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NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 461
DEPARTMENT OF HUMAN SERVICES
SELF-SUFFICIENCY PROGRAMS

FILED: 10/28/2026 2:56 PM
ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Changes to Hardship Waivers, Medical Eligibility, Payment Calculations and Annual Federal Adjustments

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/25/2026 5:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
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HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 11/24/2026
TIME: 11:00 AM - 12:00 PM
OFFICER: Jennifer Lay

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 669-254-5252
CONFERENCE ID: 1654363045
SPECIAL INSTRUCTIONS:
Passcode: 970849

NEED FOR THE RULE(S):

OAR 461-001-0000 about Definitions for Chapter 461, 461-135-0010 about Assumed, Continuous, and Protected

Eligibility; Medicare Savings Programs, OSIPM, 461-135-0950 about Eligibility for Residents of Public Institutions, 461-175-0200 about Notice Situations; General Information, and 461-180-0090 about Effective Dates; Initial Month Medical Benefits need to be amended to align the rules with federal standards. The Federal Consolidated Appropriations Act (P.L.117-328) created new mandatory eligibility for youth releasing from a carceral setting. Post-release services began on January 1, 2026, and pre-release services are required to begin by January 1, 2027. These changes bring Oregon into compliance with the federal law.

OAR 461-135-0700 about Specific Requirements; General Assistance (GA) needs to be amended to clarify that the interim assistance agreement the Social Security Administration receives must be complete and signed. Currently the rule does not explicitly state this practice, leaving a question as to when General Assistance benefits can begin for an individual. Changes to the rule clearly indicate that the Social Security Administration must receive the signed and completed document.

OAR 461-135-0726 about Specific Requirements; OSIPM-ICP needs to be repealed because there is no such program as OSIPM-ICP and that acronym was removed from the acronyms rule and elsewhere previously. The Independent Choices Program (ICP) is a long-term service benefit available to all Oregon Supplement Income Program Medical (OSIPM) recipients and its eligibility rules are found in OAR chapter 411. Having that acronym in rule suggests it is a separate OSIPM category, which is inaccurate. This repeal will remove all remaining references to OSIPM-ICP in chapter 461.

OAR 461-135-0780 about Pickle Amendment Clients; OSIPM, 461-145-0220 about Home, 461-155-0250 about Income and Payment Standard for OSIPM, 461-155-0270 about Room and Board Standard; Community-Based Care, 461-160-0580 about Excluded Resource; Community Spouse Provision (OSIPM except OSIPM-EPD), and 461-160-0620 about Income Deductions and Patient Liability; Long-Term Care Services or Home and Community-Based Care; OSIPM need to be amended because the Department is required to adjust its eligibility standards as a result of congressionally approved changes. These amendments keep Oregon in line with current federal standards for Department Medicaid programs and changes in the cost of living.

OAR 461-135-0841 about Undue Hardship Waiver Criteria and 461-135-0844 about Procedures for Applying for Undue Hardship Waiver need to be amended to add more categories under the application for undue hardship waiver and make the process for applying for certain categories of undue hardship waiver more straightforward and accessible. Finalization of these rule changes is contingent upon approval from the Centers for Medicare and Medicaid Services.

OAR 461-135-0875 about Specific Requirements; Retroactive Eligibility and 461-180-0140 about Effective Dates; Retroactive Medical Benefits need to be amended to comply with the 2025 H.R. 1 Federal Consolidated Appropriations Act which requires all states to enact changes to medical coverage. Changing the number of available retroactive coverage months and specifying who is evaluated for retroactive eligibility ensures the rules are aligned with federal standards.

OAR 461-135-0930 about Medical Coverage for Refugees; REFM needs to be amended to align with federal guidance. The Federal Office of Refugee Resettlement (ORR) made changes to the eligibility period for refugee cash assistance and refugee medical assistance for individuals who become eligible on or after January 1, 2026. Changes to this rule ensures compliance with federal standards.

OAR 461-155-0210 about Payment Standards and Methods of Issuance; GA needs to be amended to align the state General Assistance (GA) program with federal cost of living adjustments to the Supplemental Security Income (SSI) program, for which GA is intended to serve as a temporary substitute while individuals are evaluated by the Social Security Administration.

OAR 461-160-0070 about Benefits for Less Than a Full Month needs to be amended to maximize the rental benefit for General Assistance (GA) program beneficiaries. Currently, this rule directs the GA program to calculate the rental benefit based on the GA program full month benefit. At times, this full month benefit amount is less than the GA beneficiary's actual rental obligation. By using current rule standards, some situations may lead to the GA beneficiary beginning their rental contract with a balance owing. Under the proposed revisions, the GA beneficiary may begin their rental contract with a zero balance while their benefit also remains below the GA rental benefit standard.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

For OAR 461-135-0875 and 461-180-0140:
https://www.medicaid.gov/medicaid/downloads/wftc-legsltn-overview-slide.pdf
https://www.medicaid.gov/federal-policy-guidance/downloads/cib11182025.pdf
https://www.medicaid.gov/medicaid/downloads/high-level-timeline-view.pdf

For OAR 461-135-0780, 461-145-0220, 461-155-0250, 461-155-0270, 461-160-0580, 461-160-0620
https://www.ssa.gov/pubs/EN-05-10526.pdf
http://medicaid.gov/Federal-Policy-Guidance/Federal-Policy-Guidance.html and
https://www.medicaid.gov/medicaid/eligibility/spousal-impoverishment/index.html

For OAR 461-155-0210:
https://www.ssa.gov/oact/cola/colasummary.html

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

The Department estimates changes to OAR 461-001-0000, 461-135-0010, 461-135-0950, 461-175-0200, and 461-180-0090 will have a positive impact on racial equity in Oregon based on the following:

- Impacts of Incarceration: People returning to their communities after incarceration face major life transitions and often lack access to critical services that support health, stability, and well-being. These gaps have serious consequences. Formerly incarcerated individuals are 12.7 times more likely to die within the first two weeks of release and 10 times more likely to experience houselessness than the general population. Youth aging out of foster care also encounter disproportionate challenges, with 70% being arrested at least once by the age of 26. These issues are further intensified for communities of color, who experience higher rates of incarceration and placement into foster care. Black children are twice as likely to be placed in foster care as white children, and they face disproportionately high rates of school discipline and criminalization. In Oregon, Black individuals represent just 2.5% of the state's population but account for 9% of the incarcerated population.

- Incarceration and Access to Medicaid: At the time of their incarceration, 92% of individuals are enrolled in the Oregon Health Plan (OHP). Federal law, however, requires Medicaid coverage to be suspended or terminated during incarceration. As a result, people are automatically disenrolled from their Coordinated Care Organization (CCO). Upon release, this interruption in coverage severely limits access to healthcare and essential support services, increasing the risk of adverse health outcomes, including untreated behavioral health conditions and substance use disorders.

- Proposed Changes: The Federal Consolidated Appropriations Act (FCAA) expands access to services for eligible Medicaid or Children's Health Insurance Program (CHIP) members who are under 21, or under 26 if they have aged out of foster care, are post-adjudicated and within 30 days of release, or within 30 days post-release from a carceral setting through Oregon's Reentry Health Care Program. By expanding the Reentry Health Care Program into the pre-release

period, CCOs can engage with members earlier, helping to bridge critical gaps in care during a highly vulnerable period. This early engagement supports improved access to healthcare, stronger coordination between correctional facilities, CCOs, and community-based providers, reducing all-cause mortality, and lowers emergency department utilization and hospitalizations.

- Impacts of Rule Changes: Pre-release services will support improvements in health outcomes and advance health equity for many individuals leaving incarceration.

- Conclusion: By addressing systemic barriers that disproportionately impact communities of color and individuals transitioning out of incarceration, pre-release services will help promote stability, reduce recidivism, and support long-term health and well-being.

Data Sources:
Article published in New England Journal of Medicine titled "Release from Prison-A High Risk of Death for Former Inmates"
https://pmc.ncbi.nlm.nih.gov/articles/PMC2836121/
Research study by the National Foster Youth Institute (NFYI):
https://nfyi.org/issues/juvenile-justice/
Incarceration Trends report by the Vera Institute:
https://trends.vera.org/state/OR
US Census Data on Oregon racial demographics: https://www.census.gov/quickfacts/fact/table/OR/PST045225

The Department estimates all other rule changes in this filing will have no impact on racial equity in Oregon.

