

OFFICE OF THE SECRETARY OF STATE

LAVONNE GRIFFIN-VALADE
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE
AND TRIBAL LIAISON



ARCHIVES DIVISION

STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 461
DEPARTMENT OF HUMAN SERVICES
SELF-SUFFICIENCY PROGRAMS

FILED

09/18/2023 11:02 AM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Proposing Permanent Rules Changes about Healthier Oregon, Continuous Eligibility, and TANF Programs

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/09/2023 11:55 PM

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

CONTACT: Meorah Solar
503-602-7545
ruleshearings.ch461@odhs.oregon.gov

2885 Chad Drive
Eugene, OR 97408

Filed By:
Meorah Solar
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 11/01/2023

TIME: 3:00 PM - 4:30 PM

OFFICER: Meorah Solar

REMOTE MEETING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 1-669-254-5252

CONFERENCE ID: 16139428341

SPECIAL INSTRUCTIONS:

Everyone has a right to know about and use Oregon Department of Human Services (ODHS) programs and services. DHS provides free help. Some examples of the free help ODHS can provide are: sign language and spoken language interpreters, written materials in other languages, braille, large print, audio and other formats. If you need help or have questions, please contact Meorah Solar at (503) 602-7545, 711 TTY, or meorah.a.solar@odhs.oregon.gov at least 48 hours before the meeting.

NEED FOR THE RULE(S)

OARs 461-101-0010, 461-120-0110, 461-120-0210, 461-135-0875, 461-135-0930, 461-135-1070, 461-135-1080, and 461-180-0083 need to be amended by permanent rulemaking because ORS 414.231, as amended by House Bill 3352 of 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. The Department

changed the rules effective July 1, 2023 by temporary rulemaking and needs to adopt changes in permanent rule.

OAR 461-101-0010 about Program Acronyms and Overview, also needs to be changed so the Department has a complete acronym list. Without this rule change, staff, applicants, judges, the public, and others would not know that "TANF-YEP" in chapter 461 means the TANF Youth Employment Program.

OAR 461-120-0110 about Citizenship and Noncitizen Status Requirements, also needs to be changed to align rule with how the ONE system works and with current policy. Prior to this rule change, OAR 461-120-0110 combined the TA-DVS and TANF programs in one section. The section referred to OAR 461-135-1200, which is only relevant to TA-DVS. Creating a separate section for the TANF program makes the rule more accurate.

OAR 461-135-0010 about Assumed, Continuous, and Protected Eligibility for Medical Programs; OSIPM, QMB, needs to be changed because Oregon applied for and was granted a Medicaid Section 1115 Demonstration waiver to expand continuous eligibility. Continuous eligibility was previously restricted to pregnant individuals and children for the length of 12 months. It is being expanded for young children until the end of the month of their 6th birthday, and, for individuals ages 6 and older, to 24 months. This waiver authority took effect July 1, 2023, and the rule changes are necessary to support implementation. The changes about protected eligibility were made so the rule is more similar to the Health Systems Division rule. The removal of long-term care services from the rule will help clarify that continuous eligibility does not apply to service benefits.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

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

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>

OAR 461-135-0010:

2022-2027 Medicaid 1115 Demonstration Waiver:

[https://www.oregon.gov/oha/hsd/medicaid-](https://www.oregon.gov/oha/hsd/medicaid-policy/pages/waiverrenewal.aspx#:~:text=The%202022%2D2027%20waiver%20also,2024%20for%20eligible%20OHP%20me)

[policy/pages/waiverrenewal.aspx#:~:text=The%202022%2D2027%20waiver%20also,2024%20for%20eligible%20OHP%20me](https://www.oregon.gov/oha/hsd/medicaid-policy/pages/waiverrenewal.aspx#:~:text=The%202022%2D2027%20waiver%20also,2024%20for%20eligible%20OHP%20me)

CMS Approval Letter:

<https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/2022-2027-1115-Demonstration-Approval.pdf>

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

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

The Department estimates the TANF program amendments to OARs 461-101-0010 and 461-120-0110 will have no impact to racial equity in Oregon.

