age or older and must be a non-citizen who meets the requirements of OAR 461-120-0125.
- (7) To be eligible for the OHP program, a client must meet the age requirements in OAR 461-135-1100.
- (8) To be eligible for the OSIP-AD (except OSIP-EPD) program, a client must be 18 years of age or older and under 65 years of age.
- (9) To be eligible for the OSIP-EPD and OSIPM-EPD programs, the client must be 18 years of age or older or be legally emancipated.
- (10) To be eligible for the OSIP-OAA or OSIPM-OAA programs, a client must be 65 years of age or older.
- (11) To be eligible for the OSIPM-AD (except OSIPM-EPD) or QMB-DW programs, a client must be under 65 years of age.
- (12) To be eligible for the REF program, a client must be ~~18 years of age or older or must be emancipated:~~
  - (a) **18 years of age or older;**
  - (b) **A legally emancipated minor; or**
  - (c) **Part of a TANF filing group that is ineligible for TANF.**
- (13) To be eligible for the SAC program, the child must be under 21 years of age.

Stat. Auth: ORS 411.060, 411.816, 412.049

Stats. Implemented: ORS 411.060, 411.816, 412.049

461-130-0310

Participation Classifications: Exempt, Mandatory, and Volunteer

- (1) To administer the employment programs of the Food Stamp, Pre-TANF, REF, and TANF programs, the Department assigns clients to one or more participation classifications-- *exempt, mandatory, and volunteer*.
- (2) In the Food Stamp program:
  - (a) The following clients are *exempt*:
    - (A) A client with weekly *countable income* (see OAR 461-001-0000) from employment or self-employment (see OAR 461-145-0930) at least equal to the federal minimum wage multiplied by 30 hours. This includes migrant and seasonal farm workers (see OAR 461-001-0015) who are under contract or similar agreement with an employer or crew chief to begin employment within 30 days.
    - (B) A client with a physical or mental condition that prevents performance of any work.
    - (C) A client who is responsible for the care of a *dependent child* (see OAR 461-001-0000) in the household under 6 years of age or an individual in the household who has a *disability* (see OAR 461-001-0015) that substantially reduces or eliminates the individual's ability to care for himself or herself.
    - (D) A client who provides care for at least 30 hours a week for an individual in another household who has a *disability* (see OAR 461-001-0015) that substantially reduces or eliminates the individual's ability to care for himself or herself.
    - (E) A client enrolled at least half-time, as defined by the school, in any high school or equivalent program recognized by a school district or enrolled at least half-time in any school, training program, or institution of higher education. Clients remain *exempt* during normal periods of class attendance, vacation and recess but no longer qualify for the student exemption when a break in enrollment occurs due to graduation, suspension or expulsion or when the student drops out of school or does not intend to register for the next normal school term (excluding summer term).
    - (F) A client receiving REF or TANF benefits, while a *mandatory* participant in the JOBS program.

- (G) A client who is in receipt of unemployment insurance benefits or has completed an application for unemployment insurance benefits and is waiting for an initial decision on the claim, if the client was required to register for work at an office of the Oregon Employment Department.
  - (H) A participant in a drug or alcohol treatment and rehabilitation program.
  - (I) A pregnant client.
  - (J) A client living in an area where the OFSET program is available to clients but who:
    - (i) Lacks adequate dependent care;
    - (ii) Does not have adequate transportation available; or
    - (iii) Experiences a barrier to employment, such as being homeless or having a short-term physical or mental limitation or a serious family problem.
- (b) A *mandatory* client is an individual in the *need group* (see OAR 461-110-0630); who is 16 or 17 years of age and a *primary person* (see OAR 461-001-0015), or 18 years of age and older but not yet 60; and who is not *exempt* under subsection (a) of this section.
- (c) A *volunteer* is a client who is not a *mandatory* client who chooses to participate in an employment program.
- (3) In the Pre-TANF, REF, and TANF programs:
- (a) Except as stated otherwise in the following paragraphs, the following clients are exempt from participation and disqualification in the employment programs covered by Chapter 461:
    - (A) A client who is in the ninth month of pregnancy or experiencing medical complications due to pregnancy that prevent participation in employment or self-sufficiency *components* (see OAR 461-001-0025) of an employment program.
    - (B) A client during the first six months after giving birth except to participate in parenting classes or *family stability activities* (see OAR 461-001-0000).
    - (C) A client under 20 years of age during the first 16 weeks after giving birth except that the client may be required to participate in suitable activities with a preference for educational activities, parenting classes, and *family stability activities*.

- (D) A *parent* (see OAR 461-001-0000) providing care for a family member; ~~living who lives~~ in the home, ~~who~~ **and** has a *disability* (see OAR 461-001-0000), ~~and does not attend school full-time.~~
  - (E) An REF client 65 years of age or older.
  - (F) A TANF client 60 years of age or older.
  - (G) A non-citizen who is not authorized to work in the United States.
  - (H) A recipient of supplemental security income (SSI) from the Social Security Administration.
  - (I) A *caretaker relative* (see OAR 461-001-0000) who is non-needy.
  - (J) If participation is likely to cause undue hardship or is contrary to the best interests of the *child* (see OAR 461-001-0000) or needy *caretaker relative*.
  - (K) A client who participates more than 10 hours per week during the seventh and eighth months of pregnancy.
  - (L) A VISTA volunteer.
- (b) A *parent* of a *child* who receives TANF is *mandatory* if the *parent* is in the same filing group (see OAR 461-110-0330) with the *child* (even if the parent is not in the TANF benefit group under OAR 461-110-0750), unless the *parent* is otherwise *exempt* from participation under subsection (a) of this section.
  - (c) A *volunteer* is a client who is exempt from participation (see subsection (a) of this section) who chooses to participate in an employment program.
- (4) In the FS, REF, and TANF programs, a client may not be disqualified for conduct that occurred while a *volunteer*.
  - (5) In the Post-TANF program, a client is classified as a *volunteer* and may not be disqualified.

Stat. Auth.: ORS 411.060, 411.070, 411.816, ~~418.040, 418.045, 418.100~~ **412.006, 412.009, 412.049**

Stats. Implemented: ORS 411.060, 411.070, 411.816, ~~418.040, 418.045, 418.100~~ **412.006, 412.009, 412.049**

461-135-0010

Assumed Eligibility for Medical Programs

- (1) This rule sets out when a client is assumed eligible for certain medical programs because the client receives or is deemed to receive benefits of another program.
- (2) Except for a client in a two-parent family for which deprivation is based on unemployment or underemployment of the primary wage earner; a client disqualified for failure to pursue cost-effective, employer-sponsored health insurance as required by OAR 461-120-0345; a client who does not meet the citizenship and alien status requirements set forth in OAR 461-120-0110; and a client who does not meet a citizenship verification requirement set forth in OAR 461-115-0705, the following individuals are assumed eligible for MAA:
  - (a) A client receiving or eligible to receive TANF cash benefits.
  - (b) A client whose TANF cash benefits are being paid as wages through the JOBS Plus program.
  - (c) A client who receives no TANF cash benefits because of failure by the client to comply with the requirements for a recipient of the JOBS program, or a requirement for evaluation or treatment of substance abuse or mental health (OAR 461-135-0085).
  - (d) A client in the Pre-TANF program (see OAR 461-135-0475).
  - (e) A child in a *benefit group* (see OAR 461-110-0750) whose grant is affected by a failure to comply with the requirements of OAR 461-120-0340 regarding paternity or child support.
- (3) A pregnant woman who is eligible for and receiving benefits the day the pregnancy ends is assumed eligible for EXT, MAA, MAF, OHP (except OHP-CHP), OSIPM, or SAC until the last day of the calendar month in which the 60th day after the last day of the pregnancy falls.
- (4) A pregnant woman who was eligible for and receiving benefits of **under** the EXT, GAM, MAA, MAF, OHP-OPP, **OHP-OPU**, OSIPM, or SAC program but becomes ineligible ~~during the pregnancy~~ **while pregnant** is assumed eligible for Medicaid.
- (5) A *child* (see OAR 461-001-0000) born to a mother eligible for and receiving EXT, MAA, MAF, OHP (except OHP-CHP), OSIPM, or SAC benefits is assumed eligible for medical benefits. A *child* who is continuously a member of the household group of his or her mother is eligible under this section until the end of the month the *child* turns one year of age.

- (6) Except for a *child* who does not meet a citizenship verification requirement set forth in OAR 461-115-0705, the following children are assumed eligible for SAC:
- (a) A *child* who is the subject of an adoption assistance agreement with another state.
  - (b) A *child* in a state-subsidized, adoptive placement, if an adoption assistance agreement is in effect between a public agency of the state of Oregon and the adoptive parents that indicates the child is eligible for Medicaid.
- (7) The individuals described in subsection (a) and (b) of this section are assumed eligible for OSIPM (except OSIPM-EPD) unless subsection (c) or (d) of this section applies:
- (a) A recipient of SSI benefits.
  - (b) An individual deemed eligible for SSI under Sections 1619(a) or (b) of the Social Security Act (42 U.S.C. 1382h(a) or (b)), which cover individuals with disabilities whose impairments have not changed but who have become gainfully employed and have continuing need for OSIPM.
  - (c) An individual described in subsection (a) or (b) of this section who is in a *nonstandard living arrangement* (see OAR 461-001-0000) is not eligible for *long-term care* (see OAR 461-001-0000) services if the individual would otherwise be ineligible for OSIPM due to a disqualifying transfer of assets (OAR 461-140-0210 to 461-140-0300 regulate the effect of a transfer of assets on a client).
  - (d) An individual described in subsection (a) or (b) of the section who is in a *nonstandard living arrangement* is not assumed eligible for long-term care services if *countable* resources exceed the limit after performing the calculation under OAR 461-160-0580.
- (8) A client who receives both benefits under Part A of Medicare and SSI benefits is assumed eligible for the QMB-BAS program.
- (9) A client is assumed eligible for REFM if ---
- (a) The client is receiving cash assistance through the REF program;
  - (b) The client loses eligibility for cash assistance through the REF program only because of income or resources;
  - (c) The client loses eligibility for the EXT, MAA, MAF, or SAC programs, but still meets the requirements of the REFM program; or
  - (d) The client had refugee-related medical assistance established in another state based on refugee status granted by the United States Citizenship and Immigration

Services, and moved to Oregon within the client's first eight months in the United States.

Stat. Auth.: ORS 409.050, 411.060, 411.070, 412.049, 414.042

Stats. Implemented: ORS 411.060, 411.070, 412.049, 414.025, 414.042, 1999 Or. Laws ch. 859



461-135-0082

Eligibility for Refugees

- (1) Clients are eligible for the Refugee Case Services Program if they **meet the requirements of all of the following sections:**
- (a1) Have an alien status listed in OAR 461-120-0120;
  - (b2) Entered the United States on or after October 1, 1997;
  - (c3) Live in Clackamas, Multnomah or Washington ~~county~~ **County**;
  - (d4) With the exception of Afghan special immigrants, have resided in the United States less than eight months or have been granted asylum within the last eight months. The month in which the refugee was admitted to the United States as a refugee, or was granted asylum, counts as the first month. Afghan special immigrants must have resided in the United States for six months or less. The month in which the special immigrant was admitted to the United States as a special immigrant counts as the first month. If a special immigrant was granted special immigrant status after having already entered the United States, then the month that the status was granted counts as the first month;
  - (e5) Meet the eligibility requirements contained in OAR 461-193-0000 through 461-193-1380.
- ~~(2) Clients who are eligible for the Refugee Case Services program are not eligible for TANF.~~

Stat. Auth.: ORS 411.060

Stats. Implemented: ORS 411.060

461-135-0400

Specific Requirements; ERDC

The Department makes payments for child care, including care covered by the ERDC program, subject to the provisions of division 165 of this chapter of rules. To be eligible for ERDC, a *filing group* (see OAR 461-110-0350) must meet the following requirements:

- (1) For a *filing group* to be eligible for the ERDC-BAS program:
  - (a) At least one *caretaker* (see OAR 461-001-0000) must receive income from employment, including employment through a work study program. For clients who are in the start-up phase of self-employment, working on commission, or participating in job-related training that is a condition of employment, the requirement to have earned income may be waived for three months; and
  - (b) A child who needs child care must meet the citizenship or alien status requirements of OAR 461-120-0110.
- (2) ~~In the ERDC SBG program:~~
  - ~~(a) — At least one *caretaker* must be an undergraduate student without a bachelor's degree. The student must have been admitted to a two- or four-year post-secondary institution that is eligible for federal financial aid and must be registered for at least twelve quarter hours — or an equivalent number of credit hours in an institution that does not use the quarter system — that count toward graduation.~~
  - ~~(b) — In addition to meeting the requirements of subsection (a) of this section, a student who applies for the ERDC SBG program on or after July 1, 2005 must have been admitted to a two- or four-year non-profit, generally accredited institution of higher education located in Oregon, including community colleges, that is eligible for federal financial aid.~~
  - ~~(c) — A *caretaker* who meets the requirements of subsection (a) of this section must attend school for at least —
    - ~~(A) — Three out of four school quarters per or two semesters each academic year; or~~
    - ~~(B) — In an institution that does not use the quarter or semester system, a portion of the academic year equivalent to the portion required by paragraph (A) of this subsection.~~~~
  - ~~(d) — A student may use ERDC SBG benefits for child care needed in order to work during an absence from school or to attend school during a term in which the student is attending school less than 12 credit hours if —~~

- ~~(A) — The student intends to attend school at least 12 credit hours the following term; and~~
- ~~(B) — The absence or part time status does not exceed:
  - ~~(i) — One out of four school quarters for students on the quarter system.~~
  - ~~(ii) — The summer break period for students in the semester system.~~
  - ~~(iii) — In an institution that does not use the quarter or semester system, a portion of the academic year equivalent to the portion allowed by subparagraph (i) or (ii) of this paragraph.~~~~
- ~~(e) — Students must maintain good standing according to the standards of the institution they are attending.~~
- ~~(f) — Students must complete at least 36 quarter hours — or the equivalent in an institution that does not use the quarter system — that count toward graduation each academic year.~~
- ~~(g) — Participation in the student child care program is limited to a total of six years.~~
- (3) — The family must have an allowable child care need as described in OAR 461-160-0040. If in the filing group there are two adults who are required to be in the filing group, and if one of the adults is unemployed, the unemployed adult is considered available to provide child care, making the group ineligible, except in the following situations:
  - (a) The unemployed adult is physically or mentally unable to provide adequate child care.
  - (b) The unemployed adult is unavailable to provide care while participating in requirements of a *case plan* (see OAR 461-001-0025) other than requirements associated with post-secondary education. ~~In the ERDC SBG program only, the unemployed adult meets the requirements of section (2) of this rule.~~
- (43) The *caretaker* must use a child care provider who meets the requirements in OAR 461-165-0160 and 461-165-0180.
- (54) A client is not eligible for a child care payment in the ERDC program for more than six calendar months if the client is unwilling to obtain for the child a Certificate of Immunization Status.
- (65) It is a requirement for eligibility in the ERDC-BAS program that child care is necessary to enable the *caretaker* to remain employed.

Stat. Auth.: ORS 411.060

Stats. Implemented: ORS 411.060

461-135-0401

ERDC-SBG; Effective Dates for the Program

THIS RULE IS REPEALED

- (1) ~~The ERDC Student Block Grant (ERDC SBG) program is not funded between October 1, 2002 and December 31, 2003. Notwithstanding other rules of the Department, the program is closed during this time period. The Department will not authorize or provide any benefit for any part of the period between October 1, 2002 and December 31, 2003, and the waiting list of prospective applicants referred to in OAR 461-115-0015(1) will not be maintained during that period.~~
- (2) ~~Effective January 1, 2004, the ERDC Student Block Grant (ERDC SBG) program is restored. The waiting list of prospective applicants referred to in OAR 461-115-0015(1) will be started for new applications. The Department will authorize and provide benefits to eligible persons effective February 1, 2004.~~

Stat. Auth.: 411.060

Stats. Implemented: 411.060

461-135-0493

## Eligibility and Benefit Amount for DFSP

- (1) To be eligible for emergency food stamp assistance during a disaster, a household must meet all the following criteria:
  - (a) At the time the disaster struck, the household must have resided within the geographical area authorized by FNS for disaster procedures. The household may be certified for emergency food stamp assistance even if at the time of application it is occupying temporary accommodations outside the disaster area. However, the representative of the household must be present at the disaster certification site to be certified for disaster food stamp assistance.
  - (b) The household must purchase food during the disaster period authorized by FNS. A household residing in a temporary shelter but not expected to remain in the shelter for the entire benefit period is eligible for Disaster Food Stamp Program (DFSP) benefits.
  - (c) The household must have experienced at least one of the following adverse effects due to the disaster:
    - (A) Loss or inaccessibility of income involving a reduction or termination of income or a significant delay in receipt of income. This effect could occur if the disaster has caused a place of employment to close or reduce its work days, if pay checks or other payments are lost or destroyed, or if there is a significant delay in the issuance of pay checks or other payments. This effect could also occur if the work location is inaccessible due to the disaster.
    - (B) Inaccessibility of liquid resources. The household is unable to reach its cash resources and is not expected to be able to access its liquid resources for most of the disaster benefit period authorized by FNS. This inaccessibility may occur because the financial institutions where the household has its resources are closed due to the disaster.
    - (C) Loss of food.
    - (D) Real property damage. Damage to or destruction of the home or self-employment business of the household.
- (2) To be eligible for emergency food stamp assistance during a disaster, the take-home pay of the household for the disaster benefits period authorized by FNS, plus its cash resources (cash on hand and accessible funds in checking and savings accounts), less disaster-related expenses, must be less than or equal to the DFSP income standard for the size of the household.

