

461-001-0000

Definitions for Chapter 461

Defined terms are often italicized throughout this chapter of rules. If a defined term is accompanied by a cross-reference to a rule defining the term, subsequent usages of that term in the same rule refer to the same definition cross-referenced earlier in the rule. In this chapter of rules, unless the context indicates otherwise:

- (1) A reference to Division, Adult and Family Services Division (or AFS), Senior and Disabled Services Division (or SDS), or any other agency formerly part of the Department of Human Services shall be taken to mean the Department of Human Services (DHS), except --
  - (a) The rule in which reference occurs only regulates programs covered by Chapter 461 of the Oregon Administrative Rules.
  - (b) OCCS medical program eligibility rules are set out in the 410-200 division of Oregon Administrative Rules.
- (2) "Address Confidentiality Program" (ACP) means a program of the Oregon Department of Justice, which provides a substitute mailing address and mail forwarding service for ACP participants who are victims of domestic violence, sexual assault, or stalking.
- (3) "Adjusted income" means the amount determined by subtracting income deductions from *countable* income (see OAR 461-140-0010). Specific rules on the deductions are found in division 461-160.
- (4) "Adoption assistance" means financial assistance provided to families adopting children with special needs. Adoption assistance may be state or federally funded. Federal adoption assistance is authorized by the Adoption Assistance and Child Welfare Act of 1980 (Pub. L. No. 96-272, 94 Stat. 500 (1980)). State adoption assistance is authorized by ORS 418.330 to 418.335.
- (5) "Assets" mean income and resources.
- (6) "Basic decision notice" means a *decision notice* mailed no later than the date of action given in the notice.
- (7) "Branch office" means any Department or AAA (Area Agency on Aging) office serving a program covered by this chapter of rules.
- (8) "Budgeting" means the process of calculating the benefit level.
- (9) "Budget month" means the calendar month from which nonfinancial and financial information is used to determine *eligibility* and benefit level for the payment month.

- (10) "Cafeteria plan" means a written benefit plan offered by an employer in which:
- (a) All participants are employees; and
  - (b) Participants can choose, cafeteria-style, from a menu of two or more cash or qualified benefits. In this context, qualified benefits are benefits other than cash that the Internal Revenue Service does not consider part of an employee's gross income. Qualified benefits include, but are not limited to:
    - (A) Accident and health plans (including medical plans, vision plans, dental plans, accident and disability insurance);
    - (B) Group term life insurance plans (up to \$50,000);
    - (C) Dependent care assistance plans; and
    - (D) Certain stock bonus plans under section 401(k)(2) of the Internal Revenue Code (but not 401(k)(1) plans).
- (11) "Capital asset" means property that contributes toward earning self-employment income, including self-employment income from a microenterprise, either directly or indirectly. A capital asset generally has a useful life of over one year and a value, alone or in combination, of \$100 or more.
- (12) "Caretaker" means an individual who is responsible for the care, control, and supervision of a child. The status of caretaker ends once the individual no longer exercises care, control, and supervision of the child for 30 days.
- (13) "Caretaker relative" means:
- (a) In the Pre-TANF, REF, SFPSS, and TANF programs, a dependent child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece who lives in a residence maintained by one or more of the relatives as the child's or the relative's own home.
  - (b) In all programs not covered under subsection (a) of this section, a *caretaker* who meets the requirements of one of the following paragraphs:
    - (A) Is one of the following relatives of the *dependent child*:
      - (i) Any blood relative, including those of half-blood, and including first cousins, nephews, or nieces, and individuals of preceding generations as denoted by prefixes of grand, great, or great-great.
      - (ii) Stepfather, stepmother, stepbrother, and stepsister.

- (iii) An individual who legally adopts the child and any individual related to the individual adopting the child, either naturally or through adoption.
  - (B) Is or was a spouse of an individual listed in paragraph (A) of this subsection.
  - (C) Met the definition of *caretaker relative* under paragraph (A) or (B) of this subsection before the child was adopted (notwithstanding the child's subsequent adoption).
- (14) "Certification period" means the period for which ~~a client~~ **an individual** is certified eligible for a program.
- (15) "Child" includes natural, step, and adoptive children. The term child does not include an unborn.
  - (a) In the ERDC program, a child need not have a biological or legal relationship to the caretaker but must be in the care and custody of the caretaker, must meet the citizenship or alien status requirements of OAR 461-120-0110, and must be:
    - (A) Under the age of 18; or
    - (B) Under the age of 19 and in secondary school or vocational training at least half time.
  - (b) In the GA, GAM, and OSIP programs, a child is an individual under the age of 18.
  - (c) In the OSIPM and QMB programs, child means an unmarried individual living with a parent who is:
    - (A) Under the age of 18; or
    - (B) Under the age of 22 and attending full-time secondary, postsecondary or vocational-technical training designed to prepare the individual for employment.
- (16) "Community based care" is any of the following:
  - (a) Adult foster care - Room and board and 24 hour care and services for the elderly or for disabled people 18 years of age or older. The care is contracted to be provided in a home for five or fewer clients.

- (b) Assisted living facility - A program approach, within a physical structure, which provides or coordinates a range of services, available on a 24-hour basis, for support of resident independence in a residential setting.
  - (c) In-home Services - People living in their home receiving services determined necessary by the Department.
  - (d) Residential care facility - A facility that provides residential care in one or more buildings on contiguous property for six or more individuals who have physical disabilities or are socially dependent.
  - (e) Specialized living facility - Identifiable services designed to meet the needs of individuals in specific target groups which exist as the result of a problem, condition or dysfunction resulting from a physical disability or a behavioral disorder and require more than basic services of other established programs.
  - (f) Independent choices - In-Home Services program wherein the participant is given cash benefits to purchase self-directed personal assistance services or goods and services provided pursuant to a written service plan (see OAR 411-030-0020).
- (17) "Continuing benefit decision notice" means a *decision notice* that informs the client of the right to continued benefits and is mailed in time to be received by the date benefits are, or would be, received.
- (18) "Countable" means that an available asset (either income or a resource) is not excluded and may be considered by some programs to determine eligibility.
- (19) "Cover Oregon" means Oregon Health Insurance Exchange Corporation.
- (20) "Custodial parents" mean parents who have physical custody of a child. Custodial parents may be receiving benefits as dependent children or as caretaker relatives for their own children.
- (21) "Decision notice" means a written notice of a decision by the Department regarding an individual's eligibility for benefits in a program.
- (22) "Department" means the Department of Human Services (DHS).
- (23) "Dependent child", in the REF, REFM, and TANF programs, means the following:
- (a) An individual who is not a *caretaker relative* of a *child* in the household, is unmarried or married but separated, and is under the age of 18, or 18 years of age and a full time student in secondary school or the equivalent level of vocational or technical training; or

- (b) A *minor parent* whose parents have chosen to apply for benefits for the minor parent. This does not apply to a *minor parent* who is married and living with his or her *spouse*.
- (24) "Disability" means:
- (a) In the SNAP program, see OAR 461-001-0015.
  - (b) In the REF, SFPSS, TA-DVS, and TANF programs, for purposes other than determining eligibility:
    - (A) An individual with a physical or mental impairment that substantially limits the individual's ability to meet the requirements of the program; or
    - (B) An individual with a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or who is regarded as having such an impairment as defined by the Americans with Disabilities Act (42 USC 12102; 28 CFR 35.104).
- (25) "Domestic violence" means the occurrence of one or more of the acts described in subsections (a) to (d) of this section between family members, intimate partners, or household members:
- (a) Attempting to cause or intentionally, knowingly or recklessly causing physical injury or emotional, mental or verbal abuse.
  - (b) Intentionally, knowingly or recklessly placing another in fear of imminent serious physical injury.
  - (c) Committing sexual abuse in any degree as defined in ORS 163.415, 163.425 and 163.427.
  - (d) Using coercive or controlling behavior.
  - (e) As used in this section, "family members" and "household members" mean any of the following:
    - (A) *Spouse*;
    - (B) *Former spouse*;
    - (C) Individuals related by blood, *marriage*, or adoption;
    - (D) Individuals who are cohabitating or have cohabited with each other;

- (E) Individuals who have been involved in a sexually intimate or dating relationship; or
  - (F) Unmarried parents of a child.
- (26) "Domestic violence shelters" are public or private nonprofit residential facilities providing services to victims of domestic violence. If the facility serves other people, a portion must be used solely for victims of domestic violence.
- (27) "Electronic application" is an application electronically signed and submitted through the internet.
- (28) "Eligibility" means the decision as to whether an individual qualifies, under financial and nonfinancial requirements, to receive program benefits.
- (29) "Equity value" means fair market value minus encumbrances.
- (30) "Fair market value" means the amount an item is worth on the open market.
- (31) "Family stability" in the JOBS, Pre-TANF, Post-TANF, SFPSS, TA-DVS, and TANF programs means the characteristics of a family that support healthy child development, including parental mental health, drug and alcohol free environment, stable relationships, and a supportive, flexible, and nurturing home environment.
- (32) "Family stability activity" in the JOBS, Pre-TANF, Post-TANF, SFPSS, TA-DVS, and TANF programs means an action or set of actions taken by the client, as specified in a case plan, intended to promote the ability of one or both parents to achieve or maintain *family stability*.
- (33) "Financial institution" means a bank, credit union, savings and loan association, investment trust, or other organization held out to the public as a place receiving funds for deposit, savings, checking, or investment.
- (34) "Income-producing property" means any real or personal property that generates income for the financial group. Examples of income-producing property are:
- (a) Livestock, poultry, and other animals.
  - (b) Farmland, rental homes (including a room or other space in the home or on the property of a member of the financial group), vacation homes, condominiums.
- (35) "Initial month" of eligibility means any of the following:
- (a) In all programs, the first month a *benefit group* (see OAR 461-110-0750) is eligible for a program benefit in Oregon after a period during which the group is not eligible.

- (b) In all programs except the SNAP program, the first month a *benefit group* is eligible for a program benefit after there has been a break in the program benefit of at least one full calendar month. If benefits are suspended for one month, that is not considered a break.
- (c) In the SNAP program:
  - (A) The first month for which the *benefit group* is certified following any period during which they were not certified to participate, except for *migrant* and *seasonal farm workers* (see OAR 461-001-0015).
  - (B) For *migrant* and *seasonal farmworkers*, the first month for which the *benefit group* is certified following any period of one month or more during which they were not certified to participate.
- (d) For a new applicant to the GA, GAM, OSIP, or OSIPM program applying for care in a *nonstandard living arrangement*, for the purposes of calculating the correct divisor in OAR 461-140-0296, the month in which the client would have been eligible had it not been for the disqualifying transfer of assets.
- (e) For a current recipient of the GA, GAM, OSIP, or OSIPM program receiving or applying for care in a *nonstandard living arrangement*, for the purpose of calculating the correct divisor in OAR 461-140-0296, the later of the following:
  - (A) The month the disqualifying transfer occurred.
  - (B) The month of application for *long-term-care* services if the client would have been eligible had it not been for the disqualifying transfer of assets.
- (36) "In-kind income" means income in a form other than money (such as food, clothing, cars, furniture, and payments made to a third party).
- (37) "Legally married" means a marriage uniting two individuals according to --
  - (a) The statutes of the state where the marriage occurred;
  - (b) Except in the SNAP program, the common law of the state in which the two individuals previously resided while meeting the requirements for common law marriage in that state; or
  - (c) The laws of a country in which the two individuals previously resided while meeting the requirements for legal or cultural marriage in that country.
- (38) "Life estate" means the right to property limited to the lifetime of the individual holding it or the lifetime of some other individual. In general, a life estate enables the owner of

the life estate to possess, use, and obtain profits from property during the lifetime of a designated individual while actual ownership of the property is held by another individual. A life estate is created when an individual owns property and then transfers ownership to another individual while retaining, for the rest of his or her life, certain rights to that property. In addition, a life estate is established when a member of the *financial group* (see OAR 461-110-0530) purchases a life estate interest in the home of another individual.

