



PERMANENT ADMINISTRATIVE ORDER

SSP 11-2023

CHAPTER 461
DEPARTMENT OF HUMAN SERVICES
SELF-SUFFICIENCY PROGRAMS

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RULES:

461-135-0880, 461-135-0950, 461-140-0296, 461-195-0310

AMEND: 461-135-0880

NOTICE FILED DATE: 01/31/2023

RULE SUMMARY: OAR 461-135-0880 is being amended to comply with the Consolidated Appropriations Act, ending the continuous Medicaid enrollment provisions established by the FCCRA during the COVID-19 Public Health Emergency and adopting a staggered renewal process with additional allowances for response and timely notice.

CHANGES TO RULE:

461-135-0880

OSIPM and QMB Programs; COVID-19

The provisions in this rule apply to the OSIPM and QMB programs. ¶

(1) ~~Subject to subsection (5)(b) of this rule~~, the Department amends the following rules or rule sections regarding the OSIPM and QMB programs. ¶

(a) OAR 461-115-0700, ¶

(b) OAR 461-175-0704, ¶

(c) OAR 461-180-0030, and ¶

(d) OAR 461-180-0120(1), (2), and (3)(b). ¶

(2) ~~Subject to subsection (5)(b) of this rule, and notwithstanding OAR 461-180-0030 and OAR 461-180-0120(1), (2), and (3)(b)~~, the Department shall suspend the effective date for all actions that reduce or close OSIPM or QMB program benefits, except for: ¶

(a) Program closures when an individual: ¶

(A) Passes away, ¶

(B) Is confirmed to have moved out of state, ¶

(C) Requests a voluntary closure, ¶

(D) In the QMB programs, is no longer eligible for Medicare, ¶

(E) Is approved for a one-time cash payment, such as a special needs payment for home repairs, ¶

(F) Is no longer eligible for an ongoing special needs payment, ¶

(G) Is approved for benefits due to an administrative error (see OAR 461-195-0501), or ¶

(H) When a court determines the individual made a false or misleading statement, or misrepresented, concealed, or withheld a fact for the purpose of establishing or maintaining eligibility.¶

(b) Benefit reductions when an individual ¶

(A) Requests a voluntary reduction.¶

(B) Is no longer eligible for the same level or amount of a special needs payment.¶

(c) Increases to ~~patient~~ liability when restoring previous liability.¶

(d) Benefit suspension when an individual becomes a resident of a correctional facility under OAR 461-135-0950.¶

(3) ~~Subject to subsection (5)(b) of this rule, and notwithstanding OAR 461-115-0700, the Department will accept self-attestation (see OAR 461-115-0700(2)(b)) to verify all eligibility criteria, except US citizenship, US national, and non-US citizen status. ¶~~

(4) ~~Subject to subsection (5)(b) of this rule, and notwithstanding OAR 461-115-0704(10), if the Department cannot promptly verify US citizenship, US national, or qualified non-US citizen status; the Department extends the reasonable opportunity period to 180 days from the date the notice is received.¶~~

(5) ~~The provisions of this rule shall end on the last day of the month in which the public health emergency declaration by the Secretary of Health and Human Services under section 319 of the Public Health Service Act based on an outbreak of coronavirus disease 2019 (COVID-19) is lifted.~~ In accordance with the Consolidated Appropriations Act, 2023, the provisions of this rule shall end effective April 1, 2023, as outlined in subsections below. ¶

(a) Individuals continuously receiving benefits prior to March 31, 2023 will maintain the protections afforded under this rule until the Department initiates a renewal of benefit eligibility (see OAR 461-001-0000). The Department will begin renewals in April 2023.¶

(A) When a completed and signed renewal form is required, the individual will have 90 days to provide the required documents.¶

(B) When additional information is required to complete the renewal, the individual will have 90 days to provide the requested information.¶

(C) When, during the renewal process, an individual is found ineligible for benefits, eligible for a lesser benefit, or the individual fails to complete the renewal process, the Department will send a decision notice (see OAR 461-001-0000) at least 60 days before the effective date of the closure or reduction. ¶

(b) Once the renewal process of an individual is complete under subsection (a) of this section, the provisions of this rule no longer apply to that individual.

