

CAF Self-Sufficiency Programs
Authorized Signature
Number: SS-PT-08-033

Issue Date: 12/15/2008

Topic: CAF Self-Sufficiency Programs Administrative Rules Advance Copy (including some Seniors and People with Disabilities programs)

Transmitting (check the box that best applies):

- New Policy
 Policy Change
 Policy Clarification
 Executive Letter
 Administrative Rule
 Manual Update
 Other: _____

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Policy/Rule Title:	Various Self-Sufficiency and Seniors and People with Disabilities programs Administrative Rules		
Policy/Rule Number(s):	Various (see below)	Release No:	
Effective Date:	January 1, 2009 (unless otherwise noted)	Expiration:	N/A
References:			
Web Address:	To Rules PDF: SS-PT-08-033 Advance Copy		

Discussion/Interpretation:

OAR 461-001-0000 about definitions for the Department's public assistance programs covered by OAR Chapter 461 is being amended to change the description of the Independent Choices In-Home Services program within the definition of "community based care." This amendment eliminates language that refers to the Independent Choices Program as a demonstration project undertaken as part of the state's federal waiver. This amendment also changes the description of the purpose of cash benefits in this program. Additionally, this rule is being amended to change the definition of "initial month" for disqualifying transfers (for clients in nonstandard living arrangements in the GA, GAM, OSIP, and OSIPM programs) by stating that it applies to applicants.

OAR 461-001-0025 about the definitions of terms, components, and activities in the JOBS, Pre-TANF, Post-TANF, and TANF programs is being amended to state the definition of Parents as Scholars (PAS) and remove cross-references of the Degree Completion Initiative (DCI) components of the JOBS programs.

OAR 461-101-0010, 461-135-0730, 461-155-0295, and 461-180-0090 are being amended to state what the Qualified Medical Beneficiaries - Basic (QMB-BAS) program pays for, state the acronym for and provide an overview of the Qualified Medicare Beneficiaries - Individuals (QMB-SMF) program, state the specific

requirements for the QMB-SMB and QMB-SMF programs, state the incomes standards for the QMB-SMF program, and state the initial month for benefits under the QMB-SMF program. OAR 461-101-0010 is the Department's acronym and overview rule. This rule is being amended to clarify the overview of the various programs included under the Qualified Medical Beneficiaries (QMB) program and to indicate that all of these programs are considered to be Medicare Savings Programs (MSP). This rule also is being amended to state that the QMB-BAS program pays for Part A and Part B Medicare premiums. Also, this rule is being amended to provide an overview of the QMB-SMF program. OAR 461-135-0730 about the specific requirements for the QMB program is being amended to restate the requirements for the QMB-SMB program and state the requirements for the QMB-SMF program. OAR 461-155-0295 about the income standards for the QMB-SMB and QMB-SMF programs is being amended so the title indicates the rule applies to the QMB-SMF program and correctly label the income standard for QMB-SMF. OAR 461-180-0090 about the effective date of initial month for medical benefits is being amended to state that the effective date of the initial month for QMB-SMF benefits is the first of the month in which the benefit group meets all program eligibility criteria and the Department receives the required verification.

OAR 461-110-0330 about the Extended Medical (EXT), Medical Assistance Assumed (MAA), and Temporary Assistance to Need Families (TANF) filing group used for the eligibility determination process is being amended to state that children who are receiving guardianship assistance from the Children, Adults and Families Office of Safety and Permanency for Children, may not be part of an EXT, MAA or TANF filing group.

OAR 461-110-0350 about filing groups in the Employment Related Day Care (ERDC) program is being amended to state that the filing group consists of certain applicants and household group members, even if they do not meet nonfinancial eligibility requirements, and clarify that a day care provider in the filing group for the ERDC program can also be the caretaker of a child if they are providing care for the child of an individual who is a member of an armed forces reserve unit or a member of the National Guard and has been called to active duty away from the child's home for more than 30 days. Also, this rule is being amended to state that an unmarried child and any sibling, under the age of 19 and attending secondary school or vocational training at least half time, is part of the filing group. This rule also is being amended to clarify the Department's policy and make the Department's policy consistent with the Department's practice.

OAR 461-115-0050 about when to file an application for the programs in OAR Chapter 461 is being amended to state that a new application is not needed for a redetermination of eligibility for clients in the Oregon Supplemental Income Program (OSIP), Oregon Supplemental Income Program Medical (OSIPM), and Qualified Medicare Beneficiary (QMB) programs or if these clients want to change programs when they are currently receiving benefits and the Department has enough information to make a determination without a new application.