FISCAL AND ECONOMIC IMPACT:

The Department anticipates changes to OAR 461-001-0000, 461-135-0010, 461-135-0950, 461-175-0200, and 461-180-0090 will have a negative fiscal impact on the Oregon Department of Human Services and the Oregon Health Authority as limited benefits will be provided while an individual is a resident of a public institution, whereas no benefits are provided currently. The Oregon Department of Corrections will see a positive fiscal impact due to no longer covering the cost of these benefits. The estimated maximum number of eligible members per month based on the limited eligibility criteria is about 120 people per month. The Justice-Involved team will incorporate the manual process for Reentry Federal Consolidations Appropriations Act (FCAA) eligibility into their current workflow to include notification to Coordinated Care Organizations and Fee for Service eligible members. The Medicaid Policy team will track impacts to other programs such as Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families and Employment Related Day Care. Counties participating in Reentry FCAA may need to adjust overall county budgets depending on whether they'd like to request additional resources to support implementation. Given that this is a new program, the Department does not have an estimated cost per person available. The Department estimates no fiscal impact on benefit recipients and no fiscal impact to businesses, including small businesses.

The Department estimates repealing OAR 461-135-0726 will have no fiscal impact on those applying for or receiving benefits, the Department, other state agencies, local government, or businesses including small businesses.

The Department estimates the amendments to OAR 461-135-0700 will have no fiscal impact on those applying for or receiving benefits, the Department, other state agencies, local government, or businesses including small businesses.

The Department estimates that the amendments to OAR 461-135-0841 and 461-135-0844 will have negative fiscal impact on the Department because there will likely be an increase in waivers of estate claims. Family members or other heirs of deceased Department clients may be positively impacted by these changes as they may allow more people to qualify for the undue hardship waiver, allowing them to receive property without an estate recovery claim. The Department has no way of estimating the level of impact because it cannot be known who will apply or be approved for a waiver. The Department estimates no impact to other state agencies, local government, and business including small business. There is no cost of compliance for small business.

The Department anticipates that amendments to OAR 461-135-0875 and 461-180-0140 will have a positive fiscal impact on the Oregon Department of Human Services (ODHS) by reducing the overall number of Medicaid claims. The rule amendments may have a negative fiscal impact on medical benefit recipients who would have qualified for longer retroactive coverage as Medicaid will no longer pay those costs. Providers may also be negatively impacted as they will have a potential increase in patient medical debt due to a decrease in the availability of retroactive Medicaid coverage. There will also likely be an increase in provider administrative tasks and cost burdens regarding patient collection or a potential decrease in the number of patients requesting medical services due to an inability to pay. The Department is unable to provide specific figures because there is no way to distinguish which months (for which claims are paid) are prior to the month of application. The Department estimates no impact to other state agencies, local government, and businesses including small businesses There is no cost of compliance for small businesses.

The Department is unable to determine the precise fiscal impact of amending OAR 461-135-0780, 461-145-0220, 461-155-0250, 461-155-0270, 461-160-0580, and 461-160-0620 at this time because the federal standards are not available until November. However, the Department anticipates the following fiscal impacts of these rule changes:

- The amendment to OAR 461-135-0780 generally results as a negative impact on the Department as the number of individuals who could qualify for Oregon Supplemental Income Program Medical (OSIPM) will increase, or for those currently receiving OSIPM and home and community-based services, the Department would begin paying the full cost of services. This change generally results in a positive fiscal impact for individuals who were potentially eligible for protected OSIPM eligibility through the Pickle amendment in 2026, but who now may qualify with a new multiplier. Additionally, those currently receiving OSIPM and home and community-based care would no longer have a service liability.

- The amendment to OAR 461-145-0220 may have a negative impact on the Department as individuals with home equity values below the new limit may qualify for long-term care services without the need to sell their home or otherwise decrease the value of equity. Any increase in the number of individuals receiving long-term care services would result in a negative fiscal impact on the Department. This change could have a positive impact on individuals with home equity values below the new limit as they may qualify for long-term care services without the need to sell their home or otherwise decrease the equity value.

- The amendments to OAR 461-155-0250 and OAR 461-160-0620 typically result in varying fiscal impacts. The Social Security cost of living adjustment (COLA) increased dramatically in 2022 and 2023 from past years but increased marginally in 2024 through 2026. Preliminary projections suggest the 2027 COLA will be between 3.5% and 3.8%, and Oregon uses Supplemental Security Income (SSI) criteria when setting OSIPM standards. Large increases often result in a greater positive fiscal impact for the Department and a negative impact to individuals receiving Title II benefits. This is because the COLA percentage applied to the SSI one-person payment standard, which is used in the service liability calculation, is much smaller than the COLA percentage applied to individuals receiving Title II benefits. For example, in 2023, the COLA was 8.7%. The SSI payment standard for one person increased by $73 (from $841 to $914). An unmarried individual receiving $1,000 of Title II benefits in 2022 started receiving $1,087 in 2023, an increase of $87. In

2022, that individual's service liability was calculated at a maximum of $159 ($1,000 - $841). In 2023, the same individual's service liability increased to $173 ($1,087 - $914). Individuals with income not subject to the SSA COLA would typically experience a positive fiscal impact; liability decreased by $27 in 2026, though room and board for community-based care settings increased by $21.

- The amendment to OAR 461-155-0270 may result in a negative impact on the Department because payments to individuals receiving a personal incidental and room and board allowance amount will increase.

- The Department may be negatively affected by the amendment to OAR 461-160-0580 only in as much as an increased resource allowance may result in an earlier OSIPM and service effective date for new married applicants.

- The Department estimates no fiscal impact to local government or businesses, including small businesses.

The Department estimates that the amendments to OAR 461-155-0210 will result in a positive fiscal impact to individuals receiving General Assistance (GA) because the amounts of these payments are likely to increase in January 2027. Changes to this rule generally do not result in a significant fiscal impact to the Department because the Department is able to recoup GA payments from the individual's initial Supplemental Security Income (SSI) award. The Department estimates no impact to other state agencies, local government, and business including small business. There is no cost of compliance for small business.

The Department estimates the amendments to OAR 461-160-0070 will not have a significant fiscal impact on the Department because the Department is able to recoup General Assistance (GA) payments from the individual's initial Supplemental Security Income (SSI award). The Department estimates a positive fiscal impact to individuals receiving GA because they may avoid starting their tenancy with a balance owed or potentially problematic overpayments. The fiscal impact on GA recipients will vary, however the following examples show calculations based on the current and proposed rule language:

- A GA beneficiary with $800 per month rent who moves in on the 15th of a 30-day month:

Proposed rule (prorate actual rent) $800 ÷ 30 × 15 = $400.05 - This amount matches what the landlord is owed for the partial month.
Current rule (prorate GA maximum of $649): $649 ÷ 30 × 15 = $324.45 - This leaves the beneficiary owing the landlord the difference, creating an initial financial burden.
Fiscal Impact: Under the proposed rule, beneficiaries are positively affected because they avoid starting their tenancy with a balance owed. Landlords are positively affected because payment matches the true rental obligation.

- A GA beneficiary with $400 per month rent and moves in on the 3rd of a 30-day month:

Proposed rule (prorate actual rent) $400 ÷ 30 × 27 = $359.91 - This reflects only the amount actually owed.
Current rule (prorate GA maximum of $649) $649 ÷ 30 × 27 = $584.01 - This exceeds what the landlord is entitled to, creating an overpayment issue.
Fiscal Impact: Under the proposed rule, beneficiaries avoid potentially problematic overpayments, and landlords and administrators avoid receiving or correcting payments above the actual rental obligation.

The Department estimates amendments to OAR 461-160-0070 will have no impact on businesses, including small businesses, unless a landlord to a GA beneficiary is a small business. The amendments may have a positive fiscal impact on lessors and property owners who rent to GA beneficiaries. These amendments may enable GA beneficiaries to begin their rental contract with a zero balance, which then prevents the lessor or property owner from having to take further actions.

COST OF COMPLIANCE:

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

See fiscal Impact.

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

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

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

Proposed rule changes in this filing were shared with Rules Advisory Committee (RAC) invitees unless they were exempt because they did not change eligibility or processes, or they implemented federal legislation with no room for interpretation.

RULES PROPOSED:
461-001-0000, 461-135-0010, 461-135-0700, 461-135-0726, 461-135-0780, 461-135-0841, 461-135-0844, 461-135-0875, 461-135-0930, 461-135-0950, 461-145-0220, 461-155-0210, 461-155-0250, 461-155-0270, 461-160-0070, 461-160-0580, 461-160-0620, 461-175-0200, 461-180-0090, 461-180-0140

AMEND: 461-001-0000

RULE SUMMARY: OAR 461-001-0000 is being amended to include reductions to the Reentry Health Care Program under the definition of "Basic Decision Notice."

