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TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

SSP 24-2023

CHAPTER 461

DEPARTMENT OF HUMAN SERVICES

SELF-SUFFICIENCY PROGRAMS

FILED

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ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Temporary Rules to Expand OSIPM Eligibility for Noncitizens through Healthier Oregon

EFFECTIVE DATE: 07/01/2023 THROUGH 12/27/2023

AGENCY APPROVED DATE: 06/28/2023

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NEED FOR THE RULE(S):

All rules in this filing need to be amended because House Bill 3352, passed in the 2021 Oregon regular session, requires ODHS to expand Healthier Oregon to all eligible individuals on July 1, 2023. This expansion of medical benefits for individuals who meet all financial and non-financial eligibility requirements, except for citizenship and noncitizen status, requires ODHS to close Citizenship Waived Medical effective June 30, 2023, as that emergency-only health benefits medical program is replaced by Healthier Oregon. The changes to the rules in Chapter 461 apply to Oregon Supplemental Income Program Medical (OSIPM), medical coverage for individuals who are 65 years of age or older, who are blind, or who have a disability.

JUSTIFICATION OF TEMPORARY FILING:

The Department finds that failure to act promptly to amend the rules in this filing will result in serious prejudice to the public interest, the Department, and individuals eligible for the expansion of Healthier Oregon. The Department needs to proceed by temporary rule as the funding for the Healthier Oregon program expansion was approved in House Bill 5046 (Oregon regular session 2023), which did not allow time for the permanent rulemaking process for a July 1, 2023, effective date. The Department needs to proceed by temporary rule due to the immediate nature of ongoing medical program eligibility determinations and the need for Department rules to align with Oregon statute or House Bills, Department policy, and ONE system programming. Failure to act immediately could result in confusion for administrative law judges, state employees, medical program applicants and recipients to whom the expansion applies, and delay access for individuals newly eligible for OSIPM through Healthier Oregon. Current Chapter 461 rules restrict eligibility for Healthier Oregon OSIPM for those who are blind or have a disability by age, excluding individuals ages 26 to 54. This temporary rule filing will bring OSIPM eligibility into alignment with House Bill 3352 (2021) and House Bill 5046, which requires Healthier Oregon to expand to all eligible individuals.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

House Bill 3352 (Oregon 2021), available here:

<https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB3352/Enrolled>

House Bill 5046 (Oregon 2023), available here:

<https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/HB5046/Enrolled>

Senate Bill 5525 (Oregon 2023), available here:

<https://olis.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB5525/Enrolled>

Healthier Oregon website, available here: <https://www.oregon.gov/oha/hsd/ohp/pages/healthier-oregon.aspx>

RULES:

461-101-0010, 461-120-0110, 461-120-0210, 461-135-0875, 461-135-0930, 461-135-1070, 461-135-1080, 461-180-0083

AMEND: 461-101-0010

RULE SUMMARY: OAR 461-101-0010 is being changed to update program acronyms and overviews for Citizenship Waived Medical and Healthier Oregon.

CHANGES TO RULE:

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 and acronyms for each subprogram.¶¶

(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.¶¶

(4) ABAWD; Able-Bodied Adults Without Dependents. The ABAWD employment program is one of the SNAP employment and training programs. Individuals who are identified as ABAWD are subject to the SNAP time limits (see OAR 461-135-0520).¶¶

(5) ~~CWM; Citizenship Waived Medical. Medicaid coverage of emergent medical needs for individuals who are not eligible for other medical programs solely because they do not meet citizenship or noncitizen status requirements (previously referred to in Chapter 461 as CWM). "Emergency-Only Health Benefits" (see OAR 410-120-0000) for individuals who, prior to June 30, 2023, met the financial and non-financial eligibility requirements, except for the citizenship or noncitizen status requirements. The Department's main chapter 461 rule for Citizenship Waived Medical is OAR 461-135-1070.~~¶¶

(6) DSNAP; Disaster Supplemental Nutrition Assistance Program. Following a presidential declaration of a major disaster in Oregon, DSNAP provides emergency DSNAP program benefits to victims. OAR 461-135-0491 to 461-135-0497 cover DSNAP eligibility and benefits.¶¶