The Department estimates the APD Medical Program amendments to the rules will have the following impact to racial equity in Oregon:

- A positive racial equity impact to communities of color in Oregon. The Department does not have data to specifically support this estimate as the sub-population of the impacted individuals for the Chapter 461 Healthier Oregon program expansion is specific in that individuals who do not meet the citizenship requirements must meet all the financial and non-financial requirements for OSIPM. Although the Department does not have racial data for this specific impacted group of individuals, it draws an estimate from data obtained from the Oregon Health Authority's 2017 study, which shows that communities of color are more often without medical insurance. "Oregon Health Insurance Survey," available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/InsuranceData/2017-OHIS-Uninsurance.pdf>

The following steps have been taken to connect with and inform affected communities:

- The Department sent a Dear Tribal Leader letter on February 6, 2023, and Tribal Affairs is included in the RAC invitation. The Department met with tribal partners on March 7, 2023, who confirmed these rule revisions will not require tribal consultation.
- The Department has been working and connecting with Community Partners in engaging the community, will post the rule change language publicly, and continue to work closely with Community Partners to communicate the changes.
- All notices sent are offered in various languages. In addition, each notice includes the Alternate Format Insert for Notices.
- Multi-lingual staff assist in public inquires and 211info assists with phone calls which include multi-lingual speaking staff.
- Resources on Oregon.gov websites are provided in English and in Spanish.

ODHS will review these rules and any impacts to communities in the months following the change and identify adjustments that are needed.

OAR 461-135-0010:

- This change will benefit most Oregonians determined eligible for Medicaid benefits as of or after July 2023. The specific demographic omitted from this change are individuals who apply for or receive long-term care services who have income above 300% of the SSI payment standard. These are generally a higher income demographic; however, the Department contends that this rule change causes no specific harm inasmuch as it maintains the status quo.
- Regarding the ways specific racially/ethnically communities will be positively affected, the proportions of the total of individuals receiving a non-MAGI medical benefit eligible for Continuous Eligibility as of 8/25/23 for following racial groups is listed below:
 - o American Indian or Alaska Native – 2.76%
 - o Asian – 5.66%
 - o Black or African American – 4.37%
 - o Hispanic or Latino/a/x/e – 8.87%
 - o Middle Eastern or North African – .24%
 - o Native Hawaiian or Pacific Islander – .62%
 - o White – 70.97%
 - o Other Categories – 1.27%
 - o Did Not Answer/Don't want to Answer – 5.23%
- This data was gathered from the ONE system and includes the total number of active and approved individual counts for the respective racial types for all non-MAGI medical programs. That data was further refined to identify the medical programs subject to continuous eligibility. I then calculated percentages of the overall total for each racial category. These are the available racial categories to which individuals can identify as primary when applying for medical assistance in Oregon. Please note that individuals can select multiple race categories; however, there is no way to

reasonably analyze the data if all the selected racial types for each individual are gathered.

- This rule change was not identified as a critical event by tribal leaders; however, they were invited to the RAC. No further consultation was held or requested.
- The Department consulted with a wide range of affected populations during the Rules Advisory Committee.
- Public media announcements have been coordinated by the Oregon Health Authority.
- There is no plan for mitigation or remediation as the impacts of the rule changes are positive.

FISCAL AND ECONOMIC IMPACT:

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

The Department estimates the TANF program amendments to OARs 461-101-0010 and 461-120-0110 will have no fiscal impact on those applying for or receiving benefits or services, the Department, other state agencies, local government, and business including small business. There is no cost of compliance for small business.

The Department estimates the APD Medical Program amendments to the rules will have the following fiscal impacts:

- No fiscal impact to ODHS.
- A positive impact to individuals aged 26-54 who are ineligible for Medicaid solely due to not meeting citizen/noncitizen eligibility requirements as they may now receive full Medicaid benefits including long-term care services, decreasing their medical costs. We are unable to estimate the amount of this change as no reports are available on the average uninsured medical costs incurred by this group and everyone's medical needs and costs are unique.
- No fiscal impact to other state agencies or local government except local government that assists with medical costs of the uninsured populations subject to this rule. Area Agencies on Aging may experience caseload growth due to the removal of citizenship requirements for full Medicaid and long-term care eligibility for extended age groups. We are unable to estimate the amount of this change as no reports are available regarding the estimated caseload growth for this population.
- In-home care agencies may see a growth in customers due to more individuals meeting eligibility requirements for long-term care services. These additional customers may increase their income. We are unable to estimate the amount of this change as no reports are available.
- No fiscal impact to large or small businesses, except small businesses, including non-profits, that assist with medical costs of uninsured populations subject to this rule.
- No fiscal impact to members of the public.