CHANGES TO RULE:

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 SDSD), Department of Human Services (DHS), or any other agency formerly part of the Oregon Department of Human Services means the Oregon Department of Human Services (ODHS), except:¶
(a) The rule in which reference occurs only regulates programs covered by OAR chapter 461.¶
(b) Eligibility rules for HSD medical programs (see section (34) of this rule) are in OAR chapter 410, division 200.¶
(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 survivors of domestic violence (see section (25) of this rule), sexual assault, or stalking.¶
(3) "Adjusted income" means the amount determined by subtracting income deductions from countable (see section (19) of this rule) income (see OAR 461-140-0010). Specific rules on the deductions are in OAR chapter 461, division 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 (see section (21) of this rule) mailed no later than one of the following:¶
(a) The date of action given in the notice.¶
(b) When suspending medical assistance or reducing to the Reentry Health Care Program (see OAR chapter 410 division 155) due to incarceration, the date the suspense or reduction action was taken.¶
(7) "Blind Work Expenses" has the meaning given in OAR 461-001-0035.¶
(8) "Branch office" means any Department or AAA (Area Agency on Aging) office serving a program covered by this chapter of rules.¶
(9) "Budgeting" means the process of calculating the benefit level.¶
(10) "Budget month" means the calendar month from which nonfinancial and financial information is used to determine eligibility (see section (28) of this rule) and benefit level for the payment month (see section (50) of this rule).¶
(11) "Cafeteria plan" means a written benefit plan offered by an employer in which:¶
(a) All participants are employees; and¶
(b) Participants may 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).¶
(12) "Capital asset" means property that contributes toward earning self-employment income, 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.¶
(13) "Caretaker" means an individual who is responsible for the care, control, and supervision of a child (see section (16) of this rule). The status of "caretaker" ends once the individual no longer exercises care, control, and supervision of the child for 30 days.¶
(14) "Caretaker relative" means an individual with whom the dependent child (see section (23) of this rule) is living, who assumes primary responsibility for the care of the dependent child, and:¶
(a) Is a biological, step, or adoptive relative of the dependent child; or¶
(b) Is the spouse of an individual described in subsection (a), even after the marriage is terminated by death or divorce.¶
(15) "Certification period" means the period for which an individual is certified eligible for a program.¶
(16) "Child" includes natural, step, and adoptive children. The term "child" does not include an unborn.¶
(a) In the General Assistance (GA) program, a "child" is an individual under the age of 18.¶
(b) For Medicare Savings Programs (see section (45) of this rule) and the Oregon Supplemental Income Program Medical (OSIPM), "child" means an unmarried individual who:¶
(A) Is not considered a decision-maker in the household;¶
(B) Is under the age of 18; and¶
(C) Has at least one natural or adoptive parent (see section (49) of this rule) in the same household.¶
(c) In the Refugee Assistance (REF) and Refugee Assistance Medical (REFM) programs, a "child" is an individual who is not an emancipated minor and is under the age of 18.¶
(17) "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 people with disabilities 18 years of age or older. The care is contracted to be provided in a home for five or fewer individuals.¶
(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 - Individuals 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).¶
(18) "Continuing benefit decision notice" means a decision notice that informs the individual of the right to continued benefits and is mailed in time to be received by the date benefits are, or would be, received.¶
(19) "Countable" means that an available asset (either income or a resource) is not excluded and may be considered by some programs to determine eligibility.¶
(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 Oregon Department of Human Services (ODHS).¶
(23) "Dependent child" in the Temporary Assistance for Needy Families (TANF) program means an individual who has not been legally emancipated and who is one of the following:¶
(a) An individual who is not a caretaker relative (see section (14) of this rule) 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 (see section (46) of this rule) 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 their spouse.¶
(24) "Disability" means:¶
(a) In the Supplemental Nutrition Assistance Program (SNAP), see OAR 461-001-0015.¶
(b) In the REF, State Family Pre-SSI/SSDI (SFPSS), Temporary Assistance for Domestic Violence Survivors (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 biologically, by marriage (see section (44) of this rule), 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 survivors of domestic violence. If the facility serves other people, a portion must be used solely for survivors 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 (see section (30) of this rule) minus encumbrances.¶
(30) "Fair market value" means the amount an item is worth on the open market.¶
(31) "Family stability" in the Job Opportunity and Basic Skills (JOBS), Pre-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, SFPSS, TA-DVS, and TANF programs means an action or set of actions taken by an individual, as specified in a case plan, intended to promote the ability of one or both parents to achieve or maintain family stability (see section (31) of this rule).¶
(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) "HSD medical programs" means all programs administered by the Health Systems Division (HSD). These medical programs are described in OAR 410-200-0015 and governed under chapter 410 division 200.¶
(35) "Impairment-Related Work Expenses" have the meaning found in OAR 461-001-0035.¶
(36) "Income producing property" means:¶
(a) In all programs except Medicare Savings Programs and OSIPM, real or personal property that generates income for the financial group (see OAR 461-110-0530). 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, and condominiums.¶
(b) For Medicare Savings Programs and OSIPM, "income-producing property" means any real or personal property not used in self-employment (see OAR 461-145-0600 and 461-145-0915) that produces income for the financial group. "Income-producing property" includes:¶
(A) Livestock, poultry, or other animals that produce marketable products sold by the financial group.¶
(B) Farmland not excluded under OAR 461-145-0220 that is farmed or rented out by the financial group.¶
(C) Real property other than the home (including vacation homes and condominiums), that is rented out.¶
(c) For Medicare Savings Programs and OSIPM, "income-producing property" does not include:¶
(A) Rooms or other space for rent in the home (see OAR 461-145-0220).¶
(B) Livestock, poultry, or other animals kept for resale (see OAR 461-145-0010).¶
(37) "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 for Department-paid nursing facility services or home and community-based care (see OAR 461-001-0030), for the purposes of calculating the correct divisor in OAR 461-140-0296, the month in which the individual would have been eligible had it not been for the disqualifying transfer of assets (see section (5) of this rule).¶
(e) For a current recipient of Department-paid nursing facility services or home and community-based care, for the purpose of calculating the correct divisor in OAR 461-140-0296, the month the disqualifying transfer occurred. ¶
(38) "In-kind income" means income in a form other than money (such as food, clothing, cars, furniture, and payments made to a third party).¶
(39) "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.¶
(40) "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 the individual's life, certain rights to that property. In addition, a "life estate" is established when a member of the financial group purchases a "life estate" interest in the home of another individual.¶
(41) "Lodger" means someone who---¶
(a) Is living with an individual receiving Department benefits;¶
(b) Is not a member of the individual's filing group (see OAR 461-110-0310); and¶
(c) Pays the filing group:¶
(A) In all programs except Medicare Savings Programs and OSIPM, for room and board.¶
(B) For Medicare Savings Programs and OSIPM, for room with or without board.¶
(42) "Long term care" means the system through which the Department provides a broad range of social and health services for extended periods of time to eligible adults who are aged, blind, or have disabilities. This includes