(7) EA; Emergency Assistance. Emergency cash to eligible families to help meet emergent needs.¶¶

(8) ERDC; Employment Related Day Care. Helps eligible families pay the cost of child care. The program is governed by the Department of Early Learning and Care (DELIC) under Oregon Administrative Rule chapter and division 414-175 beginning July 1, 2023.¶¶

(9) GA; General Assistance. Cash assistance to eligible individuals with disabilities.¶¶

(10) HSP; Housing Stabilization Program. A program that helps eligible 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.¶¶

(11) JOBS; Job Opportunity and Basic Skills. An employment program for TANF participants. JOBS helps these individuals attain self-sufficiency through training and employment. The program is part of Welfare Reform.¶¶

(12) JOBS Plus. JOBS Plus is a component of the JOBS Program. ¶Except as provided under OAR 461-190-0416, JOBS Plus provides subsidized jobs, rather than SNAP or TANF benefits, for individuals receiving TANF and determined JOBS eligible. Eligibility for the JOBS Plus component is determined by the Department. ¶¶

(13) JPI; Job Participation Incentive. An additional \$10 food benefit to help increase the ability of parents with children, who meet federal TANF participation rate, to meet the nutritional needs of their families.¶¶

(14) LIS; Low-Income Subsidy. The Low-Income Subsidy program is a federal assistance program for Medicare recipients who are eligible for extra help meeting their Medicare Part D prescription drug costs.¶¶

- (15) OFSET. The Oregon Food Stamp Employment Transition Program, which helped SNAP program benefit recipients find employment. This program was mandatory for some SNAP program benefit recipients.¶
- (16) OSIP; Oregon Supplemental Income Program. Cash supplements and special need payments to individuals who are blind, have a disability, or are 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. ¶
 - (d) OSIP-OAA; Oregon Supplemental Income Program - Old Age Assistance.¶
- (17) OSIPM; Oregon Supplemental Income Program Medical. Medical coverage for individuals who are 65 years of age or older, who are blind, or who have a disability (see OAR 461-125-0310). When used alone, OSIPM refers to all OSIP-related medical programs. The following codes or names 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. ¶
 - (d) OSIPM-OAA; Oregon Supplemental Income Program Medical - Old Age Assistance.¶
 - (e) OSIPM-ICP; Oregon Supplemental Income Program Medical - Independent Choices Program.¶
 - (f) OSIPM-Acute Care; Oregon Supplemental Income Program Medical - Acute Care¶
 - (g) OSIPM-SSI; Oregon Supplemental Income Program Medical - Assumed eligible individuals receiving Supplemental Security Income (SSI).¶
 - (h) OSIPM-1619B; Oregon Supplemental Income Program Medical - Assumed eligible individuals with 1619B status from the Social Security Administration.¶
 - (i) OSIPM-Survivor Widows; Oregon Supplemental Income Program Medical - Individuals who lost SSI due to the receipt of Social Security Benefits from a deceased spouse. ¶
 - (j) OSIPM-DAC; Oregon Supplemental Income Program Medical - Disabled Adult Children.¶
 - (k) OSIPM-Pickle; Oregon Supplemental Income Program Medical - Pickle Amendment individuals.¶
 - (l) Healthier Oregon; Oregon Supplemental Income Program Medical - Certain individuals who are not eligible solely because they do not meet citizenship or noncitizen status requirementsBoth "Emergency-Only Health Benefits" (see OAR 410-120-0000) and "State Funded Supplemental Health Benefits" (see OAR 410-120-0000), which together provide benefits equal to the Oregon Health Plan for individuals who meet the financial and non-financial eligibility requirements, except for the citizenship or noncitizen status requirements. The Department's main chapter 461 rule for Healthier Oregon is OAR 461-135-1080.¶
 - (m) Behavioral Health; Oregon Supplemental Income Program Medical - Individuals age 21 or older eligible for 1915(i) state plan services.¶
- (18) The Post-TANF program provided a monthly transitional payment to employed individuals who were no longer eligible for the Pre-TANF or TANF programs due to earnings, and met the other eligibility requirements.¶
- (19) 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.¶
- (20) QMB; Qualified Medicare Beneficiaries. Programs providing payment of Medicare premiums and one program also providing additional medical coverage for Medicare recipients. Each of these programs also is considered to be a Medicare Savings Program (MSP). When used alone in a rule, QMB refers to all MSP. 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 individuals 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 - Specified Low-Income Medicare Beneficiary. Payment of the Medicare Part B premium only. There are no medical benefits available through QMB-SMB.¶
 - (d) QMB-SMF; Qualified Medicare Beneficiaries - Qualified Individuals. Payment of the Medicare Part B premium only. There are no medical benefits available through QMB-SMF. This program has a 100-percent federal match, but also has an allocation that, if reached, results in the closure of the program.¶
- (21) REF; Refugee Assistance. Cash assistance to eligible refugees, without children, who are not eligible for the TANF program.¶
- (22) REFM; Refugee Assistance Medical. Medical coverage for eligible refugees who are not eligible for Medicaid.¶
- (23) REP; Refugee Employment Program. Any self-sufficiency service, employment service, or case plan that is