- (a) For DFSP, take-home pay includes all of the following to the extent accessible during the benefit period:
- (A) The wages a household actually receives after taxes and other payroll withholdings are taken out.
  - (B) The assistance payment or other unearned income a household received.
  - (C) Self-employment income earned after taxes for personal income and social security as well as costs of producing the self-employment income are subtracted. Allowable costs of producing the self-employment income are described in OAR 461-145-0920, 461-145-0930, and 461-145-0931.
- (b) For DFSP, disaster-related expenses include expenses the household has paid or is expected to pay for one of the following expenses during the disaster benefit period authorized by FNS if full reimbursement is not expected during this disaster benefit period. If the household has received or reasonably anticipates receiving a reimbursement for part or all of the expense during the disaster benefit period, only the net expense to the household is deductible. **An expense charged to a credit card is not an allowable expense if the credit card bill is paid after the disaster benefit period.** No expenses are considered other than the following:
- (A) Expenses to repair damages to the home or other property of the household essential to the employment or self-employment of a household member;
  - (B) Expenses for temporary shelter **during evacuation or** if the home of the household is not livable or if the household cannot reach its home;
  - (C) ~~Expenses for moving out of an area evacuated due to the disaster;~~
  - (~~D~~)—Expenses related to protecting property from disaster damage, including payment for **the packing and** storage of the items;
  - (D) **Expenses to clean up the home or business following the disaster;**
  - (E) **Expenses related to replacing necessary personal and household items, such as clothing, appliances, tools, and educational materials.**
  - (F) Medical expenses for disaster-related injury to a person who was a household member at the time of the disaster (including funeral and burial expenses in the event of death);
  - (~~F~~)—~~Food destroyed in the disaster; and~~
  - (G) **Expenses to repair a vehicle damaged in the disaster;**

**(H) Pet boarding fees when a pet must be placed in boarding due to a disaster; and**

**(I) Dependent care expenses incurred during the disaster.**

- (3) If the disaster benefit period is one month --
  - (a) Income over that full month period and all accessible resources are counted;
  - (b) Disaster-related expenses (described in subsection (2)(b) of this rule) paid, or expected to be paid over that full month period, are deducted; and
  - (c) The maximum income limit is for a one-month period.
- (4) If the disaster benefit period is for one-half month --
  - (a) Income over the half-month period and all accessible resources are counted;
  - (b) Disaster-related expenses (described in subsection (2)(b) of this rule) paid, or expected to be paid over this period, are deducted; and
  - (c) The disaster eligibility limit is one-half of the monthly food stamp maximum limit.
- (5) The full amount of accessible cash resources must be counted, regardless of the length of the disaster benefit period.
- (6) No disaster food stamp benefits are authorized after the expiration of the period for which the Department is authorized by FNS to process and approve applications for this emergency food stamp assistance.
- (7) A household determined eligible must receive benefits no later than three days after the date of application. If the third day falls on a weekend or holiday, benefits must be issued on either --
  - (a) The second day; or
  - (b) The first day if the second day is also a weekend or holiday.

Stat. Auth.: ORS 411.816

Stats. Implemented: ORS 411.816

461-135-0494

DFSP Treatment of Households Already Certified and Receiving Food Stamps

- (1) Households certified for food stamps may also be eligible for emergency food stamp assistance from the DFSP **according to OAR 461-135-0491 to 461-135-0497.**
- (2) ~~Unless the food of the household has been damaged by the disaster and the household must replace the food, ongoing FS benefits are deducted from the disaster benefits either at the time benefit levels are determined or through the overpayment process.~~ **When food purchased with food stamp benefits is damaged by a disaster, the value of the damaged food is replaced using OAR 461-165-0230. The replaced food stamp benefits are not included in the loss of food under OAR 461-135-0493.**
- (3) **The disaster benefits are calculated using the maximum disaster benefits for the *benefit group* (see OAR 461-110-0750) minus the regular food stamp allotment for the benefit period.**

Stat. Auth.: ORS 411.816

Stats. Implemented: ORS 411.816



461-135-0506

Transitional Benefit Alternative (TBA) in the Food Stamp Program

- (1) This rule establishes the transitional benefit alternative (TBA). A client participating in TBA continues to receive food stamp benefits without reduction during the transition period. The transition period is five months. If the *filing group* (see OAR 461-110-0370) separates into two groups during the TBA period, only the group containing the head of household continues in the TBA.
- (2) Clients in the Food Stamp program who receive a cash grant **from the Department** in a program funded in whole or in part under Title IV-A of the Social Security Act, **or funded by the State**, may participate in TBA when the benefits are stopped, except as provided in section (4) of this rule.
- (3) The benefit level for the transition period is based on countable income for FS during the last month before TBA begins, but the Title IV-A grant is not counted as income. Once it is established, the TBA benefit level is changed only when--
  - (a) The *filing group* submits a new application in the Food Stamp program and will receive more food stamps if they are not using the TBA reporting system;
  - (b) A member of the *filing group* leaves and applies for food stamps as a member of another household; or
  - (c) The Department initiates a change identified in OAR 461-170-0200.
- (4) A household may not participate in TBA in each of the following situations:
  - (a) A member of the *filing group* is receiving benefits of the TANF program.
  - (b) The TANF benefits are stopped because the household does not reside in Oregon.
  - (c) The TANF benefits are stopped because of a change that results in ineligibility for TANF and the household failed to complete a timely report or to complete a required action on time.
  - (d) As of the date the TANF case closed, an individual in the household was serving a penalty imposed in the TANF program.
  - (e) The TANF benefits are stopped at the request of the household after the household is informed of an impending disqualification in the TANF program.
  - (f) The head of household becomes ineligible for the Food Stamp program because he or she lives in an institution or in a facility that provides at least 50 percent of the meals.

- (g) A member of the *financial group* (see OAR 461-110-0530) is subject to a penalty in the Food Stamp program because of the individual's conduct, for instance, because the individual--
  - (A) Was excluded from the *need group* under OAR 461-110-0630(5);
  - (B) Was penalized for failure to meet a requirement of an employment program;
  - (C) Was ineligible for food stamps under OAR 461-105-0410; or
  - (D) Was ineligible for or disqualified from participation in the Food Stamp program because of a failure to comply with a requirement of the program to provide complete and accurate information to the Department.
- (5) Once the TBA benefits have ended, a client's eligibility for the Food Stamp program is determined on the basis of a new application.

Stat. Auth.: ORS 411.816

Stats. Implemented: ORS 411.816

461-135-0930

Medical Coverage for Refugees; REFM

~~(1) — Clients are eligible for REFM if they are eligible for REF or would be eligible for REF except for income or resources.~~

(2) — Clients eligible for REFM benefits are eligible for the same medical coverage as **clients** in the MAA, MAF, and OSIPM programs.

Stat. Auth.: ORS 411.060

Stats. Implemented: ORS 411.060

461-135-0990

Specific Requirements; Reimbursement of Cost-Effective, Employer-Sponsored Health Insurance Premiums

Clients in the EXT, GAM, MAA, MAF, OHP (except OHP-CHP and OHP-OPU), OSIPM, ~~REFM~~, and SAC programs are reimbursed for their share of the premiums for employer-sponsored health insurance if—

- (1) The insurance is provided through a member of the *household group* (see OAR 461-110-0210);
- (2) The insurance covers a member of the *benefit group* (see OAR 461-110-0750);
- (3) The insurance coverage is a comprehensive plan (that is, includes basic or major medical services) or is a fully capitated health plan (FCHP) or physicians care organization (PCO); and
- (4) The premium is cost-effective (see OAR 461-155-0360).

Stat. Auth.: ORS 411.060, 411.070, 414.042

Stats. Implemented: ORS 411.060, 411.070, 414.042

461-135-1235

TA-DVS; Right to Hearing

A client whose application is denied or who does not receive a decision on an application by the close of the second business day following the date the application is complete is entitled to an expedited hearing (~~see~~ **see** OAR 461-025-0315). A dispute over the amount of any payment provided to or for the client is resolved in an expedited hearing; other disputes about the contents of a case plan is resolved through ~~conciliation~~ **re-engagement**.

Stat. Auth.: ORS 411.060, ~~418.100~~ **412.049**

Stats. Implemented: ORS 411.060, 411.117, ~~418.100~~ **412.049**

461-140-0296

Length of Disqualification Due to An Asset Transfer; GA, GAM, OSIP, OSIPM

- (1) This rule applies to clients in the GA, GAM, OSIP, and OSIPM programs who live in a *nonstandard living arrangement* (see OAR 461-001-0000).
- (2) A financial group containing a member disqualified due to the transfer of an asset is disqualified from receiving benefits. The length of a disqualification period resulting from the transfer is the number of months equal to the uncompensated value (see OAR 461-140-0250) for the transfer divided by the following dollar amount:
  - (a) If the *initial month* (see OAR 461-001-0000) is prior to October 1, 1998---\$2,595.
  - (b) If the *initial month* is on or after October 1, 1998 and prior to October 1, 2000---\$3,320.
  - (c) If the *initial month* is on or after October 1, 2000 and prior to October 1, 2002---\$3,750.
  - (d) If the *initial month* is on or after October 1, 2002 and prior to October 1, 2004---\$4,300.
  - (e) If the *initial month* is on or after October 1, 2004 and prior to October 1, 2006---\$4,700.
  - (f) If the *initial month* is on or after October 1, 2006 **and prior to October 1, 2008**---\$5,360.
  - (g) **If the *initial month* is on or after October 1, 2008---\$6,494.**
- (3) For transfers by a client and the spouse of a client that occurred before July 1, 2006:
  - (a) Add together the uncompensated value of all transfers made in one calendar month, and treat this total as one transfer.
  - (b) If the uncompensated value of the transfer is less than the applicable dollar amount identified in subsections (2)(a) to (2)(f) of this rule, there is no disqualification.
  - (c) If there are multiple transfers in amounts equal to or greater than the applicable dollar amount identified in subsections (2)(a) to (2)(f) of this rule, each disqualification period is calculated separately.
  - (d) The number of months resulting from the calculation in section (2) of this rule is rounded down to the next whole number.

- (e) Except as provided in subsection (3)(f) of this rule, the first month of the disqualification is the month the asset was transferred.
  - (f) If disqualification periods calculated in accordance with this rule overlap, the periods are applied sequentially so that no two penalty periods overlap.
  - (g) If both spouses of a couple are in a *nonstandard living arrangement* and made the disqualifying transfer, part of the disqualification is apportioned to each of them, based on their percentage of ownership in the transferred asset. If one spouse is unable to serve the resulting disqualification period for any reason, the remaining disqualification applicable to both spouses must be served by the remaining spouse.
- (4) For transfers by a client and the spouse of a client that occurred on or after July 1, 2006 and for income cap trusts under OAR 461-145-0540(9)(c) that accumulate funds in excess of the applicable dollar amount identified in subsections (2)(a) to (2)(f) of this rule:
- (a) If there are multiple transfers by the client and the spouse of the client, including any transfer less than the applicable dollar amount identified in subsections (2)(a) to (2)(f) of this rule, the value of all transfers are added together before dividing by the applicable dollar amount identified in subsections (2)(a) to (2)(f) of this rule. For an income cap trust, the calculation in section (2) of this rule is performed as soon as, but not before, funds have accumulated to at least the applicable dollar amount identified in subsections (2)(a) to (2)(f) of this rule.
  - (b) The quotient resulting from the calculation in section (2) of this rule is not rounded. The whole number of the quotient is the number of full months the financial group is disqualified. The remaining decimal or fraction of the quotient is used to calculate an additional partial month disqualification. This remaining decimal or fraction is converted to an additional number of days by multiplying the decimal or fraction by the number of days in the month following the last full month of the disqualification period. If this calculation results in a fraction of a day, the fraction of a day is rounded down.
  - (c) The first month of the disqualification is:
    - (A) For a client who is already receiving Department-paid *long-term care* (see OAR 461-001-0000) or *waivered services* (see OAR 461-001-0030) in a *nonstandard living arrangement*, the month following the month the asset was transferred, except that if disqualification periods calculated in accordance with this rule overlap, the periods are applied sequentially so that no two penalty periods overlap.
    - (B) For a new applicant who submits an application and for a client who is already receiving benefits in a *standard living arrangement* (see OAR

461-001-0000), the *date of request* (see OAR 461-115-0030) for *long-term care* or *waivered services* as long as the applicant or client would otherwise be eligible but for this disqualification period. If the applicant or client is not otherwise eligible on the *date of request*, the disqualification begins the first date following the *date of request* that the applicant or client would be otherwise eligible but for the disqualification period.

- (d) If both spouses of a couple are in a *nonstandard living arrangement* and made the disqualifying transfer, part of the disqualification is apportioned to each of them, based on their percentage of ownership in the transferred asset. If one spouse is unable to serve the resulting disqualification period, the remaining disqualification applicable to both spouses must be served by the remaining spouse.
- (5) If an asset is owned by more than one person, by joint tenancy, tenancy in common, or similar arrangement, the share of the asset owned by the client is considered transferred when any action is taken either by the client or any other person that reduces or eliminates the client's control or ownership in the client's share of the asset.
- (6) For an annuity that is a disqualifying transfer under section (11) of OAR 461-145-0022, the disqualification period is calculated based on the *uncompensated value* as calculated under OAR 461-140-0250, unless the only requirement that is not met is that the annuity pays beyond the actuarial life expectancy of the annuitant. If the annuity pays beyond the actuarial life expectancy of the annuitant, the disqualification is calculated according to section (6) of this rule.
- (7) If a client or the spouse of a client purchases an annuity on or before December 31, 2005 and the annuity pays benefits beyond the actuarial life expectancy of the annuitant, as determined by the Period Life Table of the Office of the Chief Actuary of the Social Security Administration, a disqualification period is assessed for the value of the annuity beyond the actuarial life expectancy of the annuitant.
- (8) A single transfer of an asset may cause a disqualification for both a medical assistance program under this rule and the SSI cash grant. The period of the disqualification is likely to be longer for SSI than for the medical assistance program, so a person may be eligible again for the medical assistance program while still disqualified from receiving SSI. The provisions of this rule are applied without regard to the related disqualification for SSI.

Stat. Auth.: ORS 411.060

Stats. Implemented: ORS 411.060



461-145-0080

Child Support and Cash Medical Support

- (1) Child support and cash medical support paid by a non-custodial parent for a dependent child or minor parent in the *financial group* (see OAR 461-110-0530) are considered income of the dependent child or minor parent, whether the support is paid voluntarily or in accordance with an order to pay child support.
- (2) **For the purposes of this rule:**
  - (a) **"Disregard" means child support, up to \$50 per dependent child or minor parent per *financial group* per month and not to exceed \$200 per *financial group* per month, that is not counted as income of the client. Disregard includes current child support only.**
  - (b) **"Pass-through" means child support, up to \$50 per dependent child or minor parent per *financial group* per month and not to exceed \$200 per *financial group* per month, that is sent to the client before any remaining amount of current child support is withheld by the State. Pass-through includes current child support only.**
- (3) In the ERDC program, child support is considered countable unearned income if it is received by the *financial group* or is countable under OAR 461-145-0280. Otherwise it is excluded.
- (34) In the FS program, child support and cash medical support are treated as follows:
  - (a) Child support payments the group receives that must be assigned to the Department to maintain TANF eligibility are excluded, even if the group fails to turn the payments over to the Department.
  - (b) Child support payments received by a *filing group* (see OAR 461-110-0370) with at least one member working under a TANF JOBS Plus agreement are excluded, except ~~it~~:
    - (A) **It is considered countable unearned income in the calculation of the wage supplement; and**
    - (B) **Any pass-through pursuant to section (2) of this rule is considered countable unearned income.**
  - (c) All other child support, **including any pass-through pursuant to section (2) of this rule**, is considered countable unearned income.
  - (d) Cash medical support is considered countable unearned income except to the extent it is used to reimburse (see OAR 461-145-0440) an actual medical cost.

- (e) Payments made by a non-custodial parent to a third party for the benefit of the *financial group* are treated in accordance with OAR 461-145-0280.
- (45) In the MAA, MAF, REF, REFM, SAC, and TANF programs:
- (a) In determining **initial** eligibility, except for ~~clients working under a TANF JOBS Plus agreement~~ **disregard pursuant to section (2) of this rule**, child support received by the Division of Child Support is considered countable unearned income, if continued receipt of the child support is reasonably anticipated. These payments are excluded when determining the benefit amount.
  - (b) **In determining on-going eligibility, except for clients working under a TANF JOBS Plus agreement and except for child support passed through to the client and disregarded pursuant to section (2) of this rule, child support received by the Division of Child Support is considered countable unearned income, if continued receipt of the child support is reasonably anticipated. These payments are excluded when determining the benefit amount.**
  - (c) For clients working under a TANF JOBS Plus agreement:
    - (A) Child support is excluded in determining countable income.
    - (B) Child support is excluded when calculating the TANF portion of the benefit equivalency standards.
    - (C) All child support paid directly to the client is considered countable unearned income in the calculation of the wage supplement.
  - (~~ed~~) All other child support payments ~~paid~~:
    - (A) **Paid** directly to the *financial group* **that are not turned over to the Department or to the Division of Child Support or that are paid** to a third party on behalf of a member of the *financial group* **is are** considered countable unearned income.
    - (B) **Paid directly to the *financial group* that are turned over to the Department or to the Division of Child Support are considered countable unearned income except for any amount of pass-through and disregard pursuant to section (2) of this rule.**
  - (~~de~~) Cash medical support is excluded in determining countable income.
- (56) In the OHP program:
- (a) ~~Child~~ **Except for disregard pursuant to section (2) of this rule, child** support paid directly to the *financial group* or paid to a third party for the benefit of the *financial group* is considered countable unearned income.

- (b) Cash medical support is excluded.
- (67) In the OSIP, OSIPM, and QMB programs, all child support and cash medical support paid to the *financial group* are considered countable unearned income. Child support and cash medical support paid by the *financial group* are not deductible from income.
- (78) In the SFPSS program, notwithstanding section (4) (5) of this rule, for on-going eligibility and benefit determination:
- (a) ~~Child~~ **Except for disregard pursuant to section (2) of this rule, child** support is considered countable unearned income.
  - (b) Cash medical support is excluded in determining countable income.
  - (c) Payments made by a non-custodial parent to a third party for the benefit of the *financial group* are treated in accordance with OAR 461-145-0280.
- (89) Notwithstanding section (4) (5) of this rule, for on-going eligibility and benefit determination for TANF clients for whom deprivation is based on the unemployment or underemployment of ~~both parents~~ **the primary wage earner (PWE)**:
- (a) ~~Child~~ **Except for disregard pursuant to section (2) of this rule, child** support is considered countable unearned income.
  - (b) Cash medical support is excluded in determining countable income.
  - (c) Payments made by a non-custodial parent to a third party for the benefit of the *financial group* are treated in accordance with OAR 461-145-0280.
  - (d) ~~Child support payments received by~~ **For a filing group (see OAR 461-110-0370) with at least one member working under a TANF JOBS Plus agreement are excluded, except it is considered countable unearned income in the calculation of the wage supplement.:**
    - (A) **Child support is excluded in determining countable income.**
    - (B) **Child support is excluded when calculating the TANF portion of the benefit equivalency standards.**
    - (C) **All child support paid directly to the client is considered countable unearned income in the calculation of the wage supplement.**

Stat. Auth.: ORS 411.060, 411.070, 411.816, **412.009, 412.014**, 412.049, 414.042

Stats. Implemented: ORS 411.060, 411.070, 411.816, **412.009, 412.014**, 412.049, 414.042

461-145-0130

Earned Income; Treatment

- (1) Earned income (see OAR 461-145-0120) is countable in determining eligibility for programs, subject to sections (2) to ~~(7)~~ (9) of this rule.
- (2) JOBS Plus income is earned income and is treated as follows:
  - (a) In the FS program:
    - (A) JOBS Plus income earned by a TANF-PLS client:
      - (i) Is counted in determining initial FS eligibility.
      - (ii) Is excluded in determining ongoing eligibility.
    - (B) JOBS Plus wages received after the client's last month of work under a TANF-PLS JOBS Plus agreement are counted.
  - (b) In the TANF program:
    - (A) JOBS Plus income earned by an NCP-PLS client is counted in determining initial TANF eligibility.
    - (B) When determining the need for a TANF supplement for a TANF-PLS client, the income is treated as follows:
      - (i) It is excluded in determining the countable income limit and in calculating the benefit equivalency standards.
      - (ii) It is counted in calculating the wage supplement.
    - (C) JOBS Plus wages received after the client's last month of work under a JOBS Plus agreement are counted.
  - (c) In all programs other than the FS and TANF programs, TANF-PLS income is counted.
  - (d) In all programs other than the TANF program, NCP-PLS income is counted as earned income.
  - (e) In all programs, client wages received under the Oregon Employment Department UI JOBS Plus or the Tribal TANF JOBS programs are counted as earned income.
- (3) Welfare-to-Work work experience income is treated as follows:

- (a) In the EXT, MAA, MAF, REF, REFM, and TANF programs, the income is earned income, and the first \$260 is excluded each month.
- (b) In the FS and OHP programs, the income is earned income.
- (4) In the ERDC and OHP programs, earned income of a child is excluded.
- (5) In the EXT, MAA, MAF, REF, REFM, SAC, and TANF programs:
  - (a) Earned income of the following children is excluded:
    - (A) Dependent children under the age of 19 years, and minor parents under the age of 18 years, who are full-time students in grade 12 or below (or the equivalent level of vocational training, in GED courses), or in home schooling approved by the local school district.
    - (B) Dependent children under the age of 18 years who are attending school part-time (as defined by the institution) and are not employed full-time.
    - (C) Dependent children too young to be in school.
  - (b) Income remaining after the month of receipt is a resource.
  - (c) In-kind earned income is excluded (see OAR 461 145-0280 and 461-145-0470).
- (6) In the FS program:
  - (a) If a *cafeteria plan* (see OAR 461-001-0000) benefit that the employee cannot elect to receive as a cash payment is designated and used to pay for child care, medical care, or health insurance, the benefit is excluded unless it is reimbursed by the Department or allowed as an earned income deduction.
  - (b) The following types of income are excluded:
    - (A) The earned income of an individual under the age of 18 years who is under the parental control of another member of the household and is:
      - (i) Attending elementary or high school;
      - (ii) Attending GED classes recognized by the local school district;
      - (iii) Completing home-school elementary or high school classes recognized by the local school district; or
      - (iv) Too young to attend elementary school.