OAR 461-130-0335 is being amended to clarify that the client cooperation period necessary for the removal of a JOBS disqualification from benefits in the Temporary Assistance for Needy Families (TANF) and Refugee Assistance (REF) programs is two consecutive weeks rather than the vaguer "two weeks."

OAR 461-135-0010 about assumed eligibility for medical programs is being amended to state that a pregnant woman who was eligible for and receiving medical assistance under any Medicaid program and becomes ineligible while pregnant is assumed eligible for Medicaid.

OAR 461-135-0075 about limitations on Temporary Assistance for Needy Families (TANF) program eligibility periods is being amended to state the new time limit exemption for clients participating in the Parents as Scholars (PAS) component of the JOBS program that is replacing the Degree Completion Initiative (DCI) component of the JOBS program. This rule also is being amended to state the program will allow an exemption due to caring for a family member who has a disability, is living in the home, and is attending school full-time. This rule is being amended to make permanent a temporary rule amended October 1, 2008.

OAR 461-135-0085 about the requirements for individuals served by the Temporary Assistance for Needy Families (TANF) and Pre-TANF programs to seek assessment for substance abuse and seek appropriate treatment for substance abuse or mental health conditions is being amended to state more clearly the requirements for when a client must seek assessment or treatment for substance abuse and mental health conditions, and what type of assessment and treatment the client must pursue. The rule also is being amended

to eliminate the requirement for a mental health assessment if the client has recently been diagnosed with a mental health condition. Also, this rule is being amended to state that the client must participate in mental health treatment if a mental health diagnosis recently has been made and treatment is required for success in the workplace. This rule also is being amended to restate the penalties to the client for failing to comply with the requirements of this rule. This rule is also being amended so it no longer applies to clients in the State Family Pre-SSI/SSDI (SFPSS) program.

OAR 461-135-0089 is being amended to state how an eligibility disqualification due to noncompliance with required substance abuse treatment in the Refugee (REF), Temporary Assistance for Needy Families (TANF), or Pre-TANF programs may be ended and benefits restored. This amendment clarifies that a client must demonstrate compliance with a cooperation period of two consecutive weeks and complete a revised or new case plan to get benefits restored. This rule also is being amended to distinguish between clients who express a willingness to cooperate with program requirements before the effective date of a proposed disqualification and clients who express this willingness only on or after a disqualification period begins. Also, this rule is being amended to remove language regarding four levels of penalties because now a client is either eligible to continue receiving benefits or disqualified from receiving benefits. This rule also is being amended to remove the requirement for SFPSS program clients to undergo an evaluation or participate in treatment to end the disqualification penalty.

OAR 461-135-0745 about OSIPM program eligibility for clients in acute care hospitals or nursing facilities is being amended to clarify that one of the requirements for program eligibility is to meet the continuous period of care provision.

OAR 461-135-0780 about eligibility for Pickle Amendment clients in the OSIPM program, OAR 461-155-0250 about income and payment standards for OSIP and OSIPM programs, OAR 461-155-0270 about the payment standard for OSIP and OSIPM clients in nonstandard living arrangements, OAR 461-155-0300 about the shelter-in-kind standard for the OSIP, OSIPM, and QMB programs, and OAR 461-160-0580 about the excluded resource - community spouse provision in the OSIP and OSIPM programs except OSIP-EPD and OSIPM-EPD are being amended to adjust these standards to reflect the annual federal cost of living adjustments which will be effective January 1, 2009.

OAR 461-135-0832 about the definitions used in the Estate Administration rules (OAR 461-135-0832 to 461-135-0847) is being amended to correctly cross-reference the relevant administrative rules and Oregon statutes. This rule also is being amended to restate the definition of "assets" and "real property", and define "interspousal transfer".

OAR 461-135-1102 about the Oregon Health Plan - Adults (OHP-OPU, usually referred to as OHP Standard) effective date policy is being amended to state that a client is not considered a new OHP Standard applicant even though not continuously eligible for OHP Standard, when transitioning from child welfare medical, Breast and Cervical Cancer Medical (BCCM), Extended Medical (EXT), OHP, Refugee Medical (REFM), or Temporary Assistance for Needy Families (TANF) related medical (MAA, MAF), or related CAWEM programs. This rule also is being amended to clarify that to be considered for the OHP Standard program, clients transitioning from child welfare, BCCM, EXT, OHP, or TANF related medical or related CAWEM programs must both establish a date of request per OAR 461-135-0300 prior to the end date of their current child welfare, BCCM, EXT, OHP, or TANF related medical or related CAWEM programs' end date and must also meet OHP Standard eligibility requirements within the 45 day application processing timeframe per OAR 461-115-0190.