nursing facilities and the Oregon State Hospital.¶
(43) "Lump-sum income" means earned or unearned income received too infrequently or irregularly to be reasonably anticipated, or received as a one-time payment. "Lump-sum income" includes but is not limited to:¶
(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.¶
(c) Income received less frequently than annually.¶
(44) "Marriage" means the union of two individuals who are legally married (see section (39) of this rule).¶
(45) "Medicare Savings Programs" means Medicaid programs that provide payment for Medicare-related expenses. When used alone in a rule, "Medicare Savings Programs" refers to all the individual programs listed in subsections (a) through (d) below. "Medicare Savings Programs" are also referred to as "QMB programs" in Chapter 461 rules.¶
(a) Qualified Disabled and Working Individual (QDWI)¶
(b) Qualifying Individual (QI)¶
(c) Qualified Medicare Beneficiary (QMB)¶
(d) Specified Low-Income Medicare Beneficiary (SLMB)¶
(46) "Minor parent" in the TANF program means a parent under the age of 18.¶
(47) "Nonstandard living arrangement" is defined as follows:¶
(a) For Medicare Savings Programs and OSIPM, an individual is considered to be in a "nonstandard living arrangement" when the individual is applying for or receiving services in any of the following locations:¶
(A) A nursing facility in which the individual receives long-term care services paid with Medicaid funding, except this subsection does not apply to a Medicare recipient in a skilled-stay nursing facility.¶
(B) An intermediate care facility for individuals with intellectual disabilities (ICF/ID).¶
(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 (17) of this rule) setting, except a State Plan Personal Care (SPPC) setting is not considered a "nonstandard living arrangement".¶
(b) In all programs except Medicare Savings Programs and OSIPM, "nonstandard living arrangement" means each of the following locations:¶
(A) Foster care.¶
(B) Residential Care facility.¶
(C) Drug or alcohol residential treatment facility.¶
(D) Shelter for individuals experiencing homelessness or domestic violence shelter.¶
(E) Lodging house if paying for room and board.¶
(F) Correctional facility.¶
(G) Medical institution.¶
(48) "Ongoing month" means one of the following:¶
(a) For all programs except the SNAP program, any month following the initial month (see section (37) of this rule) 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 (see section (15) of this rule) following the initial month of eligibility.¶
(49) "Parent" for all programs except Job Participation Incentive (JPI) (see OAR 461-135-1260) and the SNAP program means the biological or legal parent of an individual or unborn. For JPI and the SNAP program, "parent" means the biological or legal parent of an individual.¶
(a) If the person who gave birth (parent 1) to the child lives with an individual (parent 2) and either parent 1 or parent 2 claims that parent 2 is the other biological parent of the child or unborn, and no one else claims to be the other biological parent, parent 2 is treated as a parent even if parentage 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 biological 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 Emergency Assistance (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) In the TANF program, the parent or caretaker relative.¶
(b) In the SNAP program, see OAR 461-001-0015.¶
(c) For GA, Medicare Savings Programs, OSIPM, REF, and REFM, the individual or individual's spouse.¶
(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 individual was a resident in Oregon on January 1, 2008 or later; or¶
(b) Issued in another state while the individual 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 survivors 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 individual outside the financial group provides the shelter of the financial group, or makes a payment to a third party for some or all of the shelter costs (see section (58) of this rule) of the financial group. "Shelter-in-kind" does not include temporary shelter provided by a domestic violence shelter, shelter for individuals experiencing homelessness, 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. "Biologically-related" means they share at least one biological or adoptive parent. "Step" means they are not related biologically, 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.¶
(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, in the JOBS, REF, REFM, and TANF programs, a parent who is the age of 18 or 19.¶
(66) "Timely continuing benefit decision notice" means a decision notice that informs the individual 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 an individual or institution for the benefit of another individual.¶
(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.
Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 412.006, 412.014, 412.049, 413.085, 414.619
Statutes/Other Implemented: ORS 409.010, 409.050, 411.060, 411.070, 411.404, 411.816, 411.837, 412.001, 412.006, 412.014, 412.049, 413.085, 414.619

AMEND: 461-135-0010

RULE SUMMARY: OAR 461-135-0010 is being amended to include language that allows Reentry Health Care Program benefits to be provided to residents of a public institution during a period of continuous eligibility (CE).

CHANGES TO RULE:

461-135-0010
Assumed, Continuous, and Protected Eligibility; Medicare Savings Programs, OSIPM ¶

(1) This rule sets out when medical program eligibility (see OAR 461-001-0000) of an individual is assumed, continuous, or protected. An individual may be granted any combination of assumed, continuous, or protected eligibility at the same time.¶
(2) Assumed eligibility. Assumed eligibility means an individual is assumed eligible for certain medical programs because the individual receives or is deemed to receive benefits of another program.¶
(a) To be assumed eligible for a medical program, an individual must meet:¶
(A) Residency requirements in OAR 461-120-0010;¶
(B) Child Support Program cooperation requirements in section (1) of OAR 461-120-0345;¶
(C) Medical assignment requirements in OAR 461-120-0315; and¶
(D) Citizenship requirements in OAR 461-120-0110 or noncitizen status requirements in OAR 461-120-0112.¶
(b) An individual described in paragraphs (A) or (B) of this subsection who meets the requirements in subsection subsection (2)(a) of this rule is assumed eligible for Oregon Supplemental Income Program Medical (OSIPM).¶
(A) A recipient of Supplemental Security Income (SSI) benefits.¶
(B) An individual deemed eligible for SSI under Sections 1619(a) or (b) of the Social Security Act (42 U.S.C. 1382h(a) or (b), which cover individuals with disabilities whose impairments have not changed but who have become gainfully employed and have continuing need for OSIPM.¶
(c) An individual who receives benefits under both Part A of Medicare and SSI and who meets the requirements in subsection (2)(a) of this rule is assumed eligible for the Qualified Medicare Beneficiary (QMB) program.¶
(3) Continuous eligibility. The provisions in this section are effective July 1, 2023. Continuous eligibility (CE) means a period during which medical benefits are not reduced or closed, except for as provided in paragraphs (c)(F) and (c)(G) of this section. The period during which medical benefits are not reduced or closed is called a CE period. Eligibility for a CE period and exceptions to CE are covered in this section.¶
(a) Children under 6 years are granted a CE period beginning the first day of the month of the medical benefit effective date (see OARs 461-180-0090, 461-180-0100, and 461-180-0085) and ending on the last day of the month the child turns 6 years or 24 months from the CE period beginning date, whichever is later, when one of the following is met:¶
(A) Medical benefits with a date of request (see OAR 461-115-0030) of July 1, 2023, or later are approved for an initial month, a renewal, or a redetermination; and there is no outstanding request for information.¶
(B) Medical benefits with a date of request of April 1, 2023, or later were approved for an initial month, a renewal, or a redetermination; there is no outstanding request for information; and the medical benefits are ongoing on July 1, 2023.¶
(b) Individuals 6 years or older are granted a 24-month CE period beginning the first day of the month of the medical benefit effective date (see OARs 461-180-0090, 461-180-0100, and 461-180-0085) when one of the following is met:¶
(A) Medical benefits with a date of request of July 1, 2023, or later are approved for an initial month, a renewal, or a redetermination; and there is no outstanding request for information.¶
(B) Medical benefits with a date of request of April 1, 2023, or later were approved for an initial month, a renewal, or a redetermination; there is no outstanding request for information; and the medical benefits are ongoing on July 1, 2023.¶
(c) CE special situations and exceptions. Notwithstanding other provisions of this rule section --¶
(A) Prior to July 1, 2023, there is no CE for Medicare Savings Programs (see OAR 461-001-0000).¶
(B) There is no CE for individuals receiving OSIPM-Acute Care (see OARs 461-101-0010 and 461-135-0745) or OSIPM under OAR 461-135-0750.¶
(C) Prior to April 1, 2023, in the OSIPM program, individuals 18 years or younger are eligible for a CE period as provided under previous OAR 461-135-0010 on the date medical program eligibility was determined.¶
(D) For individuals 19 years or older:¶
(i) There is no CE for medical eligibility determined from a date of request (see OAR 461-115-0030) before April 1, 2023.¶
(ii) There is no CE when medical benefit redetermination or renewal -¶