Statutory/Other Authority: ORS 409.050, ORS 411.060, 411.070, 411.083, 412.006, ORS 84.001 to 84.061, 412.009, 412.024, 412.049, 412.064, 412.089

Statutes/Other Implemented: ORS 411.060, 411.070, 411.083, 412.006, ORS 84.001 to 84.061, 412.009, 412.024, 412.049, 412.064, 412.089, 409.010, 411.081, 411.087, 45 CFR 206.10, 45 CFR 263.2, 45 CFR 400.155, Pub. L. 116-127, 42 CFR 435.907, 42 CFR 435.914, 42 CFR 433.400, H.R. 2617 (117th)

AMEND: 461-135-0950

NOTICE FILED DATE: 01/31/2023

RULE SUMMARY: OAR 461-135-0950 is being amended to allow more immediate access to medical benefits for individuals whose benefits were suspended when they became a resident of a public institution. Suspended medical benefits will now be restored as soon as the department learns an individual is no longer a resident of a public institution, or has entered a period of hospitalization, without requiring the individual to complete the full eligibility determination process. Once medical benefits are restored, ongoing eligibility will be redetermined. It is also being amended to remove the 10 day reporting requirement and allow restoration of benefits when the individual fails to report to the Department.

CHANGES TO RULE:

461-135-0950

Eligibility for Residents of Public Institutions ¶

(1) This rule sets out additional restrictions on the eligibility of residents of public institutions for programs covered by Chapter 461 of the Oregon Administrative Rules. ¶

(2) Definition of a "resident of a public institution". ¶

(a) An individual living in a public institution (see section (3) of this rule) who is: ¶

(A) Confined involuntarily in a local, state or federal prison, jail, detention facility, or other penal facility, including an individual being held involuntarily in a detention center awaiting trial or an individual serving a sentence for a criminal offense; ¶

(B) Residing involuntarily in a facility under a contract between the facility and a public institution where, under the terms of the contract, the facility is a public institution; ¶

(C) Residing involuntarily in a facility that is under governmental control; ¶

(D) Receiving care as an outpatient while residing involuntarily in a public institution; or ¶

(E) In the OSIPM and QMB programs, ~~released from~~ no longer a resident of the public institution during a temporary period of hospitalization in a medical institution outside of the correctional facility. ¶

(b) An individual is not considered a resident of a public institution when: ¶

(A) The individual is released on parole, probation, or post-prison supervision; ¶

(B) The individual is on home- or work-release, unless the individual is required to report to a public institution for an overnight stay; ¶

(C) The individual is voluntarily residing in a supervised community residential facility and all of the following are true: ¶

(i) Residents are not precluded from working outside the facility in employment available to individuals who are not under justice system supervision; ¶

(ii) Residents can use community resources such as libraries, grocery stores, recreation and education at will, notwithstanding any house rules such as a requirement to sign in and out, curfews, or hours during which the residence is closed or locked; and ¶

(iii) Residents can seek health care treatment in the broader community to the same or similar extent as other Medicaid enrollees in the state. ¶

(D) The individual is staying voluntarily in a detention center, jail, or county penal facility after their case has been adjudicated and while other living arrangements are being made for the individual; or ¶

(E) The individual is in a public institution pending other arrangements as defined in 42 CFR 435.1010. ¶

(3) A "public institution" is any of the following: ¶

(a) A "state hospital" (see ORS 162.135). ¶

(b) A local correctional facility (see ORS 169.005): a jail or prison for the reception and confinement of individuals that is provided, maintained and operated by a county or city and holds individuals for more than 36 hours. ¶

(c) A Department of Corrections institution (see ORS 421.005): a facility used for the incarceration of individuals sentenced to the custody of the Department of Corrections, including a satellite, camp, or branch of a facility. ¶