OAR 461-135-1195 about State Family Pre-SSI/SSDI (SFPSS) eligibility requirements is being amended to state that the Temporary Assistance to Needy Families (TANF) income standard is used to determine eligibility for the SFPSS program and the SFPSS payment standard is used to determine the benefit amount received under SFPSS. This rule also is being amended to clarify that in filing groups with only one adult, when that adult is applying for Supplemental Security Income (SSI) and a child is receiving SSI, the filing group is ineligible for SFPSS benefits. Also, this rule is being amended to clarify that a client may continue to receive SFPSS benefits, even if denied SSI benefits, until all Social Security administrative appeals are exhausted.

OAR 461-145-0380 is about pension plans and how they are treated in the Department's public assistance,

medical, and Food Stamp (supplemental nutrition assistance) programs. This rule is being amended to correct in a typo in the current rule and add additional excluded pension plans according to a revised list from the federal Food and Nutrition Service for the Food Stamp program.

OAR 461-145-0540 related to the treatment of trusts is being amended for clients in the Oregon Supplemental Income Program Medical program (OSIPM) receiving long-term care services who need a trust to be income-eligible for Medicaid. The amount which trustees of pooled trusts may retain, upon the death of a client who is the beneficiary of a pooled trust or the termination of the trust, before paying the state an amount equal to the total medical assistance paid on behalf of the beneficiary, is being amended to provide that the amount paid to the state can be reduced only by those administrative costs directly related to administering the beneficiary's sub-trust account.

OAR 461-145-0820 about deeming the assets of the sponsor of a noncitizen to the noncitizen applicant for Department program benefits and OAR 461-145-0830 about when to deem the assets of a sponsor of a noncitizen to the noncitizen are being amended, and OAR 461-145-0840 about calculating income deemed from sponsor of a noncitizen to the noncitizen is being repealed and combined into OAR 461-145-0830 to restate more clearly the Department's policy on deeming a sponsor's assets to a noncitizen.

OAR 461-145-0820 is being amended to state that in all Department programs except the Food Stamp (FS) program the countable value of the resources deemed available to each noncitizen is determined according the rules of the program(s) for which the sponsored non-citizen applied. OAR 461-145-0830 is being amended to state that deeming does not apply to the REF and REFM programs, the guidelines for how a sponsored noncitizen establishes indigence under various Department programs, the process used to determine the amount of income considered available to the noncitizen from the non-citizen's sponsor and the spouse of the sponsor, and how to calculate the income deemed available to sponsored noncitizen. OAR 461-145-0840 is being repealed and combined into OAR 461-145-0830 to incorporate its provisions into the revised OAR 461-145-0830.

OAR 461-150-0048 about eligibility and budgeting, and defining prospective eligibility and budgeting, in the Employment Related Day Care (ERDC) program is being repealed and combined into OAR 461-150-0049 to incorporate its provisions into the amended OAR 461-150-0049.

OAR 461-150-0049 about budgeting income for cases using anticipating with periodic review (APR) in the Employment Related Day Care (ERDC) program is being amended to re-title it to correctly reflect the objective of the rule. This rule also is being amended to clarify that the Department may use prospective budgeting when calculating income for ERDC and eliminate the requirement to use two prior months income. Also, this rule is being amended to state the methods for calculating annualized, educational, temporary, ongoing stable, and ongoing variable income, and the cross-reference OAR for each method.

OAR 461-150-0050 about the use of prospective and retrospective eligibility and budgeting in the GA, OSIP, OSIPM, and QMB programs is being amended to state that the OSIP-EPD and OSIPM-EPD programs use prospective eligibility and budgeting for unearned income, stable earned income, and varying earned income.

OAR 461-155-0320 about the payment standards for participants in the Department's State Family Pre-SSI/SSDI (SFPSS) program is being amended to change the payment standards.