(I) Is based on a date of request on or after April 1, 2023; and¶
(II) Results in a medical benefit approval, but the approval is only to allow the individual the required 60-day advance notice of closure or reduction required under OAR 461-135-0880.¶
(iii) There is no CE for medical benefits restored solely due to the October 11, 2023, Oregon Eligibility Partnership transmittal OEP-AR-23-054 as the administrative restoration was not a result of a determination of financial and non-financial medical program eligibility.¶
(E) When an individual is eligible for retroactive medical benefits (see OAR 461-180-0140), the CE period does not begin on the date of retroactive eligibility. For example, if an applicant with a November 28 date of request is eligible for initial month benefits, as well as retroactive medical for the month of September, the CE period begin date is November 1.¶
(F) When an individual becomes a resident of a public institution (see OAR 461-135-0950), the Department shall suspend medical benefits ~~as required under rule, and t~~unless or until the individual becomes eligible for the Reentry Health Care Program (see OAR chapter 410, division 155). The CE period remains unchanged.¶
(G) When any of subparagraphs (i) through (v) occur, medical benefits shall be closed as required under rule and the CE period is lost. The CE period may only be restored under paragraph (H) of this subsection.¶
(i) The individual is no longer an Oregon resident.¶
(ii) The death of the individual.¶
(iii) The individual or someone authorized to act on their behalf voluntarily closes medical benefits.¶
(iv) Benefits were approved in error at the most recent determination or renewal of eligibility because of administrative error, or because of fraud, abuse, or perjury attributed to the individual or someone authorized to act on their behalf.¶
(v) In the Medicare Savings Programs, the individual becomes disenrolled in Medicare Part A.¶
(H) The CE period is restored when all of the following happen:¶
(i) The reason the individual's CE ended no longer exists.¶
(ii) The individual establishes a date of request for medical benefits on or before the last day of the month following the month the medical program closed.¶
(iii) The individual is not eligible for medical benefits based on the new application.¶
(d) Department administration of CE. In the OSIPM programs, the Department may change the medical program of the individual as long as the benefit package is not reduced.¶
(A) When an individual no longer meets the OSIPM program financial requirements, but still meets non-financial requirements, the individual shall be eligible for the OSIPM program with the uppermost income limit for which they meet non-financial requirements.¶
(B) When both of the following are true, an individual shall receive medical benefits through the Parent or Caretaker Relative program (see OAR 410-200-0420):¶
(i) The individual no longer meet the OSIPM basis of need (see OAR 461-120-0310), and¶
(ii) The individual does not meet the non-financial eligibility requirements for HSD Medical Programs of the same or better benefit.¶
(4) Protected eligibility. Protected eligibility means an individual determined eligible for an Oregon Health Plan (OHP) Plus benefit shall have that eligibility protected, despite changes in circumstance that would otherwise close or reduce benefits. Protected eligibility and exceptions to protected eligibility are covered in this section.¶
(a) An individual who is eligible for and receiving OSIPM for any portion of their pregnancy is entitled to protected eligibility for the duration of the pregnancy and the postpartum eligibility period. ¶
(b) The postpartum eligibility period is 12 calendar months following the month in which the pregnancy ends.¶
(c) Benefits may not be closed or reduced during a period of protected eligibility unless one of the following occurs:¶
(A) The individual is no longer an Oregon resident.¶
(B) The death of the individual.¶
(C) The individual or someone authorized to act on their behalf voluntarily closes medical benefits.¶
(D) Benefits were approved in error at the most recent determination or renewal of eligibility because of administrative error, or because of fraud, abuse, or perjury attributed to the individual or someone authorized to act on their behalf.
Statutory/Other Authority: ORS 409.050, ORS 411.060, 411.070, 411.404, 413.085, 414.685, 42 CFR 435.926
Statutes/Other Implemented: ORS 411.060, 411.070, 411.404, ORS 409.010, 42 CFR 435.926, 42 CFR 435.120, 42 CFR 435.123, 42 CFR 435.170, American Rescue Plan Act of 2021 (PL 117-2), Consolidated Appropriations Act, 2023 (H.R. 2617), Pub. L. No. 119-21 (2025)

AMEND: 461-135-0700

RULE SUMMARY: OAR 461-135-0700 is being amended to more clearly describe the process of submitting an Interim Assistance Authorization to the Social Security Administration and the requirements that must be met before General Assistance may be opened.

CHANGES TO RULE:

461-135-0700
Specific Requirements; General Assistance (GA) ¶

(1) For purposes of this rule, referring to an individual's housing circumstances as "homeless" means any of the following:¶
(a) The individual does not have a fixed or regular nighttime residence.¶
(b) The individual provides the Department with verification, under OAR 461-115-0700, that they are required to leave their place of residence within the upcoming 90 days. If the individual is not able to provide documentary verification, the Department will accept, on a case-by-case basis, self-attestation under the following circumstances:¶
(A) Documentation does not exist at application; or¶
(B) Documentation is not reasonably available at application, such as in the case of homelessness, domestic violence, or natural disaster.¶
(c) The individual's primary residence is one of the following:¶
(A) A supervised shelter that provides temporary accommodations.¶
(B) A halfway house or residence for individuals who may become institutionalized.¶
(C) A temporary accommodation in another individual's or family's residence for 90 days or less.¶
(D) A place not designed to be or ordinarily used as a place for individuals to sleep, such as a hallway, bus station, or similar place.¶
(E) A place lacking consistent and operational access to essential utilities.¶
(F) A temporary accommodation rented or leased by another person or entity, on behalf of the individual, for 90 or fewer days.¶
(2) To be eligible for General Assistance (GA), an individual must meet all of the following requirements:¶
(a) The individual must be 18 years of age or older.¶
(b) The individual must be an individual whose housing circumstances qualify as homeless (see section (1) of this rule).¶
(c) The individual may not be in the same OSIPM household group (see OAR 461-110-0210) with their child (see OAR 461-001-0000).¶
(d) The individual may not be receiving TANF benefits.¶
(e) The individual must be eligible for and receiving OSIPM with a basis of need established under OAR 461-125-0370(1)(c).¶
(f) The individual may not be in a nonstandard living arrangement (see OAR 461-001-0000) other than at home receiving in-home services (see OAR 411-030-0020).¶
(g) The individual must file a Supplemental Security Income (SSI) claim for benefits. The Department considers an SSI claim for benefits "filed" when all of the following criteria are met:¶
(A) An application form designated by the Social Security Administration (SSA) to pursue an SSI claim for benefits is filled out.¶
(B) The application is submitted to the SSA or to another Federal office, State office, or person authorized to receive applications on behalf of the SSA.¶
(C) The Department receives verification the individual's application for SSI claim for benefits has been received by the SSA.¶
(h) The individual must actively pursue the SSI claim for benefits, including: ¶
(A) Cooperate with the Department in applying to the SSA for SSI; ¶
(B) Appeal all denials of SSI made prior to a decision or recommended decision issued by an administrative law judge at the hearing level; and ¶
(C) Attend all appointments designated by the Department relating to obtaining SSI.¶
(i) The individual must meet the non-financial, non-disability requirements for SSI.¶
(j) The individual must complete and sign an interim assistance agreement authorizing the Department to recover ~~interim~~ GA benefits paid to the ~~client~~individual (or paid to~~-providers on the client~~ward authorized housing expenses on the individual's behalf) from the initial SSI payment or initial post-eligibility payment. The ~~SSA must also receive the~~ interim assistance agreement must meet the requirements in section (3) of this rule. The following

provisions are considered part of the interim assistance agreement:¶
(A) ~~Interim~~ GA benefits include only those GA cash benefits paid during the period of time that the SSI benefit covers.¶
(B) For any month in which SSI is prorated, the Department may recover only a prorated amount of the interim GA cash benefit.¶
(C) If the Department is unable to stop delivery of a GA benefit issued after the SSI payment is made, the GA payment will be included in the interim assistance to be reimbursed to the Department.¶
(3) Before an individual may be approved for GA benefits, the interim assistance agreement described in subsection (2)(j) of this rule must be:¶
(a) Completed and signed by both the individual and the Department; and¶
(b) Received by the SSA.¶
(4) Financial Eligibility.¶
(a) The OSIPM income and resource methodology are used to determine financial eligibility for the GA program, with the following asset limitations: ¶
(A) Individuals must have an adjusted income (see OAR 461-001-0000) below the amount listed under section (3) of OAR 461-155-0250.¶
(B) Individuals must meet the countable (see OAR 461-001-0000) resource limit under subsection (2)(a) of OAR 461-160-0015.¶
(b) The GA benefit amount is determined according to OAR 461-155-0210 and 461-160-0500.¶
(4~~5~~) If the Department determines that the individual no longer has an impairment that meets the criteria in OAR 461-125-0370, the individual is ineligible for GA.¶
(~~5~~6) An individual found by the SSA not to meet disability criteria at the initial or reconsideration level may continue receiving GA benefits until a decision or a recommended decision is issued by an SSA administrative law judge at the hearing level, pursuant to 20 CFR §416.1453.
Statutory/Other Authority: ORS 411.060
Statutes/Other Implemented: ORS 411.710, OL 2016 ch 93, 20 CFR 416.310, 20 CFR 416.1453

REPEAL: 461-135-0726

RULE SUMMARY: OAR 461-135-0726 is being repealed because the Independent Choices Program is a long-term service benefit available to all Oregon Supplemental Income Program Medical recipients and its eligibility rules are found in OAR chapter 411.

CHANGES TO RULE:

~~461-135-0726~~
~~Specific Requirements; OSIPM-ICP ¶~~

~~To be eligible for OSIPM-ICP (Independent Choices Program), a person must meet criteria for In-Home Services and the Independent Choices Program contained in OAR Chapter 411, Division 030.~~
~~Statutory/Other Authority: ORS 411.060~~
~~Statutes/Other Implemented: ORS 411.060~~

AMEND: 461-135-0780

RULE SUMMARY: OAR 461-135-0780 is being amended to reflect the annual federal cost of living adjustments that happen every January.