available to or developed for individuals in the REF program.¶¶

(24) The Repatriate Program helps Americans resettle in the United States if they have left a foreign land because of an emergency situation.¶¶

(25) SFDNP; Senior Farm Direct Nutrition Program. Food vouchers for eligible seniors. Funded by a grant from the United States Department of Agriculture.¶¶

(26) 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).¶¶

(27) SNAP; Supplemental Nutrition Assistance Program. Helps eligible households maintain proper nutrition by giving them the means to purchase food. SNAP used to be known as FS or Food Stamps; any reference to SNAP also includes FS and Food Stamps.¶¶

(28) STEP; SNAP Training and Employment Program. A training and employment program for certain SNAP participants.¶¶

(29) TA-DVS; Temporary Assistance for Domestic Violence Survivors. Assistance for families where there is a current or future risk of further domestic violence.¶¶

(30) TANF; Temporary Assistance for Needy Families. Cash assistance for eligible families with children to help meet a family's basic needs.

Statutory/Other Authority: ~~ORS 414.025, 414.826, ORS 413.085, 414.619, ORS 329A.500, 409.050~~329A.500, 411.060, 411.404, 411.706, 411.816, 411.2.06014, 411.42.049, 411.7064.025, 411.8126, 4123.014, 412.04985, 414.619, 409.050, 411.070, 411.083, 411.231

Statutes/Other Implemented: ORS 329A.500, 409.010, 411.060, 411.404, 411.704, 411.706, 411.816, 412.014, 412.049, 414.025, 414.826, 414.117, 411.070, 411.083, 414.231, HB 3352 Oregon 2021 Reg. Sess.

AMEND: 461-120-0110

RULE SUMMARY: OAR 461-120-0110 is being amended to add and update program names and noncitizen status requirements for Citizenship Waived Medical and Healthier Oregon.

CHANGES TO RULE:

461-120-0110

Citizenship and Noncitizen Status Requirements ¶

(1) Except as provided in section (5) of this rule, in all programs except the ~~CWM~~Citizenship Waived Medical, Healthier Oregon, REF, and REFM programs, to be a member of a benefit group (see OAR 461-110-0750) an individual must meet the requirements of at least one of the following subsections:¶

(a) Be a citizen of the United States. Citizens of federally-recognized, sovereign American Indian and Alaska Native nations as defined in section (4)(e) of the Indian Self-Determination and Education Act (25 U.S.C. 450b(e)), are citizens of their sovereign nation and of the United States.¶

(b) Meet the noncitizen status requirements in OAR 461-120-0125.¶

(c) Be a citizen of Puerto Rico, Guam, the Virgin Islands or Saipan, Tinian, Rota or Pagan of the Northern Mariana Islands.¶