- (B) In-kind earned income, except as provided in section (7) of this rule.
  - (C) Deductions from base pay for future educational costs under Pub. L. No. 99-576, 100 Stat. 3248 (1986), for clients on active military duty.
  - (D) Income remaining after the month of receipt is a resource.
- (7) In the FS and OHP programs, earned in-kind income (see OAR 461-145-0280) is excluded unless it is an expenditure by a business entity that benefits a *principal* (see OAR 461-145-0088).
- (8) In the MAA and MAF programs, earned income that would result in MAA or MAF ineligibility is excluded for caretaker relatives in MAA or MAF filing groups with at least one person eligible for and receiving MAA or MAF prior to meeting the three of six month requirement. (See OAR 461-135-0095).**
- (9) In all programs except the EXT and FS programs, the income of temporary employees of the U.S. Census Bureau employed to assist in taking the census is excluded.**

Stat. Auth.: ORS 411.060, 411.070, 411.816, **412.014, 412.049**, 414.042, ~~418.100~~

Stats. Implemented: ORS 411.060, 411.070, 411.700, 411.816, **412.014, 412.049**, 414.042, ~~418.100~~

461-145-0145

~~Individual Education~~ **Educational** Account (~~IEA~~)

THIS RULE IS AMENDED AND RENUMBERED FROM 461-145-0265

- (1) The ~~IEA~~ **Individual Education Account (IEA)** is an asset accrued by JOBS Plus participants. ~~Exclude the~~ **The IEA excluded** while it accumulates, while it is saved, and when it is withdrawn for educational purposes.
- (2) **In the Food Stamp program, the value of funds in a qualified tuition program under section 529 of the Internal Revenue Code or in a Coverdell education savings account is excluded.**

Stat. Auth.: ORS **411.060, 411.816, 412.049**

Stats. Implemented: ORS **411.060, 411.816, 412.049**

461-145-0150  
Educational Income

- (1) Educational income is income designated specifically for educational expenses. To be considered educational income, the income must be received by one of the following:
  - (a) A student at a recognized institution of post-secondary education. Post-secondary education is education offered primarily to individuals 18 years of age or older. Admission may --- but does not necessarily --- require a high school diploma or equivalent.
  - (b) A student at a school for individuals with disabilities.
  - (c) A student in a vocational education program.
  - (d) A student in a program that provides for completion of requirements for a secondary school diploma or the equivalent.
- (2) To determine the amount of educational income to exclude, education expenses listed in the financial aid award letter are used unless one of the following is true:
  - (a) The student provides verification of amounts different from those listed in the award letter, in which case the verified amounts from the student are used.
  - (b) The student receives child care benefits --- ERDC or other child care subsidies. The amount the student actually pays for child care (including the ERDC copay) is excluded as educational income instead of the amount shown in the award letter.
  - (c) The student states that actual transportation costs exceed the amount allowed for the expense in the award letter. In that situation, the number of miles to and from school is multiplied by \$0.20. The product or the amount from the award letter, whichever is greater, is excluded.
- (3) The following items are excluded:
  - (a) Educational income authorized by the Carl D. Perkins Vocational and Applied Technology Education Act or Title IV of the Higher Education Act or made available by the Bureau of Indian Affairs (BIA).
  - (b) All income from educational loans.
- (4) **The Except as provided in section (5) of this rule, the** cost of the following items from remaining educational funds (including non-Title IV work study) is excluded:



- (a) Tuition, mandatory fees, books and supplies, transportation, required rental or purchase of equipment or materials charged to students enrolled in a specific curriculum, other miscellaneous personal expenses (except room and board), and loan originator fees and insurance premiums required to obtain an educational loan.
  - (b) In all programs except ERDC --- dependent care.
- (5) **For a participant in the Parents as Scholars (PAS) component of the JOBS program who has been approved for PAS pursuant to OAR 461-190-0199, all remaining educational funds, including those funds intended for room and board, are excluded.**
- (6) In all programs covered by chapter 461 of the Oregon Administrative Rules, after allowing exclusions, the remaining income is treated as follows:
- (a) Income received through work study (including work study provided through a VA program or other educational program), fellowships and teaching-assistant positions not excluded by section (3) or (4) of this rule is earned income.
  - (b) Educational income not covered by subsection (a) of this section is treated as follows:
    - (A) In all programs except OHP, educational income is prorated over the period it is intended to cover. If the client has already received the income, the prorated amount is counted monthly beginning with the first month of the period. If the client has not received the income at the time the determination is made, the prorated income is counted starting in the month the client expects to receive it.
    - (B) In the OHP program, educational income is counted in the month received.

Stat. Auth.: ORS 411.060, 411.816, ~~418.100~~ **412.014, 412.049, 414.042**

Stats. Implemented: ORS 411.060, 411.816, ~~418.100~~ **412.014, 412.049, 414.042**

461-145-0330

Loans and Interest on Loans

- (1) This rule covers proceeds of loans, loan repayments, and interest earned by a lender. If the proceeds of a loan are used to purchase an asset, the asset is evaluated under the other rules in this division of rules.
- (2) For purposes of this rule:
  - (a) In the GA, GAM, OSIP, OSIPM, and QMB programs:
    - (A) "Bona fide loan agreement" means an agreement that --
      - (i) Is enforceable under state law;
      - (ii) Is in effect at the time the cash proceeds are provided to the borrower; and
      - (iii) Includes an obligation to repay and a feasible repayment plan.
    - (B) "Negotiable loan agreement" means a loan agreement in which the instrument ownership and the whole amount of money expressed on its face can be transferred from one person to another (i.e., sold) at prevailing market rates.
  - (b) In all programs:
    - (A) "Reverse-annuity mortgage" means a contract with a *financial institution* (see OAR 461-001-0000) under which the *financial institution* provides payments against the equity in the home that must be repaid when the homeowner dies, sells the home, or moves.
    - (B) The proceeds of a home equity loan or *reverse-annuity mortgage* are considered loans.
- (3) For payments that a member of the *financial group* (see OAR 461-110-0530) receives as a borrower to be treated as a loan:
  - (a) In the FS, GA, GAM, OHP, OSIP, OSIPM, and QMB programs, there must be an oral or written loan agreement, and this agreement must state when repayment of the loan is due to the lender.
  - (b) In programs other than the FS, GA, GAM, OHP, OSIP, OSIPM, and QMB programs, there must be a written loan agreement, and this agreement must be signed by the borrower and lender, dated before the borrower receives the proceeds of the loan, and state when repayment of the loan is due to the lender.

- (4) Payments for a purported loan that do not meet the requirements of section (3) of this rule are counted as unearned income.
- (5) When a member of a *financial group* receives cash proceeds as a borrower from a loan that meets the requirements of section (3) of this rule:
- (a) In all programs, educational loans are treated according to OAR 461-145-0150.
  - (b) In the ERDC, EXT, FS, MAA, MAF, OHP, REF, REFM, SAC, and TANF programs, the loan is excluded. If retained after the month of receipt, the loan proceeds are treated in accordance with OAR 461-140-0070.
  - (c) In the GA, GAM, OSIP, OSIPM, and QMB programs:
    - (A) If the loan is a *bona fide loan agreement*, the money provided by the lender is not income but is counted as the borrower's resource if retained in the month following the month of receipt (notwithstanding OAR 461-140-0070).
    - (B) If the loan is not a *bona fide loan agreement*, the money provided by the lender is counted as income in the month received and is counted as a resource if retained in the month following the month it was received.
- ~~(6) Unless the loan is considered a transfer of assets for less than *fair market value* (see section (7) of this rule), when a member of a *financial group* is the lender, the loan is treated as follows:~~
- ~~(a) In the GA, GAM, OSIP, OSIPM, and QMB programs:~~
    - ~~(A) If the loan is both a *negotiable loan agreement* and a *bona fide loan agreement*, the loan is counted as a resource of the lender valued at the outstanding principal balance.~~
    - ~~(B) If the loan does not qualify under paragraph (A) of this subsection, the transfer of assets to the borrower may be considered a transfer for less than *fair market value* (see OAR 461-001-0000). If the transfer is not disqualifying, payments against the principal are counted as income to the lender.~~
    - ~~(C) Interest income received by the lender is counted as unearned income whether the loan is a *bona fide loan agreement* or not.~~
  - ~~(b) In all programs other than the GA, GAM, OSIP, OSIPM, and QMB programs:~~
    - ~~(A) The interest payment is counted as unearned income.~~

~~(B) — The payment of principal is excluded.~~

~~(7) — In the GA, GAM, OSIP, OSIPM, and QMB programs, in a transaction occurring on or after July 1, 2006, if a client or a spouse of a client uses funds to purchase a mortgage or to purchase or lend money for a promissory note or loan, the balance of the payments owing to the client or spouse of the client is a transfer of assets for less than *fair market value*, unless all of the following requirements are met:~~

~~(a) — The total value of the transaction is being repaid to the client or spouse of the client within that person's actuarial life expectancy as established by the Period Life Table of the Office of the Chief Actuary of the Social Security Administration.~~

~~(b) — Payments are made in equal amounts over the term of the transaction without any deferrals or balloon payments.~~

~~(c) — The contract is not cancelled upon the death of the client or the spouse of the client (who made the transaction).~~

**(6) In the OSIPM program, if a client or a spouse of a client uses funds to purchase a mortgage or to purchase or lend money for a promissory note or loan:**

**(a) In a transaction occurring on or after July 1, 2006:**

**(A) The balance of the payments owing to the client or spouse of the client is a transfer of assets for less than *fair market value*, unless all of the following requirements are met:**

**(i) The total value of the transaction is being repaid to the client or spouse of the client within three-months of the client's life expectancy per that person's actuarial life expectancy as established by the Period Life Table of the Office of the Chief Actuary of the Social Security Administration.**

**(ii) Payments are made in equal amounts over the term of the transaction without any deferrals or balloon payments.**

**(iii) The contract is not cancelled upon the death of the individual receiving the payments under this transaction.**

**(B) If the loan results in a disqualification and the disqualification period has been served, payments against the principal and interest are treated as unearned income.**

- (b) In a transaction occurring before July 1, 2006 or for a transaction occurring on or after July 1, 2006 that does not result in a disqualification in subsection (a) of this section, the loan is treated as follows:

  - (A) Interest income is treated as unearned income.
  - (B) The loan is counted as a resource if:
    - (i) The financial group includes a client in a *nonstandard living arrangement* (see OAR 461-001-0000) and the client's spouse;
    - (ii) The transaction is on or after the date of the first *continuous period care* (see OAR 461-001-0030); and
    - (iii) The amount of the loan plus other resources transferred exceeds the largest amount in OAR 461-160-0580(2)(f).
  - (C) For all other loans:
    - (i) If the loan is both a negotiable loan agreement and a bona fide loan agreement, the loan is counted as a resource valued at the outstanding principal balance.
    - (ii) If the loan does not qualify under subparagraph (i) of this paragraph, payments against the principal are counted as unearned income.
- (7) In the OSIPM program:
  - (a) Interest income is treated as unearned income.
  - (b) If the loan is both a *negotiable loan agreement* and a *bona fide loan agreement*, the loan is counted as a resource of the lender valued at the outstanding principal balance.
  - (c) If the loan does not qualify under subsection (b) of this section, the payments against the principal are counted as income to the lender.
- (8) In all programs other than the GA, GAM, OSIP, OSIPM, and QMB programs:
  - (a) The interest payment is counted as unearned income.
  - (b) The payment of principal is excluded.

Stat. Auth: ORS 411.060, 411.816, ~~418.100~~ **412.014, 412.049, 414.042**

Stats. Implemented: ORS 411.060, 411.816, **412.014, 412.049, 414.042, 418.100**

461-145-0380

Pension and Retirement Plans

- (1) Pension and retirement plans include the following:
  - (a) Benefits employees receive only when they retire. These benefits can be disbursed in lump-sum or monthly payments.
  - (b) Benefits that employees are allowed to withdraw when they leave a job before retirement.
  - (c) The following retirement plans and annuities if purchased by a client with funds from the plans authorized by section 408 of the Internal Revenue Code of 1986 at subsections (a), (b), (c), (k), (p) or (q), or at section 408A:
    - (A) Individual Retirement Annuity.
    - (B) Individual Retirement Account.
    - (C) Deemed Individual Retirement Account or Annuity under a qualified employer plan.
    - (D) Accounts established by employers and certain associations of employees.
    - (E) Simplified Employee Pension (SEP).
    - (F) Simple Retirement Account.
- (2) An annuity purchased by the *spouse* (see OAR 461-001-0000) of a client with funds from a retirement plan described in subsection (1)(c) of this rule is not considered a retirement plan and is treated in accordance with OAR 461-145-0020 and OAR 461-145-0022.
- (3) Benefits the client receives from pension and retirement plans are treated as follows:
  - (a) Monthly payments are counted as unearned income.
  - (b) All payments not covered by subsection (a) of this section are counted as periodic or lump-sum income (see OAR 461-140-0110 and 461-140-0120).
- (4) In the OSIP, OSIPM, and QMB programs:
  - (a) Except for an annuity purchased with funds from a retirement plan described in subsection (1)(c) of this rule:
    - (A) The *equity value* (see OAR 461-001-0000) of a pension or retirement plan is excluded as a resource if the individual is eligible for monthly or

periodic payments under the terms of the plan and has applied for those payments.

- (B) The *equity value* of all pension and retirement plans not covered by paragraph (A) of this subsection that allow clients to withdraw funds, minus any penalty for withdrawal, is counted as a resource.
- (b) The *equity value* of an annuity purchased with funds from a retirement plan described in subsection (1)(c) of this rule is excluded as a resource if it meets the payout requirements of OAR 461-145-0022(10)(c). Otherwise, the *equity value* is counted as a resource.
- (5) In all programs except the OSIP, OSIPM, and QMB programs, pension and retirement plans that allow clients to withdraw funds before retirement are treated as follows:
  - (a) In the FS program, ~~any portion of an individual retirement account (IRA), or a KEOGH plan that is available before, upon, or following retirement, is counted as an available resource, less a penalty for early withdrawal. The value of any other plan is excluded as a resource~~ **the value of retirement accounts identified in sections 401(a), 403(a), 403(b), 408, 408A, 457(b), or 507(c)(18) of the Internal Revenue Code, or in a Federal Thrift Savings Plan account are excluded resources.**
  - (b) In the OHP program, the *equity value* of the plan is excluded as a resource.
  - (c) Except in the FS and OHP programs, the *equity value* of the plan, minus any penalty for early withdrawal, is counted as a resource.

Stat. Auth.: ORS 411.060, 411.070, 411.816, **412.014, 412.049**, 414.042, ~~418.100~~

Stats. Implemented: ORS 411.060, 411.070, 411.816, **412.014, 412.049**, 414.042, ~~418.100~~

461-145-0410  
Program Benefits

- (1) EA and TA-DVS payments are treated as follows:
  - (a) In the ERDC and FS programs, a payment made directly to the client is counted as unearned income. Dual payee and provider-direct payments are excluded.
  - (b) In all programs except the ERDC and FS programs, these payments are excluded.
- (2) Payments from ERDC and TANF child care are excluded unless the client is the provider.
- (3) Payments from the EXT, GAM, MAA, MAF, OHP, ~~OSIP-IC~~, OSIPM, QMB, REFM, and SAC programs are excluded.
- (4) Food Stamps payments are treated as follows:
  - (a) The value of an FS benefit is excluded in all programs except the EA program. In the EA program, the value is counted as a resource when determining the emergency food needs of the *filing group* (see OAR 461-110-0310).
  - (b) OFFSET service payments are excluded.
- (5) Benefits from the GA, OSIP (except OSIP-IC), Post-TANF, REF, SFPSS, TANF, and tribal-TANF programs (including the ten percent late processing fee discussed in OAR 461-165-0150) are treated as follows:
  - (a) In the EA program, these payments are counted as unearned income, except that these payments are excluded for a *benefit group* (see OAR 461-110-0750) whose emergent need is the result of *domestic violence* (see OAR 461-001-0000).
  - (b) In the ERDC program:
    - (A) Post-TANF payments are excluded.
    - (B) All other payments are counted as unearned income.
  - (c) In the FS program:
    - (A) These payments are treated as unearned income.
    - (B) An amount received as a late processing payment is treated as lump-sum income.



- (C) Payments made to correct an underpayment are treated as lump-sum income.
  - (D) Ongoing special needs payments for laundry allowances, special diet or meal allowance, restaurant meals, accommodation allowances, and telephone allowances are treated as unearned income. All other special needs payments are excluded as reimbursements.
- (d) In the OHP program:
- (A) GA payments are excluded from income for purposes of determining OHP eligibility.
  - (B) Benefits from the Post-TANF program are excluded.
  - (C) Benefits from the OSIP (except OSIP-IC), REF, SFPSS, and TANF programs (including the ten percent late processing fee discussed in OAR 461-165-0150) are treated as follows:
    - (i) The payments are counted as unearned income if all the individuals included in the *benefit group* for the cash payment are also in the OHP *financial group* (see OAR 461-110-0530).
    - (ii) A prorated share is counted as unearned income if any of the individuals in the cash payment are not included in the OHP *financial group*. A prorated share is determined by dividing the total payment by the number of individuals in the TANF *benefit group*.
    - (iii) A payment made to correct an underpayment caused by the Department is excluded if the underpayment occurred prior to the budget period.
- (e) In all programs except the EA, ERDC, FS, and OHP programs:
- (A) These payments are excluded in the month received, and any portion remaining following the month of receipt is counted as a resource.
  - (B) Payments made to correct an underpayment are excluded.
- (f) In all programs:
- (A) JOBS, REF, and TANF JOBS Plus support service payments are excluded.
  - (B) For the treatment of JOBS Plus income, see OAR 461-145-0130.

