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TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

SSP 29-2017
CHAPTER 461
DEPARTMENT OF HUMAN SERVICES
SELF-SUFFICIENCY PROGRAMS

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ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Changing notice rule for APD medical programs

EFFECTIVE DATE: 12/01/2017 THROUGH 03/31/2018

AGENCY APPROVED DATE: 11/15/2017

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NEED FOR THE RULE(S):

OAR 461-175-0230 needs to be amended because automated processing of mass changes prior to the end of the month creates excessive administrative burden and increases the likelihood of an incorrect determination of liability. This amendment allows the Department to process mass changes at the end of a month.

JUSTIFICATION OF TEMPORARY FILING:

The Department finds that failure to act promptly by amending OAR 461-175-0230 will result in serious prejudice to the public interest and the Department through excessive administrative burdens related to processing mass changes before the end of the month, and there will be an increase in case processing errors that will need to be corrected. This rule needs to be corrected immediately because a very large number of notices are sent out each month. This amendment allows the Department to process mass changes at the end of a month.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

None

AMEND: 461-175-0230

RULE SUMMARY: OAR 461-175-0230 about notices sent to APD medical clients is being amended to establish that a continuing benefit decision notice is issued for liability increases when the increase is due to mass changes such as COLA increases. Currently, a timely continuing benefit decision notice is required.

CHANGES TO RULE:

461-175-0230

Notice Situation; Nonstandard Living Situations ¶

(1) In the SNAP program:¶

(a) A timely continuing benefit decision notice (see OAR 461-001-0000) is sent to terminate, suspend, or reduce benefits if the notice occurs as a result of any of the following situations:¶

(A) A client has been admitted or committed to an institution.¶

(B) A client has been placed in foster care, skilled nursing care, intermediate care, or long term hospitalization.¶

(C) A client is placed in official custody or a correctional facility.¶

(D) A client enters a drug or alcohol residential treatment facility.¶

(E) A client leaves a drug or alcohol residential treatment facility without reapplying for SNAP benefits.¶

(b) No decision notice (see OAR 461-001-0000) is required if the Department determines that a resident of a group living (see OAR 461-001-0015) facility or a drug or alcohol treatment center is ineligible as a result of one of the following actions taken against the center or facility:¶

(A) Disqualification by Food and Nutrition Services (FNS) as an authorized representative.¶

(B) Loss of certification with the Department.¶

(c) A resident of a facility that is disqualified or loses its certification as described in subsection (b) of this section may still qualify for SNAP benefits through a separate application.¶

(2) Except as provided in section (3) of this rule, for all programs except the SNAP program, a basic decision notice (see OAR 461-001-0000) is sent to terminate, suspend, or reduce benefits in each of the following situations:¶

(a) The client has been admitted or committed to an institution, or the client loses Medicaid eligibility while in the institution.¶

(b) The client has been placed in skilled nursing care, intermediate care, or long-term hospitalization.¶

(c) The client is placed in official custody or a correctional facility.¶

(3) In the OSIPM program, a client receiving home and community-based care (see OAR 461-001-0030) or long term care services is sent:¶

(a) A timely continuing benefit decision notice in each of the following situations:¶

(A) A reduction or closure of services occurs as the result of a process of reevaluating both the functional impairment levels of a client and the requirements of a client for assistance in performing activities of daily living.¶

(B) Services are closing because the client has not paid the client liability.¶

(C) The client receives benefits in the OSIP-IC or OSIPM-IC program, and benefits will end under OAR 411-030-0100.¶

(D) There is a change in special needs as described in OAR 461-180-0040.¶

(E) ~~W~~Except as provided in subsection (b) of this section, when there is an increase in the client liability as described in OAR 461-160-0610 and OAR 461-160-0620.¶

(b) A continuing benefit decision notice (see OAR 461-001-0000) when there is an increase in a client liability as a result of any of the following:¶

(A) A cost-of-living adjustment (COLA).¶

(B) A mass change under a program operated by a federal agency.¶

(C) A mass change to payments in a program operated by the Department. ¶

(c) A basic decision notice when there is a decrease in the client liability.

Statutory/Other Authority: ORS 329A.500, 409.050, 411.060, 411.101, 411.404, 411.816, 412.014, 412.049, 413.085, 414.685

Statutes/Other Implemented: ORS 411.060, 411.085, 411.095, 411.099, 411.101, 411.103, 411.816, 412.014, 412.049