OAR 461-155-0500, 461-155-0526, 461-155-0600, and 461-155-0610 are being amended and OAR 461-155-0700 and 461-155-0710 are being adopted to support placement of Oregon Supplemental Income Program (OSIP) and Oregon Supplemental Income Program Medical (OSIPM - serving the elderly and people with disabilities) clients who need long-term care services in their homes or in community-based care facilities rather than in nursing facilities. These rules relate to special needs payments for OSIP and OSIPM clients for these purposes. OAR 461-155-0500 is an overview rule about special needs payments in the General Assistance (GA), General Assistance Medical (GAM), Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), Oregon Supplemental Income Program (OSIP), Oregon Supplemental Income Program Medical (OSIPM), Refugee Assistance (REF), Refugee Assistance Medical (REFM), and Temporary Assistance for Needy Families (TANF) programs. This rule is being amended to authorize personal incidentals and room and board allowances for ongoing special needs payments, authorize one-time payments to support diversion and transition from nursing facility placements, and add cross-references to other rules and statutes

and follow standard formatting. This rule is being amended to make the changes in the temporary rule permanent. OAR 461-155-0526 is about special needs payments for community transition services in the OSIP and OSIPM programs. This rule is being amended to limit special needs payments to assisted-living facilities to items the facility is not required by law, another OAR, or contract to provide. This rule also is being amended to state that special needs payments are authorized for moving belongings and climate control systems, but not for lift chairs. This rule is being amended to make the changes in the temporary rule permanent. OAR 461-155-0600 is about special needs payments for home repairs in the GA, OSIP, and OSIPM programs. This rule is being amended to state the Department's policy for approval of special needs payments for home repairs, including that payments are limited in cases of joint ownership and more than one home repair payment can be made in the 24-month period to reach the \$1,000 maximum payment amount. This rule is being amended to make the changes in the temporary rule permanent. OAR 461-155-0610 is about special needs payments for moving costs in the GA, OSIP and OSIPM programs. This rule is being amended to state the Department's policy regarding special needs payments for moving costs in the GA, OSIP and OSIPM programs. This rule is being amended to allow for special needs payment for moving expenses when a client in a nonstandard living arrangement must move because his or her level of care needs increase or decrease and to allow for special needs payment for moving expenses when the client must move because his or her care needs would be better met out of state. This rule also is being amended with clarifications that will help field staff understand the rule. This rule also is being amended to increase the maximum amount of moving expense special needs payments that may be authorized for a client from \$300 to \$500. This rule is being amended to make the changes in the temporary rule permanent. OAR 461-155-0700 is about special needs payments for personal incidentals and room and board allowance in the OSIP and OSIPM programs. This rule is being adopted to state the Department's policy for allowing special needs payments for a client's personal incidentals and room and board costs in a community-based care facility, for a client who lacks the income to make the payment, and if the client would be placed in a nursing facility without the payment. This rule is being adopted to make the temporary rule permanent. OAR 461-155-0710 is about special needs payments for Diversion and Transition Services for an individual in the OSIP and OSIPM programs moving from a nursing facility or to avoid placement in a nursing facility and to support placement instead in community-based care. This rule is being adopted to state the Department's policy for allowing one-time special needs payments for diversion or transition. Payments will be authorized at the lowest possible cost, must be authorized by Seniors and People with Disabilities Division central office staff, cannot be covered by any other medical coverage or Department program, or if they must be provided by the facility by statute, OAR, or contract. This rule is being adopted to make the temporary rule permanent.

OAR 461-160-0100 about how income affects eligibility and benefits in the MAA, MAF, REF, SAC, SFPSS, and TANF programs is being amended to state that these programs use the countable and adjusted income standards from OAR 461-155-0030 in determining eligibility. This rule also is being amended to state the State Family Pre-SSI/SSDI (SFPSS) program is included in the programs using the countable and adjusted income standards from OAR 461-155-0030 when determining eligibility and benefits.

OAR 461-160-0410 about the treatment of income and income deductions in the Food Stamp (FS) program when a group includes ineligible or disqualified members is being amended to correctly restate the Department's policy on the treatment of TANF grant income. This amendment directs that TANF grant income is always prorated when an ineligible non-citizen is in the FS filing group. A filing group is composed of individuals living together who customarily purchase and prepare meals together.

OAR 461-160-0580 about excluded resources, specifically the community spouse provision in the Oregon Supplemental Income Program (OSIP) and Oregon Supplemental Income Program Medical (OSIPM) programs, except OSIP-EPD and OSIPM-EPD, is also being amended to allow the Department to waive the requirements about court-ordered community spouse resource allowances if the Department determines a denial of benefits creates an undue hardship on the client. This rule also is being amended to reflect the 2009 cost-of-living increases mandated by the federal Department of Health and Human Services.