OAR 461-135-0010:

- It is expected that this rule change will result in a negative fiscal impact to the Department as benefits that would have otherwise ended for individuals who become ineligible will continue for a maximum of 22 or 23 months for adults and up to 5 years for children. According to the fiscal analysis information provided to CMS on the 1115 demonstration waiver application, the total average Per Member/Per Month (PMPM) cost in the state Fiscal Year 2022 was \$602.05 for Old Age Assistance and \$1,441.89 for Aid to Blind/Disabled. This is an estimate of the total average cost per month for each individual whose eligibility is maintained due solely to continuous eligibility. After the current federal match rate (FMAP) of 60.32%, that equates to a state cost of \$238.90 PMPM for Old Age Assistance and \$572.14 PMPM for Aid to Blind/Disabled. To maintain Medicare Savings Program eligibility solely due to continuous eligibility, the monthly cost to the state would be 39.38% of the Medicare Part B premium amount (currently \$164.90) for SLMB and \$0 for SMF/Qualifying Individual (reflecting 60.32% and 0% FMAP, respectively). The monthly cost for maintaining QMB is slightly higher but depends on whether the state is paying the Part A premium and the amount of Medicare wrap-around costs the state pays per member. The expenditure information on QMB specifically has been requested but is not available as of the date this worksheet is being completed. The Department cannot provide more accurate

estimates as there is no way to know either many or when individuals would lose eligibility during their continuous eligibility period.

- Individuals who would lose eligibility within 24 months of their established eligibility date would experience a positive fiscal impact as they would maintain coverage for months in which they would previously have lost it.
- No impact to the public, other units of government, or business, including small business. There is no cost of compliance.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

See Fiscal Impact

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of these rules but are invited to provide input during the public comment period.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

RULES PROPOSED:

461-101-0010, 461-120-0110, 461-120-0210, 461-135-0010, 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 amended to update the Citizenship Waived Medical overview, update the OSIPM-Healthier Oregon overview, alphabetize the OSIPM section, and add the Temporary Assistance for Needy Families Youth Employment Program (TANF YEP) acronym and overview.

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 (previously referred to in Chapter 461 as CWM). Medicaid coverage of emergent medical needs for individuals who were not eligible for other medical programs solely because they did not meet citizenship or noncitizen status requirements. Due to ORS 414.231, which established Healthier Oregon (see OAR 461-135-1080), the Department ended Citizenship Waived Medical effective June 30, 2023. The Department's primary rule for the program (OAR 461-135-1070) was repealed.¶¶

(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-EPDAcute Care; Oregon Supplemental Income Program Medical - Employed Persons with Disabilities program. ¶
- ~~(d) OSIPM-OAA; Oregon Supplemental Income Program Medical - Old Age Assistan~~Acute Care.¶
- (d) OSIPM-Behavioral Health; Oregon Supplemental Income Program Medical - Individuals age 21 or older eligible for 1915(i) state plan services.¶
- ~~(e) OSIPM-ICPD~~AC; Oregon Supplemental Income Program Medical - Independent Choices Program~~Disabled Adult Children~~.¶
- ~~(f) OSIPM-Acute Care~~EPD; Oregon Supplemental Income Program Medical - Acute Care¶
- ~~(g) OSIPM-SSI~~Employed Persons with Disabilities program.¶
- (g) OSIPM-Healthier Oregon; 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~~Healthier Oregon. Medicaid coverage for individuals who are not eligible for other medical programs solely because they do not meet citizenship or noncitizen status requirements. The Department's main chapter 461 rule for Healthier Oregon is OAR 461-135-1080.¶
- ~~(ih) OSIPM-Survivor Widows~~ICP; Oregon Supplemental Income Program Medical - Individuals who lost SSI due to the receipt of Social Security Benefits~~ependent Choices~~ from a deceased spouse.¶
- ~~(ji) OSIPM-DA~~COAA; Oregon Supplemental Income Program Medical - Disabled Adult ChildrenOld Age Assistance.¶
- ~~(kj) OSIPM-Pickle; Oregon Supplemental Income Program Medical - Pickle Amendment individuals.~~¶
- ~~(k) Healthier Oregon~~OSIPM-SSI; Oregon Supplemental Income Program Medical - Certain individuals who are not eligible solely because they do not meet citizenshipAssumed eligible individuals receiving Supplemental Security Income (SSI).¶
- (l) OSIPM-Survivor Widows; Oregon Supplemental Income Program Medical - Individuals who lost SSI due to the receipt or noncitizen status requirements.¶
- ~~(m) Behavioral Health~~ Social Security Benefits from a deceased spouse. ¶
- (m) OSIPM-1619B; Oregon Supplemental Income Program Medical - Individuals age 21 or older eligible for