(C) REF and TANF client incentive payments are treated as follows:

- (i) Except in the TANF program, the cooperation incentive payment (see OAR 461-135-0310) is counted as unearned income.
- (ii) Progress and outcome incentive payments other than in-kind payments are counted as lump-sum income (see OAR 461-140-0120). All other incentives are excluded.

(6) **Payments from OSIP-IC are excluded for all programs except the FS program. In the FS program, these payments are counted as unearned income.**

(7) Pre-TANF program payments are treated as follows:

- (a) In the FS program, a payment for basic living expenses, made directly to the client, is counted as unearned income. All other payments are excluded.
- (b) In all programs except the FS program, these payments are excluded.

Stat. Auth.: ORS 411.060, 411.816, **412.014, 412.049**, 414.042, ~~418.100, 2007 Or. Laws ch. 861~~  
Stats. Implemented: ORS 411.060, 411.700, 411.816, **412.014, 412.049**, 414.042, ~~418.100, 2007 Or. Laws ch. 861~~

461-145-0470  
Shelter-in-Kind Income

- (1) Except as provided in section (2) of this rule:
  - (a) In the ERDC, GA, and GAM programs, *shelter-in-kind* (see OAR 461-001-0000) payments are excluded, except earned *shelter-in-kind* is not excluded in the ERDC program.
  - (b) In the EXT, MAA, MAF, REF, REFM, SAC, and TANF programs, except for child support (see OAR 461-145-0080 and 461-145-0280), *shelter-in-kind* payments are excluded.
  - (c) In the FS program, *shelter-in-kind* housing and utility payments are excluded (see OAR 461-145-0130 about exclusion of earned in-kind income), except an expenditure by a business entity for *shelter costs* (see OAR 461-001-0000) of a *principal* (see OAR 461-145-0088) is counted as income.
  - (d) In the OHP program, *shelter-in-kind* payments are excluded except an expenditure by a business entity for *shelter costs* of a *principal* is counted as income.
  - (e) In the OSIP, OSIPM, and QMB programs:
    - (A) ~~Unearned~~ **Except as provided in paragraph (C) of this subsection, unearned** *shelter-in-kind* income is treated as follows:
      - (i) *Shelter-in-kind* payments from HUD are excluded.
      - (ii) If the *shelter-in-kind* includes all housing and utilities, the Shelter-in-Kind Standard for total shelter (see OAR 461-155-0300) is counted as unearned income.
      - (iii) If the *shelter-in-kind* includes all housing (utilities are not included), the Shelter-in-Kind Standard for housing costs (see OAR 461-155-0300) is counted as unearned income.
    - (B) ~~Earned~~ **Except as provided in paragraph (C) of this subsection, earned** *shelter-in-kind* income is treated as follows:
      - (i) If shelter is provided for services related to the employer's trade or business and acceptance of the shelter is a condition of employment, the *shelter-in-kind* income is treated in accordance with paragraph (A) of this subsection.

(ii) Except as provided in subparagraph (i) of this paragraph, the *fair market value* (see OAR 461-001-0000) of the shelter is counted as earned income.

(C) **In the OSIP and OSIPM programs, when a prorated standard is used (see OAR 461-155-0020 and OAR 461-155-0250) *shelter-in-kind* income is excluded.**

(2) A payment for which there is a legal obligation to pay to a member of the *financial group* (see OAR 461-110-0530) that is made to a third party for shelter expenses of a member of the *financial group* is counted as unearned income.

Stat. Auth.: ORS 409.050, 411.060, 411.816, ~~418.100~~ **412.014, 412.049**

Stats. Implemented: ORS 411.060, 411.700, 411.816, **412.014, 412.049**, 414.042, ~~418.100~~

461-145-0490

## Social Security Benefits

Except for SSI (see OAR 461-145-0510) and death benefits remaining after burial costs (see OAR 461-145-0500), Social Security benefits (SSB) are treated as follows:

- (1) Monthly payments are counted as unearned income.
- (2) Except as provided in ~~section~~ **sections (3) and (4)** of this rule, all payments other than monthly payments are counted as periodic or lump-sum income (see OAR 461-140-0110 and 461-140-0120).
- (3) In the OSIP (except OSIP-EPD), OSIPM (except OSIPM-EPD), and QMB programs:
  - (a) For the purposes of this section, a payment is retroactive if it is issued in any month after the calendar month for which it is intended.
  - (b) Retroactive payments are counted as unearned income in the month of receipt except as provided in subsection (c) of this section.
  - (c) When retroactive payments are made through the representative payee of an individual who is required to have a representative payee because of drug addiction or alcoholism, the retroactive payments may be required to be made in installments. If the payments are made in installments, the total of the benefits to be paid in installments is considered unearned income in the month in which the first installment is made.
  - (d) Any remaining amount from a retroactive payment after the month of receipt is counted as an excluded resource for nine calendar months following the month in which the payment is received. After the nine-month period, any remaining amount is a countable resource.
- (4) **In the FS program, the representative payee fee paid by a client who is required by the Social Security Administration to receive payments through a representative payee is excluded. The amount of the exclusion is limited to the amount authorized by the Social Security Administration.**

Stat. Auth: ORS 411.060, 411.816, **412.014**, 412.049, **414.042**

Stats. Implemented: ORS 411.060, 411.700, 411.816, **412.014**, 412.049, 414.042

461-145-0600

Work-Related Capital Assets, Equipment, and Inventory

- (1) As used in this rule:
  - (a) "Inventory" means goods that are in stock and available for sale to prospective customers.
  - (b) "Work-related equipment" means property essential to the employment or self-employment of a financial group member. Examples are a tradesman's tools, a farmer's machinery, and equipment used to maintain an income-producing vehicle.
- (2) A *capital asset* (see OAR 461-001-0000), other than *work-related equipment* and *inventory*, is treated as follows:
  - (a) In all programs except FS, MAA, **REF**, **REFM**, and TANF, the *equity value* (see OAR 461-001-0000) of a *capital asset* is treated according to the rules for the asset.
  - (b) In the FS program, a *capital asset* used in a business is excluded as follows:
    - (A) Non-farm assets are excluded as long as the *financial group* (see OAR 461-110-0530) is actively engaged in self-employment activities.
    - (B) Farm assets are excluded until one year after the date the person quit self-employment as a farmer.
  - (c) In the MAA, **REF**, **REFM**, and TANF programs:
    - (A) For a self-employed client participating in the microenterprise component of the JOBS program, the value of a *capital asset* is excluded.
    - (B) For all other clients, the value of a *capital asset* is counted according to the rules in this division of rules.
- (3) *Work-related equipment* is treated as follows:
  - (a) In the EA, ERDC, FS, and OHP programs, the *equity value* of *work-related equipment* is excluded.
  - (b) In the GA, OSIP, OSIPM, and QMB programs, the value of equipment needed by a client who has a disability or is blind to complete a plan for self-support (see OAR 461-135-0708) is excluded as long as the plan is in effect. For all other equipment, the *equity value* of the equipment is counted as a resource, except as provided at OAR 461-145-0250(2)(c).

- (c) In the MAA, REF, REFM, and TANF programs:
    - (A) For a self-employed client participating in the microenterprise component of the JOBS program, the *equity value* of the equipment is excluded.
    - (B) For all other clients, the *equity value* of the equipment is treated as a resource.
  - (d) In the MAF and SAC programs, the *equity value* of the equipment is treated as a resource.
- (4) *Inventory* is treated as follows:
- (a) In the EA, ERDC, FS, and OHP programs, *inventory* is excluded as long as the client is engaged in self-employment activities.
  - (b) In the GA, OSIP, OSIPM, and QMB programs, the value of *inventory* needed by a client who has a disability or is blind to complete a plan for self-support is excluded, as long as the plan is in effect. For all other *inventory*, the *equity value* of the *inventory* is counted as a resource.
  - (c) In the MAA, REF, REFM, and TANF programs:
    - (A) For a self-employed client participating in the microenterprise component of the JOBS program, the wholesale value of *inventory* remaining at the end of the semi-annual period covered in each income statement (see OAR 461-190-0197), less encumbrances, is counted as a resource.
    - (B) For all other clients, the wholesale value of *inventory* remaining at the end of a month, less encumbrances, is counted as a resource.
  - (d) In the MAF and SAC programs, the wholesale value of *inventory* remaining at the end of the month, minus any encumbrances, is counted as a resource.

Stat. Auth.: ORS 411.060, 411.070, 411.700, 411.816, **412.014, 412.049**, 414.042, ~~418.100~~  
Stats. Implemented: ORS 411.060, 411.070, 411.117, 411.700, 411.816, **412.014, 412.049**,  
414.042, ~~418.100~~

461-155-0020

Prorated Standards; Adjusted Number in Household

THIS RULE IS REVISED IN ITS ENTIRETY

~~Prorated standards are used only in the no-adult tables and the non-SSI/OSIP table. Prorated standards are not applied to cases in which a client receives services described in OAR chapter 411, division 015. The no-adult tables are used when there are no adults in TANF need groups. Prorated standards are based on the number of people in the need group, compared to the adjusted number in the household group. The adjusted number in the household is determined by taking the total number of persons in the household minus the following people:~~

- ~~(1) — Unborns, unless included in the need group.~~
- ~~(2) — Clients receiving long-term care or waived home and community-based care.~~
- ~~(3) — Foster children.~~
- ~~(4) — Children receiving adoption assistance.~~
- ~~(5) — Live-in attendants who live with the filing group solely to provide necessary medical or housekeeping services and are paid to provide these services.~~
- ~~(6) — Landlords and tenants. A landlord-tenant relationship exists if one person pays another at fair market value for housing and if —~~
  - ~~(a) — The filing group lives independently from the landlord or tenant;~~
  - ~~(b) — The filing group has and uses sleeping, bathroom, and kitchen facilities that are separate from the landlord or tenant; and~~
  - ~~(c) — If bathroom or kitchen facilities are shared, the housing must be a commercial establishment that provides either room or board or both for fair market value compensation.~~
- ~~(7) — In the OSIP and OSIPM programs only:~~
  - ~~(a) — The biological and adoptive children of either spouse.~~
  - ~~(b) — Recipients of EXT, GA, MAA, MAF, OHP, OSIP, OSIPM, QMB, SAC, or TANF.~~

**Prorated standards are used only in the no-adult tables and the non-SSI/OSIP and OSIPM table.**

- (1) In the OSIP and OSIPM programs:**



- (a) Prorated standards only apply when an individual or a couple receives free food and shelter from others living in the household, and the individual or couple does not have an ownership interest or rental liability in the residence.
  - (b) Prorated standards are not applied to cases in which a client receives services.
  - (c) Shelter-in-kind (see OAR 461-145-0470) may apply when prorated standards are not used.
- (2) In the TANF program, the no-adult tables are used when there are no adults in TANF *need group* (see OAR 461-110-0630).
- (3) Prorated standards are based on the number of people in the *need group*, compared to the adjusted number in the *household group* (see OAR 461-110-0210). The adjusted number in the household is determined by taking the total number of individuals in the household, minus the following individuals unless they are included in the *need group*:
- (a) Unborns.
  - (b) Clients receiving long-term care or waived home and community-based care.
  - (c) Foster children.
  - (d) Children receiving adoption assistance.
  - (e) Live-in attendants who live with the filing group solely to provide necessary medical or housekeeping services and are paid to provide these services.
  - (f) Landlords and tenants. A landlord-tenant relationship exists if one person pays another at fair market value for housing and if--
    - (A) The filing group lives independently from the landlord or tenant;
    - (B) The filing group has and uses sleeping, bathroom, and kitchen facilities that are separate from the landlord or tenant; and
    - (C) If bathroom or kitchen facilities are shared, the housing must be a commercial establishment that provides either room or board or both for fair market value compensation.
  - (g) In the OSIP and OSIPM programs only:

**(A) The biological and adoptive children of either spouse.**

**(B) Recipients of EXT, GA, MAA, MAF, OHP, OSIP, OSIPM, or QMB.**

Stat. Auth.: ORS **411.060**, 411.070, **412.049**, **414.042**

Stats. Implemented: ORS **411.060**, 411.070, **412.049**, **414.042**

461-155-0150

Child Care Eligibility Standard, Payment Rates, and Copayments

The following provisions apply to child care in the ERDC, JOBS, JOBS Plus, and TANF programs:

- (1) The following definitions apply to the rules governing child care rates:
  - (a) Infant: A child aged newborn to 1 year.
  - (b) Toddler: A child aged 1 year to 3 years.
  - (c) Preschool: A child aged 3 years to 6 years.
  - (d) School: A child aged 6 years or older.
  - (e) Special Needs: A child who meets the age requirement of the program (ERDC or TANF) and who requires a level of care over and above the norm for his or her age due to a physical, behavioral or mental disability. The need for a higher level of care must be determined by the provider and the disability must be verified by one of the following:
    - (A) A physician, nurse practitioner, licensed or certified psychologist or clinical social worker.
    - (B) Eligibility for Early Intervention and Early Childhood Special Education Programs, or school-age Special Education Programs.
    - (C) Eligibility for SSI.
- (2) The following definitions apply to the types of care specified in the child care rate charts:
  - (a) The *Standard Family Rate* applies to child care provided in the provider's own home or in the home of the child when the provider does not qualify for the enhanced rate allowed by subsection (b) of this section.
  - (b) The *Enhanced Family Rate* applies to child care provided in the provider's own home or in the home of the child when the provider meets the training requirements of the Oregon Registry entry level, established by the Oregon Center for Career Development in Childhood Care and Education.
  - (c) The *Registered Family Rate* applies to child care provided in the provider's own home when the provider meets criteria established by the Child Care Division.
  - (d) The *Certified Family Rate* applies to child care provided in a residential dwelling that is certified by the Child Care Division as a Certified Family Home. To earn

this designation, the facility must be inspected, and both provider and facility are required to meet certain standards not required of a registered family provider.

- (e) The *Standard Center Rate* applies to child care provided in a facility that is not located in a residential dwelling and is exempt from Child Care Division Certification rules (see OAR 414-300-0000).
  - (f) The *Enhanced Center Rate* applies to child care provided in an exempt center whose staff meet the training requirements of the Oregon Registry entry level established by the Oregon Center for Career Development in Childhood Care and Education. Eligibility to receive the enhanced center rate for care provided in an exempt center is subject to the following requirements:
    - (A) A minimum of one staff member for every 20 children in care must meet the Oregon Registry entry level training requirements noted in paragraph (2)(b) of this rule.
    - (B) New staff must meet the Oregon Registry entry level training requirements within 90 days of hire, if necessary to maintain the trained staff-to-children ratio described in paragraph (A) of this subsection.
    - (C) There must be at least one person present where care is provided who has a current certificate in infant and child CPR and a current American Red Cross First Aid card or an equivalent.
  - (g) An exempt center is eligible to receive the enhanced rate for a maximum of six months while in the process of meeting the requirements of subsection (2)(f) of this rule if it files a statement of intent to meet the requirements on a form prescribed by the Department.
  - (h) An enhanced rate will become effective not later than the second month following the month in which the Department receives verification that the provider has met the requirements of subsection (2)(b), (f), or (g) of this rule.
  - (i) The *Certified Center Rate* applies to child care provided in a center that is certified by the Child Care Division.
- (3) Subject to the provisions in section (6) of this rule, the monthly limit for each child's child care payments is the lesser of the amount charged by the provider or providers and the following amounts:
- (a) The monthly rate provided in section (6) of this rule.
  - (b) The product of the hours of care, limited by section (4) of this rule, multiplied by the hourly rate provided in section (6) of this rule.

- (4) The number of payable billable hours for a child is limited as follows:
- (a) For the ERDC-BAS and TANF programs, the total in a month may not exceed:
    - (A) The number of hours of care necessary for the client to maintain his or her job including, for clients in the JOBS Plus program, the time the client searches for unsubsidized employment and for which the employer pays the client, or to participate in activities included in a *case plan* (see OAR 461-001-0025); or
    - (B) 125 percent of the time the client is at work or participating in an approved activity of the JOBS program.
  - (b) ~~For the ERDC-SBG program, the total may not exceed the number of hours of care necessary for the client to maintain his or her education, training or employment. The total may not exceed 125 percent of the sum of 200 percent of class hours and the time the client is at work.~~
  - ~~(c)~~—In the ERDC-BAS and TANF programs, for a client who earns less than state minimum wage or is self-employed, the total may not exceed 125 percent of the anticipated earnings divided by the state minimum wage not to exceed 172 hours (which is full time). The limitation of this subsection is waived for the first three months of the client's employment.
- (5) The following provisions apply to all programs:
- (a) Providers not eligible for the enhanced or licensed rate will be paid at an hourly rate for children in care less than 158 hours per month subject to the maximum full-time monthly rate.
  - (b) Providers eligible for the enhanced or licensed rate will be paid at an hourly rate for children in care less than 136 hours a month unless the provider customarily bills all families at a part-time monthly rate subject to the maximum full-time monthly rate.
  - (c) At their request, providers eligible for the enhanced or licensed rate may be paid at the part-time monthly rate if they provide 63 or more hours of care in the month and customarily bill all families at a part-time monthly rate.
  - (d) Unless required by the circumstances of the client or child, the Department will not pay for care at a monthly rate to more than one provider for the same child for the same month.
  - (e) The Department will pay at the hourly rate for less than 63 hours of care in the month subject to the maximum full-time monthly rate.

- (f) The Department will pay for up to five days each month the child is absent if:
    - (A) The child was scheduled to be in care and the provider bills for the amount of time the child was scheduled to be in care;
    - (B) The absent child's place is not filled by another child; and
    - (C) It is the provider's policy to bill all families for absent days.
  - (g) The Department will not pay for more than five consecutive days of scheduled care for which the child is absent.
- (6) The limit in any month for child care payments on behalf of a child whose caretaker has special circumstances, defined in section (7) of this rule, is the lesser of the following:
- (a) The amount billed by the provider or providers; and
  - (b) The monthly rate established in section (8) of this rule multiplied by a factor, not more than 1.5, determined by dividing the number of hours billed by 215.
- (7) The limit allowed by section (6) of this rule is authorized once the Department has determined the client has special circumstances. For the purposes of this rule, a client has special circumstances when it is necessary, in order for the client to perform the requirements of his or her employment or training, to obtain child care for a child in excess of 215 hours in a month.
- (8) The payment available for care of a child who meets the special needs criteria described in subsection (1)(e) of this rule is increased in accordance with OAR 461-155-0151 if:
- (a) The child requires significantly more direct supervision by the child care provider than normal for a child of the same age; and
  - (b) The child is enrolled in a local school district Early Intervention or Early Childhood Special Education program or school-age Special Education Program. The enrollment required by this subsection is waived if determined inappropriate by a physician, nurse practitioner, licensed or certified psychologist, clinical social worker, or school district official.
- (9) The following are the child care rates. The rates are based on the type of provider, the location of the provider (shown by zip code), the age of the child, and the type of billing used (that is, hourly or monthly).