OAR 461-160-0620 related to the liability calculation for clients in the Oregon Supplemental Income Program Medical (OSIPM, assistance to seniors and people with disabilities) receiving long-term care services is being amended to reflect the annual federal increase to the maximum maintenance need standard that is used to calculate how much of the client's income can be diverted to the community spouse.

OAR 461-165-0030 is being amended to clarify that Department benefits of the same type (cash, medical, or

food stamps) can be issued to an individual who is a member of two or more benefit groups or participates in two or more separate programs during the same month, just not for the same portions of the same month. This rule is also being amended to clarify the Department's policy and make the Department's policy consistent with the Department's practice.

OAR 461-170-0010 is being amended to provide an overview of the change reporting requirements for clients in all of the Department's public assistance programs. The amended rule states that clients are assigned an appropriate reporting system based on the programs in which they participate: Anticipating with Periodic Review (APR), Change Reporting System (CRS), Monthly Reporting System (MRS), Simplified Reporting System (SRS), or Transitional Benefit Alternative (TBA). In addition this rule is being amended to reflect a change from "Averaging with Periodic Review" to "Anticipating with Periodic Review". Additionally, this rule needs to be amended to add CRS and state the change reporting requirements for clients assigned to CRS. This rule also is being amended to include clients assigned to TBA and state they are not required to report any changes. This rule also is being amended to correct cross-references to other OAR that have been renumbered, amended, or adopted.

OAR 461-170-0015, 461-170-0020, 461-170-0025, 461-170-0030, and 461-170-0035 are being amended and renumbered to OAR 461-170-0011 to consolidate and state the change reporting requirements in a single rule for Department clients in the Breast and Cervical Cancer Medical (BCCM), Employment-Related Day Care (ERDC), Extended Medical Benefits (EXT), Food Stamp (FS), Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), Oregon Health Plan (OHP), Oregon Supplemental Income (OSIP), Oregon Supplemental Income Program Medical (OSIPM), Qualified Medicare Beneficiary (QMB), Refugee Assistance (REF), Refugee Assistance Medical (REFM), State Family Pre-SSI / SSD (SFPSS), Substitute or Adoptive Care Medical Coverage (SAC), Temporary Assistance to Needy Families (TANF), and Transitional Benefit Alternative (TBA) programs. The new rule also defines the meaning of the terms "change in employment status" and "change in source of income". The new rule covers the following change reporting requirements for FS clients assigned to: the Change Reporting System (CRS) clients are to report changes as listed, the Monthly Reporting System (MRS) clients are to report changes as listed, as well as those required by MRS. The new rule requires clients in the GA, GAM, OSIP, OSIPM, and QMB programs who are also subject to the MRS to report changes as required by MRS. The new rule adds requirements for MAA, MAF, SAC, SFPSS, and TANF clients assigned to the CRS and states the change reporting requirements for CRS. The new rule changes the change reporting requirements for MAA, REF, SFPSS, and TANF clients assigned to the MRS, clients are also to report changes as required by MRS. The new rule now requires OSIP-EPD and OSIPM-EPD program clients to report changes in health care coverage, household group, marital status and resources. The new rule clarifies that REFM clients no longer have to report changes in pregnancy status. The new rule will allow a participant in a Department program to more readily locate the change reporting requirements for that program. OAR 461-170-0015 is being amended and renumbered to OAR 461-170-0011 to incorporate its requirements for clients in the ERDC program to report certain changes into the new OAR 461-170-0011. OAR 461-170-0020 is being amended and renumbered to OAR 461-170-0011 to incorporate its requirements for clients in the FS, MAA, MAF, REF, REFM, SFPSS, and TANF programs to report certain changes into the new OAR 461-170-0011. OAR 461-170-0025 is being amended and renumbered to OAR 461-170-0011 to incorporate its requirements for clients in the EXT program to report certain changes into the new OAR 461-170-0011. OAR 461-170-0030 is being amended and renumbered to OAR 461-170-0011 to incorporate its requirements for clients in the GA, GAM, OSIP, OSIPM, and QMB programs to report certain changes into the new OAR 461-170-0011. OAR 461-170-0035 is being amended and renumbered to OAR 461-170-0011 to incorporate its requirements for clients in the OHP program to report certain changes into the new OAR 461-170-0011.