CHANGES TO RULE:

461-135-0780
Pickle Amendment Clients; OSIPM ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶
In the Oregon Supplemental Income Program Medical (OSIPM):¶
(1) The countable (see OAR 461-001-0000) Social Security Benefits (SSB) income of an individual is determined according to sections (2) to (4) of this rule if the individual meets all of the following requirements:¶
(a) Is receiving SSB;¶
(b) Was eligible for and receiving Supplemental Security Income (SSI) or state supplements but became ineligible for those payments after April 1977; and¶
(c) Would be eligible for SSI or state supplement if the SSB Cost-of-Living Adjustments (COLA) increases paid under section 215(i) of the Social Security Act, after the last month the individual was both eligible for and received SSI or a supplement and was entitled to SSB, were deducted from current SSB.¶
(2) The SSB amount received by the individual when the individual became ineligible for SSI or OSIP is used as the individual's countable SSB income, for the purposes of the Pickle Amendment. If the spouse (see OAR 461-001-0000) of the individual also had Social Security benefits at the time the individual lost SSI benefits, SSB amount at that time of the spouse is considered the countable income of the spouse. If the amount cannot be determined using the information provided by the Social Security Administration (SSA), it is calculated in accordance with section (3) of this rule.¶
(3) The Department determines the month in which the individual was entitled to SSB and received SSI in the same month. The Department uses the table in section (4) of this rule to find the percentage that applies to that month. The Department multiplies the present amount of the SSB of the individual by the applicable percentage. If the spouse of the individual also had SSB at the time the individual lost SSI benefits, the Department adjusts the SSB of the spouse using the same multiplier that was used for the individual's calculation under this section. This amount, rounded down to the next lower whole dollar, is the individual's countable SSB income.¶
(4) The following guide contains the calculations used to determine the SSB for prior years (the Department uses this table only if the prior year's amount using information provided by SSA):¶
~~If SSI was Last Received During ..... Multiply Current SSB by¶~~
~~January 2025 - December 2025..... .973¶~~
~~January 2024 - December 2024&&&&&&&&&&&&&&..... .949¶~~
~~January 2023 - December 2023..... .920¶~~
~~January 2022 - December 2022&&&&&&&&&&&&&&..... .846¶~~
~~January 2021 - December 2021..... .799¶~~
~~January 2020 - December 2020..... .789¶~~
~~January 2019 - December 2019..... .776¶~~
~~January 2018 - December 2018..... .755¶~~
~~January 2017 - December 2017..... .740¶~~
~~January 2015 - December 2016..... .738¶~~
~~January 2014 - December 2014..... .726¶~~
~~January 2013 - December 2013..... .715¶~~
~~January 2012 - December 2012..... .703¶~~
~~January 2009 - December 2011..... .679¶~~
~~January 2008 - December 2008..... .641¶~~
~~January 2007 - December 2007..... .627¶~~
~~January 2006 - December 2006..... .607¶~~
~~January 2005 - December 2005..... .583¶~~
~~January 2004 - December 2004..... .568¶~~
~~January 2003 - December 2003..... .556¶~~
~~January 2002 - December 2002..... .548¶~~
~~January 2001 - December 2001..... .534¶~~
~~January 2000 - December 2000..... .516¶~~

~~January 1999 - December 1999.....504¶~~
~~January 1998 - December 1998.....498¶~~
~~January 1997 - December 1997.....488¶~~
~~January 1996 - December 1996.....474¶~~
~~January 1995 - December 1995.....462¶~~
~~January 1994 - December 1994.....449¶~~
~~January 1993 - December 1993.....438¶~~
~~January 1992 - December 1992.....425¶~~
~~January 1991 - December 1991.....410¶~~
~~January 1990 - December 1990.....389¶~~
~~January 1989 - December 1989.....371¶~~
~~January 1988 - December 1988.....357¶~~
~~January 1987 - December 1987.....343¶~~
~~January 1986 - December 1986.....338¶~~
~~January 1985 - December 1985.....328¶~~
~~January 1984 - December 1984.....317¶~~
~~July 1982 - December 1983.....306¶~~
~~July 1981 - June 1982.....285¶~~
~~July 1980 - June 1981.....257¶~~
~~July 1979 - June 1980.....224¶~~
~~July 1978 - June 1979.....204¶~~
~~July 1977 - June 1978.....192¶~~
~~May or June 1977.....181~~ See the attached table, Calculations Used to Determine the SSB for Prior Years.
Statutory/Other Authority: 411.060, 411.070, 411.083, 411.404, ORS 409.050, 413.085, 414.685
Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.083, 411.404, 411.704, 413.085, 414.685, 42 CFR 435.135, P.L. 92-336

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

NOTE: Attachments referenced are attached to this document. You may view the attachment 461-135-0780.pdf from the Attachments panel. Alternately, you may view the attachments at the following link: https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=339408

AMEND: 461-135-0841

RULE SUMMARY: OAR 461-135-0841 is being amended to clarify existing language for how an applicant may qualify for an undue hardship waiver and modifies the existing category of hardship waiver to include a specific means testing for qualification, rather than the phrase “cause the applicant to become eligible for assistance”. The rule is also being amended to add more categories of undue hardship waiver, which include: 1.) the asset subject to recovery is an income producing property, such as a family farm and the sole income of the applicant, 2.) the applicant was a “caregiving child” and the Medicaid recipient would have qualified for an exception to a disqualifying transfer under OAR 461-140-0242(4)(c).

CHANGES TO RULE:

461-135-0841
Undue Hardship Waiver Criteria ¶

(1) ~~The Department may waive enforcement of any estate recovery claim if it finds that enforcing the claim would result in an undue hardship to the beneficiaries, heirs, or family members of the deceased client claiming entitlement to receive the assets of the deceased client.~~In response to an application for an undue hardship waiver that complies with OAR 461-135-0844, on forms provided by the Department, the Department may waive enforcement of any estate recovery claim if it finds any of the following:¶
(a) The waiver applicant's pre-tax household income did not exceed 225% of the applicable federal poverty level income standard for the appropriate family size during the last 24 months prior to requesting a hardship waiver and enforcement of the claim would cause the waiver applicant to become homeless. ¶
(b) Enforcement of the claim would require sale of real property of the deceased individual and the waiver applicant demonstrates, to the Department's satisfaction, that all of the following conditions are met:¶
(A) The real property is used in an agricultural or commercial business, for a purpose other than producing income through the lease of or rental of the property, and the business has been in continuous operation since the date that is 24 months prior to the deceased individual starting long term care; ¶
(~~2~~B) ~~In determining whether an undue hardship exists, the Department may consider the following criteria:¶~~
~~(a) Whether enforcement of the claim would cause the waiver applicant to become eligible for assistance; and¶~~
~~(b) Whether enforc~~The income produced by the real property comprises at least 85% of the applicant's annual pre-tax household income and the applicant's pre-tax household income did not exceed 225% of the applicable federal poverty level income standard for the appropriate family size during the last 24 months prior to requesting a hardship waiver; and¶
(C) Title to the real property vests or will vest, in whole or in part, in the waiver applicant by deed, will or intestate succession, or pursuant to the terms of a trust, or by operation of law through joint tenancy, tenancy in common, survivorship, transfer on death, or life estate. ¶
(c) Enforcement of the claim would require sale of the real property of the deceased individual and the waiver applicant demonstrates, to the Department's satisfaction, that all of the following conditions are met:¶
(A) The waiver applicant is the natural or adoptive child of the Medicaid recipient and meets the requirements of ~~the claim would cause the waiver applicant, who would otherwise be eligible for assistance, to become homeless.~~OAR 461-140-0242(4)(c)(A)-(C);¶
(B) Title to the real property vests or will vest, in whole or in part, in the waiver applicant by deed, will, or intestate succession, or pursuant to the terms of a trust, or by operation of law through joint tenancy, tenancy in common, survivorship, transfer on death, or life estate;¶
(C) The waiver applicant has resided at the real property continuously since the deceased individual began receiving long term care other than an absence from that home that does not exceed 60 days; and ¶
(~~3~~D) ~~Waiver of an estate recovery claim~~The real property is not being sold for other reasons.¶
(2) The form of any waiver the Department grants is subject to the Department's discretion, and may include, but is not limited to, the following:¶
(a) Forgiveness of all or part of the claim, or any other relief the Department deems fit; or¶
(b) ~~Taking a mortgage or trust deed~~Accepting a promissory note secured by a trust deed on terms specified by the Department in lieu of current enforcement of the claim.¶
(~~4~~3) No waiver will be granted if ~~the Department finds that the undue hardship was created by resort to estate planning methods by which~~any of the following occur:¶
(a) The Department finds that the waiver applicant or deceased client divested, transferred or otherwise encumbered assets, in whole or in part, to avoid estate recovery.¶

(~~5~~b) ~~No waiver will be granted if t~~The Department finds that the undue hardship will not be remedied by the grant of the waiver.
Statutory/Other Authority: ORS 410.070, 411.060, 414.106
Statutes/Other Implemented: ORS 414.106, 416.340

AMEND: 461-135-0844

RULE SUMMARY: OAR 461-135-0844 is being amended to specify that an undue hardship waiver application must be submitted in writing on forms supplied by the Department.