(a)

Group Area A  
STANDARD RATE MAXIMUMS (Not Licensed)

	Standard Family Rate		Standard Center Rate	
	1-157 Hours per month Hourly	158-215 Hours per month Monthly	1-157 Hours per month Hourly	158-215 Hours per month Monthly
Infant	\$2.64	\$493	\$3.53	\$675
Toddler	\$2.64	\$466	\$3.41	\$671
Preschool	\$2.64	\$440	\$2.89	\$529
School	\$2.64	\$436	\$3.23	\$524
Special Needs	\$2.64	\$493	\$3.53	\$675

ENHANCED RATE MAXIMUMS (Not Licensed)

	Enhanced Family Rate			Enhanced Center Rate		
	1-62 Hours per month Hourly	63-135 Hours per month Part-time	136-215 Hours per month Monthly	1-62 Hours per month Hourly	63-135 Hours per month Part-time	136-215 Hours per month Monthly
Infant	\$2.85	\$399	\$532	\$3.83	\$574	\$765
Toddler	\$2.85	\$378	\$504	\$3.65	\$570	\$760
Preschool	\$2.85	\$356	\$475	\$3.27	\$449	\$599
School	\$2.85	\$353	\$470	\$3.66	\$445	\$593
Special Needs	\$2.85	\$399	\$532	\$3.83	\$574	\$765

LICENSED RATE MAXIMUMS

	Registered Family Rate			Certified Family Rate			Certified Center Rate		
	1-62 Hours per month Hourly	63-135 Hours per month Part-time	136-215 Hours per month Monthly	1-62 Hours per month Hourly	63-135 Hours per month Part-time	136-215 Hours per month Monthly	1-62 Hours per month Hourly	63-135 Hours per month Part-time	136-215 Hours per month Monthly
Infant	\$3.00	\$420	\$560	\$4.25	\$645	\$860	\$4.50	\$675	\$900
Toddler	\$3.00	\$398	\$530	\$4.00	\$559	\$745	\$3.90	\$671	\$894
Preschool	\$3.00	\$375	\$500	\$4.00	\$516	\$688	\$3.85	\$529	\$705
School	\$3.00	\$371	\$495	\$4.00	\$450	\$600	\$4.30	\$524	\$698
Special Needs	\$3.00	\$420	\$560	\$4.25	\$645	\$860	\$4.50	\$675	\$900

Zip Codes for Group Area A:

Portland, Bend, Eugene, Corvallis, Springfield, Monmouth and Ashland areas

97004	97005	97006	97007	97008	97009	97010	97013	97015	97019	97022	97023
97024	97027	97028	97030	97031	97034	97035	97036	97041	97045	97055	97060
97062	97064	97068	97070	97080	97106	97109	97112	97113	97116	97119	97123
97124	97125	97132	97133	97135	97140	97149	97201	97202	97203	97204	97205
97206	97209	97210	97211	97212	97213	97214	97215	97216	97217	97218	97219
97220	97221	97222	97223	97224	97225	97227	97229	97230	97231	97232	97233
97236	97239	97242	97258	97266	97267	97268	97292	97330	97331	97333	97339
97351	97361	97371	97376	97401	97402	97403	97404	97405	97408	97454	97455
97477	97478	97482	97520	97525	97701	97702	97707	97708	97709		

(b)

Group Area B  
STANDARD RATE MAXIMUMS (Not Licensed)

	Standard Family Rate		Standard Center Rate	
	1-157 Hours per month Hourly	158-215 Hours per month Monthly	1-157 Hours per month Hourly	158-215 Hours per month Monthly
Infant	\$2.20	\$400	\$2.96	\$473
Toddler	\$2.20	\$396	\$2.91	\$467
Preschool	\$2.20	\$374	\$2.34	\$356
School	\$2.20	\$352	\$2.34	\$345
Special Needs	\$2.20	\$400	\$2.96	\$473

ENHANCED RATE MAXIMUMS (Not Licensed)

	Enhanced Family Rate			Enhanced Center Rate		
	1-62 Hours per month Hourly	63-135 Hours per month Part-time	136-215 Hours per month Monthly	1-62 Hours per month Hourly	63-135 Hours per month Part-time	136-215 Hours per month Monthly
Infant	\$2.38	\$324	\$432	\$3.17	\$380	\$506
Toddler	\$2.38	\$321	\$428	\$3.11	\$375	\$500
Preschool	\$2.38	\$303	\$404	\$2.65	\$303	\$404
School	\$2.38	\$285	\$380	\$2.65	\$293	\$391
Special Needs	\$2.38	\$324	\$432	\$3.17	\$380	\$506

LICENSED RATE MAXIMUMS

	Registered Family Rate			Certified Family Rate			Certified Center Rate		
	1-62 Hours per month Hourly	63-135 Hours per month Part-time	136-215 Hours per month Monthly	1-62 Hours per month Hourly	63-135 Hours per month Part-time	136-215 Hours per month Monthly	1-62 Hours per month Hourly	63-135 Hours per month Part-time	136-215 Hours per month Monthly
Infant	\$2.50	\$341	\$455	\$3.00	\$371	\$495	\$3.60	\$446	\$595
Toddler	\$2.50	\$338	\$450	\$3.00	\$345	\$460	\$3.52	\$431	\$575
Preschool	\$2.50	\$319	\$425	\$3.00	\$338	\$450	\$3.12	\$356	\$475
School	\$2.50	\$300	\$400	\$2.65	\$375	\$500	\$3.12	\$345	\$460
Special Needs	\$2.50	\$341	\$455	\$3.00	\$371	\$495	\$3.60	\$446	\$595

Zip Codes for Group Area B:

Salem, Medford, Roseburg, Brookings and areas outside the metropolitan areas in Eugene and Portland

97002	97011	97014	97017	97038	97042	97044	97048	97049	97051	97053	97056
97058	97067	97071	97103	97107	97108	97110	97111	97114	97115	97117	97118
97122	97127	97128	97131	97134	97138	97141	97143	97146	97148	97301	97302
97303	97304	97305	97306	97307	97309	97310	97317	97321	97322	97325	97326
97327	97336	97338	97341	97343	97344	97348	97352	97355	97357	97362	97365
97366	97367	97370	97372	97374	97377	97378	97380	97381	97383	97385	97386
97389	97391	97415	97420	97423	97424	97426	97431	97444	97446	97448	97452
97456	97465	97470	97487	97489	97501	97502	97503	97504	97524	97534	97535
97756	97759	97760	97801	97812							



(c)

Group Area C  
STANDARD RATE MAXIMUMS (Not Licensed)

	Standard Family Rate		Standard Center Rate	
	1-157	158-215	1-157	158-215
	Hours per month	Hours per month	Hours per month	Hours per month
	Hourly	Monthly	Hourly	Monthly
Infant	\$2.20	\$374	\$2.64	\$421
Toddler	\$1.98	\$352	\$2.28	\$421
Preschool	\$1.76	\$348	\$1.93	\$312
School	\$1.76	\$348	\$1.93	\$312
Special Needs	\$2.20	\$374	\$2.64	\$421

ENHANCED RATE MAXIMUMS (Not Licensed)

	Enhanced Family Rate			Enhanced Center Rate		
	1-62 Hours	63-135 Hours	136-215 Hours	1-62 Hours	63-135 Hours	136-215 Hours
	per month	per month	per month	per month	per month	per month
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
Infant	\$2.38	\$303	\$404	\$2.99	\$351	\$468
Toddler	\$2.14	\$285	\$380	\$2.55	\$344	\$458
Preschool	\$1.90	\$281	\$375	\$2.13	\$252	\$336
School	\$1.90	\$281	\$375	\$2.13	\$251	\$334
Special Needs	\$2.38	\$303	\$404	\$2.99	\$351	\$468

LICENSED RATE MAXIMUMS

	Registered Family Rate			Certified Family Rate			Certified Center Rate		
	1-62	63-135	136-215	1-62	63-135	136-215	1-62	63-135	136-215
	Hours per month	Hours per month	Hours per month	Hours per month	Hours per month	Hours per month	Hours per month	Hours per month	Hours per month
	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly	Hourly	Part-time	Monthly
Infant	\$2.50	\$319	\$425	\$2.50	\$375	\$500	\$3.52	\$413	\$550
Toddler	\$2.25	\$300	\$400	\$2.50	\$300	\$400	\$3.00	\$404	\$539
Preschool	\$2.00	\$296	\$395	\$2.25	\$300	\$400	\$2.50	\$296	\$395
School	\$2.00	\$296	\$395	\$2.40	\$300	\$400	\$2.50	\$270	\$360
Special Needs	\$2.50	\$319	\$425	\$2.50	\$375	\$500	\$3.52	\$413	\$550

Zip Codes for Group Area C: Balance of State, Other State Zips

97001	97016	97018	97020	97021	97026	97029	97032	97033	97037	97039	97040
97050	97054	97057	97063	97065	97101	97102	97121	97130	97136	97137	97144
97145	97147	97324	97329	97335	97342	97345	97346	97347	97350	97358	97360
97364	97368	97369	97375	97384	97388	97390	97392	97394	97396	97406	97407
97409	97410	97411	97412	97413	97414	97416	97417	97419	97425	97427	97428
97429	97430	97432	97434	97435	97436	97437	97438	97439	97441	97442	97443
97447	97449	97450	97451	97453	97457	97458	97459	97461	97462	97463	97464

97466	97467	97469	97472	97473	97476	97479	97480	97481	97484	97486	97488
97490	97491	97492	97493	97494	97495	97496	97497	97498	97499	97522	97523
97526	97527	97530	97531	97532	97533	97536	97537	97538	97539	97540	97541
97543	97544	97601	97603	97604	97620	97621	97622	97623	97624	97625	97626
97627	97630	97632	97633	97634	97635	97636	97637	97638	97639	97640	97641
97710	97711	97712	97720	97721	97722	97730	97731	97732	97733	97734	97735
97736	97737	97738	97739	97741	97750	97751	97752	97753	97754	97758	97761
97810	97813	97814	97817	97818	97819	97820	97823	97824	97825	97826	97827
97828	97830	97833	97834	97835	97836	97837	97838	97839	97840	97841	97842
97843	97844	97845	97846	97848	97850	97856	97857	97859	97861	97862	97864
97865	97867	97868	97869	97870	97873	97874	97875	97876	97877	97880	97882
97883	97884	97885	97886	97901	97902	97903	97904	97905	97906	97907	97908
97909	97910	97911	97913	97914	97918	97920					

- (10) This section establishes the ERDC eligibility standard and the client's copayment (copay).
- (a) The ERDC eligibility standard is met for *need groups* (see OAR 461-110-0630) of eight or less if monthly *countable income* (see OAR 461-001-0000) for the *need group* is less than 185 percent of the federal poverty level, as described in OAR 461-155-0180(4). The eligibility standard for a need group size of eight applies to any need group larger than eight.
  - (b) The minimum monthly ERDC copay is \$25.
  - (c) For *filing groups* (see OAR 461-110-0310) whose *countable income* is at or below 50 percent of the 2007 federal poverty level (FPL), the copay is \$25 or 1.5 percent of the filing group's monthly *countable income*, whichever is greater.
  - (d) For *filing groups* whose *countable income* is over 50 percent of the 2007 FPL, the copay amount is determined with the following percentage of monthly income:
    - (A) Determine *filing group's countable income* as a percent of FPL (rounding to the nearest whole number percentage), subtract 50, and multiply this difference by 0.12.
    - (B) Add 1.5 to the amount in paragraph (A) of this subsection. This sum is the percentage of monthly income to determine the copay amount.
- (11) Effective October 1, 2003, a client's copay is \$25 during the first month the client is eligible for ERDC. This limitation cannot be used in more than one month in any 12 consecutive months.
- (12) The limit in any month for child care payments on behalf of a child whose caretaker is away from the child's home for more than 30 days because the caretaker is a member of a

reserve or National Guard unit that is called up for active duty is the lesser of the following:

- (a) The amount billed by the provider or providers.
- (b) The monthly rate established in this rule for 215 hours of care.

Stat. Auth.: ORS 411.060, 411.070, ~~418.100~~ **412.049**

Stats. Implemented: ORS 411.060, 411.070, ~~418.100~~ **412.049**, 2007 Or. Laws ch. 743

461-155-0190

Income and Payment Standards; FS

THIS RULE WILL BE AMENDED TO REFLECT PUBLISHED 2008 INCOME AND PAYMENT STANDARDS

(1) The FS Countable and Adjusted Income Limits are as follows:

Need Group Size	Countable Income Limit	Adjusted Income Limit
1	\$1,107	\$ 851
2	1,484	1,141
3	1,861	1,431
4	2,238	1,721
5	2,615	2,011
6	2,992	2,301
7	3,369	2,591
8	3,746	2,881
Each additional individual	377	290

(2) The FS Payment Standard (Thrifty Food Plan) is:

FS Payment Standard (TFP)	
No. in Need Group	Amount
1	\$ 162
2	298
3	426
4	542
5	643
6	772
7	853
8	975
Each additional individual	122

Stat. Auth.: ORS 411.816

Stats. Implemented: ORS 411.816, 411.825

461-155-0250

Income and Payment Standard; OSIP, OSIPM

- (1) For an OSIP (except OSIP-EPD) or OSIPM (except OSIPM-EPD) client in long-term care or in a waived *nonstandard living arrangement* (see OAR 461-001-0000), the countable income limit standard is 300 percent of the full SSI standard for a single individual. Other OSIP and OSIPM clients do not have a countable income limit.
- (2) The non-SSI OSIP and OSIPM (except OSIP-EPD and OSIPM-EPD) adjusted income standard takes into consideration the need for shelter (housing and utilities), food, and other items. The standard is itemized as follows:

Non-SSI/OSIP and OSIPM Standards				
Items of Need				
Adjusted No. in Household	One Person in Need Group		Two People in Need Group	
	One	Two or More	Two	Three or More
Shelter	392.00	182.00	485.00	180.00
Food	154.70	152.37	295.00	281.34
Other	92.00	92.00	176.00	176.00

- (3) The standard in this section is used as the adjusted income limit for non-SSI OSIP (except OSIP-EPD) and OSIPM (except OSIPM-EPD) clients. The OSIP-AB and OSIPM-AB adjusted income standard includes a transportation allowance. See OAR 461-155-0020 for the adjusted number in the household. The total standard is:

Non-SSI/OSIP and OSIPM				
Adjusted Income Standards				
Adjusted No. in Household	One Person in Need Group		Two People in Need Group	
	One	Two or More	Two	Three or More
AD/OAA	638.70	426.37	956.00	637.34
AB	663.70	451.37	981.00	662.34

- (4) To be eligible for OSIP (except OSIP-EPD or OSIP-IC), a person must be receiving SSI or be eligible for an ongoing special need. The payment standard for SSI/OSIP clients living in the community is the SIP (supplemental income payment) amount. The SIP is a need amount added to any other special or service needs to determine the actual payment. In some cases, the need amount is zero.

- (a) For clients whose unearned income minus any SSI or Veterans Nonservice-Connected Disability Benefits is less than \$20:

SSI/OSIP and OSIPM Payment Standard (Unearned Income Less Than \$20)		
No. in Need Group	AD/OAA	AB
	SIP (need)	SIP (need)
1	1.70	26.70
2	0.00	25.60

- (b) For clients whose unearned income minus any SSI or Veterans Nonservice-Connected Disability Benefits is \$20 or more:

SSI/OSIP and OSIPM Payment Standard (Unearned Income \$20 or More)		
No. in Need Group	AD/OAA	AB
	SIP (need)	SIP (need)
1	0.00	18.70
2	0.00	17.60

- (c) The SSI/OSIP-AB standard includes a transportation allowance. The standard for two assumes one individual is blind and the other is not. If both are blind, \$20 is added to the SIP amount.
- (d) For spouses who each receive SSI and receive services in an AFC, ALF or RCF, an amount is added to each person's SIP payment that equals the difference between the individual's income (including SSI and other income) and the OSIP standard for a one-person need group.
- (e) When one or both spouses receive SSI and are not included in subsection (d) of this section, the two-person need group is used to determine the SIP amount. This amount is used even if one (or both) of the individuals is receiving services and has a need group of one according to OAR 461-110-0630.
- (5) In the OSIP and OSIPM programs, individuals in a nursing facility or an ICF-MR are allowed the following amounts for clothing and personal incidentals:
- (a) For clients who receive a VA pension based on unreimbursed medical expenses (UME), \$90 is allowed.
- (b) For all other clients, \$30 is allowed.

- (6) In the OSIP-EPD and OSIPM-EPD programs, the adjusted earned income limit is 250 percent of the 2008 federal poverty level for a family of one. This 250 percent limit equals \$2,167 per month or \$26,004 per year.

Stat. Auth.: ORS 411.060, 411.070

Stats. Implemented: ORS 411.060, 411.070

461-155-0360

Cost-Effective Health Insurance

- (1) This rule applies to the following medical assistance programs—EXT, GAM, MAA, MAF, OHP (except OHP-CHP and OHP-OPU), OSIPM, ~~REFM~~, and SAC. It explains how to determine whether an employer-sponsored health insurance plan is cost effective for the purpose of applying OAR 461-120-0345.
- (2) The first step in making the determination of cost effectiveness is to determine the number of people in the household group who are in a benefit group of any of the programs listed in section (1).
- (3) Based on the number determined in section (2) of this rule, the maximum cost-effective premium is determined from the following tables:

EXT/GAM/MAA/MAF/OHP-OPC, OHP-OP6, OHP-OPP/ <del>REFM</del> /SAC	
# in Benefit Group covered by insurance	Cost-effective premium amount (Employee cost)
1	\$ 82
2	\$164
3	\$246
4	\$328
5	\$410
6	\$492
7	\$574
8	\$656
9+	\$738

OSIPM-AB	
# in Benefit Group covered by insurance	Cost-effective premium amount (Employee cost)
1	\$145
2	\$289

OSIPM-AD	
# in Benefit Group covered by insurance	Cost-effective premium amount (Employee cost)
1	\$167
2	\$334



OSIPM-OAA	
# in Benefit Group covered by insurance	Cost-effective premium amount (Employee cost)
1	\$147
2	\$294

- (4) The insurance is cost effective if the employee's share of the premium is equal to or less than the amount determined in section (3) of this rule.
- (5) If the health-insurance plan is cost effective, the Department will reimburse the actual amount of the premium, not to exceed the amount determined in section (3) of this rule.