- (39) "Lodger" means a member of the *household group* (see OAR 461-110-0210) who---
- (a) Is not a member of the filing group; and
  - (b) Pays the filing group:
    - (A) In all programs except the GA, GAM, OSIP, OSIPM, and QMB programs, for room and board.
    - (B) In the GA, GAM, OSIP, OSIPM, and QMB programs, for room with or without board.
- (40) "Long-term care" means the system through which the Department provides a broad range of social and health services to eligible adults who are aged, blind, or have disabilities for extended periods of time. This includes nursing homes and state hospitals (Eastern Oregon and Oregon State Hospitals).
- (41) "Lump-sum income" means income received too infrequently or irregularly to be reasonably anticipated, or received as a one-time payment. Lump-sum income includes:
- (a) Retroactive benefits covering more than one month, whether received in a single payment or several payments.
  - (b) Income from inheritance, gifts, winnings, and personal injury claims.
- (42) "Marriage" means the union of two individuals who are *legally married*.
- (43) "Microenterprise" means a sole proprietorship, partnership, or family business with fewer than five employees and capital needs no greater than \$35,000.
- (44) "Minor parent", in the ERDC, REF, REF, and TANF programs, means a parent under the age of 18.
- (45) "Nonstandard living arrangement" is defined as follows:
- (a) In the GA, GAM, OSIP, OSIPM, and QMB programs, a client is considered to be in a nonstandard living arrangement when the client is applying for or receiving services in any of the following locations:

- (A) A nursing facility in which the client receives *long-term care* services paid with Medicaid funding, except this subsection does not apply to a Medicare client in a skilled-stay nursing facility.
  - (B) An intermediate care facility for the mentally retarded (ICF/MR).
  - (C) A psychiatric institution, if the individual is not yet 21 years of age or has reached the age of 65.
  - (D) A *community based care* (see section (16) of this rule) setting, except a State Plan Personal Care (SPPC) setting is not considered a nonstandard living arrangement.
- (b) In all programs except GA, GAM, OSIP, OSIPM, and QMB, nonstandard living arrangement means each of the following locations:
- (A) Foster care.
  - (B) Residential Care facility.
  - (C) Drug or alcohol residential treatment facility.
  - (D) Homeless or *domestic violence shelter*.
  - (E) Lodging house if paying for room and board.
  - (F) Correctional facility.
  - (G) Medical institution.
- (46) "OCCS" is the Office of Client and Community Services, part of the Medical Assistance Programs under the Oregon Health Authority responsible for OCCS medical program eligibility policy, community outreach, OCCS Medical Program eligibility determinations, and the OHA Customer Service Call Center.
- (47) "OCCS Medical Programs" refers to programs for which eligibility policy can be found in division 410-200 of Oregon Administrative Rule, and includes CEC, CEM, MAA, MAF, EXT, OHP, Substitute Care, BCCTP, and MAGI Medicaid/CHIP programs, including:
- (a) **MAGI Adult;**
  - (ab) MAGI Child;
  - (bc) MAGI Parent or Other Caretaker Relative;

- (ed) MAGI Pregnant Woman; and
  - (de) MAGI CHIP.
- (48) "Ongoing month" means one of the following:
- (a) For all programs except the SNAP program, any month following the *initial month* of eligibility, if there is no break in the program benefit of one or more calendar months.
  - (b) For the SNAP program, any month in the *certification period* following the *initial month* of eligibility.
- (49) "Parent" for all programs except the **JPI and SNAP program programs**, means the biological or legal mother or father of an individual or unborn child. For the SNAP program, a "parent" means the biological or legal mother or father of an individual. **For the JPI program, a "parent" means the biological or legal mother or father of a child under the age of 18.**
- (a) If the mother lives with a male and either she or the male claims that he is the father of the child or unborn, and no one else claims to be the father, he is treated as the father even if paternity has not been legally established.
  - (b) A stepparent relationship exists if:
    - (A) The individual is *legally married* to the child's biological or adoptive parent; and
    - (B) The *marriage* has not been terminated by legal separation, divorce, or death.
  - (c) A legal adoption erases all prior legal and blood relationships and establishes the adoptive parent as the legal parent. However, the biological parent is also considered a parent if both of the following are true:
    - (A) The child lives with the biological parent; and
    - (B) The legal parent has given up care, control, and supervision of the child.
- (50) "Payment month" means, for all programs except EA, the calendar month for which benefits are issued.
- (51) "Payment period" means, for EA, the 30-day period starting with the date the first payment is issued and ending on the 30th day after the date the payment is issued.

- (52) "Periodic income" means income received on a regular basis less often than monthly.
- (53) "Primary person" for all programs except the SNAP program, means the filing group member who is responsible for providing information necessary to determine eligibility and calculate benefits. The primary person for individual programs is as follows:
- (a) For the TANF program, the parent or caretaker relative.
  - (b) For the ERDC program, the caretaker.
  - (c) For SNAP, see OAR 461-001-0015.
  - (d) For the GA, GAM, OSIP, OSIPM, and QMB programs: the client or client's spouse.
  - (e) For the REF and REFM programs: the applicant, caretaker, caretaker relative, or parent.
- (54) "Qualified Partnership Policy" means a long term care insurance policy meeting the requirements of OAR 836-052-0531 that was either:
- (a) Issued while the client was a resident in Oregon on January 1, 2008 or later; or
  - (b) Issued in another state while the client was a resident of that state on or after the effective date of that state's federally approved State Plan Amendment to issue qualified partnership policies.
- (55) "Real property" means land, buildings, and whatever is erected on or affixed to the land and taxed as real property.
- (56) "Reimbursement" means money or in-kind compensation provided specifically for an identified expense.
- (57) "Safe homes" mean private homes that provide a few nights lodging to victims of domestic violence. The homes must be recognized as such by the local domestic violence agency, such as crisis hot lines and shelters.
- (58) "Shelter costs" mean, in all programs except the SNAP program, housing costs (rent or mortgage payments, property taxes) and utility costs, not including cable TV or non-basic telephone charges. In the SNAP program, see OAR 461-160-0420.
- (59) "Shelter-in-kind" means an agency or person outside the *financial group* (see OAR 461-110-0530) provides the shelter of the *financial group*, or makes a payment to a third party for some or all of the *shelter costs* of the *financial group*. *Shelter-in-kind* does not include temporary shelter provided by a domestic violence shelter, homeless shelter, or

residential alcohol and drug treatment facilities or situations where no shelter is being provided, such as sleeping in a doorway, park, or bus station.

- (60) "Sibling" means the brother or sister of an individual. "Blood-related" means they share at least one biological or adoptive parent. "Step" means they are not related by blood, but are related by the *marriage* of their parents.
- (61) "Spousal support" means income paid (voluntarily, per court order, or per administrative order) by a separated or divorced spouse to a member of the *financial group* (see OAR 461-110-0530).
- (62) "Spouse" means an individual who is *legally married* to another individual.
- (63) "Stable income" means income that is the same amount each time it is received.
- (64) "Standard living arrangement" means a location that does not qualify as a *nonstandard living arrangement*.
- (65) "Teen parent" means, for TANF and JOBS, a parent under the age of 20 who has not completed a high school diploma or GED.
- (66) "Timely continuing benefit decision notice" means a *decision notice* that informs the client of the right to continued benefits and is mailed no later than the time requirements in OAR 461-175-0050.
- (67) "Trust funds" mean money, securities, or similar property held by a person or institution for the benefit of another person.
- (68) "USDA meal reimbursements" mean cash reimbursements made by the Oregon Department of Education for family day-care providers who serve snacks and meals to children in their care.
- (69) "Variable income" means earned or unearned income that is not always received in the same amount each month.

Stat. Auth.: ORS 411.060, 411.070, 411.404, 411.816, 412.006, 412.014, 412.049

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## 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) CAWEM; Citizen/Alien-Waived Emergent Medical. Medicaid coverage of emergent medical needs for clients who are not eligible for other medical programs solely because they do not meet citizenship and alien status requirements.
- (5) 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.
- (6) EA; Emergency Assistance. Emergency cash to families without the resources to meet emergent needs.
- (7) ERDC or ERDC-BAS; Employment Related Day Care-Basic. Helps low-income working families pay the cost of child care.
- (8) GA; General Assistance. Cash assistance to low-income individuals with disabilities who do not have dependent children.
- (9) GAM; General Assistance Medical. Medical assistance to clients who are eligible for the GA program but have not been found eligible for OSIPM benefits.
- (10) HSP; Housing Stabilization Program. A program that helps low-income 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 REF, REFM, and TANF clients. JOBS helps these clients attain self-sufficiency through training and employment. The program is part of Welfare Reform.
- (12) JOBS Plus. Provides subsidized jobs rather than SNAP or TANF benefits. For TANF clients, JOBS Plus is a component of the JOBS Program; for SNAP clients and

noncustodial parents of children receiving TANF, it is a separate employment program. Eligibility for TANF clients, SNAP clients, and noncustodial parents of children receiving TANF is determined by the Department. Eligibility for UI recipients is determined by the Oregon State Employment Department. When used alone, JOBS Plus includes only clients whose JOBS Plus program participation is through the Department of Human Services. JOBS Plus administered through the Oregon State Employment Department is known in chapter 461 of the Oregon Administrative Rules as Oregon Employment Department UI JOBS Plus. The following acronyms are used for specific categories:

- (a) TANF-PLS; Clients eligible for JOBS Plus based on TANF.
  - (b) SNAP-PLS; Clients eligible for JOBS Plus based on SNAP.
  - (c) NCP-PLS; Noncustodial parents of children receiving TANF.
- (13) JPI; Job Participation Incentive. An additional \$10 food benefit to help increase the ability of ~~single~~ parents with ~~small~~ children, ~~that~~ **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 clients who are eligible for extra help meeting their Medicare Part D prescription drug costs.
- (15) OFSET. The Oregon Food Stamp Employment Transition Program, which helps SNAP program benefit recipients find employment. This program is mandatory for some SNAP program benefit recipients.
- (16) OSIP; Oregon Supplemental Income Program. Cash supplements and special need payments to persons who are blind, disabled, or 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. This program provides Medicaid coverage for employed persons with disabilities with adjusted income less than 250 percent of the Federal Poverty Level.
  - (d) OSIP-OAA; Oregon Supplemental Income Program - Old Age Assistance.

- (17) OSIPM; Oregon Supplemental Income Program Medical. Medical coverage for elderly and disabled individuals. When used alone, OSIPM refers to all OSIP-related medical programs. The following codes 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. This program provides Medicaid coverage for employed persons with disabilities with adjusted income less than 250 percent of the Federal Poverty Level.
  - (d) OSIPM-OAA; Oregon Supplemental Income Program Medical - Old Age Assistance.
  - (e) OSIPM-IC; Oregon Supplemental Income Program Medical - Independent Choices
- (18) The Post-TANF program provides a monthly transitional payment to employed clients who are no longer eligible for the Pre-TANF or TANF programs due to earnings, and meet 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 people 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 Limited 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 low-income refugee singles or married couples without children.
  - (22) REFM; Refugee Assistance Medical. Medical coverage for low-income refugees.
  - (23) The Repatriate Program helps Americans resettle in the United States if they have left a foreign land because of an emergency situation.
  - (24) SFDNP; Senior Farm Direct Nutrition Program. Food vouchers for low income seniors. Funded by a grant from the United States Department of Agriculture.
  - (25) 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).
  - (26) SNAP; Supplemental Nutrition Assistance Program. Helps low-income 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.
  - (27) TA-DVS; Temporary Assistance for Domestic Violence Survivors. Addresses the needs of clients threatened by domestic violence.
  - (28) TANF; Temporary Assistance for Needy Families. Cash assistance for families when children in those families are deprived of parental support because of continued absence, death, incapacity, or unemployment.

Stat. Auth.: ORS 411.060, 411.404, 411.706, 411.816, 412.014, 412.049, 414.025, 414.231  
Stats. Implemented: ORS 411.060, 411.404, 411.704, 411.706, 411.816, 412.014, 412.049, 414.025, 414.231, 414.826, ~~414.831~~, 414.839

461-110-0370  
Filing Group; SNAP

In the SNAP program:

- (1) Except as provided in this rule, the filing group consists of members of a *household group* (see OAR 461-110-0210) who choose to apply together or customarily purchase and prepare meals together.
- (2) Except as provided in sections (3) and (8) of this rule, the following *household group* members must be in the same filing group, even if they do not customarily purchase and prepare meals together:
  - (a) Each *spouse* (see OAR 461-001-0000).
  - (b) A *parent* (see OAR 461-001-0000) and his or her child under age 22 living with the *parent*.
  - (c) A *household group* member and any child under age 18 who lives with and is under *parental control* of that *household group* member. For the purposes of this subsection, "parental control" means the adult is responsible for the care, control, and supervision of the child or the child is financially dependent on the adult.
- (3) In the following specific situations, the Department forms a filing group as indicated:
  - (a) An individual is not included in the filing group if, during the month the group applied for SNAP program benefits, the individual received SSI benefits through the state of California. This exclusion applies only in the month the group applied and, if necessary to meet notice requirements, in the month following the month the group applied.
  - (b) An individual is not included in the filing group if during the month the group applied for SNAP program benefits the individual received SNAP program benefits in another household and was not the head of household in the prior household. This exclusion applies only in the month the group applied and, if necessary to meet notice requirements, in the month following the month the group applied.
  - (c) An *elderly* (see OAR 461-001-0015) individual and his or her *spouse* may be considered a separate filing group from others with whom the *elderly* individual purchases and prepares meals, if:
    - (A) The *elderly* individual is unable to purchase or prepare food because of a permanent and severe disabling condition; and

- (B) The combined income of the other members of the *household group* does not exceed the following limit:

Other Household Members	Monthly Countable Income
1	\$1,5801,605
2	2,1332,163
3	2,6862,722
4	3,2393,280
5	3,7913,838
6	4,3444,396
7	4,8974,955
8	5,4505,513
Each additional person	553559

- (4) A paid live-in attendant may choose not to be in the filing group with the recipient of the services provided, unless required by section (2) of this rule to be in the same filing group.
- (5) An individual in foster care, the individual's *spouse*, and each child under age 22 living with the individual are not eligible to participate in the SNAP program independently of the care or service provider's filing group, but may be included in the provider's filing group if the provider applies for benefits.
- (6) Unless required under section (2) of this rule, the following *household group* members may form a separate filing group from other members of the *household group*:
- (a) A resident of an alcohol or drug treatment and rehabilitation program certified by the Department for which an employee of the facility is the authorized representative (see OAR 461-135-0550). A resident's spouse in the same facility may be in a separate filing group, but a child of a resident must be in the same filing group as the resident.
  - (b) A resident in *group living* (see OAR 461-001-0015).
  - (c) A resident of a public or private non-profit *homeless* or *domestic violence shelter* (see OAR 461-135-0510).
  - (d) An individual who is a resident of federally subsidized housing for the *elderly*, an individual with a disability, or blind recipient of benefits under Title I, II, X, XIV, or XVI of the Social Security Act.
- (7) A member of the *household group* who pays the filing group for room and board (lodger) is treated as follows:

- (a) A lodger cannot participate in the SNAP program independently of the *household group* when the lodger pays a reasonable amount for room and board. A reasonable amount is:
    - (A) An amount that equals or exceeds the Thrifty Food Plan for the individual and anyone in that individual's filing group (see OAR 461-155-0190(2)), if more than two meals per day are provided; or
    - (B) An amount that equals or exceeds two-thirds of the Thrifty Food Plan for the individual and anyone in the individual's filing group, if two or fewer meals per day are provided.
  - (b) A lodger may participate in the SNAP program independently of the *household group* when the lodger pays less than a reasonable amount for room and board.
- (8) A *household group* member is not included in the filing group, if the member is:
- (a) A resident of a commercial boarding house; or
  - (b) An ineligible student, as defined in OAR 461-135-0570.
- (9) A *household group* member may be included in two filing groups in the same month, if the member:
- (a) Is a resident of a *domestic violence shelter* (see OAR 461-001-0000) or *safe home* (see OAR 461-001-0000); and
  - (b) Recently left the *household group* containing the member's abuser.

Stat. Auth.: ORS 411.816

Stats. Implemented: ORS 411.816, 411.825

461-115-0016

Application Process; Reservation List for ERDC

Notwithstanding any other rule in Chapter 461 of the Oregon Administrative Rules, in the ERDC program:

- (1) Eligibility is subject to the availability of funds. The Department may implement a Child Care Reservation List whenever the Department determines that sufficient funding is not available to sustain benefits for all of the applicants requesting assistance.
- (2) Except as provided in section (3) of this rule, the following applicants are subject to placement on the Child Care Reservation List when the Child Care Reservation List is in effect:
  - (a) New applicants for ERDC when no member of the ERDC *filing group* (see OAR 461-110-0350) meets the requirements of one or more of the following paragraphs:
    - (A) Received a partial or full month of REF, SFPSS, or TANF program cash benefits from the State of Oregon in at least one of the preceding three months; and no member of the ERDC program *filing group* may be concurrently receiving TANF program benefits except as allowed under OAR 461-165-0030.
    - (B) Is eligible for and being placed in a current opening in an Oregon Program of Quality contracted slot under OAR 461-135-0407 or Head Start program contracted slot under OAR 461-135-0405.
    - (C) The *caretaker* (see OAR 461-001-0000) is currently working with Child Welfare as part of a CPS assessment or open case, an ongoing safety plan is in place, and Child Welfare has determined the use of child care as part of an ongoing safety plan will:
      - (i) Prevent removal of the *child* (see OAR 461-001-0000) from their home;
      - (ii) Allow a *child* to be returned home; or
      - (iii) Allow for placement of the *child* with a relative or with an adult whom the *child* or the family of the *child* has an established relationship.
    - (D) **Determined eligible for TA-DVS program benefits (see OAR 461-135-1225) from the State of Oregon in the current month or at least one of the preceding three months.**

- (b) Individuals who are reapplying for ERDC after a break in ERDC benefits of two consecutive, calendar months or more.
- (3) Except as allowed under OAR 461-165-0030, no member of an ERDC program *filing group* may be concurrently receiving TANF program benefits. When concurrent benefits are not allowed, the Department sends a *decision notice* (see OAR 461-001-0000) of ineligibility for the ERDC program and the *filing group* is not placed on the Child Care Reservation List.
  - (4) When the Child Care Reservation List is in effect, the Department must place all applicants who are subject to the Child Care Reservation List under section (2) of this rule on the Child Care Reservation List for future selection. The Department sends these applicants a *decision notice* of ineligibility for the ERDC program.
  - (5) Each month, on the basis of an estimate of available funds, an appropriate number of individuals from the Child Care Reservation List are randomly selected and invited to apply for ERDC.
  - (6) After an individual is selected from the Child Care Reservation List, the individual must contact the Department to establish a *date of request* (see OAR 461-115-0030) no later than 30 days after the date on the selection letter. The individual may request child care benefits from the Department:
    - (a) Without completing a new application, when the previous application is within 45 days of its *date of request*; or
    - (b) By submitting a new application for child care benefits to the Department.
  - (7) The processing time frame for the ERDC application is the same as that specified in OAR 461-115-0190, except that:
    - (a) An individual who requests benefits after the 30 day deadline to apply (see section (6) of this rule) will be returned to the Child Care Reservation List.
    - (b) If the Department does not receive a request for benefits within the deadline to apply, the individual is dropped from the Child Care Reservation List.

Stat. Auth.: ORS 409.050, 411.060, 411.116

Stats. Implemented: ORS 409.010, 409.610, 411.060, 411.116, 411.121, 411.122, 411.135

461-115-0071

Who Must Sign the Application and Complete the Application Process

- (1) In the ERDC, REF, REFM, and TANF programs, the following individuals must sign the application and complete the application process:
  - (a) In the REF, REFM, and TANF programs, at least one *caretaker relative* (see OAR 461-001-0000).
  - (b) In the ERDC program, a *caretaker* (see OAR 461-001-0000).
- (2) In the EA program:
  - (a) A *caretaker relative* must sign the application and complete the application process for a *child* (see OAR 461-001-0000). If the *child* is not living with a *caretaker relative*, another adult may act on behalf of the *child*.
  - (b) If the *caretaker relative* lives with a *spouse* (see OAR 461-001-0000), both must sign the application.
  - (c) A dependent *child* 18 years of age who applies must sign the application and complete the application process.
- (3) In the GA, GAM, OSIPM, and QMB programs, at least one adult requesting assistance must complete the application process and sign the application, if able. If there is no adult who is able to sign the application and complete the application process, this can be done by the *authorized representative* (see OAR 461-115-0090). If the applicant dies prior to the determination of eligibility for OSIPM, the application may be processed if the Department receives the required verification.
- (4) In the SNAP program, the *primary person*, the *spouse* of the *primary person*, or another adult member of the *filing group* (see OAR 461-110-0370) must sign the application and complete the application process.
- (5) An individual required to sign the application but unable to sign may sign with a mark, witnessed by an employee of the ~~field office~~:
  - (a) ***Branch office* (see OAR 461-001-0000); or**
  - (b) ***Public institution* (see OAR 461-135-0950), when the individual applying is an inmate (see OAR 461-135-0950) and is applying for benefits under the OSIPM program.**
- (6) **The amendments to this rule authorizing an employee of a *public institution* to witness a mark are effective July 1, 2014.**

Stat. Auth.: ORS 411.060, 411.070, 411.404, 411.816, 412.049

Stats. Implemented: ORS 411.060, 411.070, 411.081, 411.087, 411.400, 411.404, 411.816, 412.049

461-125-0030

Determining Deprivation of a Child

- (1) In the TANF program, determination of deprivation for a *child* (see OAR 461-001-0000) who lives with one *parent* (see OAR 461-001-0000) or does not live with a *parent* is based on the continued absence or death of a *parent*.
- (2) Determination of deprivation for a *child* who lives with two parents is based on:
  - (a) The unemployment or underemployment of ~~the *parent* who is the primary wage earner (PWE)~~ **both parents**; or
  - (b) The incapacity of a *parent*.
- (3) If a *child* meets deprivation on more than one basis, the *branch office* (see OAR 461-001-0000) may choose which reason to use. However, the choice cannot adversely affect the child's eligibility.

Stat. Auth.: ORS 411.060, 411.070, 412.006, 412.049

Stats. Implemented: ORS 411.060, 411.070, 412.006, 412.049

461-125-0150

Determining Primary Wage Earner (PWE); TANF

THIS RULE IS REPEALED

In the TANF program:

- (1) ~~The primary wage earner (PWE) is the parent who earned the most money in the 24 months before requesting assistance.~~
- (2) ~~Once a parent is determined to be the PWE, their status cannot change while the family remains continuously eligible for cash assistance, unless:~~
  - (a) ~~The other parent later provides evidence that they should have been the PWE at the time of application; or~~
  - (b) ~~The parent who is the PWE is out of the household group for at least one full calendar month. If so, the branch office must redetermine the PWE.~~

Stat. Auth.: ORS 411.060, 411.070, 411.404, 412.049

Stats. Implemented: ORS 411.060, 411.070, 411.116, 411.404, 412.049

461-125-0170

Deprivation Based on Unemployment or Underemployment of the Primary Wage Earner (PWE);  
TANF

- (1) In the TANF program, deprivation based on ~~the~~ unemployment or underemployment of ~~the PWE~~ exists if all the following are true:
- (1) (a) A *child* (see OAR 461-001-0000) lives with two parents.
  - (2) (b) ~~The PWE is~~ **Both parents are** unemployed or underemployed.
- (32) ~~The PWE~~ **For purposes of this rule, a *parent* (see OAR 461-001-0000) is not considered unemployed or underemployed if the *parent* is participating in a labor dispute.**

Stat. Auth.: ORS 411.060, 411.070, 411.400, 412.006, 412.016, 412.049

Stats. Implemented: ORS 411.060, 411.070, 412.006, 412.016, 412.049, 412.064, ~~2011 Or. Laws 604, 2012 Or. Laws 107~~

Disability as the Basis of Need; OSIP and OSIPM

- (1) In the OSIP and OSIPM programs (except OSIP-EPD and OSIPM-EPD), an individual meets the eligibility requirement to have a disability if the requirements of one of the following subsections are met:
  - (a) The individual is receiving Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) based on disability. Eligibility continues as long as the individual remains eligible for SSDI or SSI.
  - (b) The individual was eligible for and received Aid to the Disabled benefits in Oregon in December 1973. These grandfathered cases continue to be eligible as long as they are continuously disabled as defined by Oregon requirements that were in effect in 1973.
  - (c) The Department has determined the individual meets the listing of impairments found in 20 C.F.R. Part 404, Subpart P, Appendix 1; meets the medical vocational guidelines found in 20 C.F.R. Part 404, Subpart P, Appendix 2 for SSI; or meets the definition of disability in 20 C.F.R. §§ 404.1505 or 416.905.
  - (d) The Social Security Administration (SSA) has determined the individual meets the listing of impairments found in 20 C.F.R. Part 404, Subpart P, Appendix 1; meets the medical vocational guidelines found in 20 C.F.R. Part 404, Subpart P, Appendix 2; or meets the definition of disability in 20 C.F.R. §§ 404.1505 or 416.905.
- (2) If the Department finds the individual eligible for OSIPM in the absence of a disability determination by SSA, the individual remains eligible, provided that the individual continues to meet the disability criteria for eligibility for OSIPM, until SSA denies the disability claim in a final administrative decision.
- (3) For OSIP and OSIPM, a disability determination made by SSA that is unfavorable to an individual is binding on the Department unless the requirements of at least one of the following subsections are met (see 42 C.F.R. § 435.541(c)(1) and (c)(4)):
  - (a) SSA made the determination for a reason other than disability.
  - (b) The individual alleges a disabling condition different from, or in addition to, that considered by SSA in making its determination.
  - (c) More than 12 months after the most recent SSA determination denying disability, the individual alleges that his or her condition has changed or deteriorated since that SSA determination, and the individual has not made application to SSA based on these allegations.