CHANGES TO RULE:

461-135-0844
Procedures for Applying for Undue Hardship Waiver ¶

In connection with a request for an undue hardship waiver under OAR 461-135-0841:¶
(1) The Department will provide written notice of the hardship waiver rules to:¶
(a) The personal representative or other person handling the deceased client's estate, if that person is known to the Department at the time the Department files its claim with the probate court. If the person handling the deceased client's estate is not known to the Department, the Department will file the written notice with the claim that it files with the probate court; or¶
(b) Any beneficiary, heir or family member of the deceased client who contacts the Department asserting a right superior to that of the Department to receive property or other assets of the deceased client unless the Department agrees that the beneficiary, heir or family member's claim is superior; or¶
(c) Any beneficiary, heir or family member of the deceased client who held an asset jointly with the deceased client at the time of death, if that person is known to the Department unless the Department determines that it has no right to the jointly held asset.¶
(2) Any beneficiary, heir, or family member claiming entitlement to receive the assets of the deceased client may apply for a hardship waiver under this rule by submitting a written request for a waiver to the Department within 45 days of the date the notice was sent to the person or to the probate court. The Department may, in its discretion, consider waiver applications filed after the 45-day period if the waiver applicant demonstrates that there was good cause for the delay.¶
(3) The written request shall include all the following:¶
(a) Signed and dated application forms supplied by the Department that include the following information:¶
(~~a~~A) The relationship of the waiver applicant to the decedent.¶
(~~b~~B) The nature of the applicant's right to receive the property of the decedent if the waiver is granted.¶
(~~c~~C) The applicant's financial situation or other facts that support the applicant's claim that an undue hardship exists.¶
(~~d~~b) A statement of the type of waiver that is being requested.¶
(~~e~~c) Documentation establishing or demonstrating any of the information submitted.¶
(~~f~~d) Any other information or documentation that the applicant believes should be considered by the Department in determining whether an undue hardship exists.¶
(4) The Department may request additional information or documentation from the applicant. If the additional information or documentation is not provided within 30 days of the Department's request for additional information or documentation, the hardship waiver application will be considered by the Department on the basis of the information and documentation provided.¶
(5) Within 90 days of receipt of the hardship waiver application, the Department will issue a written decision granting or denying, in whole or in part, the applicant's request for an undue hardship waiver.¶
(6) If the decision is adverse to the hardship waiver applicant, the Department's written decision shall include information regarding the applicant's right to a contested case hearing before the Office of Administrative Hearings.¶
(7) The rules and procedures adopted by the Department in chapters 137 and 461 of the Oregon Administrative Rules shall apply to hearings challenging the denial of a hardship waiver application.¶
(8) The issue for the hearing will be whether the Department's decision was correct based on the information available to the Department at the time the written decision was issued, unless the applicant can show good cause for failing to submit relevant information or documentation to the Department prior to the date the written decision was issued.¶
(9) Receipt of a timely request for waiver or request for hearing shall not prevent or delay the Department's pursuit of its estate recovery claim pending issuance of a final order at the conclusion of the hearing. The Department shall return any funds it collected if it is ultimately decided that the waiver should have been granted.
Statutory/Other Authority: ORS 411.060
Statutes/Other Implemented: ORS 411.795

AMEND: 461-135-0875

RULE SUMMARY: OAR 461-135-0875 is being amended to add a section to specify who is evaluated for retroactive eligibility under this rule.

CHANGES TO RULE:

461-135-0875
Specific Requirements; Retroactive Eligibility ¶

(1) Individuals are evaluated for retroactive eligibility as follows:¶
(a) In order to be evaluated for retroactive eligibility under this rule, the individual must be determined eligible for medical benefits under chapter 461 or for any medical program described in OAR chapter 410 division 200 in the date of request (see OAR 461-115-0030 and 410-200-0015) month. For purposes of this rule, "determined eligible" includes situations in which the individual is eligible for Qualified Medicare Beneficiary (QMB) benefits in the date of request month, benefits are approved in the following month in accordance with OAR 461-180-0090(3), and the individual is potentially eligible for another medical program in the retroactive months.¶
(b) In the Oregon Supplemental Income Program Medical (OSIPM), when individuals received Medicaid-covered medical services prior to the date of request ~~(see OAR 461-115-0030)~~. This includes deceased individuals who would have been eligible for Medicaid covered services had they, or someone acting on their behalf, applied.¶
(~~b~~c) In the Qualified Disabled and Working Individual (QDWI) program, when individuals paid or incurred Medicaid-covered Medicare Part A premiums, or were eligible for but not enrolled in Medicare Part A prior to the date of request and received Medicare Part A-covered services. This includes deceased individuals who would have been eligible for Medicaid-covered premiums had they, or someone acting on their behalf, applied.¶
(~~c~~d) In the Specified Low-Income Medicare Beneficiary (SLMB) and Qualifying Individual (QI) programs, when individuals paid or incurred Medicaid-covered Medicare Part B premiums, or were eligible for but not enrolled in Medicare Part B prior to the date of request and received Medicare Part B-covered services. This includes deceased individuals who would have been eligible for Medicaid-covered premiums had they, or someone acting on their behalf, applied.¶
(~~d~~e) Individuals applying for medical assistance through the Refugee Assistance Medical (REFM) program are evaluated for retroactive eligibility.¶
(2) If eligible for medical assistance retroactively, the eligibility of the individual may not start earlier than the date indicated by OAR 461-180-0140.¶
(3) In the Qualified Medicare Beneficiary (QMB) program, there are no retroactive medical benefits.
Statutory/Other Authority: ORS 409.050, 411.060, 411.404, 413.085, 414.685
Statutes/Other Implemented: 411.060, 411.404, 413.085, 414.685, ORS 409.010

AMEND: 461-135-0930

RULE SUMMARY: OAR 461-135-0930 is being amended to align the period of eligibility for the Refugee Assistance Medical (REFM) program to edits made in OAR 461-135-0900(4) based on guidance from the Federal Office of Refugee Resettlement (ORR). It is also being amended to correct the name of the Qualified Medicare Beneficiary program and spell out program names the first time they are used.

CHANGES TO RULE:

461-135-0930
Medical Coverage for Refugees; REFM ¶

(1) Benefits in the Refugee Assistance Medical (REFM) program are the same medical coverage as any Medicaid or Children's Health Insurance Program (CHIP) program, except the Qualified Medicare Beneficiar~~ies~~y (QMB) program.¶
(2) An individual is not required to meet the financial eligibility criteria for the REFM program if the individual meets all the non-financial eligibility criteria for the REFM program and the requirements of at least one of the following subsections:¶
(a) The individual loses eligibility for any Medicaid or CHIP program, except the QMB program, due to income from employment.¶
(b) The individual loses eligibility for any Medicaid or CHIP program, except the QMB program, and is currently receiving benefits in the Refugee Assistance (REF) program.¶
(c) The individual had medical assistance established in another state based on refugee status granted by the United States Citizenship and Immigration Services, and:¶
(A) Moved to Oregon and is still within the individual's ~~first twelve months in the United States~~eligibility period as per OAR 461-135-0900(4); and¶
(B) Was found not eligible for any Medicaid or CHIP program other than the QMB program.¶
(3) An individual who is determined eligible for the REFM program will maintain eligibility for the REFM program for the remainder of their eligibility period, as per OAR 461-135-0900(4), even if the individual loses eligibility for the REF program due to having income equal to or over the countable (see OAR 461-001-0000) income and adjusted income (see OAR 461-001-0000) limits (see OAR 461-155-0030).¶
(4) An individual applying for the REFM program is not required to apply for or receive benefits in the REF program.¶
(5) Except for the QMB program, eligibility for all Medicaid and CHIP programs must be determined prior to determining eligibility for the REFM program.¶
(6) When a newborn is born to a member of a REFM program benefit group (see OAR 461-110-0750):¶
(a) Members of the benefit group~~,~~ may continue to receive REFM program benefits for the remainder of the ~~twelve months~~eligibility period, as stated in OAR 461-135-0900(4), if the member is determined ineligible for all Medicaid and CHIP programs.¶
(b) The newborn may receive REFM program benefits for the remainder of the ~~twelve months~~eligibility period of the benefit group, as stated in OAR 461-135-0900(4), if the newborn is determined ineligible for all Medicaid and CHIP programs.¶
(7) To be eligible for the REFM program, an individual may not be enrolled in Medicare.
Statutory/Other Authority: ORS 409.050, 411.060, 411.404, 413.085, 414.685
Statutes/Other Implemented: 411.060, 411.404, ORS 409.010, 45 CFR 400