Stat. Auth.: ORS 411.060

Stats. Implemented: ORS 411.060

461-155-0660

Special Need; Accommodation Allowance

- (1) OSIP and OSIPM clients living in a nursing facility are not eligible for an accommodation allowance. OSIP and OSIPM clients living in a *nonstandard living arrangement* (see OAR 461-001-0000) are not eligible for an accommodation allowance unless they are receiving, **or are eligible to receive after a temporary absence**, in-home waived services. OSIP and OSIPM clients who are receiving SSI (except those in a nursing facility) **or are eligible to receive or are receiving** in-home waived services are allowed an accommodation allowance if the client meets the criteria in section (2) or (3) of this rule.
- (2) Temporary absence of client from home.
  - (a) A temporary accommodation allowance may be authorized, where permitted under section (1) of this rule, if a client meets the following criteria:
    - (A) The client leaves his or her home or rental property and enters a hospital, state psychiatric institution, nursing facility, adult foster care facility, assisted living facility, residential care facility, group care home, or specialized living facility;
    - (B) The client cannot afford to keep the home without the allowance;
    - (C) The client will be able to return home within six months of leaving, according to a written statement from a primary practitioner, RN, or PAS (pre-admission screening) RN; and
    - (D) The home will accommodate the service plan of the client when the client returns.
  - (b) The allowance may be authorized for six months. If, after six months, the client continues to meet the criteria in subsection (a) of this section, an extension may be approved in writing by a supervisor.
  - (c) The accommodation allowance equals the total of the client's housing cost, including taxes and insurance, plus the limited standard utility allowance for the Food Stamp program provided in OAR 461-160-0420.
- (3) Additional cost for accommodation. A client receiving SSI benefits (except those in a nursing facility) or in-home waived services may receive an accommodation allowance if the client's shelter cost exceeds the shelter standard in OAR 461-155-0250(2) and the requirements of one of the following subsections are met:
  - (a) The client has a documented increase in rent associated with access by a person with a disability.

- (b) The client has been assessed to need a live-in provider, has accepted the services of a live-in provider, and requires an additional bedroom for the live-in provider.
- (4) The accommodation allowance is determined as follows:
  - (a) For clients who receive an accommodation allowance based on increased costs associated with access by a person with a disability, only the additional increase in cost for the accommodation is allowed.
  - (b) For clients who receive an accommodation allowance based on the need for an additional bedroom for a live-in provider, the amount of the accommodation allowance is one-third of the monthly rental cost or one-third cost of the monthly payment on an original purchase money mortgage, plus the limited standard utility allowance for the Food Stamp program provided in OAR 461-160-0420. This allowance does not cover any refinancing of the debt owed on the original purchase money mortgage unless the refinancing was done only to reduce the original purchase money mortgage's interest rate and the owner realized no direct or indirect payment of the home's equity value from the refinancing.
- (5) Special requirements.
  - (a) A client who rents and qualifies for an allowance under section (3) of this rule must take the steps necessary to obtain subsidized housing under any federal or state housing program. A client who fails, at any time, to take the steps necessary to obtain subsidized housing reasonably available is ineligible for the allowance. A client, who has been denied or revoked from participation in any rent subsidy program based on the client's own actions is ineligible for benefits under this rule.
  - (b) A client who rents housing and refuses subsidized housing will no longer be eligible for an accommodation allowance, except that if the housing that is offered is not suitable, related to accommodations, and the client continues to have increased costs related to accommodations in the client's current living situation, the accommodation allowance may continue until such time as appropriate subsidized housing is found.

Stat. Auth.: ORS 411.060, 411.070, 414.042

Stats. Implemented: ORS 411.060, 411.070, 414.042

461-160-0040

Dependent Care Costs; Deduction and Coverage

- (1) In the EXT and MAF programs, the cost of child care for a *dependent child* (see OAR 461-001-0000) may be deducted from the income of a client in accordance with the following:
  - (a) The *dependent child* must live with the filing group;
  - (b) The provider of child care may not be in the filing group;
  - (c) The provider of child care may not be the *parent* (see OAR 461-001-0000) of the *dependent child*; and
  - (d) The amount of the deduction is determined as follows:
    - (A) In the EXT program, the amount is limited to the cost necessary for the *caretaker relative* (see OAR 461-001-0000) to maintain employment, including time required to commute, work, and take a meal break.
    - (B) In the MAF program, as set out in OAR 461-160-0190.
- (2) In the FS program, dependent care is deductible (see OAR 461-160-0430) when all of the following are true:
  - (a) The dependent is a member of the filing group and is in the care, control, and custody of an individual in the group.
  - (b) The dependent care provider—
    - (A) Is not in the filing group; and
    - (B) Is not the *parent* of the dependent.
  - (c) The dependent care is necessary because the client is working, commuting, on a meal break, in training, participating in pre-employment education, or participating in an OFSET *case plan* (see OAR 461-001-0020).
- (3) In the ERDC-BAS, ~~ERDC-SBG~~, REF, and TANF programs, the cost of dependent child care may be paid for by the Department (is covered) only if all of the following requirements are met.
  - (a) ~~In the ERDC-BAS, REF, and TANF programs, dependent~~ **Dependent** child care is necessary for the working client to maintain employment, including time required to work, commute, or take a meal break. For a client working under a JOBS Plus agreement, child care is covered during the time the client is engaged in work or in job search if the employer pays the client during that time.

- (b) ~~In the ERDC-SBG program, dependent child care is necessary for a client to continue his or her education, training, or employment and the client is attending class, studying, working, commuting, or is on a meal break.~~
- (4) In the ERDC, JOBS, REF, and TANF programs, the cost of dependent child care is not covered by the Department when free care is available, such as during school hours for school-age children.
- (5) Child care is not covered in the ERDC-BAS, REF, and TANF programs if the nature of the work of the caretaker does not make it necessary for a person other than the *caretaker* (see OAR 461-001-0000) to provide the care. Child care is not covered during a period of time when---
- (a) The *caretaker* works at home, or is self-employed, and the nature of the work allows the *caretaker* to provide the care without significantly affecting the work;
- (b) The *caretaker* provides child care in a residence; or
- (c) The *caretaker* works for a provider of child care in a residence that is not certified under OAR 414-350-0000 and following.
- (6) In the JOBS and REF programs, the cost of child care may be covered while the care is necessary to enable the client to participate in a *case plan* (see OAR 461-190-0211).
- (7) In the ERDC, JOBS, JOBS Plus, REF, and TANF programs, the cost of dependent child care may be paid for (is covered) by the Department, only if all the following are true:
- (a) The dependent child:
- (A) In the ERDC program, is a member of the *benefit group* (see OAR 461-110-0750) and is in the care, control, and custody of an individual in the group.
- (B) In the JOBS, JOBS Plus, REF, and TANF programs, lives with the filing group.
- (b) The provider of child care is not in the filing group.
- (c) The provider of child care is not the *parent* of the dependent.
- (8) Coverage of the cost of dependent care is subject to the requirements in Chapter 461 of the Oregon Administrative Rules, including OAR 461-120-0510(4), 461-135-0400, 461-155-0150, 461-160-0193, 461-165-0180, and 461-190-0211.

Stat. Auth.: ORS 411.060, 411.070, 411.700, 411.816, **412.049**, 414.042, ~~418.100~~

Stats. Implemented: ORS 411.060, 411.070, 411.700, 411.816, **412.049**, 414.042, ~~418.100~~

461-160-0200

Unearned Income ~~Deduction~~ **Exclusion** for Child and Spousal Support; MAF and SAC

Clients in the MAF and SAC programs are entitled to a ~~deduction not to exceed \$50~~ **unearned income exclusions** from the following income:

- (1) **Cash medical support.**
- (2) Child support payments ~~made by a noncustodial parent to the financial group for a dependent child (including a minor parent) in the financial group~~ **up to \$50 per dependent child or minor parent per financial group per month, not to exceed \$200 per financial group per month.**
- (23) Spousal support payments **up to \$50** made directly to the financial group for a member of the financial group.

Stat. Auth.: ORS 411.060

Stats. Implemented: ORS 411.060

461-160-0420  
Shelter Cost; FS

THIS RULE WILL BE AMENDED TO REFLECT PUBLISHED 2008 INCOME AND  
PAYMENT STANDARDS

- (1) This rule explains how to calculate the client's shelter cost. The shelter cost is used to determine the shelter deduction (see OAR 461-160-0430). The shelter cost is the sum of the client's cost of housing plus an allowance for utilities, if the client incurs a utility cost. The shelter deduction is based on the shelter cost but is subject to a limitation described in OAR 461-160-0430.
- (2) Cost of housing:
  - (a) The following comprise the cost of housing if they are incurred with respect to the client's current residence or the home described in section (5) of this rule:
    - (A) Regular, periodic charges for the shelter of the *financial group* (see OAR 461-110-0530), such as rent, mortgage payments, and condominium or association fees. Late fees charged because a mortgage or rent payment was made late are not deductible.
    - (B) Property taxes, state and local assessments, and property insurance on the structure.
    - (C) Costs for repairing a home damaged or destroyed by a natural disaster (such as a fire or flood), if such costs are not reimbursed.
    - (D) If the *need group* (see OAR 461-110-0630) is homeless and living in a vehicle—vehicle payments and collision and comprehensive insurance premiums for the vehicle.
  - (b) If housing costs are billed on a weekly or biweekly basis, the monthly cost is the weekly cost multiplied by 4.3 or the biweekly cost multiplied by 2.15.
  - (c) The *financial group* has the following choices about housing costs:
    - (A) The group may choose to apply the cost in the month it is billed or becomes due.
    - (B) The group may choose to have periodic costs averaged.
    - (C) For expenses that are billed less often than monthly, the group may choose to have them averaged over the period they are intended to cover.

- (3) Shared housing: If the *filing group* (see OAR 461-110-0370) shares housing costs with an individual in the dwelling who is not in the *filing group*, only the housing costs incurred by the *filing group* are included in the calculation. If the portion paid by a person outside the *filing group* cannot be ascertained, the cost is apportioned among the people contributing to the cost. The pro rata share of those not in the *filing group* is deducted from the total, and the balance is considered a housing cost of the *filing group*.
- (4) Cost for utilities:
- (a) A *filing group* has a cost for utilities if it incurs a cost for heating or cooling; cooking fuel; electricity; water and sewerage; well installation and maintenance; septic tank system installation and maintenance; garbage and trash collection; service for a telephone, such as basic service fee, wire maintenance, subscriber line charges, relay center surcharges, 911 service, and taxes; or initial installation fees charged by a utility provider.
- (b) If the group incurs no cost for utilities in either its current home or in the home described in section (5) of this rule, then the shelter cost is calculated without an allowance for utilities.
- (c) If a homeless *need group* uses a vehicle for shelter, the cost of fuel for the vehicle is considered a utility cost.
- (d) If a *filing group* incurs a cost for utilities, then the utility allowance is one of the following:
- (A) Allowance with heating or cooling: A full standard utility allowance of \$319 is used if the *household group* (see OAR 461-110-0210) is billed for heating or cooling costs for its dwelling. Charges for any fuel and for electricity are considered heating costs if they are used for heating. A *financial group* who receives an energy assistance payment for the dwelling provided through the Low-Income Energy Assistance Act of 1981 is eligible for the utility allowance established by this paragraph (A).
- (B) Allowance without heating or cooling:
- (i) A limited standard utility allowance of \$228 is used if the *household group* is not billed for heating or cooling costs but is billed for at least two other costs enumerated in section (4)(a) of this rule.
- (ii) An individual standard utility allowance of \$38 is used if the household is not billed for heating or cooling costs but is billed for only one of the costs enumerated in section (4)(a) of this rule other than the service cost for a telephone, including the related taxes or fees.



- (iii) A telephone standard utility allowance of \$38 is used if the household is not billed for heating or cooling costs but is billed for telephone service, such as basic service fee, wire maintenance, subscriber line charges, relay center surcharges, 911 service, and taxes.
- (5) Housing costs for a home not occupied by the household: Housing and utility costs with respect to a home not currently occupied by the household may be considered in calculating the shelter cost if—
  - (a) The home is temporarily unoccupied because of employment or training away from home, illness, or abandonment caused by casualty or natural disaster;
  - (b) The *financial group* intends to return to the home;
  - (c) No other, current occupant is claiming a deduction for shelter costs in the FS program; and
  - (d) The home is not leased during the household's absence.

Stat. Auth.: ORS 411.816

Stats. Implemented: ORS 411.816, 411.825

461-160-0430

Income Deductions; FS

THIS RULE WILL BE AMENDED TO REFLECT PUBLISHED 2008 INCOME AND PAYMENT STANDARDS

- (1) Deductions from income are subtracted from *countable income* (see OAR 461-140-0010) in the following order to determine *adjusted income* (see OAR 461-001-0000) for the Food Stamp program:
  - (a) An earned income deduction of 20 percent of *countable* earned income. The 20 percent deduction is not taken from the wages funded by grant diversions such as Work Supplementation wages.
  - (b) A standard deduction of \$134 per month for a *benefit group* (see OAR 461-110-0750) of one, two, or three persons. A standard deduction of \$143 for a *benefit group* of four persons. A standard deduction of \$167 for a *benefit group* of five persons. A standard deduction of \$191 for a *benefit group* of six or more persons.
  - (c) A dependent care deduction not to exceed \$175 each month for each dependent, or \$200 each month for each child under age 2, for dependent care costs billed to a member of the *financial group* (see OAR 461-110-0530) and not paid for through any other program of the Department. For the cost to be deductible under this section, the care must be necessary to enable a member of the *need group* (see OAR 461-110-0630) to--
    - (A) Accept or continue employment;
    - (B) Meet the requirements of a *case plan* (see OAR 461-001-0020); or
    - (C) Attend vocational or educational training. A student receiving educational income is entitled to a deduction only for costs not excluded from educational income by OAR 461-145-0150.
  - (d) The medical deduction for *elderly* clients and clients who have a *disability* (see OAR 461-001-0015) in the *need group*. The deduction is calculated by determining the total of their deductible medical costs (see OAR 461-160-0415) and subtracting \$35. The remainder is the medical deduction.
  - (e) A deduction for child support payments (including cash medical support) a member of the household makes under a legal obligation to a child not a member of the *household group* (see OAR 461-110-0210), including payments for the current month and for payments on arrearages. Child support is not deductible if collected by setoff through the Oregon Department of Revenue or by interception of a federal tax refund.

- (f) A shelter deduction, calculated as follows:
  - (A) For FS clients required to pay room and board in a *nonstandard living arrangement* (see OAR 461-001-0000), the shelter deduction is—
    - (i) The cost of room and board, minus the payment standard for the benefit group; or
    - (ii) The actual room cost, if the client can prove that the room cost exceeds the cost described in subparagraph (i) of this paragraph.
  - (B) For all other clients, the shelter deduction is calculated as follows:
    - (i) The standard deduction and the deductions of earned income, dependent care, court-ordered child support, and medical expenses are subtracted from *countable income*. Fifty percent of the remainder is subtracted from the shelter cost calculated in accordance with OAR 461-160-0420.
    - (ii) The rounded balance is the deduction, except the deduction is limited if the filing group has no member who has a *disability* or is *elderly* (see OAR 461-001-0015). The limit is \$431.
- (2) If the client cannot verify a medical or court-ordered child-support expense or cannot verify any other expense when asked to do so, the unverified expense is not used to calculate the deduction. If the client provides verification, the deduction is applied when calculating the next month's benefits. If verification is provided within the period authorized for processing applications (see OAR 461-115-0210), the benefits for the *initial month* (see OAR 461-001-0000) are recalculated using the deduction.

Stat. Auth.: ORS 411.816

Stat. Implemented: ORS 411.816, 411.825

461-160-0610

Client Liability for Clients in Long-term Care or Receiving Waivered Services; OSIP (except OSIP-EPD), OSIPM (except OSIPM-EPD)

- (1) Clients in the OSIP (except OSIP-EPD) and OSIPM (except OSIPM-EPD) programs who live in or enter a long-term care setting or who receive Title XIX waived services must, in order to remain eligible, make the payment required by this rule, except as provided in sections (2) to (5) of this rule. These clients must apply their adjusted income to the cost of their care or service. This amount is their client liability. If their adjusted income exceeds their cost of care or service, they must pay the full cost of care but have no additional liability.
- (2) Clients who receive SSI, or are deemed to receive SSI under section 1619(b) of the Social Security Act (42 U.S.C. § 1382h(b)), are eligible for OSIP and OSIPM without having to make a payment.
- (3) The IC service payment of clients in the OSIP-IC and OSIPM-IC programs is reduced by the amount of their liability.
- (4) The following clients, if they receive the services described in section (5) of this rule, are exempt from payments required by this rule:
  - (a) A disabled adult child under OAR 461-135-0830.
  - (b) ~~A disabled widow or widower under OAR 461-135-0811.~~
  - ~~(c)~~—A widow or widower under OAR 461-135-0820.
  - (~~d~~c) A Pickle amendment client under OAR 461-135-0780.
- (5) A client identified in section (4) of this rule is exempt from payments required by this rule if the client receives --
  - (a) *Waivered services* (see OAR 461-001-0030); or
  - (b) Mental health services and lives in a *mental health residential treatment facility*. For purposes of this rule, only the following types of treatment centers qualify as a *mental health residential treatment facility*:
    - (A) A mental health adult foster home.
    - (B) A mental health residential treatment home.
    - (C) A mental health residential treatment facility.
    - (D) A mental health secure residential treatment facility.

- (6) A client residing in an acute care hospital is exempt from payments required by this rule while residing in the acute care hospital. If a service benefit was received prior to admission to the acute care hospital, payment must be made for that service.

Stat. Auth.: ORS 411.060, 411.070, 414.042

Stats. Implemented: ORS 411.060, 411.070, 414.042

461-165-0060

~~Benefits in Amounts Less Than \$10~~ **Minimum Benefit Amount; FS, REF, TANF**

- (1) In the FS program:
  - (a) A *benefit group* (see OAR 461-110-0750) is not eligible for benefits in the *initial month* (see OAR 461-001-0000) if the allotment is less than ~~\$10~~ **eight percent of the Thrifty Food Plan (TFP) as determined annually by Food and Nutrition Services (FNS)**.
  - (b) In an *ongoing month* (see OAR 461-001-0000), benefits are issued as follows:
    - (A) An eligible one- or two-person *benefit group* receives a minimum monthly allotment of ~~\$10~~ **eight percent of the TFP as determined annually by FNS**.
    - (B) An eligible *benefit group* of three or more persons receives the calculated benefit except that a group whose calculated benefit is \$1, \$3, or \$5 receives instead an allotment of \$2, \$4, or \$6 respectively. A group that is *categorically eligible* (see OAR 461-135-0505) may be eligible for zero benefits (\$0) for the *certification period* (see OAR 461-001-0000).
- (2) Except as provided in section (3) of this rule, in the REF and TANF programs, benefits are not issued if the monthly benefit is less than \$10. Individuals who do not receive a cash payment because the monthly benefit is less than \$10 may be eligible for medical benefits.
- (3) The \$10 requirement in section (2) of this rule does not apply to --
  - (a) Special payments, such as one-time special needs, emergency assistance, supplements, or a benefit reduced from \$10 or more to under \$10 due to the recovery of an overpayment.
  - (b) Dual payee payments made in money management cases if the monthly benefit amount is \$10 or more.
  - (c) Wage supplements issued to JOBS Plus participants.