- (d) The individual alleges less than 12 months after the most recent SSA determination denying disability that the condition which SSA evaluated has changed or deteriorated since that SSA determination; and one or both of the following apply:
  - (A) The individual has requested reconsideration or reopening of the most recent SSA determination denying disability and SSA has declined to consider the new allegations.
  - (B) It is clear that the individual no longer meets SSI eligibility requirements unrelated to disability status but may satisfy comparable Medicaid eligibility requirements.
- (4) If a binding SSA disability determination is not in place, the determination of disability to qualify for OSIPM is made by the Presumptive Medicaid Disability Determination Team, composed of a medical or psychological consultant and another individual who is qualified to interpret and evaluate medical reports, other evidence relating to the individual's physical or mental impairments, and (as necessary) to determine the capacities of the individual to perform substantial gainful activity, as specified in 20 C.F.R. Part 416, Subpart J (see 42 C.F.R. § 435.541(f)(2)).
- (5) The Presumptive Medicaid Disability Determination Team obtains and reviews medical reports and other non-medical evidence pertaining to the individual and the claimed disability. The medical report and non-medical evidence must include diagnosis and other information in accordance with the requirements for evidence applicable to disability determinations under the SSI program specified in 20 CFR Part 416, Subpart I. The Presumptive Medicaid Disability Determination Team then makes a decision about medical eligibility and whether and when a redetermination shall be made (see 42 C.F.R. § 435.541(f)(1) and (3)).
- (6) In the OSIP-EPD and OSIPM-EPD programs, an individual is *disabled* (see OAR 461-001-0035) or *has a disability* (see OAR 461-001-0035) if the individual has a physical or mental impairment, or a combination of these impairments, that meets the definition of disability used by SSA when determining eligibility for SSI or SSDI under 20 C.F.R. Part 404. The determination is made as follows:
  - (a) A determination by SSA that the individual is *disabled* or *has a disability* is accepted by the Department.
  - (b) If the individual was determined to have a disability by SSA and lost their SSDI eligibility due to their own income, the SSA determination remains effective for one year from the date that the individual loses eligibility for SSDI.
  - (c) If there is no currently effective SSA determination finding the individual *has a disability*, the case is referred to the Department's central office for a *disability*

*determination* (see OAR 461-001-0035) using the standards of 20 C.F.R. Parts 404 and 416 and considering all relevant medical and vocational information.

- (d) For OSIPM-EPD, an individual is engaging in *substantial gainful activity* (SGA, see OAR 461-001-0035) if the earnings of the individual are at or above the EPD Income Standard.
  - (e) For OSIPM-EPD, any work activity engaged in during the OSIPM-EPD application process or certification period is not evaluated as *past relevant work* (PRW, see OAR 461-001-0035).
- (7) An individual who is served by ~~the Salem North West Senior and Disability Services (NWSDS) office~~ **a branch office (see OAR 461-001-0000) in Benton, Clackamas, Clatsop, Columbia, Lane, Lincoln, Linn, Marion, Polk, Tillamook, Washington, or Yamhill County** and who has been determined by the Presumptive Medicaid Disability Determination Team (PMDDT) to have a disability (see section (1) of this rule) may receive free assistance from the Department with applications and administrative appeals for Social Security Disability Insurance (SSD) benefits in order to meet the requirements of OAR 461-120-0330 (Requirement to Pursue Assets).

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.404, 411.706

Stats. Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.704, 411.706

461-135-0070

Specific Requirements; TANF

- (1) To be eligible for TANF program benefits, a client must be one of the following:
  - (a) A *dependent child* (see OAR 461-001-0000). However, a *dependent child* for whom foster care payments are made for more than 30 days is not eligible while the payments are being made for the *dependent child*.
  - (b) A *caretaker relative* (see OAR 461-001-0000) of an eligible *dependent child*. However, a *caretaker relative* to whom foster care payments are made for more than 30 days is not eligible while the payments are being made to the *caretaker relative*.
  - (c) A *caretaker relative* of a *dependent child*, when the *dependent child* is ineligible for TANF program benefits because of one of the following reasons:
    - (A) The child is receiving SSI.
    - (B) The child is in foster care, but is expected to return home within 30 days.
  - (d) An essential person. An essential person is a member of the *household group* (see OAR 461-110-0210) who ---
    - (A) Is not required to be in the filing group;
    - (B) Provides a service necessary to the health or protection of a member of the *benefit group* (see OAR 461-110-0750) who has a mental or physical disability; and
    - (C) Is less expensive to include in the *benefit group* than the cost of purchasing this service from another source.
  - (e) A *parent* (see OAR 461-001-0000) of an unborn, as follows:
    - (A) For the TANF program, any *parent* whose only child is an unborn child once the mother's pregnancy has reached the calendar month before the month in which the due date falls.
    - (B) For the TANF program, the *parent* of an unborn child, if there is another *dependent child* in the *filing group* (see OAR 461-110-0330).
- (2) As used in this rule and OAR 461-125-0170:
  - (a) Except as provided otherwise in this section, "good cause" means a reasonable person of normal sensitivity, exercising ordinary common sense under similar circumstances, would have --

- (A) Left work; or
  - (B) Participated in behavior leading to the individual's discharge or to the individual quitting work in anticipation of discharge.
- (b) For an individual with a physical or mental impairment (as defined at 29 CFR 1630.2(h)), except as provided otherwise in subsection (c) of this section, "good cause" for leaving work means that a reasonable person with the characteristics and qualities of such individual under similar circumstances would have --
- (A) Left work;
  - (B) Participated in behavior leading to the individual's discharge; or
  - (C) Quit work in anticipation of a discharge.
- (c) There is no "good cause" if the reason for separation from employment is a labor dispute.
- (3) Except as provided under section (4) of this rule, a *need group* (see OAR 461-110-0630) is not eligible for TANF program benefits for 120 days from the date a *caretaker relative* was separated from his or her last employment in which the *caretaker relative* in the *need group* was hired to work 100 or more hours per month or worked or was scheduled to work 100 or more hours in the last full calendar month of employment.
- (4) A *need group* (see OAR 461-110-0630) may not be denied TANF program benefits based on section (3) of this rule, or based on not meeting OAR 461-125-0170(1)(~~e~~) or (~~d~~), if the *caretaker relative* is one of the following:
- (a) A Parents as Scholars (PAS) participant who temporarily becomes ineligible for TANF program benefits for four months or less due to income from a *paid work experience* (see OAR 461-190-0199).
  - (b) A *teen parent* (see OAR 461-001-0000) returning to high school or equivalent.
  - (c) An individual fleeing from or at risk of *domestic violence* (see OAR 461-001-0000).
  - (d) An individual in the ninth month of pregnancy or experiencing a medical complication due to the pregnancy which is documented by a qualified and appropriate professional.
  - (e) An individual unable to work due to a disability or medical condition documented by a qualified and appropriate professional, and which is expected to last for 30 days or more from the *date of request* (see OAR 461-115-0030) for TANF program benefits.

- (f) An individual who was separated from employment for a reason the Department determines is *good cause*.
  - (g) An individual who was separated from employment as a result of a layoff.
- (5) A family is ineligible for TANF program benefits if the family meets the requirements of all of the following subsections:
- (a) The family lives in Klamath County.
  - (b) The family meets any of the following conditions:
    - (A) The family has a single custodial parent who is a member of the Klamath Tribes, or the single custodial parent is not a Klamath Tribes member and at least 50 percent of the dependent children are Klamath Tribes members;
    - (B) The family has two *custodial parents* (see OAR 461-001-0000) who are members of the Klamath Tribes, or only one of the two *custodial parents* is a Klamath Tribes member and at least 50 percent of the dependent children are Klamath Tribes members; or
    - (C) The family has a *caretaker relative* who is not the custodial parent and at least 50 percent of the dependent children are Klamath Tribes members.
  - (c) The family is eligible for the Klamath Tribes TANF program or would be eligible for the Klamath Tribes TANF program if not for the failure of the family to cooperate with program requirements.
- (6) A family is ineligible for TANF program benefits if all of the following subsections apply to the family:
- (a) A *parent, caretaker relative*, or child is a member of the Siletz Tribe (Confederated Tribes of Siletz Indians of Oregon) and lives in one of the eleven service area counties: Benton, Clackamas, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington, or Yamhill counties.
  - (b) The family includes members who are living in the same household and at least one of the following paragraphs applies:
    - (A) A two-parent family with one enrolled Siletz tribal member with a shared dependent.
    - (B) A single-parent family with one enrolled Siletz tribal member.
    - (C) A non-needy *caretaker relative* or essential person with one enrolled Siletz tribal member who is a minor.

- (D) A pregnant enrolled Siletz tribal member in her eighth month of pregnancy.
- (c) The family is eligible for the Siletz Tribes TANF program or would be eligible for the Siletz Tribes TANF program if not for the failure of the family to cooperate with Siletz TANF program requirements.
- (7) If a *parent or caretaker relative* covered by section (5) or (6) of this rule fails to follow through with a Department referral to the Klamath or Siletz Tribal TANF program, the entire filing group is ineligible for TANF program benefits.

Stat. Auth.: ORS 411.060, 411.070, 411.400, 411.404, 412.006, 412.016, 412.049, 412.124  
Stats. Implemented: ORS 411.060, 411.070, 411.400, 411.404, 412.006, 412.016, 412.049, 412.064, 412.124, 2011 Or. Laws 604, 2012 Or. Laws 107

461-135-0075

Limitation on Eligibility Period; TANF

- (1) A minor parent head of household or an adult may not receive a TANF grant in Oregon if the minor parent head of household or adult has received a TANF grant in any state or states in excess of 60 months except as allowed in this rule.
- (2) The following months do not count toward the time limit in section (1) of this rule:
  - (a) Months prior to July 1, 2003 in which a minor parent head of household or an adult received a TANF grant in Oregon or another state.
  - (b) Months between July 1, 2003 and September 30, 2007 in which a minor parent head of household or adult received TANF in Oregon; and
    - (A) Participated in required JOBS activities or other education, employment, or job training program including teen parent programs; or
    - (B) Was not required to participate in JOBS activities or other education, employment, or job training program including teen parent programs.
  - (c) Months beginning July 1, 2003 in which the family resided in Indian Country (as defined in 18 U.S.C. 1151) and 50 percent or more of the adult residents of that area were unemployed.
  - (d) Months beginning October 1, 2007 in which the minor parent head of household or adult is a participant in the JOBS Plus, Pre-TANF, Post-TANF, or SFPSS programs.
  - (e) Months beginning October 1, 2011 in which the minor parent head of household or adult is a participant in the JPI program.
  - (f) Months between October 1, 2007 and June 30, 2009 and months between October 1, 2011 and April 30, 2012 in which the *filing group* (see OAR 461-110-0330) is a two-parent family receiving cash assistance in Oregon for which deprivation is based on unemployment or underemployment ~~of the primary wage earner~~.
  - (g) Months beginning October 1, 2007 in which the individual who is now a parent or pregnant was in that month a minor child and neither the head of a household nor married to the head of a household.
  - (h) Months beginning October 1, 2007 in which a minor parent head of household or adult received aid in Oregon and is a participant in the *Degree Completion Initiative (DCI) activity* (see OAR 461-001-0025) enrolled in an *educational institution*.

- (i) Months beginning October 1, 2008 in which a minor parent head of household or adult received aid in Oregon and is a participant in the *Parents as Scholars (PAS) activity* (see OAR 461-001-0025) enrolled in an *educational institution* consistent with OAR 461-190-0199.
- (j) Months beginning October 1, 2007 in which the individual is unable to obtain or maintain employment for a sufficient number of hours in a month to satisfy the *federally required participation rates* (see OAR 461-001-0025) because the individual:
  - (A) Is a victim of *domestic violence* (see OAR 461-001-0000);
  - (B) Has a certified learning disability;
  - (C) Has a verified alcohol and drug or mental health condition;
  - (D) Has a child with a *disability* (see OAR 461-001-0000), which prevents the parent from obtaining or keeping employment;
  - (E) Is an individual with a *disability*;
  - (F) Is providing care for a family member who lives in the home and is an individual with a *disability*;
  - (G) Is deprived of needed medical care; or
  - (H) Is subjected to battery or extreme cruelty. For purposes of this rule, an individual is subjected to battery or extreme cruelty if the individual has been subjected to one or more of the following:
    - (i) Physical acts that resulted in, or threatened to result in, physical injury to the individual.
    - (ii) Sexual abuse.
    - (iii) Sexual activity involving a dependent child.
    - (iv) Being forced as the caretaker relative of a dependent child to engage in nonconsensual sexual acts or activities.
    - (v) Threats of, or attempts at, physical or sexual abuse.
    - (vi) Mental abuse.
    - (vii) Neglect or deprivation of medical care.