(d) Be a national from American Samoa or Swains Islands.¶

(2) In the ~~CWM~~Citizenship Waived Medical program, to be a member of the benefit group an individual must meet the eligibility requirements of OAR 461-135-1070.¶

(3) In the Healthier Oregon ~~medical~~ program, to be a member of the benefit group an individual must meet the eligibility requirements of OAR 461-135-1080.¶

(4) In the REF and REFM programs, to be a member of the need group and the benefit group an individual must meet the noncitizen status requirements of OAR 461-120-0125.¶

(5) In the TA-DVS and TANF programs, a survivor of domestic violence (see OAR 461-001-0000) is not subject to section (1) of this rule when OAR 461-135-1200 applies.

Statutory/Other Authority: ORS 411.060, 411.070, 411.404, 411.706, 411.816, 412.006, 412.014, 412.049, 412.124

Statutes/Other Implemented: ORS 411.060, 411.070, 411.404, 411.706, 411.816, 412.006, 412.014, 412.049, 412.124, 411.117, 409.050, 414.231, HB 3352 Oregon 2021 Reg. Sess.

AMEND: 461-120-0210

RULE SUMMARY: OAR 461-120-0210 is being changed to add a provision about providing a Social Security Number for Healthier Oregon and to remove the acronym from Citizenship Waived Medical.

CHANGES TO RULE:

461-120-0210

Requirement to Provide Social Security Number (SSN) ¶¶

- (1) In the ~~CWM~~Citizenship Waived Medical, Healthier Oregon, REF, and REFM programs, an individual is not required to provide or apply for a social security number (SSN) to be included in the need group (see OAR 461-110-0630) or benefit group (see OAR 461-110-0750). In these programs, the Department may request that a member of the filing group (see OAR 461-110-0310) or need group provide an SSN on a voluntary basis.¶¶
- (2) In the EA and TA-DVS programs, an individual must provide their SSN if the individual can.¶¶
- (3) Except as provided in section (6) of this rule, to be included in the need group or benefit group in the OSIPM and QMB programs:¶¶
- (a) An individual is not required to apply for or provide an SSN --¶¶
- (A) If the individual does not have an SSN; and¶¶
- (B) May only be issued an SSN for a valid non-work reason in accordance with 20 CFR 422.104.¶¶
- (b) When subsection (a) does not apply, to be included in the benefit group, an individual must:¶¶
- (A) Provide a valid SSN for the individual; or¶¶
- (B) Apply for a number if the individual does not have a valid one and provide the SSN when it is received.¶¶
- (4) Except as provided in sections (6) to (8) of this rule, in the SNAP program, to be included in the need group or benefit group, an individual (other than an unborn) must:¶¶
- (a) Provide a valid SSN for the individual; or¶¶
- (b) Apply for a number if the individual does not have one and provide the SSN when it is received.¶¶
- (5) In the TANF program, to be included in the need group or benefit group:¶¶
- (a) Except as provided in subsections (b) and (c) of this section, an individual must: ¶¶
- (A) Provide a valid SSN for the individual; or¶¶
- (B) Provide verification of application for an SSN if the individual does not have one and provide the SSN within six months of the individual's initial TANF approval. ¶¶
- (b) A child (see OAR 461-001-0000) born in an Oregon hospital is eligible for TANF benefits for six months following the child's date of birth.¶¶
- (c) The requirement to provide an SSN, or verification of application for SSN, may be waived or postponed for up to six months for any member of the need group if the requirement would put a survivor of domestic violence (see OAR 461-001-0000) at risk.¶¶
- (6) In the OSIPM, QMB, and SNAP programs, an individual is not required to apply for or provide an SSN if the individual is ---¶¶
- (a) A member of a religious sect or division of a religious sect that has continuously existed since December 31, 1950; and¶¶
- (b) Adheres to its tenets or teachings that prohibit applying for or using an SSN.¶¶
- (7) In the SNAP program, the requirement to apply for or provide the SSN is delayed as follows:¶¶
- (a) An applicant eligible for expedited services may receive their first full month's allotment without meeting the SSN requirement but must meet the requirement before receiving a second full month's allotment.¶¶
- (b) Before applying for or providing an SSN, a newborn may be included in a benefit group for six months following the date the child is born or until the next recertification of the benefit group, whichever is later.¶¶
- (8) In the SNAP program:¶¶
- (a) An individual who refuses or fails without good cause (see subsection (c) of this section) to provide or apply for an SSN when required by this rule is ineligible to participate. This period of ineligibility continues until the individual provides the SSN to the Department.¶¶
- (b) An individual may participate in SNAP for one month in addition to the month of application, if the individual can show good cause why the application for an SSN has not been completed. To continue to participate, the individual must continue to show good cause each month until the application for an SSN is complete with the Social Security Administration (SSA).¶¶
- (c) An individual meets the good cause requirement in subsections (a) and (b) of this section if the individual provides evidence or collateral information that the individual applied for or made every effort to supply the SSA with the necessary information to complete the application process. Delays due to illness not associated with a disability (see OAR 461-001-0015), lack of transportation, or temporary absence do not qualify as good cause under this rule.¶¶