(d) A youth correction facility (see ORS 162.135): ¶

(A) A facility used for the confinement of individuals placed in the legal or physical custody of the youth authority, including a secure regional youth facility, a regional accountability camp, a residential academy and satellite, and camps and branches of those facilities; or ¶

(B) A facility established under ORS 419A.010 to 419A.020 and 419A.050 to 419A.063 for the detention of individuals pursuant to a judicial commitment or order. ¶

(4) Definition of serious mental illness. An individual has a serious mental illness if the individual has been

diagnosed by a psychiatrist, a licensed clinical psychologist or a certified non-medical examiner as having dementia, schizophrenia, bipolar disorder, major depression or other affective disorder or psychotic mental disorder other than a substance abuse disorder and other than a disorder that is caused primarily by substance abuse.¶

(5) An individual who resides in a state hospital (see subsection (3)(a) of this rule), meets the definition of having a serious mental illness (see section (4) of this rule), and applies for medical assistance between 90 and 120 days prior to the expected date of the person's release from the state hospital may be found eligible for medical assistance. If the individual is determined to be eligible, the effective date of the individual's medical assistance is the date the individual is ~~released from~~ no longer a resident of the institution.¶

(6) In the OSIPM and QMB programs, except as provided for in section (7) of this rule, an individual who is at least 21 years of age and less than 65 years of age who becomes a resident of a state hospital has medical benefits suspended. When an individual with suspended medical benefits is no longer a resident of the state hospital, or when the individual is admitted to a medical institution outside of the state hospital for a period of hospitalization, medical benefits are reinstated effective the first day the individual is no longer a resident, ~~if the individual continues to meet eligibility for the medical program.~~¶

(7) An individual residing in a state hospital may be eligible for OSIPM and QMB program benefits if the individual meets the requirements of one of the following subsections:¶

(a) The individual is 65 years of age or older.¶

(b) The individual receives a Certificate of Need for Services from the State-authorized agency, and meets one of the following:¶

(A) The individual is under 21 years of age.¶

(B) The individual is 21 years of age, received a Certificate of Need for Services from the State-authorized agency, and received those services immediately before reaching age 21. Except as provided for in subsection (a) of this section, eligibility ends at age 22.¶

(8) For all programs covered under chapter 461 of the Oregon Administrative Rules:¶

(a) Except as provided otherwise in this rule, a resident of a public institution (see section (2) of this rule) is not eligible for benefits.¶

(b) Except as provided otherwise in this rule, if a pregnant individual receiving medical assistance through the OSIPM program becomes a resident of a public institution, their medical benefits are suspended. When the Department ~~is informed~~ learns the individual is no longer a resident of a public institution, their medical benefits are reinstated - effective on the first day they are no longer a resident of a public institution - if they are still in their protected period of eligibility under OAR 461-135-0010.¶

(c) If an individual receiving medical assistance through the OSIPM or QMB programs becomes a resident of a public institution at a correctional facility (see subsections (3)(b) through (3)(d) of this rule), medical benefits are suspended during the incarceration period.¶

(d) In the OSIPM and QMB programs, ~~w:~~¶

(A) When the Department is notified that an individual with suspended benefits has been released or learns the individual is no longer a resident of a public institution within 12 calendar months of the change, suspended benefits may be restored, effective the first day the individual was no longer a resident of a public institution. ¶

(B) When the Department learns the individual has been admitted to a hospital outside of the public institution for a period of hospitalization, ~~medical~~ suspended benefits are ~~reinstated~~ may be restored effective the first day of the individual is no longer a resident of a public institution if both of the following are true:¶

(A) The individual continues to meet eligibility for the medical program; and period of hospitalization. ¶

(C) When the date benefits are reinstated is prior to the individual's eligibility renewal date, the eligibility renewal date will be maintained.¶