OAR 461-170-0100 about the Department's Monthly Reporting System (MRS) is being amended to remove the Refugee Assistance Medical program (REFM) from the requirement to be assigned to the MRS. This rule also is being amended to state that a Medical Assistance to Families (MAF) filing group could be assigned to the MRS due to the requirements of another program.

OAR 461-170-0101 about the simplified reporting system (SRS) in the Food Stamp program is being amended to clarify that clients certified to receive benefits for less than six months cannot participate in the SRS, simplify language, and allow for rule consistency between Department programs. This rule also is being amended to

add a cross reference to clarify what is meant by the term filing group in this rule.

OAR 461-170-0102 about the required Interim Change Report for the simplified reporting system in the Food Stamp program is being amended to add cross references to defined terms in the rule and to make grammatical changes.

OAR 461-170-0120 about what happens when a Monthly Change Report (MCR) is incomplete or not received by the Department is being amended to clarify that that if a MCR is not received by the last day of the payment month, in all programs except the Food Stamp (FS) program, the case is closed effective the last day of the budget month. This rule is also being amended to cross reference the definition for the term "budget month".

OAR 461-170-0150 about the length of the Averaging with Periodic Review (APR) period in the Employment Related Day Care (ERDC) program is being renamed to correctly state APR as Anticipating with Periodic Review. This rule is also being amended to restate clearly the Department's policy that all participants in the ERDC program must use APR. In addition, this rule is being amended to clarify that when a client reports an income change, the Department may recalculate the anticipated future income of the client.

OAR 461-170-0160 about when a periodic review form is considered complete in the Employment Related Day Care (ERDC) program is being amended to cover what happens when a re-application is not received, and correctly restate the Department's policy about a client's responsibility to complete and return a re-application form within the deadline set by the Department. Also, this rule is being amended to replace references to periodic review form with re-application form. This rule also is being amended to state the purposes for which the Department uses the re-application form: determining eligibility for ERDC benefits, establishing ERDC benefit copay amounts, and establishing the next APR period. In addition, this rule is being amended to include information from former OAR 461-170-0170 regarding closing of an ERDC case when a completed periodic review form is not returned to the Department by the deadline and that a completed periodic review form returned after the deadline is treated as a new application for benefits.

OAR 461-170-0170 about the Department's actions in the Employment Related Day Care (ERDC) program when a periodic review form is incomplete or not returned to the Department by the indicated deadline is being repealed and combined into OAR 461-170-0160 to incorporate its provisions into OAR 461-170-0160.

OAR 461-170-0200 about state and federal government initiated changes to benefits that clients are not required to report to the Department is being amended to clarify the rule language and include as changes that need not be reported the cost of living changes to the Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), State Family Pre-SSI/SSDI (SFPSS), and Temporary Assistance to Needy Families (TANF) programs. This rule is also being amended to update a reference to the Aid to Dependent Children (ADC) program, which was renamed the TANF program.

OAR 461-175-0220, 461-175-0240, 461-175-0270, 461-175-0280, 461-175-0305, about the type of notice the Department is required to send a client when the client's benefits change or are discontinued, and 461-180-0005 about effective dates when the Department acts on changes for clients assigned to the Anticipating with Periodic Review (APR) reporting system are being amended to remove references to the "Periodic Review" form and replace that term with "re-application" form. These rules are being amended because the Department is replacing the Periodic Review form with the re-application form.

OAR 461-180-0125 is about effective dates when reopening Food Stamp benefits after a benefit closure due to mail returned by the U.S. Post Office marked "undeliverable, no forwarding address." This rule is being amended to include Employment Related Day Care (ERDC) and clarify that ERDC benefits can be reopened effective the first of the month if benefit closure reason was returned mail, and the client contacted the Department within the first calendar month following the case closure with a new mailing address.

Implementation/Transition Instructions: N/A

Training/Communication Plan: N/A

Local/Branch Action Required: Review changes with staff who determine eligibility.

Central Office Action Required: N/A

Field/Stakeholder review: Yes No

If yes, reviewed by:

Filing Instructions:

The filing instructions will be available with January's CAF Administrative Rules Manual release.

If you have any questions about this policy, contact:

Contact(s):	See the Contact List in the Family Services Manual (section C of the Introduction chapter) for the appropriate analyst to contact with policy questions (http://www.dhs.state.or.us/policy/selfsufficiency/em_firstpage.htm).		
Phone:		Fax:	
E-mail:			