(9) This rule authorizes or requires the collection of an SSN for each of the following purposes.¶¶

(a) The determination of eligibility for benefits. The SSN is used to verify income and other assets, and match with other state and federal records such as the Internal Revenue Service (IRS), Medicaid, child support, Social Security benefits, and unemployment benefits.¶¶

(b) The preparation of aggregate information and reports requested by funding sources for the program providing benefits.¶¶

(c) The operation of the program applied for or providing benefits.¶¶

(d) Conducting quality assessment and improvement activities.¶¶

(e) Verifying the correct amount of payments, recovering overpaid benefits, and identifying any individual receiving benefits in more than one household.

Statutory/Other Authority: ORS 411.060, 411.070, 411.404, 411.706, 411.816, 412.014, 412.049, 409.050

Statutes/Other Implemented: ORS 411.060, 411.070, 411.404, 411.706, 411.816, 412.014, 412.049, 411.704, 414.025, 414.826, 414.831, 414.117, HB 3352 Oregon 2021 Reg. Sess., 414.231

AMEND: 461-135-0875

RULE SUMMARY: OAR 461-135-0875 is being amended to update retroactive medical program eligibility for Citizenship Waived Medical.

CHANGES TO RULE:

461-135-0875

Specific Requirements; Retroactive Eligibility ¶¶

(1) Individuals are evaluated for retroactive eligibility as follows:¶¶

(a) In the OSIPM program, when individuals received Medicaid-covered medical services prior to the date of request (see OAR 461-115-0030). This includes deceased individuals who would have been eligible for Medicaid covered services had they, or someone acting on their behalf, applied.¶¶

(b) In the QMB-DW program, when individuals paid or incurred Medicaid-covered Medicare Part A premiums, or were eligible for but not enrolled in Medicare Part A prior to the date of request and received Medicare Part A-covered services. This includes deceased individuals who would have been eligible for Medicaid-covered premiums had they, or someone acting on their behalf, applied.¶¶

(c) In the QMB-SMB and QMB-SMF programs, when individuals paid or incurred Medicaid-covered Medicare Part B premiums, or were eligible for but not enrolled in Medicare Part B prior to the date of request and received Medicare Part B-covered services. This includes deceased individuals who would have been eligible for Medicaid-covered premiums had they, or someone acting on their behalf, applied.¶¶

(d) Individuals applying for medical assistance through the REFM program are evaluated for retroactive eligibility.¶¶

(e) Individuals found ineligible for the OSIPM program solely because they do not meet the citizenship requirements of OAR 461-120-0125. Individuals eligible under this subsection are eligible only for ~~CAWEM~~Citizenship Waived Medical program benefits (see OAR 461-135-1070) and only through June 30, 2023.¶¶

(2) If eligible for medical assistance retroactively, the eligibility of the individual may not start earlier than the date indicated by OAR 461-180-0140.¶¶

(3) In the QMB-BAS program, there are no retroactive medical benefits.