- (k) Months between July 1, 2008 and April 30, 2012 in which the individual did not qualify for any other TANF time-limit exemption under this rule, and was unable to obtain or maintain employment for a sufficient number of hours in a month to satisfy the *federally required participation rates* (see OAR 461-001-0025) when Oregon's statewide average unemployment rate as published by the Oregon Employment Department was equal to or greater than seven percent. For purposes of this rule, this determination --
  - (A) Through December 31, 2011 is calculated based on a six-month period as follows:
    - (i) The time period during July 1, 2008 through June 30, 2009 was based on Oregon's statewide average unemployment rate as published by the Oregon Employment Department for the period July 1, 2008 through December 31, 2008.
    - (ii) In each six-month period, starting July 1, 2009 and ending December 31, 2011:
      - (I) The time period during January 1 through June 30 was based on Oregon's statewide average unemployment rate as published by the Oregon Employment Department for the period April 1 through September 30 of the preceding year.
      - (II) The time period during July 1 through December 31 was based on Oregon's statewide average unemployment rate as published by the Oregon Employment Department for the period October 1 through December 31 of the preceding year and January 1 through March 31 of the current year.
  - (B) From January 1, 2012 through April 30, 2012 was based on Oregon's statewide average unemployment rate as published by the Oregon Employment Department for the period April 1 through September 30, 2011.
- (3) Months that do not count toward the time limit based on a condition described in paragraphs (2)(j)(B) to (2)(j)(F) of this rule require documentation from a licensed or certified professional qualified to make such a determination.
- (4) A minor parent head of household or an adult may not be denied a TANF grant under section (1) of this rule during months that qualify as exempt from time limits under sections (2), and (3) of this rule.
- (5) Each minor parent head of household and adult who qualifies for a TANF grant under this rule must also meet all other TANF eligibility requirements and cooperate with the requirements of his or her case plan, unless *good cause* (see OAR 461-130-0327) exists.

- (6) Except as provided otherwise in section (4) of this rule, a minor parent head of household or an adult in the *benefit group* who exceeds the 60-month time limit is removed from the *need group* (see OAR 461-110-0630). When a minor head of household or adult is removed from the *need group* under this section, the remaining *need group* members may continue to receive TANF benefits.
- (7) If a minor parent head of household or adult qualifies under sections (2), (3), or (4) of this rule, any disqualifications that have been accrued for the *benefit group* remain in place.

Stat. Auth.: ORS 411.060, 412.049

Stats. Implemented: ORS 411.060, 411.117, 412.049, 412.079

461-135-0405

ERDC; Children in the Head Start Program; ERDC and TANF

- (1) Initial eligibility for the ERDC program (see OAR 461-135-0400) **or the TANF program** must be met prior to receiving child care under a contract between a Head Start agency and the Department.
- (2) The following subsections apply when a *child* (see OAR 461-001-0000) in the ERDC ~~program~~ **or TANF programs** receives child care under a contract between a Head Start agency and the Department.
  - (a) The Head Start agency is considered the provider of child care.
  - (b) If the Head Start agency uses another provider for the child care, that provider must meet the requirements in OAR 461-165-0160 and following.
  - (c) The payment made by the Department on behalf of the *child* is made only to the Head Start agency. The *child* is ineligible for child care payments for care not provided under the contract between the Head Start agency and the Department.
  - (d) Once the Department makes a child care payment for the *child* under the contract, the *child* ~~is presumed to meet the ERDC program eligibility requirements~~ **may not lose child care benefits** until the next August 31, unless any of the following paragraphs apply:
    - (A) The child's *caretaker* (see OAR 461-001-0000) has been found ineligible for ERDC program benefits under OAR 461-135-0415 for failure to make a copayment.
    - (B) The *caretaker* was found eligible because of inaccurate information provided to the Department or because information was withheld from the Department when eligibility was determined.
    - (C) The *caretaker* fails to meet the requirements of the locally-prepared agreement among the client and the Head Start program.
    - (D) ~~The~~**In the ERDC program, the** *caretaker* is found ineligible for ERDC program benefits under OAR 461-160-0040(65) unless the *caretaker* is --
      - (i) Continuing to actively seek employment (other than self-employment) during the hours the contracted Head Start program is operating; and
      - (ii) Available to work (other than self-employment) during the operating hours of the contracted Head Start program.

- (E) The *child* is no longer attending a Head Start contracted program.
  - (F) The *caretaker* of the *child* voluntarily quits their job or causes their own dismissal and does not meet the "good cause" criteria set out in OAR 461-135-0070(3).
  - (G) The *caretaker* of the *child* enrolls in school, unless the *caretaker* is --
    - (i) Continuing to actively seek employment during the hours the contracted Head Start program is operating; and
    - (ii) Available to work during the operating hours of the contracted Head Start program.
  - (H) **In the TANF program:**
    - (i) **The case closes due to disqualification (see OAR 461-130-0330); or**
    - (ii) **The *caretaker* is not actively participating in an open case plan (see OAR 461-001-0025).**
- (e) For any month in which the *child* is eligible to be served under a contract and the client complies with a plan developed jointly by the client, the Head Start agency, and the Department (plan), the Department waives the client's copayment for the *child*, in whole or in part, if the waiver is provided for in the contract.
- (f) For any month in which the client's *child* is eligible to be served under a contract and the client complies with a plan, the Department waives the copayment with respect to the child's siblings, in whole or in part, if the waiver is provided for in the contract.
- (3) The Department will not make a child care payment for a *child* in a Head Start program if the child's caretaker has been found ineligible for ERDC program under OAR 461-135-0415 for failure to make a copayment.

Stat. Auth: ORS **409.050**, 411.060, **412.049**

Stats. Implemented: ORS **409.010**, 411.060, **412.049**

461-135-0407

ERDC; Children in Oregon Program of Quality Contracted Child Care; ERDC and TANF

- (1) ~~Prior~~ **Initial eligibility for the ERDC program (see OAR 461-135-0400) or the TANF program must be met prior** to receiving child care under a contract between an Oregon Program of Quality (OPQ) provider and the Department, ~~an ERDC filing group (see OAR 461-110-0350) must have met the eligibility requirements for the ERDC program (see OAR 461-135-0400).~~
- (2) ~~Each of the~~ **The following subsections apply when a *child* (see OAR 461-001-0000) in the ERDC or TANF program programs receives child care under a contract between an Oregon Program of Quality (OPQ) provider and the Department.**
  - (a) The payment made by the Department on behalf of the *child* is made only to the OPQ provider. The *child* is ineligible for child care payments for care not provided under the contract between the OPQ provider and the Department.
  - (b) Once the Department makes a child care payment for the *child* under the contract, the *child* ~~is presumed to meet the ERDC program eligibility requirements~~ **may not lose child care benefits** until the next August 31, unless any of the following paragraphs apply:
    - (A) The *child* is no longer attending an OPQ contracted provider.
    - ~~(B) The caretaker (see OAR 461-001-0000) of the *child* has been found ineligible for ERDC program benefits under OAR 461-135-0415 for failure to make a copayment.~~
    - ~~(C)~~ **(CB)** The *filing group* (see OAR 461-110-0350) was found eligible because of inaccurate information provided to the Department or because information was withheld from the Department when eligibility was determined.
    - ~~(D)~~ **(DC)** The *filing group* fails to meet the requirements of the agreement between the client and the OPQ provider.
    - ~~(E) The caretaker of the *child* is found ineligible for ERDC program benefits under OAR 461-160-0040(6), unless the caretaker is —~~
      - ~~(i) Continuing to actively seek employment (other than self-employment) during the hours the OPQ contracted child care program is operating; and~~
      - ~~(ii) Available to work (other than self-employment) during the operating hours of the OPQ provider.~~

(~~F~~D) The *caretaker* of the *child* voluntarily quits their job or causes their own dismissal, and does not meet the "good cause" criteria set out in OAR 461-135-0070(3).

(~~G~~E) The *caretaker* of the *child* enrolls in school, unless the *caretaker* is --

- (i) Continuing to actively seek employment during the hours the OPQ contracted child care program is operating; and
- (ii) Available to work during the operating hours of the OPQ provider.

(F) **In the ERDC program:**

- (i) **The *caretaker* of the *child* has been found ineligible under OAR 461-135-0415 for failure to make a copayment.**
- (ii) **The *caretaker* of the *child* is found ineligible due to self-employment (see OAR 461-160-0040(5)), unless during the operating hours of the OPQ contracted provider, the *caretaker* is –**

(I) **Continuing to actively seek employment (other than self-employment); and**

(II) **Available to work (other than self-employment).**

(G) **In the TANF program:**

(i) **The case closes due to disqualification (see OAR 461-130-0330); or**

(ii) **The *caretaker* is not actively participating in an open case plan (see OAR 461-001-0025).**

(3) Except as provided in section (4) of this rule, for any month in which a *child* is eligible to be served under a contract covered by this rule, the client's copayment is established under OAR 461-155-0150(12)(a).

(4) For any month in which a *child* in an OPQ contracted slot is eligible for and receiving TANF, the copay is zero.

Stat. Auth.: ORS 409.050, 411.060, 411.116, **412.049**

Stats. Implemented: ORS 409.010, 409.610, 411.060, 411.116, 411.121, 411.122, 411.135, **412.049**

461-135-1260

Specific Requirements: Job Participation Incentive

- (1) This rule explains specific requirements of the Job Participation Incentive (JPI). The JPI food benefit provides \$10 per month for qualifying SNAP households with a *dependent child* (see OAR 461-001-0000) under age 18.
- (2) An individual eligible for JPI may receive a \$10 monthly food benefit.
  - (a) The individual receives the \$10 incentive payment starting the month the Department receives documentation that all enrollment criteria in section (3) of this rule have been met.
  - (b) There are no partial months of JPI benefits.
  - (c) The individual may only be issued retroactive JPI benefits as allowed under OAR 461-180-0130.
- (3) **As used in this rule, a “two-parent household” refers to a SNAP household group (see OAR 461-110-0210) that contains a dependent child under age 18 and the dependent child's two parents.**
- (34) To receive JPI, an individual must **be in a SNAP filing group (see OAR 461-110-0370) and** meet the requirements of all of the following subsections:
  - (a) Be working at an unsubsidized paid employment that meets the *federally required participation rates* (see OAR 461-001-0025). For self-employment or piece rate work, the hours of work must be equivalent to the required average weekly hours at Oregon State minimum wage. An individual must **either meet the requirements of at least one of the following paragraphs:**
    - (A) Be a single *parent* (see OAR 461-001-0000) of a *dependent child* under six years of age and working at an unsubsidized paid employment for an average of at least 20 weekly hours.~~;~~~~or~~
    - (B) Be a single *parent* of a *dependent child* at least six years of age and under 18 years of age, and working at an unsubsidized paid employment for an average of at least 30 weekly hours.
    - (C) **Be a parent in a two-parent household (see section (3) of this rule) that does not receive federally-funded child care assistance, and the parents are working at unsubsidized paid employment for a combined average of at least 35 hours per week.**
    - (D) **Be a parent in a two-parent household that receives federally-funded child care assistance and the parents are working at unsubsidized paid employment for a combined average of 55 hours per week.**

- (b) Provide the Department with employer-produced documents of paid, unsubsidized work hours covering a consecutive two-week period that has occurred within the last 60 days.
  - (c) Anticipate weekly employment hours will remain the same or increase for the reporting period.
  - (d) Provide employer-produced documents of paid, unsubsidized work hours each time requested by the Department and no later than the last day of the sixth month following the date the client provides the verification of work hours in accordance with subsections (a) and (b) of this section.
  - (e) Be an eligible adult in a SNAP *benefit group* (see OAR 461-110-0750) and the ~~sole~~ parent of an eligible *dependent child* under age 18 in the same SNAP *benefit group*.
  - (f) Not be receiving any Post-TANF, SFPSS, or TANF program benefits in the same month.
- (45) To remain eligible for JPI, a client must:
- (a) Meet all SNAP eligibility and reporting requirements (see OAR 461-170-0011); and
  - (b) Meet all requirements in section (3) of this rule at the time of the interim change report and at the time of the recertification of SNAP benefits.
- (56) Household income in JPI is calculated in accordance with all SNAP financial rules.
- (67) A client is no longer eligible for JPI when it has been determined that the client does not meet *federally required participation rates* and requirements due to any of the following:
- (a) Loss of employment.
  - (b) A reduction in work hours.
  - (c) The client no longer has a *dependent child* under age 18 in their SNAP *benefit group*.
  - ~~(d) The client is no longer the sole parent of a *dependent child* under age 18.~~