(BD) ~~¶~~ When the notification takes place within ten calendar days of the release, or the notification takes place more than ten calendar days from the release date and there is good cause for the late reporting, the date benefits are reinstated is after the individual's eligibility renewal date, eligibility must be redetermined immediately after benefits are restored.¶

(9) In the GA and SNAP programs, in addition to the other provisions of this rule, a resident of a public institution released from a public institution on home arrest and required to wear an electronic device to monitor their activity, is ineligible for benefits if the correctional agency provides room and board to the individual.¶

(10) In the GA program, when an individual becomes a resident of a public institution:¶

(a) Housing assistance payments may continue for one calendar month following the month ~~of incarceration~~ at the individual became a resident of a public institution if the following are true:¶

(A) The Department can determine that the individual will ~~be released~~ no longer be a resident of a public institution before the end of the calendar month following the month ~~of incarceration~~ at the individual became a resident of a public institution, and¶

(B) The individual's housing arrangement is still available.¶

(b) ~~If~~When the individual will be released, ~~no longer be a resident of a public institution~~ after the end of the calendar month following the month of incarceration, ~~the individual became a resident of a public institution, or if~~when the release date the individual will no longer be a resident of a public institution is not known, housing assistance payments will be closed effective the end of the notice period (see OAR 461-175-0050) for a timely continuing benefit decision notice (see OAR 461-001-0000).

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.816, 412.049, 413.085, 414.685, 412.014

Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.447, 411.816, 412.014, 412.049, 414.426, 42 CFR 435.1009

AMEND: 461-140-0296

REPEAL: Temporary 461-140-0296 from SSP 52-2022

NOTICE FILED DATE: 01/31/2023

RULE SUMMARY: OAR 461-140-0296 about the divisor for the computation of periods of disqualification from the Oregon Supplemental Income Program (OSIP) and the Oregon Supplemental Income Program Medical (OSIPM) due to disqualifying transfers of assets is being amended to provide a new divisor for those transfers where the initial month is on or after October 1, 2022. This change is made to reflect an increase in the average monthly cost to a private patient of nursing facility services in Oregon, as required by 42 U.S.C. §1396(p)(c)(1)(E). This amount is calculated by using the average monthly cost to a private patient of nursing facility services in Oregon.

CHANGES TO RULE:

461-140-0296

Length of Disqualification Due to an Asset Transfer; OSIP and OSIPM ¶

(1) This rule applies to individuals in the OSIP and OSIPM programs who live in a nonstandard living arrangement (see OAR 461-001-0000).¶

(2) A financial group (see OAR 461-110-0530) 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 and prior to October 1, 2010-\$6,494.¶

(h) If the initial month is on or after October 1, 2010 and prior to October 1, 2016-\$7,663.¶

(i) If the initial month is on or after October 1, 2016 and prior to October 1, 2018--\$8,425.¶

(j) If the initial month is on or after October 1, 2018 and prior to October 1, 2020 ---\$8,784.¶

(k) If the initial month is on or after October 1, 2020---\$9,551 and prior to October 1, 2022---\$9,551.¶

(l) If the initial month is on or after October 1, 2022--- \$10,342.¶

(3) For transfers by an individual and the spouse of an individual 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)(~~k~~) 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)(~~k~~) 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, part of the disqualification is apportioned to each of them. If one member of the couple is serving a disqualification when the other member of the couple begins living in a nonstandard living arrangement, any remaining disqualification is apportioned equally to each member of the couple. 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 an individual and the spouse of an individual that occurred on or after July 1, 2006 and for income cap trusts under OAR 461-145-0540(10)(c) that accumulate funds in excess of the applicable dollar amount identified in subsections (2)(a) to (2)(~~k~~) of this rule:¶

(a) If there are multiple transfers by the individual and the spouse of the individual, including any transfer less than the applicable dollar amount identified in subsections (2)(a) to (2)(~~k~~) 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)(k) 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)(k) 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. This number might be zero full months. The remaining decimal or fraction of the quotient is used to calculate a partial month disqualification, which may be in addition to one or more full months. This remaining decimal or fraction is converted to a 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 any. If this calculation results in a fraction of a day, the fraction of a day is rounded down.¶