Statutory/Other Authority: ORS 409.050, 411.060, 411.404, 413.085, 414.685

Statutes/Other Implemented: ~~ORS 409.010~~, 411.060, 411.404, 413.085, 414.685, ORS 409.010

AMEND: 461-135-0930

RULE SUMMARY: OAR 461-135-0930 is being changed to remove the Citizenship Waived Medical program.

CHANGES TO RULE:

461-135-0930

Medical Coverage for Refugees; REFM ¶¶

- (1) Benefits in the REFM program are the same medical coverage as any Medicaid or CHIP program, except the QMB and ~~CWM~~ programs.¶¶
- (2) An individual is not required to meet the financial eligibility criteria for the REFM program if the individual meets all the non-financial eligibility criteria for the REFM program and the requirements of at least one of the following subsections:¶¶
- (a) The individual loses eligibility for any Medicaid or CHIP program, except the QMB and ~~CWM~~ programs, due to income from employment.¶¶
- (b) The individual loses eligibility for any Medicaid or CHIP program, except the QMB and ~~CWM~~ programs, and is currently receiving benefits in the REF program.¶¶
- (c) The individual had medical assistance established in another state based on refugee status granted by the United States Citizenship and Immigration Services, and:¶¶
- (A) Moved to Oregon and is still within the individual's first twelve months in the United States; and¶¶
- (B) Was found not eligible for any Medicaid or CHIP program other than the ~~CWM~~ and QMB programs.¶¶
- (3) An individual who is determined eligible for the REFM program will maintain eligibility for the REFM program for the remainder of their first twelve months in the United States even if the individual loses eligibility for the REF program due to having income equal to or over the countable (see OAR 461-001-0000) income and adjusted income (see OAR 461-001-0000) limits (see OAR 461-155-0030).¶¶
- (4) An individual applying for the REFM program is not required to apply for or receive benefits in the REF program.¶¶
- (5) Except for the ~~CWM~~ and QMB programs, eligibility for all Medicaid and CHIP programs must be determined prior to determining eligibility for the REFM program.¶¶
- (6) When a newborn is born to a member of a REFM program benefit group (see OAR 461-110-0750):¶¶
- (a) Members of the benefit group, may continue to receive REFM program benefits for the remainder of the twelve months, as stated in OAR 461-135-0900(4), if the member is determined ineligible for all Medicaid and CHIP programs.¶¶
- (b) The newborn may receive REFM program benefits for the remainder of the twelve months of the benefit group, if the newborn is determined ineligible for all Medicaid and CHIP programs.¶¶
- (7) To be eligible for the REFM program, an individual may not be enrolled in Medicare.

Statutory/Other Authority: ORS 409.050, 411.060, 411.404, 413.085, 414.685

Statutes/Other Implemented: ~~ORS 409.010~~, 411.060, 411.404, ORS 409.010, 45 CFR 400

AMEND: 461-135-1070

RULE SUMMARY: OAR 461-135-1070 is being changed to remove the Citizenship Waived Medical acronym, to update the program's benefit limitations, and to end the program June 30, 2023.

CHANGES TO RULE:

461-135-1070

Specific Requirements; ~~Citizen/Alien-Waived Emergency~~ Citizenship Waived Medical (CAWEWM) ¶

To be eligible for the ~~CAWEM~~ program, a client citizenship Waived Medical program, an individual must be ineligible for OSIPM solely because ~~he or she~~ they does not meet citizenship or ~~an~~ non citizen status requirements. Benefits of the ~~CAWEM~~ program are limited to the services described in the administrative rules of the Oregon Health Authority in chapter 410 of the Oregon Administrative Rules citizenship Waived Medical program are limited to "Emergency-Only Health Benefits" (see OAR 410-120-0000). Due to Oregon House Bill 3352 (Oregon 2021 Regular Session) which established Healthier Oregon (see OAR 461-135-1080), the Department ends Citizenship Waived Medical effective June 30, 2023.

Statutory/Other Authority: ORS 409.050, 411.404

Statutes/Other Implemented: 411.404, ORS 411.060, ~~411.404~~ HB 3352 Oregon 2021 Reg. Sess.