Stat. Auth.: ORS 409.050, 411.060, 411.070, 412.049

Stats. Implemented: ORS 409.010, 411.060, 411.070, 412.049

461-145-0460  
Sale of a Resource

- (1) In the ERDC program, all proceeds from the sale of a resource are excluded as income and as a resource.
- (2) In the REF, REFM, and TANF programs:
  - (a) Proceeds from the sale of an excluded resource to the extent reinvested in another excluded resource are excluded as income and as a resource.
  - (b) All proceeds from the sale of the resource are counted as unearned income, unless excluded in subsection (a) of this section.
- (3) In all programs except the ERDC, REF, REFM, and TANF programs, proceeds from the sale of a resource are treated as follows:
  - (a) Proceeds from the sale of a resource (other than a home) received on a monthly or other periodic basis are counted as unearned income, **except that in the OSIPM and QMB programs for a sale originating on or after October 1, 2012 all proceeds that are principal are counted as a resource.**
  - (b) Proceeds **from the sale of a resource (other than a home)** received on a lump sum basis are treated as follows, **except that in the OSIPM and QMB programs for a sale originating on or after October 1, 2012 all proceeds that are interest are treated as unearned income:**
    - (A) If the proceeds are from the sale of an excluded resource, the amount reinvested in another excluded resource is excluded, and the remainder is counted as a resource.
    - (B) The proceeds from all other sales are counted as a resource. If the proceeds put the *benefit group* (see OAR 461-110-0750) over the resource limit, the proceeds are counted as periodic or lump-sum income (see OAR 461-140-0110 and 461-140-0120).
  - (~~b~~c) Proceeds from the sale of the home of the *financial group* (see OAR 461-110-0530) are excluded for three months if the *financial group* intends to use the proceeds (subparagraphs (A)(i) and (A)(ii) of this subsection set out the scope of use of excluded proceeds in the GA, GAM, OSIP, and QMB programs) to buy another home, except as follows:
    - (A) In the GA, GAM, OSIPM (except for clients eligible under OAR 461-135-0771); and QMB programs for a home sold on or after October 1, 2012:
      - (i) Principal payments, including lump-sum payments, are excluded for three full calendar months from the date of receipt if the

*financial group* intends to use the proceeds to buy another home or for associated costs including:

- (I) Downpayments;
  - (II) Settlement costs;
  - (III) Loan processing fees and points;
  - (IV) Moving expenses;
  - (V) Necessary repairs to or replacement of the new home's structure or fixtures (including roof, furnace, plumbing, built-in appliances) that are identified and documented prior to occupancy; and
  - (VI) Mortgage payments.
- (ii) For the purposes of subparagraph (i) of this paragraph, funds that are obligated by contract during these three full calendar months are also excluded.
  - (iii) Interest payments are counted as unearned income.
- (B) For clients eligible for OSIPM under OAR 461-135-0771, the proceeds from the sale of the financial group's home, if the *financial group* intends to use them to buy another home (subparagraphs (A)(i) and (A)(ii) of this subsection set out the scope of use of excluded proceeds), are treated as follows:
- (i) For a home sold prior to October 1, 2012, the proceeds are excluded for 12 full calendar months.
  - (ii) For a home sold on or after October 1, 2012:
    - (I) Principal payments, including lump-sum payments, are excluded for 12 full calendar months from the date of receipt.
    - (II) Interest payments are counted as unearned income.
- (ed) The proceeds from the sale of a home that are not reinvested in another home are counted as a resource, except as follows:
- (A) In the GA and GAM programs, if the proceeds put the *benefit group* over the resource limit, they are counted as periodic or lump-sum income.

- (B) In the GA, GAM, OSIPM, and QMB programs for a home sold on or after October 1, 2012:
  - (i) Principal is counted as a resource, except that in the GA and GAM programs, if the proceeds put the *benefit group* over the resource limit, they are counted as periodic or lump sum income.
  - (ii) Interest payments are counted as unearned income.
- (C) In the SNAP program, the proceeds are treated as *lump-sum income* (see OAR 461-001-0000) under OAR 461-140-0120.
- (de) In the SNAP program:
  - (A) Interest received monthly or on another periodic basis from the sale of a home is counted as unearned income.
  - (B) If a self-employed client sells a work-related asset, including equipment and inventory, the proceeds of the sale are treated as self-employment income (see OAR 461-145-0910).
- (4) Costs of the type excluded under OAR 461-145-0920 are subtracted from proceeds counted as income under this rule.

Stat. Auth.: ORS 411.060, 411.070, 411.083, 411.404, 411.816, 412.014, 412.049

Stats. Implemented: ORS 411.060, 411.070, 411.083, 411.404, 411.816, 412.014, 412.049

## Income and Payment Standards; SNAP

- (1) The monthly SNAP Countable and Adjusted Income Limits are as follows:

Need Group Size	Countable Income Limit	Adjusted Income Limit
1	\$1,2451,265	\$ 958973
2	1,6811,705	1,2931,311
3	2,1162,144	1,6281,650
4	2,5522,584	1,9631,988
5	2,9873,024	2,2982,326
6	3,4233,464	2,6332,665
7	3,8583,904	2,9683,003
8	4,2944,344	3,3033,341
Each additional individual	436440	335339

- (2) The SNAP Payment Standard (Thrifty Food Plan) ~~changes on November 1, 2013 is:~~

~~(a) — Prior to November 1, 2013, this standard is:~~

SNAP Payment Standard (TFP)	
No. in Need Group	Monthly Amount
1	\$ 200194
2	367357
3	526511
4	668649
5	793771
6	952925
7	1,0521,022
8	1,2021,169
Each additional individual	150146

~~(b) — Starting November 1, 2013, this standard is:~~

<del>SNAP Payment Standard (TFP)</del>	
<del>No. in Need Group</del>	<del>Monthly Amount</del>
<del>1</del>	<del>\$ 189</del>
<del>2</del>	<del>347</del>
<del>3</del>	<del>497</del>
<del>4</del>	<del>632</del>
<del>5</del>	<del>750</del>
<del>6</del>	<del>900</del>
<del>7</del>	<del>995</del>
<del>8</del>	<del>1,137</del>
<del>Each additional individual</del>	<del>142</del>

Stat. Auth.: ORS 411.816

Stats. Implemented: ORS 411.816, 411.825

461-155-0250

Income and Payment Standard; OSIPM

- (1) A client who is assumed eligible per OAR 461-135-0010(6) is presumed to meet the income limits for the OSIPM program.
- (2) A client in a *nonstandard living arrangement* (see OAR 461-001-0000) meeting the requirements of OAR 461-135-0750, who is not assumed eligible and does not meet the income standards set out in section (4) of this rule, must have ~~countable~~ **countable** (see **OAR 461-001-0000**) income that is equal to or less than 300 percent of the full SSI standard for a single individual (except OSIPM-EPD) or have established a qualifying trust as specified in OAR 461-145-0540(9)(c).
- (3) The OSIPM (except OSIPM-EPD) adjusted income standard takes into consideration the need for shelter (housing and utilities), food, and other items. The standard is itemized as follows:

OSIPM Items of Need				
	One Person in Need Group		Two People in Need Group	
Adjusted No. in Household	One	Two or More	Two	Three or More
Shelter	443.00	205.00	547.00	203.00
Food	174.00	171.67	334.00	317.34
Other	104.00	104.00	201.00	201.00

- (4) ~~A client~~ **An individual**, other than one identified in section (1), (2), or (6) of this rule, must have adjusted income below the standard in this section. The Department determines the adjusted number in the household under OAR 461-155-0020.

OSIPM Adjusted Income Standards				
	One Person in Need Group		Two People in Need Group	
Adjusted No. in Household	One	Two or More	Two	Three or More
AB/AD/OAA	721.00	480.67	1,082.00	721.34

- (5) In the OSIPM (**except OSIPM-EPD**) program, ~~individuals~~ **an individual** in a nursing facility or an ICF-MR are allowed the following amounts for clothing and personal incidentals:
  - (a) For ~~clients~~ **an individual** who ~~receive~~ **receives** a VA pension based on unreimbursed medical expenses (UME), \$90 is allowed.

- (b) For all other ~~clients~~ **individuals**, ~~\$30~~ **\$60** is allowed.
- (c) **For an individual identified in subsection (b) of this section with *countable* income (including any SSI) that is less than \$60, the payment standard is equal to the difference between the individual's *countable* income (including any SSI) and \$60. For the purposes of this subsection, *countable* income includes income that would otherwise be *countable* for an individual who is assumed eligible under OAR 461-135-0010.**
- (6) In the OSIPM-EPD program, the adjusted earned income limit is 250 percent of the federal poverty level for a family of one.

Stat. Auth.: ORS 411.060, 411.070, 411.404, 411.704, 411.706

Stats. Implemented: ORS 411.060, 411.070, 411.404, 411.704, 411.706

461-160-0015  
Resource Limits

- (1) In the EA program, all *countable* (see OAR 461-001-0000) resources must be used to meet the emergent need.
- (2) In the ERDC and REFM programs, there is no resource limit.
- (3) In the GA, GAM, OSIP, and OSIPM programs, the resource limit is as follows:
  - (a) \$2,000 for a one-person *need group* (see OAR 461-110-0630) and \$3,000 for a two-person *need group*.
  - (b) \$1,000 for an OSIP *need group* eligible under OAR 461-135-0771. The total cash resources may not exceed \$500 for a one-person *need group* or \$1,000 for a two-person *need group*.
  - (c) \$5,000 is the limit for the OSIP-EPD and OSIPM-EPD programs (see OAR 461-001-0035 and 461-145-0025 for funds that may be excluded as approved accounts).
- (4) In the REF and TANF programs, the resource limit is:
  - (a) \$2,500 for any of the following:
    - (A) A new REF or TANF applicant for benefits.
    - (B) REF and TANF *need groups* which do not have at least one *caretaker relative* or *parent* who is receiving TANF.
    - (C) REF and TANF *need groups* which have at least one JOBS participant who is:
      - (i) Receiving TANF and not progressing in an *activity* (see OAR 461-001-0025) of an open JOBS case plan (see OAR 461-001-0025); or
      - (ii) Serving a current JOBS disqualification.
  - (b) \$10,000 for a *need group* not covered under subsection (a) of this section.
- (5) In the QMB program, the resource limit is amended in January of each year based on the low income subsidy for Medicare Part D as published by the Health Resources and Services Administration of the U.S. Department of Health and Human Services. Effective January 1, 2014 the resource limit is \$7,160 for a one-person *need group* and \$10,750 for a *need group* containing two or more individuals.

(6) In the SNAP program, the resource limit is:

(a) \$3,250 for a *financial group* (see OAR 461-110-0530) with at least one member who is *elderly* (see OAR 461-001-0015) or an individual with a *disability* (see OAR 461-001-0015).

(b) ~~\$2,000~~ **\$2,250** for all other financial groups.

Stat. Auth.: ORS 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 412.049, 414.231

Stats. Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.704, 411.706, 411.816, **411.837**, 412.049, 414.025, 414.231, 414.826, 414.831, 414.839

461-160-0420  
Shelter Cost; SNAP

- (1) This rule explains how to calculate the client's shelter cost. The shelter cost is used to determine the shelter deduction (see OAR 461-160-0430). The shelter cost is the sum of the filing group's cost of housing plus an allowance for utilities, if the client incurs a utility cost. The shelter deduction is based on the shelter cost but is subject to a limitation described in OAR 461-160-0430.
- (2) Cost of housing.
  - (a) The following comprise the cost of housing if they are incurred with respect to the filing group's current residence or the home described in section (5) of this rule:
    - (A) Regular, periodic charges for the shelter of the *filing group* (see OAR 461-110-0370), such as rent, mortgage payments, and condominium or association fees. Late fees charged because a mortgage or rent payment was made late are not deductible.
    - (B) Property taxes, state and local assessments, and property insurance on the structure.
    - (C) Costs for repairing a home substantially damaged or destroyed by a natural disaster (such as a fire or flood), if such costs are not reimbursed.
    - (D) If the *filing group* is homeless and living in a vehicle---vehicle payments and collision and comprehensive insurance premiums for the vehicle.
  - (b) If housing costs are billed on a weekly or biweekly basis, the monthly cost is the weekly cost multiplied by 4.3 or the biweekly cost multiplied by 2.15.
  - (c) The *filing group* has the following choices about housing costs:
    - (A) The group may choose to apply the cost in the month it is billed or becomes due.
    - (B) The group may choose to have periodic costs averaged.
    - (C) For expenses that are billed less often than monthly, the group may choose to have them averaged over the period they are intended to cover.
- (3) Shared housing. If the *filing group* shares housing costs with an individual in the dwelling who is not in the *filing group*, only the housing costs incurred by the *filing group* are included in the calculation. If the portion paid by a person outside the *filing group* cannot be ascertained, the cost is apportioned among the people contributing to the

cost. The pro rata share of those not in the *filing group* is deducted from the total, and the balance is considered a housing cost of the *filing group*.

(4) Cost for utilities.