Stat. Auth.: ORS 411.060, 411.816, ~~418.100~~ **412.049**

Stats. Implemented: ORS 411.060, 411.816, ~~418.100~~ **412.049**

461-170-0015

Changes That Must Be Reported; ERDC

ERDC clients must report---

- (1) Changes as required by the rules applicable to the Periodic Review and APR reporting systems.
- (2) The following changes within 10 days of occurring. If these changes are reported for another program, they are considered reported for ERDC:
  - (a) Changes in members of the ~~filing group~~ **filing group** (see **OAR 461-110-0350**), and any resulting changes in income.
  - (b) Changes of address.
  - (c) Changes in source of income, including the loss of a job, and related changes in the amount of income.
  - (d) Changes in the rate of pay, except that clients are not required to report a change due to the annual adjustment in the Oregon minimum wage.
  - (e) Changes in child care providers.
  - (f) ~~For ERDC SBG, changes in the student caretaker's alien status and student status.~~

Stat. Auth.: ORS 411.060

Stats. Implemented: ORS 411.060

461-170-0020

Changes That Must be Reported; FS, MAA, MAF, REF, REFM, SAC, SFPSS, TANF

- (1) Clients in the FS, MAA, MAF, REF, SAC, SFPSS, and TANF programs are required to report all applicable changes described in this rule.
- (2) Clients must report each of the following changes within ten days of occurrence, unless the client is required to report the change by section (7) or (8) of this rule or is exempted from the reporting requirement by section (9) of this rule:
  - (a) A change in employment, including getting, changing, quitting, or losing a job.
  - (b) A change in source of income.
  - (c) A change in earned income of more than \$100 a month, except a change due to an annual adjustment in the Oregon minimum wage.
  - (d) A change in unearned income of more than \$50, except a change in a public assistance grant.
- (3) Clients must report each of the following changes within ten days of occurrence, unless the client is required to report the change by section (8) of this rule or is exempted from the reporting requirement by section (9) of this rule:
  - (a) The acquisition or change in ownership of non-excluded vehicles.
  - (b) The sale or receipt of resources that cause total resources to exceed program resource limits.
- (4) In the MAA, MAF, REF, REFM, SAC, SFPSS, and TANF programs, clients must report a member of the filing group becoming pregnant and when the pregnancy ends.
  - (a) The report of pregnancy must be received by the Department no later than the tenth day after the client becomes aware of the pregnancy.
  - (b) The report of pregnancy ending must be received by the Department no later than the tenth day after the client becomes aware of the pregnancy ending.
- (5) In the MAA, MAF, REF, ~~REFM~~, SAC, SFPSS, and TANF programs, clients must report each of the following changes within ten days of occurrence:
  - (a) A change in the members of the *household group* (see OAR 461-110-0210) and any resulting change in income.
  - (b) A change in residence.
  - (c) A change in who pays the shelter costs if the costs were or will be paid by a non-custodial parent.



- (6) In the FS program, clients must report each of the following changes within ten days of occurrence, unless the client is required to report the change by section (8) of this rule or is exempted from the reporting requirement by section (9) of this rule:
- (a) A change in residence and the shelter costs in the new residence.
  - (b) A change in members of the *filing group* (see OAR 461-110-0370) and any resulting change in income.
  - (c) A change in the legal obligation to pay child support.
- (7) Clients in the monthly reporting system (MRS) must report changes in income as required by the rules applicable to the Monthly Change Report.
- (8) In the FS program, clients in the simplified reporting system (SRS) must report--
- (a) By the tenth day of the month following the month of occurrence, when any of the following paragraphs applies:
    - (A) Monthly income exceeds the countable income limit in the FS program.
    - (B) ~~Monthly income exceeds 185 percent of the federal poverty level. The requirement of this paragraph only applies to households in which all members are *elderly* or have a *disability* (see OAR 461-001-0015), there is no earned income (see OAR 461-145-0120), and income at certification exceeded the countable income limit (see OAR 461-155-0190).~~
    - ~~(C) Their mailing address changes.~~
  - (b) On the interim change report, all other changes not covered by subsection (8)(a) of this rule.
- (9) In the FS program, clients participating in the transitional benefit alternative (TBA) are not required to report changes.
- (10) In the REFM program, clients must report each of the following changes within ten days of occurrence:**
- (a) A change in the members of the *household group*.**
  - (b) A change in residence.**

Stat. Auth.: ORS 411.060, 411.816, **412.014, 412.049**, 414.042, ~~418.100~~, 2007 Or. Laws ch. 861  
 Stats. Implemented: ORS 411.060, 411.105, 411.816, **412.014, 412.049**, 414.042, ~~418.100~~, 2007 Or. Laws ch. 861

461-170-0100

## Criteria for Using MRS

- (1) A filing group is not subject to the requirements of the monthly reporting system (MRS) unless it is required to participate by section (2) or (4) of this rule.
- (2) ~~For~~ **In the MAA, REF, ~~REFM~~ and TANF programs**, the following filing groups must participate in the MRS, unless they are specifically excluded by section (5) of this rule:
  - (a) Filing groups that are in the MRS for another program.
  - (b) Filing groups that have countable earned or unearned income that is not the same every month and cannot be anticipated, averaged, converted, or annualized.
- (3) ~~For~~ **In the FS program**, the filing group can only participate in the MRS if it is in the MRS for another program.
- (4) ~~For~~ **In the GA, GAM, OSIPM and QMB programs**, a filing group not specifically excluded by section (5) of this rule must participate in the MRS if it has varying earned or unearned income that cannot be averaged, converted or annualized.
- (5) The following filing groups are excluded from participating in the MRS:
  - (a) FS and TANF filing groups that include a member working under a JOBS Plus agreement.
  - (b) Filing groups in the EA, ERDC, EXT, MAF, **REFM**, SAC and TA-DVS programs.
  - (c) FS filing groups in which any of the following is true:
    - (A) At least one member is a migrant or seasonal farm worker.
    - (B) The members are homeless.
    - (C) Each adult member is elderly or disabled, and no financial group member has earned income.
    - (D) At least one member is receiving ERDC.
    - (E) The group resides on an Indian Reservation.
  - (d) OHP filing groups for their OHP benefits. They may be in the MRS for their other program benefits.

- (e) ~~For~~ **In the** GA, GAM, OSIPM, and QMB **programs**, clients receiving or deemed to be receiving SSI.

Stat. Auth.: ORS 411.060, 411.816, ~~418.100~~ **412.049**

Stats. Implemented: ORS 411.060, 411.816, ~~418.100~~ **412.049**

461-170-0101

Simplified Reporting System (SRS); FS

- (1) OAR 461-170-0101 to 461-170-0104 establish and explain the simplified reporting system (SRS) used in the Food Stamp program.
- (2) Clients certified to receive food stamps for six months or longer may participate in SRS.
- (3) ~~Unless there is no earned income and all members of a filing group are *elderly* or persons with a *disability* (see OAR 461-001-0015), a *filing group* (see OAR 461-110-0370) may participate in SRS if the *certification period* (see OAR 461-001-0000) is no longer than six months and the group:~~
  - ~~(a) — Contains a migrant or seasonal farm worker (see OAR 461-001-0015); or~~
  - ~~(b) — Contains only *homeless* (see OAR 461-001-0015) individuals.~~
- ~~(4) — A *filing group* may not participate in SRS and is removed from SRS if the group:~~
  - (a) Includes an individual who is in the monthly reporting system for another program; or
  - (b) Contains an individual who is receiving benefits from the ERDC program.

Stat. Auth.: ORS 411.816

Stats. Implemented: ORS 411.816

461-170-0150

Averaging With Periodic Review (APR)

- (1) ~~Use~~ **The Department uses** APR for all ERDC clients.
- (2) The length of the APR period is as follows:
  - (a) When the need for child care occurs within two consecutive calendar months or less, the length of the APR period will be as follows:
    - (A) If the child care need occurs within one calendar month, the APR period will consist of that month only.
    - (B) If the child care need occurs within two consecutive calendar months, the APR period will consist of those two months only.
  - (b) When income can be reasonably anticipated for four months or more, the APR period can be four, five or six months.
  - (c) ~~For ERDC-SBG cases, the APR period can be extended up to 12 months if income can be reasonably anticipated for the entire period.~~
  - (~~d~~)—For all other cases, the APR period is three months.
- (3) The ~~Division~~ **Department** may shorten the APR period or re-average future income over the remaining months of the period when clients report income changes between periodic reviews that, after the application of OAR 461-150-0049, would cause a substantial change in the copay.

Stat. Auth.: ORS 411.060

Stats. Implemented: ORS 411.060

461-175-0340

Notice Situation; Voluntary Action

- (1) Unless the Department chooses to proceed as described in section (2) of this rule, ~~when the filing group states they wish to withdraw their request for benefits, or the *benefit group* (see OAR 461-110-0750) states they wish to reduce or to no longer receive benefits:~~
  - (a) For all programs except **the FS program, if the *primary person* (see OAR 461-001-0000), another adult member of the filing group, or the authorized representative:**
    - (A) ~~If the **Makes a verbal** request is made by phone or in person to end or reduce benefits,~~ a *timely continuing benefit decision notice* (see OAR 461-001-0000) is sent.
    - (B) ~~If the **Makes a signed, written** request is signed by the primary person, another adult member of the filing group, or the authorized representative, or if the filing group states they wish to withdraw an application for to~~ **withdraw, end or reduce** benefits, a *basic decision notice* (see OAR 461-001-0000) is sent.
    - (C) **Makes a verbal request to withdraw an application for benefits, a *basic decision notice* is sent.**
  - (b) ~~For~~ **In the FS program, when the filing group states they wish to withdraw their request for benefits, or states they wish to reduce or to no longer receive benefits:**
    - (A) If the request is made by phone to end or reduce benefits, a *timely continuing benefit decision notice* is sent.
    - (B) If the request is made in person to reduce benefits, a *basic decision notice* is sent.
    - (C) If the request to reduce benefits is signed by the *primary person* (see OAR 461-001-0000), another adult member of the filing group, or the authorized representative, a *basic decision notice* is sent.
    - (D) If the request to end benefits is signed by the *primary person*, another adult member of the filing group, or the authorized representative in the presence of a worker, no notice is required. If it is not signed in the presence of a worker, a *basic decision notice* is sent.
    - (E) If the client withdraws a signed request for benefits, a *basic decision notice* is sent.

- (2) The Department may reduce or terminate benefits to an individual when the individual completes a voluntary agreement on a Department form used for this purpose. The Department provides the individual with a copy of the completed agreement and no other notice is required. The individual may request a hearing to set aside this agreement on the grounds of fraud, duress, or reliance on misinformation provided by the Department, subject to the time limits for hearing requests in OAR 461-025-0310.
- (3) In the FS program, a *timely continuing benefit decision notice* is sent if the *benefit filing group* returns a signed Change Report form with information that requires a reduction or closure of benefits.

Stat. Auth.: ORS 411.060, 411.816, ~~418.100~~ **412.014, 412.049, 414.042**

Stats. Implemented: ORS 183.417, 411.060, 411.816, ~~418.100~~ **412.014, 412.049, 414.042**

461-180-0070

Effective Dates; Initial Month Cash Benefits

- (1) In the EA program, the effective date for opening the case is the day benefits are issued to the *benefit group* (see OAR 461-110-0750). For benefit groups whose only eligible child is an unborn, the effective date cannot be earlier than the first day of the calendar month preceding the month in which the due date falls.
- (2) In the ERDC-BAS ~~and ERDC-SBG programs~~ **program**, the effective date for starting benefits is one of the following:
  - (a) The first day of the month in which the request for benefits is made, as long as---
    - (A) All eligibility requirements are met in that month; and
    - (B) Verification is provided within the application processing timeframes.
  - (b) If all eligibility requirements are not met in the month of request, the effective date is the first day of the month in which they are met, if verification is provided within the application processing timeframes.
  - (c) For benefit groups that received TANF within the 30 days before applying for ERDC, the effective date is the first of the month following closure of their TANF benefits.
- (3) In the GA program, the effective date for the initial month of cash benefits is whichever of the following occurs first:
  - (a) The day all eligibility requirements are met and verified.
  - (b) The 45th day from the date the client requests benefits, if all eligibility requirements were met, but the Department did not receive documentation until after the 45th day.
- (4) In the OSIP program, the effective date for the initial month of cash benefits is whichever of the following occurs first:
  - (a) The date the client requests benefits, if he or she was eligible as of that date.
  - (b) The date all eligibility requirements are met.
- (5) In the REF and TANF programs, the effective date for the initial month of cash benefits is as follows:
  - (a) For a client in the Pre-TANF program, it is the later of the following:



- (A) The day the Pre-TANF program ends.
- (B) The 30th day following the date the client requests benefits, if the Department does not receive required verification until after the 30th day.
- (b) For a client not in the Pre-TANF program (see OAR 461-135-0475), it is the day the client meets and verifies all eligibility requirements.
- (c) In the TANF program, if the only eligible child is an unborn, it may not be earlier than the first day of the calendar month preceding the month in which the due date falls.
- (d) For a provider-direct child care payment (see OAR 461-165-0190), it is the first of the month in which TANF benefits begin.
- (e) For a JOBS support service payment, it is the date the client meets all eligibility requirements in OAR 461-190-0211.
- (6) For TANF recipients moving to the SFPSS program, the effective date for the initial month of SFPSS benefits is:
  - (a) Except as provided in subsection (b) of this section, the first of the month following the day all eligibility requirements are met and verified.
  - (b) If the day all eligibility requirements are met and verified falls after the compute deadline, the initial month of SFPSS benefits will be the first of the month following the month after compute deadline. For purposes of this rule, the "compute deadline" means the Department computer system monthly deadline after which changes will not take effect until the month following the first of the next month.

Stat. Auth.: ORS 411.060, 411.070, ~~418.100~~ **412.014, 412.049**, ~~2007 Or. Laws ch. 861~~

Stats. Implemented: ORS 411.060, 411.070, ~~418.100~~ **412.014, 412.049**, ~~2007 Or. Laws ch. 861~~

461-190-0195

Degree Completion Initiative Component

THIS RULE IS REPEALED

- (1) ~~The Degree Completion Initiative (DCI) assists TANF parents who are undergraduates to complete their education at a two or four year *educational institution*. DCI is a work-attached *component* (see OAR 461-001-0025) of the JOBS program for certain TANF clients. A participant in the DCI *component* (participant) receives TANF cash assistance as well as support services provided through the JOBS program. JOBS support services does not pay for the cost of tuition, fees, books, or supplies associated with enrollment by a participant at an educational institution.~~
- (2) ~~The following definitions apply to DCI:~~
  - (a) ~~"DCI" refers to Degree Completion Initiative.~~
  - (b) ~~"Educational institution" refers to any post secondary educational institution approved or accredited by the Northwest Commission on Colleges and Universities, by its regional equivalent, or by the appropriate official, department, or agency of the state or nation in which the institution is located and which is—~~
    - (A) ~~A two or four year college or university; or~~
    - (B) ~~A community college.~~
  - (c) ~~"Participant" refers to a participant in the DCI component of the JOBS program.~~
- (3) ~~The number of *participants* at any time may not exceed one hundred households receiving TANF.~~
- (4) ~~Applying for DCI; Waiting List~~
  - (a) ~~A parent who is applying for or receiving TANF may apply for DCI by completing and signing the DCI application and submitting it to the Department. The application and other documentation required by this rule must be submitted to Department of Human Services JOBS Unit (DCI), 2nd Floor, 500 Summer Street NE E48, Salem, Oregon 97301.~~
  - (b) ~~The Department will follow the following procedure for DCI applications received by the Department:~~
    - (A) ~~Applications will be processed in the order in which the Department receives them.~~

- (i) ~~When the 100 DCI slots have not been filled, the Department will notify applicants when they have been approved.~~
- (ii) ~~When the 100 DCI slots have been filled and there is a waiting list, the Department will notify the next applicant on the waiting list when an opening becomes available.~~
- (B) ~~The priority population for the first 100 DCI slots will be applicants who are undergraduates and who require 12 months or less to complete a degree at an *educational institution*.~~
- (C) ~~If the department does not have 100 DCI slots filled, applications will be open to applicants who are undergraduates and who require between 13 and 24 months to complete a degree at an educational institution.~~
- (e) ~~The Department will inform each applicant for DCI who does not qualify or no longer qualifies for placement on the waiting list.~~

~~(5) Selection Requirements~~

- (a) ~~A DCI applicant must meet the financial and nonfinancial eligibility requirements for TANF.~~
- (b) ~~Subject to the priority established by paragraph (4)(b)(B) of this rule, a DCI applicant must demonstrate that they are an undergraduate who requires 24 months or less to complete a degree at an *educational institution*.~~
- (c) ~~A DCI applicant who is not applying for or receiving TANF at the time of selection may not participate in DCI or remain on the waiting list.~~
- (d) ~~A DCI application must include documentation that the DCI applicant has been accepted for full-time attendance into or is enrolled full-time at an educational institution. If the DCI applicant does not include such documentation with the DCI application, the applicant must submit documentation to the Department no later than 60 days from the date the application is submitted. An applicant who does not provide this documentation within 60 days is not eligible to participate in the DCI component. This deadline may be extended beyond 60 days in special circumstances beyond the control of the client.~~

~~(6) Requirements of Participants; Limitations~~

- (a) ~~A participant must provide documentation to the Department quarterly, or following completion of each academic term at the *educational institution*, that the participant is making satisfactory academic progress, as defined by the *educational institution*, toward a degree.~~

- (b) — A participant who does not provide the documentation required by subsection (6)(a) of this rule, or who is not making satisfactory academic progress as defined by the *educational institution*, is not eligible to continue to participate.
- (c) — A participant must attend classes full time as defined by the *educational institution*, unless there is *good cause* (see OAR 461-130-0327) to limit attendance to less than full time.
- (d) — Unless there is *good cause* (see OAR 461-130-0327) for not attending year round, a participant must either—
  - (A) — Attend classes year round, including during the summer if classes are offered by the *educational institution*; or
  - (B) — If not attending classes year round, participate in work experience related to the field of study of the participant when not attending classes.
- (e) — A participant must provide attendance information to the Department no less frequently than once every two weeks.
- (f) — Eligibility for DCI is limited to 12 months and may not be extended.
- (g) — Upon completing the last semester or term of the educational program of the participant, the participant must engage in work preparation activities, which may include resume preparation, employment research, interviews, work experience, and other activities related to job placement.
- (h) — The following requirements apply to a participant who is required to participate in the JOBS program:
  - (A) — A mandatory participant who does not attend classes year round may be required to participate in other activities of the JOBS program.
  - (B) — A mandatory participant found to be ineligible to participate in DCI must meet the participation requirements of the JOBS program.
- (i) — A participant may not simultaneously receive services from both the ERDC-SBG program and from the TANF or JOBS program.
- (j) — Except as provided in subsection (6)(k) of this rule, a participant must remain eligible for TANF; if the participant becomes ineligible for TANF, the participant is ineligible for DCI.
- (k) — If a participant becomes temporarily ineligible for TANF during a period of four or fewer months due to income from a paid work experience, the applicant may

~~retain their DCI slot when school resumes if the participant meets all of the following requirements:~~

~~(A) — The time of the participant in DCI will be no longer than 12 months.~~

~~(B) — The participant regains TANF eligibility.~~

~~(C) — DCI is still an appropriate activity for the participant.~~

Stat. Auth.: ORS 411.060, 418.100

Stats. Implemented: ORS 411.060, 418.100

THIS IS A NEW RULE

- (1) Parents as Scholars (PAS) is a JOBS program component that assists TANF parents who are or will be undergraduates to begin or continue their education at a two- or four-year educational institution.
- (2) The following definitions apply to PAS:
  - (a) "PAS" means the Parents as Scholars component of the JOBS program.
  - (b) "Educational institution" means any post-secondary educational institution approved or accredited by the Northwest Commission on Colleges and Universities, by its regional equivalent, or by the appropriate official, department, or agency of the state or nation in which the institution is located and that is:
    - (A) A four-year college or university;
    - (B) A junior college or community college; or
    - (C) A technical, professional or career school.
  - (c) "Participant" refers to a participant in the PAS component of the JOBS program.
- (3) The number of participants in PAS in a calendar year is limited as follows--
  - (a) The number of participants in PAS in a calendar year may not exceed one percent of the number of households receiving TANF on January 1 of that calendar year.
  - (b) If one percent of the number of households receiving TANF on January 1 of the current calendar year is less than one percent of the number of households receiving TANF on January 1 of the previous calendar year, the Department will not fill PAS slots vacated on or after January 1 of the current calendar year until the number of available slots is equal to one percent of the households receiving TANF for the current calendar year.
- (4) A PAS participant receives TANF cash assistance as well as necessary support services provided through the JOBS program. JOBS support services:
  - (a) May not be used to pay for the cost of tuition and fees associated with enrollment by a participant at an educational institution.