1915(i) state plan services/Assumed eligible individuals with 1619B status from the Social Security Administration.

- (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.
- (31) TANF YEP; Temporary Assistance for Needy Families Youth Employment Program. A program for TANF teen parents, non-parenting teens, and young parents who are 16 through 24 years of age. Youth will learn workplace skills, job readiness, and have an opportunity for short-term subsidized employment.

Statutory/Other Authority: ~~ORS 4141.02560, 414.826, ORS 413.085, 414.619, ORS 329A.500, 409.0501.404, 411.706, 411.816, 412.014, 4112.06049, 411.404, 411.706, 411.816, 412.014, 412.0494.025, 414.826, 413.085, 414.619, 409.050, 411.070, 411.083, 4114.231, 412.006, 412.084~~

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, 412.006, 412.084~~

AMEND: 461-120-0110

RULE SUMMARY: OAR 461-120-0110 is being amended to clarify that some Temporary Assistance for Needy Families (TANF) eligibility requirements may be waived for domestic violence survivors who are at risk of further or future domestic violence. This rule amendment aligns rule with current policy. The rule is also being changed to remove the Citizenship Waived Medical program and fully replace it with OSIPM-Healthier Oregon, and to use more broad and inclusive words when referring to members or citizens of American Indian and Alaska Native nations or tribes.

CHANGES TO RULE:

461-120-0110

Citizenship and Noncitizen Status Requirements ¶¶

(1) Except as provided in sections (4) and (5) of this rule, in all programs except the ~~CWM~~OSIPM-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. ~~C~~Members or citizens of federally-recognized, sovereign American Indian and Alaska Native nations or tribes as defined in section (4)(e) of the Indian Self-Determination and Education Act (25 U.S.C. 450b(e)), are members or citizens of their sovereign nation ~~and or tribe and citizens~~ 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 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~~OSIPM-Healthier Oregon, 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.¶¶

(5) In the TANF program, a survivor of domestic violence is not subject to section (1) of this rule when the individual is at risk of further or future domestic violence.

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 update requirements about providing a Social Security Number for OSIPM- Healthier Oregon and to remove Citizenship Waived Medical from the rule.

CHANGES TO RULE:

461-120-0210

Requirement to Provide Social Security Number (SSN) ¶¶

(1) In the ~~CWM~~, 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) A~~ may only be issued an SSN for a valid non-work reason in accordance with 20 CFR 422.104.¶¶

(B) If the individual meets 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) and is therefore being evaluated for Healthier Oregon.¶¶

(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, 414.231

AMEND: 461-135-0010

RULE SUMMARY: OAR 461-135-0010 is being amended to reflect the expansion of continuous eligibility for most medical programs for children. It is also being amended to make protected, continuous, and assumed eligibility more clear. These amendments will make the 7/26/23 continuous eligibility expansion permanent.