- (a) A *filing group* has a cost for utilities if it incurs a cost for heating or cooling; cooking fuel; electricity; water and sewerage; well installation and maintenance; septic tank system installation and maintenance; garbage and trash collection; service for a telephone, such as basic service fee, wire maintenance, subscriber line charges, relay center surcharges, 911 service, and taxes; or initial installation fees charged by a utility provider.
- (b) If the group incurs no cost for utilities in either its current home or in the home described in section (5) of this rule, then the shelter cost is calculated without an allowance for utilities.
- (c) If a homeless *filing group* uses a vehicle for shelter, the cost of fuel for the vehicle is considered a utility cost.
- (d) If a *filing group* incurs a cost for utilities, then the utility allowance is one of the following:
  - (A) Allowance with heating or cooling. A full standard utility allowance of ~~\$441~~**446** per month is used if the *household group* (see OAR 461-110-0210) is billed for heating or cooling costs for its dwelling. Charges for any fuel and for electricity are considered heating costs if they are used for heating. A *filing group* who receives an energy assistance payment for the dwelling provided through the Low-Income Energy Assistance Act of 1981 is eligible for the utility allowance established by this paragraph (A). **This energy assistance payment must be greater than \$20 annually.**
  - (B) Allowance without heating or cooling.
    - (i) A limited standard utility allowance of ~~\$318~~ **\$328** per month is used if the *filing group* is not billed for heating or cooling costs but is billed for at least two other costs enumerated in subsection (4)(a) of this rule.
    - (ii) An individual standard utility allowance of ~~\$52~~ **\$55** per month is used if the *filing group* is not billed for heating or cooling costs but is billed for only one of the costs enumerated in subsection (4)(a) of this rule other than the service cost for a telephone, including the related taxes or fees.
    - (iii) A telephone standard utility allowance of \$57 per month is used if the *filing group* is billed only for telephone service, such as basic

service fee, wire maintenance, subscriber line charges, relay center surcharges, 911 service, and taxes.

- (5) Housing costs for a home not occupied by the filing group. Housing and utility costs with respect to a home not currently occupied may be considered in calculating the shelter cost if--
- (a) The home is temporarily unoccupied because of employment or training away from home, illness, or abandonment caused by casualty or natural disaster;
  - (b) The *filing group* intends to return to the home;
  - (c) No other, current occupant is claiming a deduction for shelter costs in the SNAP program; and
  - (d) The home is not leased during the household's absence.

Stat. Auth.: ORS 411.816

Stats. Implemented: ORS 411.816, 411.825

461-160-0430

Income Deductions; SNAP

- (1) Deductions from income are subtracted from *countable income* (see OAR 461-140-0010) in the following order to determine *adjusted income* (see OAR 461-001-0000) for the SNAP program:
  - (a) An earned income deduction of 20 percent of *countable* earned income. The 20 percent deduction is not taken from the wages funded by grant diversions such as Work Supplementation wages.
  - (b) A standard deduction of:
    - (A) ~~\$152~~**\$155** per month for a *benefit group* (see OAR 461-110-0750) of one, two, or three individuals.
    - (B) ~~\$163~~**\$165** per month for a *benefit group* of four individuals.
    - (C) ~~\$191~~**\$193** per month for a *benefit group* of five individuals.
    - (D) ~~\$219~~**\$221** per month for a *benefit group* of six or more individuals.
  - (c) A dependent care deduction for dependent care costs billed to a member of the *filing group* (see OAR 461-110-0370) and not paid for through any other program of the Department. For the cost to be deductible under this section, the care must be necessary to enable a member of the *filing group* to--
    - (A) Accept or continue employment;
    - (B) Seek employment, including a job search that meets the requirements of a *case plan* (see OAR 461-001-0020); or
    - (C) Attend vocational or educational training. A student receiving educational income is entitled to a deduction only for costs not excluded from educational income by OAR 461-145-0150.
  - (d) The medical deduction for *elderly* clients and clients who have a *disability* (see OAR 461-001-0015) in the *filing group*. The deduction is calculated by determining the total of their deductible medical costs (see OAR 461-160-0415) and subtracting \$35. The remainder is the medical deduction.
  - (e) A deduction for child support payments (including cash medical support) a member of the *filing group* makes under a legal obligation to a child not a member of the *filing group*, including payments for the current month and for payments on arrearages. Child support is not deductible if collected by setoff

through the Oregon Department of Revenue or by interception of a federal tax refund.

- (f) A shelter deduction, calculated as follows:
  - (A) For SNAP *filing group* members required to pay room and board in a *nonstandard living arrangement* (see OAR 461-001-0000), the shelter deduction is--
    - (i) The cost of room and board, minus the payment standard for the *benefit group*; or
    - (ii) The actual room cost, if the client can prove that the room cost exceeds the cost described in subparagraph (i) of this paragraph.
  - (B) For all other *filing group* members, the shelter deduction is calculated as follows:
    - (i) The standard deduction and the deductions of earned income, dependent care, court-ordered child support, and medical expenses are subtracted from *countable income*. Fifty percent of the remainder is subtracted from the shelter cost calculated in accordance with OAR 461-160-0420.
    - (ii) The rounded balance is the deduction, except the deduction is limited if the filing group has no member who has a *disability* or is *elderly* (see OAR 461-001-0015). The limit is ~~\$478~~ **\$490** per month.
- (2) If a *filing group* member cannot verify a medical or court-ordered child-support expense or cannot verify any other expense when asked to do so, the unverified expense is not used to calculate the deduction. If the client provides verification, the deduction is applied when calculating the next month's benefits. If verification is provided within the period authorized for processing applications (see OAR 461-115-0210), the benefits for the *initial month* (see OAR 461-001-0000) are recalculated using the deduction.

Stat. Auth.: ORS 411.816

~~Stat.~~**Stats.** Implemented: ORS 411.816, 411.825

461-160-0620

Income Deductions and Client Liability; Long-Term Care Services or Home and Community-Based Care; OSIPM

In the OSIPM program:

- (1) Deductions from income are made for a client residing in or entering a long-term care facility or receiving *home and community-based care* (see OAR 461-001-0030) as explained in subsections (3)(a) to (3)(h) of this rule.
- (2) Except as provided otherwise in OAR 461-160-0610, the liability of the client is determined according to subsection (3)(i) of this rule.
- (3) Deductions are made in the following order:
  - (a) One standard earned income deduction of \$65 is made from the earned income in the OSIPM-AD and OSIPM-OAA programs. The deduction is \$85 in the OSIPM-AB program.
  - (b) The deductions under the plan for self-support as allowed by OAR 461-145-0405.
  - (c) One of the following need standards:
    - (A) A ~~\$30~~ **\$60** personal needs allowance for a client receiving long-term care services.
    - (B) A \$90 personal needs allowance for a client receiving long-term care services who is eligible for VA benefits based on unreimbursed medical expenses. The \$90 allowance is allowed only when the VA benefit has been reduced to \$90.
    - (C) For a client who receives *home and community-based care*:
      - (i) Except as provided in subparagraph (ii) of this paragraph, the OSIPM maintenance standard.
      - (ii) For a client who receives in-home services, the OSIPM maintenance standard plus \$500.
  - (d) A community spouse monthly income allowance is deducted from the income of the institutionalized spouse to the extent that the income is made available to or for the benefit of the community spouse, using the following calculation.
    - (A) Step 1--Determine the maintenance needs allowance. \$1,967 is added to the amount over \$590 that is needed to pay monthly shelter expenses for the principal residence of the couple. This sum or \$2,931 whichever is

less, is the maintenance needs allowance. For the purpose of this calculation, shelter expenses are the rent or home mortgage payment (principal and interest), taxes, insurance, required maintenance charges for a condominium or cooperative, and the full standard utility allowance for the SNAP program (see OAR 461-160-0420).

- (B) Step 2--Compare maintenance needs allowance with community spouse's countable income. The countable income of the community spouse is subtracted from the maintenance needs allowance determined in step 1. The difference is the income allowance unless the allowance described in step 3 is greater.
  - (C) Step 3--If a spousal support order or exceptional circumstances resulting in significant financial distress require a greater income allowance than that calculated in step 2, the greater amount is the allowance.
- (e) A dependent income allowance as follows:
- (A) For a case with a community spouse, a deduction is permitted only if the monthly income of the eligible dependent is below \$1,967. To determine the income allowance of each eligible dependent:
    - (i) The monthly income of the eligible dependent is deducted from \$1,967.
    - (ii) One-third of the amount remaining after the subtraction in paragraph (A) of this subsection is the income allowance of the eligible dependent.
  - (B) For a case with no community spouse:
    - (i) The allowance is the TANF adjusted income standard for the client and eligible dependents.
    - (ii) The TANF standard is not reduced by the income of the dependent.
- (f) Costs for maintaining a home if the client meets the criteria in OAR 461-160-0630.
- (g) Medical deductions allowed by OAR 461-160-0030 and 461-160-0055 are made for costs not covered under the state plan. This includes the public and private health insurance premiums of the community spouse and the client's dependent.
- (h) After taking all the deductions allowed by this rule, the remaining balance is the adjusted income.

- (i) The client liability is determined as follows:
  - (A) For a client receiving *home and community-based care* (except a client identified in OAR 461-160-0610(4)), the liability is the actual cost of the *home and community-based care* or the adjusted income of the client, whichever is less. This amount must be paid to the Department each month as a condition of being eligible for *home and community-based care*. In OSIPM-IC, the liability is subtracted from the gross monthly benefit.
  - (B) For a client who resides in a nursing facility, a state psychiatric hospital, an Intermediate Care Facility for the Mentally Retarded, or a mental health facility, there is a liability as described at OAR 461-160-0610.
- (4) The deduction used to determine adjusted income for a GA and GAM client receiving long-term care services or *home and community-based care* is as follows:
  - (a) One standard earned income deduction of \$65 is made from the earned income for a client who is not blind; or
  - (b) One standard earned income deduction of \$85 is made from the earned income for a client who is blind.

Stat. Auth.: ORS 411.060, 411.070, 411.706

Stats. Implemented: ORS 411.060, 411.070, 411.706

461-165-0180

## Eligibility of Child Care Providers

- (1) The Department must approve a child care provider to receive payment for child care if information available to the Department provides no basis for denying eligibility unless the Department determines, following a preliminary or final fitness determination (see OAR 407-007-0320) or Child Protective Service (CPS) records checks, that the provider or other *subject individual* (see OAR 407-007-0210(30)(a)(A), (B), (F), (I), and (ΘP)) is not eligible for payment.
- (2) Ineligibility for payment may result from any of the following:
  - (a) A finding of "denied". A provider may be denied under OAR 461-165-0410 and 461-165-0420. If, after conducting a weighing test as described in OAR 407-007-0210, the Department finds substantial risk to the health or safety of a child in the care of the provider, the provider must be denied and is ineligible for payment. A provider who has been denied has the right to a hearing under OAR 407-007-0330.
  - (b) A finding of "failed". A provider may be failed if the Department determines, based on a specific eligibility requirement and evidence, that a provider does not meet the eligibility requirements of this rule. A provider with a status of "failed" may reapply at any time by providing the required documents and information to the Department for review.
  - (c) The Department has referred an overpayment against the provider for collection and the claim is unsatisfied.
- (3) The provider must submit a completed Child Care Provider Listing Form (DHS 7494) to the Department within 30 calendar days from the date the Department issues the listing form to the client. The provider and each individual identified under section (4) of this rule must complete and sign the authorization for a records check through the Criminal History (CH) record system maintained by the Oregon State Police (OSP), Federal Bureau of Investigation (FBI), and the Child Protective Service (CPS) record system maintained by the Department and, if necessary, an authorization to release information and fingerprint cards. The provider, each individual described in section (4) of this rule, and each ~~subject individual~~ *subject individual* described in OAR 407-007-0210(30)(a)(A), (B), (F), (I) or (ΘP) must fully disclose all requested information as part of the records check.
- (4) This rule also establishes additional requirements for the following individuals:
  - (a) The site director of an exempt child care facility and each employee of the facility who may have unsupervised access to a child in care.

- (b) The child care provider and each individual the provider uses to supervise a child in his or her absence.
- (c) In the case of a provider who provides care for a child in the provider's home--
  - (A) Each individual 16 years of age or older who lives in the provider's home; and
  - (B) Each individual who visits the home of the provider during the hours care is provided and may have unsupervised access to a child in care.
- (5) To receive payment or authorization for payment, the provider must meet the requirements of either subsection (a) or (b) of this section:
  - (a) Currently be certified or registered with the Office of Child Care (OCC) of the Oregon Department of Education (ODE) under OAR 414-205-0000 to 414-205-0170, 414-300-0000 to 414-300-0440, or 414-350-0000 to 414-350-0250 unless legally exempt, and be in compliance with the applicable rules. The provider must also complete the Department's listing process and be approved by the Department.
  - (b) If legally exempt from being certified or registered with the ~~CCD~~ OCC, complete the Department's background check process and be approved by the Department.
- (6) Each individual described in section (4) of this rule must:
  - (a) Allow the Department to conduct a national criminal history records check through the Oregon State Police and the Federal Bureau of Investigation as specified in OAR 407-007-0250.
  - (b) Provide, in a manner specified by the Department, information required to conduct CH, FBI, OSP, and CPS records checks ~~or~~ **and** determine whether the provider meets health and safety requirements.
  - (c) Have a history of behavior that indicates no substantial risk to the health or safety of a child in the care of the provider.
- (7) Each provider must:
  - (a) Obtain written approval from their certifier or certifier's supervisor if the provider is also certified as a foster parent.
  - (b) Be 18 years of age or older and in such physical and mental health as will not affect adversely the ability to meet the needs of safety, health, and well-being of a child in care.