- (b) Notwithstanding OAR 461-190-0211, may be used to pay for books and supplies associated with enrollment by a participant at an educational institution subject to the following provisions:
  - (A) The books and supplies are required for completion of the participant's coursework at an educational institution;
  - (B) There is no other funding available to the PAS participant for books and supplies; and
  - (C) No more than \$100 per academic term or semester may be paid per PAS participant for books and supplies.
  
- (5) Applying for PAS. A parent who is applying for or receiving TANF may apply for PAS by completing and signing the PAS application and submitting it to the Department. The application and other documentation required by this rule must be submitted to Department of Human Services JOBS Unit (PAS), 2nd Floor, 500 Summer Street NE E48, Salem, Oregon 97301.
  
- (6) Transition of DCI Participants to PAS
  - (a) Applicants for the Degree Completion Initiative (DCI) who were approved for DCI pursuant to OAR 461-190-0195 prior to October 1, 2008, and remain in DCI as of September 30, 2008, will be considered approved for:
    - (A) PAS; or
    - (B) The vocational training component of the JOBS program, if the Central Office JOBS unit determines that vocational training is appropriate.
  
  - (b) Applicants for DCI who were conditionally approved for DCI pursuant to OAR 461-190-0195 prior to October 1, 2008, and remain conditionally approved for DCI on September 30, 2008, will be considered approved for PAS if the applicant submits verification of full-time enrollment in school for the current term or semester within the 60-day time period given to each individual applicant conditionally approved for DCI.
  
  - (c) A DCI applicant on the DCI wait list on September 30, 2008, will be considered approved for PAS if the applicant:
    - (A) Has submitted verification of full-time acceptance into or verification of full-time enrollment at an educational institution for the current or subsequent term or semester; or

- (B) Submits verification of full-time acceptance into or verification of full-time enrollment at an educational institution for the current or subsequent term or semester no later than December 31, 2008.

(7) PAS Selection Process; Wait List

- (a) PAS applications received from PAS applicants not covered under section (6) of this rule will be processed in the order in which the Department receives the applications.
- (b) If the maximum number of PAS slots for a calendar year has not been filled, the Department will notify an applicant when he or she has been approved.
- (c) When the maximum number of PAS slots for a calendar year has been filled and there is a wait list, the Department will notify an applicant when he or she has been added to the wait list.
- (d) Once each year, the Department will contact PAS applicants on the wait list to determine if the PAS applicant's name should be removed from the wait list.
- (e) When the maximum number of PAS slots for a calendar year has been filled and there is a wait list and a PAS slot becomes available, the Department will notify the next applicant on the wait list that an opening has become available.
- (f) The Department will inform an applicant for PAS who does not qualify or no longer qualifies for placement on the wait list because the applicant becomes ineligible for TANF or no longer meets the requirements of this rule.

(8) Selection Requirements

- (a) A PAS applicant must meet the financial and nonfinancial eligibility requirements for TANF.
- (b) A PAS applicant who is not applying for or receiving TANF at the time of selection may not participate in PAS or remain on the wait list.
- (c) A PAS applicant must include documentation that the PAS applicant is an undergraduate who has been accepted for full-time attendance into or is enrolled full-time at an educational institution.
- (d) A PAS applicant must demonstrate as part of the PAS application that completion of the educational program is likely to result in employment that provides the wages and benefits necessary for the applicant to support the applicant's family without TANF.

(9) Requirements of Participants; Limitations



- (a) A participant must provide documentation to the Department quarterly, or following completion of each academic term at the *educational institution*, that the participant is making satisfactory academic progress, as defined by the *educational institution*, toward a degree.
  - (b) A participant must attend classes full-time as defined by the *educational institution*, unless there is *good cause* (see OAR 461-130-0327) to limit attendance to less than full-time.
  - (c) Unless there is *good cause* (see OAR 461-130-0327) for not attending year round, a participant must either:
    - (A) Attend classes year round, including during the summer if classes are offered by the *educational institution*; or
    - (B) If not attending classes year round, participate in work experience related to the field of study of the participant when not attending classes.
  - (d) During the first twelve months of participation in PAS, a participant must record attendance and homework time weekly and must provide this information to the Department no less frequently than monthly.
  - (e) Except as provided in subsection (f) of this section, a participant must remain eligible for TANF.
  - (f) If a participant becomes temporarily ineligible for TANF during a period of four or fewer months due to income from a paid work experience, the applicant may retain their PAS slot when school resumes if:
    - (A) The participant regains TANF eligibility; and
    - (B) PAS is still an appropriate activity for the participant.
- (10) Ending PAS. PAS shall be ended for a PAS participant when:
- (a) The PAS participant completes his or her degree program;
  - (b) Except as provided in section (9)(f) of this rule, the PAS participant becomes ineligible for TANF; or
  - (c) All of the following are true:
    - (A) The PAS participant fails to meet one or more of the requirements of subsections (9)(a) through (9)(d) of this rule;

- (B) Attempts to re-engage the PAS participant pursuant to OAR 461-190-0231 are unsuccessful; and
- (C) There is a determination that the PAS participant does not have good cause (see OAR 461-130-0327) for failure to meet one or more requirements of subsections (9)(a) through (9)(d) of this rule.

Stat. Auth.: ORS 411.060, 412.049

Stats. Implemented: ORS 411.060, 412.016, 412.017, 412.049, 2003 Or. Laws ch 212, 2007 Or. Laws ch 861

461-190-0211

Standards for Support Service Payments

- (1) The Department helps an individual comply with the individual's *case plan* (see OAR 461-001-0025) by providing payments for child care, housing, transportation, and other needs to make participation in required *activities* (see OAR 461-001-0025) successful. These payments are provided for costs directly related to participation in *activities*, for costs necessary to obtain and retain a job, and for enhancing wages and benefits. In approving JOBS support service payments, the Department must consider lower-cost alternatives. It is not the intent of the Department or of this rule to supplant Department funding with other funding that is available in the community. It is the Department's expectation that case managers and clients will work collaboratively to seek resources that are reasonably available to the client in order to participate in activities.
- (2) Support service payments must be authorized in advance and are subject to the limitations of this rule. The following standards apply to support service payments.
- (3) Subject to the limitations of state funding, payments for *support services* (see OAR 461-001-0025) will be made available to an individual if all of the following requirements are met:
  - (a) The individual is one of the following:
    - (A) A TANF applicant or recipient.
    - (B) A client in the Pre-TANF, Post-TANF, or SFPSS programs.
    - (C) A *minor parent* (see OAR 461-001-0000) who has returned to the minor's parent's home in the last 40 days, if the move caused the client to become ineligible for TANF.
    - (D) A TANF client participating in diagnosis, counseling, or treatment programs for substance abuse or mental health.
    - (E) A non-citizen who is ineligible for TANF, who is legally able to work in the United States, and who has a child receiving TANF.
    - (F) An individual disqualified from the TANF program for failure to comply with the child-support related requirements of OAR 461-120-0340 and 461-120-0345.
    - (G) An individual eligible for transition benefits and services under OAR 461-190-0241.
    - (H) An individual currently receiving TA-DVS benefits.

- (I) A non-custodial parent of a child receiving TANF benefits, if both are residents of Oregon.
  - (J) A recipient of supplemental security income (SSI) who is a *volunteer* (see OAR 461-130-0310) in an employment program.
  - (K) A *caretaker relative* (see OAR 461-001-0000) who is non-needy and is a *volunteer* in an employment program.
- (b) The individual has agreed to participate in a JOBS *activity* or other approved *activities* as specified in the individual's *case plan*.
- (4) For an individual who is eligible for a support service under paragraphs (3)(a)(J) and (3)(a)(K) of this rule, the Department will consider that individual's income and resources towards the need.
- (5) Denials and Reductions. The Department may reduce, close, or deny in whole or in part an individual's request for a support service payment in the following circumstances:
- (a) If the individual is disqualified for failing to comply with a *case plan*, unless the payment in question is necessary for the client to comply with his or her *case plan*.
  - (b) If the purpose for the payment is not related to the individual's *case plan*.
  - (c) If the client disagrees with a support service payment offered or made by the Department as outlined in the client's *case plan*.
- (6) Required Verification.
- (a) The Department may require the individual to provide verification of a need for the support service prior to approval and issuance of payment if verification is reasonably available.
  - (b) The Department may require the individual to provide verification of costs associated with a support service if verification is reasonably available.
- (7) Child Care. Payments for child care are authorized, as limited by OAR 461-160-0040, if necessary to enable the individual to participate in JOBS program *activities* or other approved *activities* specified in the individual's *case plan*. If authorized, payment for child care will be made for:
- (a) The lesser of the actual rate charged by the care provider and the rate established in OAR 461-155-0150. The Department rate for children in care less than 158 hours in a month is limited by OAR 461-155-0150, except that the cost of child

care may be paid up to the monthly maximum when children are in care less than 158 hours per month and---

- (A) Appropriate care is not accessible to the individual at the hourly rate; or
  - (B) The individual is a teen parent using on-site care while attending education activities.
- (b) The minimum hours necessary, including meal and commute time, for the individual to participate in JOBS or other approved *activities* or to obtain and maintain employment.
- (8) Child care payments may be provided when individuals are not participating in *activities* of the JOBS program or other approved *activities* if necessary for them to retain their provider. Only the minimum amount necessary to maintain the child care slot with the provider may be covered as established in OAR 461-155-0150. Not more than 30 days between scheduled JOBS or other approved *activities* may be covered.
- (9) Housing and Utilities. In addition to payments for basic living expenses provided in OAR 461-135-0475, payments may be provided to secure or maintain housing and utilities in the following situations:
- (a) To prevent an eviction or utility shut-off, secure housing in order to find or maintain employment, or participate in *activities* listed in the individual's *case plan*. Payment is available when all the following are true:
    - (A) The individual cannot make a shelter or utility payment due to lack of assets.
    - (B) The lack of assets did not result from a JOBS or Child Support disqualification, a reduction due to an IPV recovery, overpayment recovery (other than administrative error), or failure by the individual to pay shelter or utility expenses when funds were reasonably available.
    - (C) The individual's *case plan* addresses how subsequent shelter or utility payments will be made.
  - (b) The shelter need results from *domestic violence* (see OAR 461-001-0000) and all the following are true:
    - (A) The individual is not eligible for the TA-DVS program.
    - (B) The individual will be able to pay all subsequent shelter costs, either through the individual's own resources or through other resources available in the community.

- (C) The individual's *case plan* addresses how subsequent shelter costs will be paid.
- (c) For clients who are in the Pre-TANF program or are applying for a payment under section (6) of this rule, the Department will make payments if the client meets the eligibility criteria in section (9) of this rule. A client who receives a TANF grant is expected to meet the housing and utility expenses out of the money received each month in the TANF grant. Therefore, for clients who receive a TANF grant, the Department may make payments on a case-by-case basis as appropriate if the client otherwise meets the support service payment eligibility criteria of this section.
- (10) Transportation. The Department will provide payments for transportation costs incurred in travel to and from JOBS or other approved *activities*. Payment is made only for the cost of public transportation or the cost of vehicle insurance, repairs, and fuel for a personally owned vehicle. The Department will not authorize payment for repair of a vehicle owned by an individual who is not in the TANF *filing group* (see OAR 461-110-0330). Payments are subject to the following considerations:
  - (a) Payments for public transportation are given priority over payments for a privately owned vehicle.
  - (b) Payment for a privately owned vehicle is provided if the client or driver has a valid license and either of the following is true:
    - (A) No public transportation is available or the client is unable to use public transportation because of a verifiable medical condition or disability for which no accommodation is available.
    - (B) Public transportation is available but is more costly than the cost of car repair or fuel.
- (11) Other Payments. The Department will provide payments for other items that are directly related to participation in JOBS or other approved *activities*. Payments under this section may be authorized for:
  - (a) Reasonable accommodation of a client's *disability* (see OAR 461-001-0000).
  - (b) Costs necessary in obtaining and retaining a job or enhancing wages and benefits, such as:
    - (A) Clothing and grooming for participation in JOBS activities or job interviews.
    - (B) Moving expenses necessary to accept employment elsewhere.

- (C) Books and supplies for education needs, **subject to the limitations provided in OAR 461-190-0199.**
  - (D) Tools, bonding, and licensing required to accept or retain employment.
- (c) Tuition for *vocational training* (see OAR 461-001-0025) only --
- (A) After the client has been approved for *vocational training*;
  - (B) When no other funding is available;
  - (C) To the extent that Department funding designated for this purpose is available; and
  - (D) When the training is necessary for a job leading to a higher wage and high demand occupation, as defined by the Workforce Investment Act (WIA).
- (12) Students Receiving Financial Aid. Authorization for payments for students in vocational training who receive financial aid is subject to the following conditions:
- (a) A student whose financial aid consists solely of student loans is not required to use any of that financial aid for support services.
  - (b) Support service payments are not authorized for services specifically covered by federal or state financial aid other than student loans.
  - (c) Students whose financial aid consists of a combination of loans and grants may be required to pay for support services from any grant money remaining after payment of tuition, fees solely related to the institution where the individual attends, books, and supplies (applying first the loan and then any grants) if the financial aid award letter specifically permits this use of funds.

Stat. Auth.: ORS 411.060, ~~418.100~~ **412.049**

Stat. Implemented: ORS 411.060, ~~418.100, 418.155~~ **412.049, 412.124**, 2007 Or. Laws ch. 861

461-190-0231

Re-engagement; JOBS, Pre-TANF, REF, SFPSS, TA-DVS

In the JOBS, Pre-TANF, REF, SFPSS, and TA-DVS programs:

- (1) When aspects of the *case plan* have not been met or are in dispute, the re-engagement process provides an opportunity for the client and the Department to --
  - (a) Review and re-evaluate the *case plan* and other information gathered related to the client's strengths and barriers;
  - (b) Identify participation expectations, concerns related to participation, and completion of *activities* in the *case plan*;
  - (c) Consider whether the *case plan* is still appropriate;
  - (d) Develop options that support full participation; and
  - (e) Revise the *case plan* if appropriate.
- (2) The re-engagement process is intended to assist the Department in identifying whether the client is unable to fully participate or whether the client is or has been willfully non-complaint.
  - (a) In the JOBS, Pre-TANF, REF, and SFPSS programs, if screenings for physical or mental health needs, substance abuse, *domestic violence* (see OAR 461-001-0000), or learning needs have not been completed, the re-engagement process requires an additional opportunity to initiate those screenings for potential barriers to participation not previously identified.
  - (b) Circumstances that require a determination of whether *good cause* (see OAR 461-130-0327) exists include disagreements about the *case plan*, irregular attendance at *activities*, missed appointments, failure to participate in a *component* of the *case plan*, and (in the JOBS program) refusal to accept or maintain employment.
  - (c) In the TA-DVS program, there are no participation requirements. The re-engagement process is intended to provide an opportunity to address problems with the case plan (see OAR 461-135-1230) and an opportunity to modify the case plan.
- (3) In the JOBS program, the re-engagement process must include an assessment of the risk of harm posed to the children in the *filing group* by the reduction in aid payments and taking steps to ameliorate the risk.
- (4) The client, the Department, or the Department's contractor may initiate the re-engagement process. The re-engagement process is not a required *activity*. The



Department may not disqualify clients based on their failure to participate in the re-engagement process.

- (5) The client or Department may invite partner agencies, Department contractors, persons currently working with the client, or other individuals who have information relevant to the re-engagement process to any appointments or meetings scheduled as part of the process.
- (6) The re-engagement process ends when any of the following subsections applies:
  - (a) The Department and the client agree to a modified *case plan*.
  - (b) Efforts to re-engage are unsuccessful.
  - (c) In the JOBS, Pre-TANF, and REF programs:
    - (A) The Department has determined the client has met *federally required participation rates* (see OAR 461-001-0025);
    - (B) The client clearly indicates an intent not to participate in the re-engagement process;
    - (C) The client is willfully non-compliant and has the ability to be fully engaged;
    - (D) The client has no barriers or refuses to take appropriate steps to address identified barriers to participation in the program; or
    - (E) A decision is made by the Department that a client did not have *good cause* for not complying with a requirement of the JOBS program, and the client is able but unwilling to address the issue through *activities* that address barriers or through *case plan* modifications.
  - (d) In the SFPSS program, after a review team consisting of SFPSS program staff including the case manager, disability analyst, and appropriate medical professional determine the client does not have good cause for non-cooperation and no accommodations or modifications can be made to support the client being re-engaged.
- (7) The re-engagement process must end unsuccessfully before the Department begins the process of disqualifying a client for a failure to comply with a requirement of the JOBS program.
- (8) In the SFPSS program, when the re-engagement process ends unsuccessfully, a client removed from the program is returned to the TANF program.

- (9) For a participant in the Parents as Scholars (PAS) component of the JOBS program, when re-engagement ends unsuccessfully, PAS is ended pursuant to OAR 461-190-0199.**

Stat. Auth.: ORS 411.060, ~~418.045, 418.100~~ **412.009, 412.014, 412.049**, 2007 ~~Or. Laws ch. 861~~  
Stats. Implemented: ORS 411.060, 411.117, ~~418.045, 418.100~~ **412.009, 412.014, 412.049**, 2007  
~~Or. Laws ch. 861~~