CHANGES TO RULE:

461-135-0010

Assumed and, Continuous, and Protected Eligibility for Medical Programs; OSIPM, QMB ¶

(1) This rule sets out when provisions in this rule are retroactively effective to July 1, 2023. This rule sets out when medical program eligibility (see OAR 461-001-0000) of an individual is assumed, continuous, or protected. An individual may be granted assumed, continuous, and protected eligibility at the same time. ¶

(2) Assumed eligibility. Assumed eligibility means an individual is assumed eligible for certain medical programs because the individual receives or is deemed to receive benefits of another program. This rule also sets out when the eligibility (see ¶

(a) An individual described in paragraphs (A) or (B) of this subsection who meet the residency requirements in OAR 461-001-0000) of an individual shall continue after they become ineligible 120-0010, the requirements in section (1) of OAR 461-120-0345, and the medical assignment requirements in OAR 461-120-0315, is assumed eligible for OSIPM. ¶

(2A) A pregnant recipient of Supplemental Security Income (SSI) benefits. ¶

(B) An individual who is deemed eligible for and receiving benefits the day the pregnancy ends is continuously 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. ¶

(b) An individual who receives benefits under both Part A of Medicare and SSI is assumed eligible for the OSIPM QMB-BAS program until less the last day of the twelfth month following the month individual does not meet the residency requirements in OAR 461-120-0010, the requirements in section (1) of OAR 461-120-0345, and the medical assignment requirements in OAR 461-120-0315. ¶

(3) Continuous eligibility. Continuous eligibility (CE) means a period during which the last day of the pregnancy falls medical benefits are not reduced or closed, except for as provided in paragraphs (d)(A) and (d)(B) of this section. This is called a CE period. Eligibility for a CE period and exceptions to CE are covered in this section. ¶

(3a) A pregnant individual who was eligible Notwithstanding other provisions of this rule section -- ¶

(A) Prior to July 1, 2023, there is no CE for QMB programs. ¶

(B) There is no CE for a individuals receiving medical assistance under the OSIPM program and becomes ineligible while pregnant is continuously eligible for Medicaid and can continue to receive OSIPM benefits until the last day of the twelfth month following the month in which the last day of the pregnancy falls. ¶

(4) A child (see OAR 461-001-0000) born to an individual eligible for and receiving OSIPM benefits is assumed eligible for medical benefits under this section until OSIPM-Acute Care (see OARs 461-101-0010 and 461-135-0745). ¶

(C) There is no CE for individuals receiving OSIPM under OAR 461-135-0750. ¶

(D) Prior to April 1, 2023, in the OSIPM programs, individuals ages 18 years and younger are eligible for a CE period as provided under previous OAR 461-135-0010 on the date medical program eligibility was determined. ¶

(E) For individuals ages 19 and older: ¶

(i) There is no CE for medical eligibility determined from a date of request (see OAR 461-115-0030) before April 1, 2023. ¶

(ii) There is no CE when medical benefit redetermination or renewal - ¶

(I) Is based on a date of request on or after April 1, 2023; and ¶

(II) Results in a medical benefit approval, but the approval is only to allow the individual the required 60-day advance notice of closure or reduction required under OAR 461-135-0880. ¶

(b) An individual shall be granted a CE period as follows: ¶

(A) Children under age 6 with a date of request of April 1, 2023 through June 30, 2023: ¶

(i) A CE period is granted to a child determined eligible for medical benefits with no outstanding requests for information and still eligible for medical benefits on July 1, 2023. ¶

(ii) The CE period is through the end of the month the child turns one year of age. ¶

(5) 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 their sixth birthday or 24 months, whichever is later. ¶

(iii) The CE period begins: ¶

(I) On the effective date of the initial month of medical benefits (see OARs 461-001-0000 and 461-180-0090) at initial application and when there is a break in medical benefits, or

(II) On the first of the month following the renewal due date (see OAR 461-115-0430) when the child does not already have a CE period.

(B) Individuals ages 6 and older with a date of request of April 1, 2023 through June 30, 2023:

(i) Except as provided under (a)(E)(ii) of this rule section, applies:

(a) A recipient of Supplemental Security Income (SSI) benefits who meets all non-financial requirements for the OSIPM program except citizen and noncitizen status. SSI recipients are presumed to meet all citizen and noncitizen status requirements. A CE period is granted to an individual determined eligible for medical benefits with no outstanding requests for information and still eligible for medical benefits on July 1, 2023.