- (c) Not be in the same filing group as the child cared for and cannot be the *parent* (see OAR 461-001-0000) of the child.
- (d) Allow the Department to inspect the site of care while child care is provided.
- (e) Keep daily attendance records showing the arrival and departure times for each child in care and billing records for each child receiving child care benefits from the Department. The provider must keep written records of any attendance that is not able to be recorded in the Child Care Billing and Attendance Tracking (CCBAT) system. These written records must be retained for a minimum of 12 months and provided to the Department upon request.
- (f) Be the individual or facility listed as providing the child care. The provider may only use someone else to supervise a child on a temporary basis if the person was included on the most current listing form and the provider notifies the Department's Direct Pay Unit.
- (g) Not bill a Department client for an amount collected by the Department to recover an overpayment or an amount paid by the Department to a creditor of the provider because of a lien, garnishment, or other legal process.
- (h) Report to the Department's Direct Pay Unit within five days of occurrence:
  - (A) Any arrest or conviction of any *subject individual* or individual described in section (4) of this rule.
  - (B) Any involvement of any *subject individual* or individual described in section (4) of this rule with CPS or any other ~~agency~~ **agencies** providing child **or adult** protective services.
  - (C) Any change to the provider's name or address including any location where care is provided.
  - (D) The addition of any *subject individual* or individual described in section (4) of this rule.
  - (E) **Any reason the provider no longer meets the requirements under this rule.**
- (i) Report suspected child abuse of any child in his or her care to CPS or a law enforcement agency.
- (j) Supervise each child in care at all times.

- (k) Prevent any individual who behaves in a manner that may harm children from having access to a child in the care of the provider. **This includes anyone under the influence (see section (11) of this rule).**
- (l) Allow the custodial parent of a child in his or her care to have immediate access to the child at all times.
- (m) Inform a parent of the need to obtain immunizations for a child.
- (n) Take reasonable steps to protect a child in his or her care from the spread of infectious diseases.
- (o) Ensure that the home or facility where care is provided meets all of the following standards:
  - (A) Each floor level used by a child has two usable exits to the outdoors (a sliding door or window that can be used to evacuate a child is considered a usable exit). If a second floor is used for child care, the provider must have a written plan for evacuating occupants in the event of an emergency.
  - (B) The **home or** facility has safe drinking water.
  - (C) The **home or** facility has a working smoke detector on each floor level and in any area where a child naps.
  - (D) Each fireplace, space heater, electrical outlet, wood stove, stairway, pool, pond, and any other hazard has a barrier to protect a child. Gates and enclosures ~~should~~ have the Juvenile Products Manufacturers Association (JPMA) certification seal to ensure safety.
  - (E) Any firearm, ammunition, and other ~~dangerous item such as~~ **items that may be dangerous to children, including but not limited to alcohol, inhalants, tobacco and e-cigarette products, matches and lighters**, any **legally prescribed or over-the-counter** medicine, ~~drug,~~ cleaning supply **supplies**, paint, plastic ~~bag~~ **bags**, and poisonous and toxic ~~material is~~ **materials are** kept in a secure place out of a child's reach.
  - (F) The building, grounds, any toy, equipment, and furniture are maintained in a clean, sanitary, and hazard-free condition.
  - (G) The **home or** facility has a telephone in operating condition.
  - (H) No ~~person~~ **one** may smoke or **carry any lighted smoking instrument, including e-cigarettes, in the home or facility or within ten feet of any entrance, exit, window that opens, or any ventilation intake that serves an enclosed area, during child care operational hours or**

**anytime child care children are present. No one may use smokeless tobacco in the home or facility during the hours the child care business is conducted operational hours or anytime child care children are present. No person one may smoke or carry any lighted smoking instrument, including e-cigarettes, or use smokeless tobacco in motor vehicles while child care children are passengers.**

- (I) No one may consume alcohol or use ~~non-prescription~~ controlled substances in the presence of children **(except legally prescribed and over-the-counter medications) or marijuana (including medical marijuana) on the premises (see section (11) of this rule) during child care operational hours or anytime child care children are present. No one under the influence *under the influence* of alcohol, or ~~non-prescription~~ controlled substances (except legally prescribed and over-the-counter medications) or marijuana (including medical marijuana) may be in the home when child care children are present on the premises during child care operational hours or anytime child care children are present. No one may consume alcohol or use controlled substances (except legally prescribed and over-the-counter medications) or marijuana (including medical marijuana) in motor vehicles while child care children are passengers.**
- (J) Is not a half-way house, hotel, motel, shelter, or other temporary housing such as a tent, trailer, or motor home. The restriction in this paragraph does not apply to licensed (registered or certified) care approved in a hotel, motel, or shelter.
- (K) Is not a structure –
  - (i) Designed to be transportable; and
  - (ii) Not attached to the ground, another structure, or to any utilities system on the same ~~premises~~ *premises*.
- (L) **Controlled substances (except lawfully prescribed and over-the-counter medications), marijuana (including medical marijuana, marijuana edibles, and other products containing marijuana), marijuana plants, derivatives, and associated paraphernalia may not be on the premises during child care operational hours or anytime child care children are present.**
- (p) Complete and submit a new listing form every two years, or sooner at the request of the Department, so that the Department may review the provider's eligibility.
- (q) Provide evidence of compliance with the Department's administrative rules, upon request of Department staff.

- (r) Complete registration for the CCBAT system within 45 days of the date of the registration notice.
  - (s) Comply with state and federal laws related to child safety systems and seat belts in vehicles, bicycle safety, and crib standards under 16 CFR 1219 and 1220.
  - (t) Place infants to sleep on their backs.
  - (u) **Not hold a medical marijuana card; or distribute, grow, or use marijuana (including medical marijuana) or any controlled substance (except lawfully prescribed and over-the-counter medications).**
- (8) Child Care providers who are License Exempt or Registered Family Child Care Providers with the Office of Child Care (OCC) of the Oregon Department of Education (ODE) under OAR 414-205-0000 to 414-205-0170 must complete the "Basic Child Care Health and Safety" two- hour, web-based training or the three-hour Oregon Kids Healthy and Safe (OKHS) classroom training prior to being approved by the Department.
- (a) Prior to June 16, 2014, a provider who sends the Department a Child Care Provider Listing and Provider Information Sheet (DHS 7494) with a revision date of March 2013, or those who attempt to take the web-based training but are unable due to technical difficulties at the training site, will not be failed for not meeting this training requirement.
  - (b) License Exempt or Registered Family Child Care Providers who are exempt from this training are those who state at least one of the following:
    - (A) English is a second language.
    - (B) No internet access is available.
- (9) A child care provider not subject to certification or registration with the Office of Child Care (OCC) of the Oregon Department of Education (ODE) under OAR 414-205-0000 to 414-205-0170, 414-300-0000 to 414-300-0440, or 414-350-0000 to 414-350-0250, must complete an orientation provided by the Department or a Child Care Resource and Referral agency within 90 days of being approved by the Department if he or she:
- (a) Receives funds from the Department; and
  - (b) Begins providing child care services after June 30, 2010, or resumes providing child care services, after a break of more than one year that began after June 30, 2010.

- (10) **Child care providers and any individual supervising, transporting, preparing meals, or otherwise working in the proximity of child care children and those completing daily attendance and billing records shall not be *under the influence*.**
- (11) **For purposes of these rules:**
- (a) **"Premises" means the home or facility structure and grounds, including indoors and outdoors and space not directly used for child care.**
  - (b) **"Under the influence" means observed abnormal behavior or impairments in mental or physical performance leading a reasonable person to believe the individual has used alcohol, any controlled substances (including lawfully prescribed and over-the-counter medications), marijuana (including medical marijuana), or inhalants that impairs their performance of essential job function or creates a direct threat to child care children or others. Examples of abnormal behaviors include, but are not limited to hallucinations, paranoia, or violent outbursts. Examples of impairments in physical or mental performance include, but are not limited to slurred speech as well as difficulty walking or performing job activities.**

Stat. Auth.: ORS 181.537, 409.050, 411.060, 411.070

Stats. Implemented: ORS 181.537, 409.010, **409.050**, 409.610, 411.060, 411.070, 411.122,  
~~657A.340~~ **329A.340**

461-170-0011

## Changes That Must be Reported

- (1) A change in employment status is considered to occur as follows:
  - (a) For a new job, the change occurs the first day of the new job.
  - (b) For a job separation, the change occurs on the last day of employment.
- (2) A change in source of income is considered to occur as follows:
  - (a) For earned income, the change occurs upon the receipt by the client of the first paycheck from a new job or the first paycheck reflecting a new rate of pay.
  - (b) For unearned income, the change occurs the day the client receives the new or changed payment.
- (3) A client must report, orally or in writing, the following changes:
  - (a) In the ERDC program:
    - (A) A client not participating in SRS in the SNAP program must report the following changes within 10 days of occurrence:
      - (i) A change in child care provider.
      - (ii) A change in employment status.
      - (iii) A change in mailing address or residence.
      - (iv) A change in membership of the *filing group* (see OAR 461-110-0350).
      - (v) A change in source of income expected to continue.
    - (B) A client participating in SRS in the SNAP program must report the following changes by the tenth day of the month following the month of occurrence:
      - (i) A change in child care provider.
      - (ii) Loss of employment.
      - (iii) Monthly income exceeding the SNAP countable income limit.

- (iv) A *parent* (see OAR 461-001-0000) of a child or unborn or the spouse of the caretaker moves into the residence.
  - (C) The ERDC case may continue to follow the reporting requirements in paragraph (3)(a)(B) of this rule without a companion SNAP case in SRS when:
    - (i) The ERDC case was certified in the fifth or sixth month of the SNAP *certification period* (see OAR 461-001-0000); and
    - (ii) The SNAP companion case automatically closes because the Interim Change Report (see OAR 461-170-0010) was not received.
- (b) In the SNAP program:
  - (A) A client assigned to CRS must report any of the following changes within 10 days of occurrence:
    - (i) A change in earned income of more than \$100.
    - (ii) A change in unearned income of more than \$50.
    - (iii) A change in source of income.
    - (iv) A change in membership of the *filing group* (see OAR 461-110-0370) and any resulting change in income.
    - (v) A change in residence and the shelter costs in the new residence.
    - (vi) A change in the legal obligation to pay child support.
    - (vii) When the sum of cash on hand, stocks, bond, and money in a bank or savings institution account reaches or exceeds program resource limits.
    - (viii) Acquisition or change in ownership of a non-excluded vehicle.
  - (B) A client assigned to SRS must report when the filing group's monthly income exceeds the SNAP countable income limit by the tenth day of the month following the month of occurrence.
  - (C) A client assigned to TBA is not required to report any changes.
- (c) For JPI (see OAR 461-135-1260), a client must follow the same reporting requirements as a SNAP client assigned to **CRS**, SRS or TBA reporting systems (see OAR 461-170-0010).

- (d) In the GA, GAM, OSIP, OSIPM, and QMB programs a client must report all changes that may affect eligibility within 10 days of occurrence, including any of the following changes:
  - (A) A change in employment status.
  - (B) A change in health care coverage.
  - (C) A change in membership of the *household group* (see OAR 461-110-0210).
  - (D) A change in marital status.
  - (E) A change in residence.
  - (F) A change in resources.
  - (G) A change in source or amount of income.
  
- (e) In the REF, SFPSS, and TANF programs, clients assigned to CRS must report any of the following changes within 10 days of occurrence:
  - (A) Acquisition or change in ownership of a non-excluded vehicle.
  - (B) A change in earned income more than \$100.
  - (C) A change in employment status.
  - (D) A change in membership of the *household group* (see OAR 461-110-0210).
  - (E) A change in marital status or other changes in membership of the filing group.
  - (F) A change in mailing address or residence.
  - (G) A change in pregnancy status of any member of the filing group.
  - (H) A change in source of income.
  - (I) A change in unearned income more than \$50.
  - (J) A change in who pays the shelter costs if the costs will be paid by a non-custodial *parent*.

- (K) Sale or receipt of a resource that causes total resources to exceed program resource limits.
- (f) In the REFM program, clients must report the following changes within 10 days of occurrence:
  - (A) A change in membership of the *household group* (see OAR 461-110-0210).
  - (B) A change in residence.

Stat. Auth.: ORS 411.060, 411.070, 411.404, 411.706, 411.816, 412.014, 412.049, 414.231  
Stats. Implemented: ORS 411.060, 411.070, 411.081, 411.404, 411.704, 411.706, 411.816, 412.014, 412.049, 414.025, 414.231, 414.826, ~~414.831~~