(c) Notwithstanding when the Department learns of a disqualifying transfer, the first month of the disqualification is:¶

(A) For an individual who transfers an asset while he or she is already receiving Department-paid long-term care (see OAR 461-001-0000) or home and community-based care (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 an applicant who transfers an asset prior to submitting an application and being determined eligible and for an individual who transfers an asset while he or she 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 home and community-based care as long as the applicant or individual would otherwise be eligible but for this disqualification period. If the applicant or individual is not otherwise eligible on the date of request, the disqualification begins the first date following the date of request that the applicant or individual would be otherwise eligible but for the disqualification period.¶

(d) If both spouses of a couple are in a nonstandard living arrangement, part of the disqualification is apportioned to each of them. If one member of the couple is serving a disqualification when the other member of the couple begins living in a nonstandard living arrangement, any remaining disqualification is apportioned equally to each member of the couple. 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.¶

(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 individual is considered transferred when any action is taken either by the individual or any other person that reduces or eliminates the individual's control or ownership in the individual'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 (7) of this rule.¶

(7) If an individual or the spouse of an individual purchases an annuity on or before December 31, 2005, and the only requirement that is not met is that 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.

Statutory/Other Authority: ORS 413.085, 414.685, ORS 409.050, 411.060, 411.704, 411.706

Statutes/Other Implemented: 42 USC 1396p, ORS 409.010, 411.060, 411.704, 411.706

AMEND: 461-195-0310

NOTICE FILED DATE: 01/31/2023

RULE SUMMARY: OAR 461-195-0310 is being amended to change requirements when the attorney of an applicant or recipient of assistance, or an insurance adjuster notifies the Department that they have a personal injury claim or settlement. The current rule requires that the notice to the Personal Injury Liens (PIL) Unit, OPAR, must be sent by mail or fax. The change to the rule will require attorneys and insurance adjusters to submit the notice via PIL's online portal. The rule is also being amended to update statutes and other laws or regulations the rule is based upon.

CHANGES TO RULE:

461-195-0310

Notice of Claim or Action by Applicant or Recipient ¶

(1) Within 10 days after a claim (see OAR 461-195-030) or action (see OAR 461-195-0301) to enforce a claim is initiated on behalf of an applicant (see OAR 461-195-0301) for or recipient (see OAR 461-195-0301), of assistance (see OAR 461-195-0301) who has a claim, if the claim or action was initiated prior to the application for assistance (see OAR 461-195-0301), then at the time of application, the first existing person on the following list who is enforcing the claim or action must notify the Department (see OAR 461-195-0301) for a personal injury and any CCO (see OAR 461-195-0301) or begins an action (see OAR 461-195-0301) to enforce such claim or the attorney, that provided services to the applicant or recipient after the personal injury (see OAR 461-195-0301): ¶

(a) Any attorney; ¶

(b) Any personal representative, as defined in ORS 111.005, or any affiant, as defined in ORS 114.505, for the estate of the applicant or recipient; ¶

(c) Any conservator; ¶

(d) Any guardian; ¶

(e) Any personal representative (see, as defined in OAR 407-014-0000), or; ¶

(f) Any authorized representative (see, as defined in OAR 410-200-0015 and/or 461-115-0090) for the applicant or recipient - must notify the Department (see; ¶

(g) Any resource parent or foster parent; ¶

(h) Any caretaker relative, as defined in OAR 461-195-0301) and the CCO (see OAR 461-195-0301) of the recipient, if the recipient 001-0000; ¶

(i) Any parent of the applicant or recipient; or ¶

(j) The applicant is or receiving services from the CCO, within ten days of initiating that claim or action, unless the action was initiated prior to the application for assistance. ¶

(a) If the action was initiated prior to the application for assistance, the applicant must notify the Department. ¶