(ii) The CE period is 24 months.

(iii) The CE period begins:

(I) On the effective date of the initial month of medical benefits (see OARs 461-001-0000 and 461-180-0090) at initial application and when there is a break in medical benefits, or

(II) On the first of the month for the OSIP program.

(b) An individual who meets all non-financial requirements for the OSIPM program except citizen and noncitizen status and is 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. Individuals deemed eligible for SSI under Sections 1619(a) or (b) of the Social Security Act are assumed to meet all citizen and noncitizen status requirements for the OSIPM program.

(c) An individual described in subsection (a) or (b) of this section who is in a nonstandard living arrangement following the renewal due date (see OAR 461-115-0430) when an individual does not already have a CE period.

(C) Children under age 6 with a date of request of July 1, 2023 and after.

(i) A CE period is granted to a child determined eligible for medical benefits with no outstanding requests for information.

(ii) The CE period is through the end of the month of their sixth birthday or 24 months, whichever is later.

(iii) The CE period begins:

(I) On the effective date of the initial month of medical benefits (see OARs 461-001-0000 and 461-180-0090) at initial application and when there is a break in medical benefits, or

(II) On the first of the month following the renewal due date (see OAR 461-115-0430) when the child does not already have a CE period.

(D) Individuals ages 6 and older with a date of request of July 1, 2023 and after.

(i) Except as provided under (a)(E)(ii) of this rule section, a CE period is granted to an individual determined eligible for medical benefits with no outstanding requests for information.

(ii) The CE period is 24 months.

(iii) The CE period begins:

(I) On the effective date of the initial month of medical benefits (see OARs 461-001-0000 and 461-180-0090) at initial application and when there is a break in medical benefits, or

(II) On the first of the month following the renewal due date (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) 115-0430) when an individual does not already have a CE period.

(c) CE special situations and exceptions.

(A) Notwithstanding any other provisions in this section, when an individual becomes a resident of a public institution (see OAR 461-135-0950), the Department shall suspend medical benefits as required under rule, and the CE period remains unchanged.

(B) 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 (see OAR 461-001-0000) resources exceed the limit after performing the calculation under OAR 461-160-0580. Notwithstanding any other provisions in this section, when any of subparagraphs (i) through (v) occur, medical benefits shall be closed as required under rule and the CE period is lost. The CE period may only be restored under paragraph (C).

(i) The individual is no longer an Oregon resident.

(ii) The death of the individual.

(iii) The individual or someone authorized to act on their behalf voluntarily closes medical benefits.

(iv) Benefits were approved in error at the most recent determination or renewal of eligibility because of administrative error, or because of fraud, abuse, or perjury attributed to the individual or someone authorized to act on their behalf.

(v) In the QMB programs, the individual becomes disenrolled in Medicare Part A.

(6C) For the purposes of this section the definition of a "child" means an unmarried individual under age 19 and includes natural, step, and adoptive children. When eligibility for a child is redetermined and would result in a loss of the CE period is restored when all of the following happen:¶¶

(i) The reason the individual's CE ended no longer exists.¶¶

(ii) The individual establishes a date of request for medical benefits on or before the last day of the month following the month the medical program closed.¶¶

(iii) The individual is not eligible for medical benefits based on the new application.¶¶

(d) Department administration of CE. In the OSIPM programs, the Department may change the medical program of the individual as long as the benefit package is not reduced.¶¶

(A) When an individual no longer meets the OSIPM program financial requirements, but still meets non-financial requirements, the individual shall be eligible for the OSIPM prior to the end of the renewal month, the child remains continuously eligible for OSIPM program with the uppermost income limit for which they meet non-financial requirements.¶¶

(B) When both of the following are true, an individual shall receive medical benefits through the Parent of the renewal month, unless the child:¶¶

(a) Is a Caretaker Relative program (see OAR 410-200-0420):¶¶

(i) The individual no longer meets the definition of a child given in this section;¶¶

(b) Moves out of state; OSIPM basis of need (see OAR 461-120-0310), and¶¶

(ii) The individual does not meet the non-financial eligibility requirements for HSD Medical Programs of the same or better benefit.¶¶