AMEND: 461-135-1080

RULE SUMMARY: OAR 461-135-1080 is being amended to expand Healthier Oregon - OSIPM, to individuals age 26 through 54 who meet all financial and non-financial eligibility requirements for OSIPM except citizen and noncitizen status requirements. It is also being amended to update Healthier Oregon benefits information and to make clear which individuals will be transitioned automatically from Citizenship Waived Medical to Healthier Oregon effective July 1, 2023.

CHANGES TO RULE:

461-135-1080

Specific Requirements; ~~for Healthier Oregon Medical Program; OSIPM~~

(1) To be eligible for benefits under ~~the Healthier Oregon medical program~~, an individual must meet ~~both of the following~~:¶

~~(a) Meet all financial and non-financial eligibility (see OAR 461-001-0000) requirements for OSIPM except citizen and noncitizen status requirements (see OAR 461-120-0110).~~¶

~~(b) Be age 19 through 25 or be age 55 and older.~~¶

~~(2) Healthier Oregon recipients who no longer meet the age requirement of subsection (1)(b) of this rule:~~¶

~~(a) Shall maintain eligibility so long as they continue to meet all other financial and non-financial eligibility criteria; or~~¶

~~(b) May regain eligibility if they respond within the 90-day reconsideration period (see OAR 410-200-0110) after closure due to failure to respond at renewal and meet all financial and non-financial eligibility criteria.~~¶

~~(3) Benefits of Healthier Oregon are described in Chapter 410, Division 134 of the Oregon Health Authority~~2) Healthier Oregon benefits are both "Emergency-Only Health Benefits" (see OAR 410-120-0000) and "State Funded Supplemental Health Benefits" (see OAR 410-120-0000), which together provide benefits equal to the Oregon Health Plan.¶

~~(3) Individuals age 26 through 54 who would continue to be eligible for Citizenship Waived Medical after June 30, 2023, if not for the expansion of Healthier Oregon, will be automatically transitioned to Healthier Oregon effective July 1, 2023. Due to Oregon House Bill 3352 (Oregon 2021 Regular Session), the Department is ending Citizenship Waived Medical on June 30, 2023.~~

Statutory/Other Authority: ORS 409.050, 411.404, 414.231

Statutes/Other Implemented: ORS 411.060, 411.404, 414.231, HB 3352 Oregon 2021 Reg. Sess.

AMEND: 461-180-0083

RULE SUMMARY: OAR 461-180-0083 is being amended to remove Citizenship Waived Medical. Citizenship Waived Medical is no longer needed in this rule due to the expansion of Healthier Oregon, which will provide full Medicaid coverage for the age group previously not eligible for Healthier Oregon: certain noncitizens 26 to 54 years of age who would be eligible for OSIPM if not for their noncitizen status.

CHANGES TO RULE:

461-180-0083

Effective Dates; Other Changes That Cause Increases; OSIP, ~~OSIPM, M~~ and QMB

(1) In the OSIP, OSIPM, and QMB programs, this rule is used to determine the effective date when reported changes, other than changes in income or income deductions, cause an increase in benefits. See OAR 461-180-0020 for information about changes in income and income deductions that cause increases.¶

(2) The effective date is determined in accordance with OAR 461-180-0090 if a current recipient of OSIPM or QMB program benefits is determined eligible for a new program with a higher benefit level due to any of the following factors:¶

(a) Changes to the number in the need group (see OAR 461-110-0630).¶

(b) Changes to the amount of countable (see OAR 461-001-0000) resources.¶

(c) Changes to employment status.¶

(d) Changes to service eligibility.¶

(3) If a current recipient of OSIPM-CAWEM is determined eligible for the full OSIPM package due to a change in non-citizen status, the effective date is the first day of the month in which the individual reports the change.¶

~~(4) If a current OSIPM or OSIPM-CAWE~~OSIPM recipient is determined eligible for a higher benefit level due to pregnancy, the effective date is the first day of the month in which the pregnancy was reported.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.706, 413.085, 414.685

Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.706