(2) Within 10 days after entry of any judgment on a claim or the execution of any settlement or compromise of a claim, the first existing person on the following list must notify the Department and any CCO that provided assistance to the applicant or recipient after the personal injury: ¶

(a) Any attorney representing a party against whom the claim was made or action to enforce the claim was initiated; ¶

(b) Any insurer making payment on the judgment, settlement, or compromise; or ¶

(c) The Department aty against whom the claim or application or action to enforce the claim was initiated. ¶

(b3) The notifications required under sections (1) and (2) of this rule must include: - ¶

(Aa) The names and addresses of all parties against whom the action is brought or claim is made; ¶

(Bb) A copy of each claim demand; and ¶

(Cc) If an action is brought, the case number and the county where the action is filed; ¶

(ed) A parent, guardian, foster parent, caretaker relative, attorney, personal representative, or authorized representative must make the notification on behalf of an individual under the age of 18 or an incompetent adult; copy of any judgment, settlement or compromise of the claim or action to enforce the claim; and ¶

(e) For notices submitted through the injury reporting website (see section 4 of this rule) the notification may be required to include: ¶

(A) Information regarding the recipient or applicant; ¶

(B) Information regarding the attorney, and ¶

(C) Information regarding the injury or accident related to the action or claim. ¶

(24) Notification required under section (1) of this rule must be sent to the Personal Injury Liens Unit, Office of Payment Accuracy and Recovery, Oregon Department of Human Services, by mail or facsimile (see sections (4)

and (5) of this rule).¶

(3) Notices required by ORS 416.530 to be sent to the Oregon Health Authority (Authority) may be consolidated with similar notices to the Das follows:¶

(a) When the party required to provide notice is an attorney or insurer, notification must be sent through the secure injury repaortment and sent toing portal website. The website for the Personal Injury Liens Unit. A consolidated notice is considered notice to the Authority if the Authority's interest or claim in the matter is identified in the notice consistent with requirements in the applicable statute. (See also OAR 943-001-0020(2)(e).)'s secure injury reporting portal is <https://apps.oregon.gov/OPAR/PIL/>¶

(b) When the party required to provide notice is not an attorney or insurer, by mail, facsimile, or through the injury reporting portal website.¶

(4A) The mailing address for the Personal Injury Liens Unit is: Personal Injury Liens Unit, PO Box 14512, Salem OR 97309-0416.¶

(5B) The facsimile number for the Personal Injury Liens Unit is (503) 378-2577 and the telephone number is (503) 378-4514.¶

(6C) If an applicant for or recipient of assistance or the attorney, personal representative, or authorized representative for the applicant or recipient - fails to give the notification as required by this rule, the DepartmThe website for the Personal Injury Lien Unit's secure injury reporting portal is <https://apps.oregon.gov/OPAR/PIL/>¶

(5) Other than notices submitted through the injury reporting website, notices required by ORS 416.530 to be sent for the CCO of the recipient, if the recipient is receiving servOregon Health Authority (Authority) may be consolidated with similar notices fromto the CCO, has a cause of action under ORS 416.610 against the recipient for amounts received by the recipient pursuant to a judgment (see OAR 461-195-0301), settlement (see OAR 461-195-0301), or compromise (see OAR 461-195-0301) to the extent that the Department or the CCO could have had a lien against such amounts had such notice been given. Department and sent to the Personal Injury Liens Unit. A consolidated notice is considered notice to the Authority if the Authority's interest or claim in the matter is identified in the notice consistent with requirements in the applicable statute. (See also OAR 943-001-0020(2)(e)).¶

(6) At least 30 days prior to commencing an action under ORS 416.610, the Personal Injury Liens Unit and the CCO, if any, must consult with each other.

Statutory/Other Authority: ORS 409.050, 410.070, 411.060, 411.070, 412.049, 413.033, 413.042, 413.085, 414.68519, 416.570

Statutes/Other Implemented: ORS 409.050, 410.070, 411.060, 411.070, 412.049, 413.033, 413.042, 413.085, 414.68519, 416.570, 416.510, 416.530, 416.610