(c) Voluntarily ends benefits; or¶¶

(d) Is eligible for any other medical program that provides OHP Plus benefits. Protected eligibility. Protected eligibility means an individual determined eligible for an Oregon Health Plan (OHP) Plus benefit shall have that eligibility protected, despite changes in circumstance that would otherwise close or reduce benefits. Protected eligibility and exceptions to protected eligibility are covered in this section.¶¶

(7a) An individual who receives both benefits under Part A of Medicare and SSI benefits is assumed eligible for the QMB-BAS program unless the individual does not meet the requirements of OAR 461-120-0345 or the residency requirements (see OAR 461-120-0010). In the OSIPM programs, an individual who is eligible for and receiving OSIPM for any portion of their pregnancy is entitled to protected eligibility for the duration of the pregnancy and the postpartum eligibility period.¶¶

(b) The postpartum eligibility period is 12 calendar months following the month in which the pregnancy ends.¶¶

(c) Benefits may not be closed or reduced during a period of protected eligibility unless one of the following occurs:¶¶

(A) The individual is no longer an Oregon resident.¶¶

(B) The death of the individual.¶¶

(C) The individual or someone authorized to act on their behalf voluntarily closes medical benefits.¶¶

(D) Benefits were approved in error at the most recent determination or renewal of eligibility because of administrative error, or because of fraud, abuse, or perjury attributed to the individual or someone authorized to act on their behalf.

Statutory/Other Authority: ORS 409.050, ORS 411.060, 411.070, 411.404, 413.085, 414.685, 42 CFR 435.926

Statutes/Other Implemented: ORS 409.0710, 411.0670, 411.404, ORS 409.0710, 411.404, 42 CFR 435.926, 42 CFR 435.120, 42 CFR 435.123, 42 CFR 435.170, American Rescue Plan Act of 2021 (PL 117-2), Consolidated Appropriations Act, 2023 (H.R. 2617)

AMEND: 461-135-0875

RULE SUMMARY: OAR 461-135-0875 is being amended to remove retroactive medical program eligibility for Citizenship Waived Medical. By December 1, 2023, the intended effective date, no retroactive medical program eligibility will exist for this program, which ended on June 30, 2023.

CHANGES TO RULE:

461-135-0875

Specific Requirements; Retroactive Eligibility ¶¶

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

(a) In the OSIPM programs, 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 program benefits (see OAR 461-135-1070).¶¶~~

(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 in permanent rule.

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

REPEAL: 461-135-1070

RULE SUMMARY: OAR 461-135-1070 is being repealed as the Citizenship Waived Medical program ended June 30, 2023.

CHANGES TO RULE:

~~461-135-1070~~

~~Specific Requirements; Citizen/Alien-Waived Emergent Medical (CAWEM)~~

~~To be eligible for the CAWEM program, a client must be ineligible for OSIPM solely because he or she does not meet citizenship or alien 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.~~

~~Statutory/Other Authority: ORS 409.050, 411.404~~

~~Statutes/Other Implemented: ORS 411.060, 411.404~~

AMEND: 461-135-1080

RULE SUMMARY: OAR 461-135-1080 is being amended in permanent rule to expand OSIPM-Healthier Oregon to individuals ages 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 the description of Healthier Oregon, make clear in permanent rule which individuals were transitioned automatically from Citizenship Waived Medical to Healthier Oregon effective July 1, 2023, and under what Oregon statute.

CHANGES TO RULE:

461-135-1080

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

(1) To be eligible for benefits under ~~the OSIPM-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 programs 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. Healthier Oregon provides a medical assistance benefit package equal to the Oregon Health Plan Plus benefit package (see OAR 410-120-1210).~~

(3) Individuals ages 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 ORS 414.231, 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, in permanent rulemaking, the Citizenship Waived Medical program. Citizenship Waived Medical is no longer needed in this rule due to the July 1, 2023 expansion of Healthier Oregon: full Medicaid coverage for certain noncitizens 26 to 54 years of age who would be eligible for OSIPM if not for their citizenship or 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-CAWEM~~ 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