AMEND: 461-135-0950

RULE SUMMARY: OAR 461-135-0950 is being amended to add eligibility requirements for the Reentry Health Care Program and to include language that allows Reentry Health Care Program benefits to be provided to eligible residents of a public institution when they would otherwise be suspended. This rule is also being updated to spell out program names when they are first used.

CHANGES TO RULE:

461-135-0950
Eligibility for Residents of Public Institutions ¶

(1) This rule sets out additional restrictions on the eligibility of residents of public institutions for programs covered by Chapter 461 of the Oregon Administrative Rules.¶
(2) Definition of a "resident of a public institution".¶
(a) An individual living in a public institution (see section (3) of this rule) who is:¶
(A) Confined involuntarily in a local, state or federal prison, jail, detention facility, or other penal facility, including an individual being held involuntarily in a detention center awaiting trial or an individual serving a sentence for a criminal offense;¶
(B) Residing involuntarily in a facility under a contract between the facility and a public institution where, under the terms of the contract, the facility is a public institution;¶
(C) Residing involuntarily in a facility that is under governmental control;¶
(D) Receiving care as an outpatient while residing involuntarily in a public institution; or¶
(E) ~~In the OSIPM and QMB programs~~For Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM), no longer a resident of the public institution during a temporary period of hospitalization in a medical institution outside of the correctional facility.¶
(b) An individual is not considered a resident of a public institution when:¶
(A) The individual is released on parole, probation, or post-prison supervision;¶
(B) The individual is on home- or work-release, unless the individual is required to report to a public institution for an overnight stay;¶
(C) The individual is voluntarily residing in a supervised community residential facility and all of the following are true:¶
(i) Residents are not precluded from working outside the facility in employment available to individuals who are not under justice system supervision;¶
(ii) Residents can use community resources such as libraries, grocery stores, recreation and education at will, notwithstanding any house rules such as a requirement to sign in and out, curfews, or hours during which the residence is closed or locked; and¶
(iii) Residents can seek health care treatment in the broader community to the same or similar extent as other Medicaid enrollees in the state.¶
(D) The individual is staying voluntarily in a detention center, jail, or county penal facility after their case has been adjudicated and while other living arrangements are being made for the individual; or¶
(E) The individual is in a public institution pending other arrangements as defined in 42 CFR 435.1010.¶
(3) A "public institution" is any of the following:¶
(a) A "state hospital" (see ORS 162.135).¶
(b) A local correctional facility (see ORS 169.005): a jail or prison for the reception and confinement of individuals that is provided, maintained and operated by a county or city and holds individuals for more than 36 hours.¶
(c) A Department of Corrections institution (see ORS 421.005): a facility used for the incarceration of individuals sentenced to the custody of the Department of Corrections, including a satellite, camp, or branch of a facility.¶
(d) A youth correction facility (see ORS 162.135):¶
(A) A facility used for the confinement of individuals placed in the legal or physical custody of the youth authority, including a secure regional youth facility, a regional accountability camp, a residential academy and satellite, and camps and branches of those facilities; or¶
(B) A facility established under ORS 419A.010 to 419A.020 and 419A.050 to 419A.063 for the detention of individuals pursuant to a judicial commitment or order.¶
(4) Definition of serious mental illness. An individual has a serious mental illness if the individual has been diagnosed by a psychiatrist, a licensed clinical psychologist or a certified non-medical examiner as having dementia, schizophrenia, bipolar disorder, major depression or other affective disorder or psychotic mental disorder other than a substance abuse disorder and other than a disorder that is caused primarily by substance abuse.¶

(5) An individual who resides in a state hospital (see subsection (3)(a) of this rule), meets the definition of having a serious mental illness (see section (4) of this rule), and applies for medical assistance between 90 and 120 days prior to the expected date of the person's release from the state hospital may be found eligible for medical assistance. If the individual is determined to be eligible, the effective date of the individual's medical assistance is the date the individual is no longer a resident of the institution.¶
(6) ~~In the OSIPM and QMB programs~~For Medicare Savings Programs and OSIPM, except as provided for in section (7) of this rule, an individual who is at least 21 years of age and less than 65 years of age who becomes a resident of a state hospital has medical benefits suspended. When an individual with suspended medical benefits is no longer a resident of the state hospital, or when the individual is admitted to a medical institution outside of the state hospital for a period of hospitalization, medical benefits are reinstated effective the first day the individual is no longer a resident.¶
(7) An individual residing in a state hospital may be eligible for ~~OSIPM and QMB program~~Medicare Savings Programs and OSIPM benefits if the individual meets the requirements of one of the following subsections:¶
(a) The individual is 65 years of age or older.¶
(b) The individual receives a Certificate of Need for Services from the State-authorized agency, and meets one of the following:¶
(A) The individual is under 21 years of age.¶
(B) The individual is 21 years of age, received a Certificate of Need for Services from the State-authorized agency, and received those services immediately before reaching age 21. Except as provided for in subsection (a) of this section, eligibility ends at age 22.¶
(8) An individual residing in a carceral setting, as defined in OAR 410-155-0000, may be eligible for the Reentry Health Care Program (see OAR chapter 410 division 155) if all of the following are true:¶
(a) The individual would be eligible for OSIPM were it not for being a resident of a public institution.¶
(b) The individual is either under age 21, or eligible for the Mandatory Former Foster Care Medicaid eligibility group as described in OAR 410-200-0407.¶
(c) Charges have been adjudicated. ¶
(d) The individual is in their pre-release period as defined in OAR 410-155-0000.¶
(9) For all programs covered under chapter 461 of the Oregon Administrative Rules:¶
(a) Except as provided otherwise in this rule, a resident of a public institution (see section (2) of this rule) is not eligible for benefits.¶
(b) Except as provided otherwise in this rule, if a pregnant individual receiving medical assistance through the OSIPM program becomes a resident of a public institution, their medical benefits are suspended. When the Department learns the individual is no longer a resident of a public institution, their medical benefits are reinstated - effective on the first day they are no longer a resident of a public institution - if they are still in their protected period of eligibility under OAR 461-135-0010.¶
(c) If an individual receiving medical assistance through the ~~OSIPM or QMB programs~~Medicare Savings Programs or OSIPM becomes a resident of a public institution ~~at~~in a c~~orrectional facility (see subsections (3)(b) through (3)(d) of this rule), medical benefits are suspended during the incarceration period.¶~~
~~(d) In the OSIPM and QMB programs~~arceral setting, medical benefits are suspended during the incarceration period unless or until the individual becomes eligible for the Reentry Health Care Program. ¶
(d) For Medicare Savings Programs and OSIPM:¶
(A) When the Department learns the individual is no longer a resident of a public institution within 12 calendar months of the change, ~~suspended~~Medicare Savings Programs and OSIPM benefits may be restored, effective the first day the individual was no longer a resident of a public institution. ¶
(B) When the Department learns the individual has been admitted to a hospital outside of the public institution for a period of hospitalization, ~~suspended~~Medicare Savings Programs and OSIPM benefits may be restored effective the first day of the period of hospitalization. ¶
(C) When the date benefits are reinstated is prior to the individual's eligibility renewal date, the eligibility renewal date will be maintained.¶
(D) When the date benefits are reinstated is after the individual's eligibility renewal date, eligibility must be redetermined immediately after benefits are restored.¶
(~~9) In th~~10) For General Assistance (GA) and ~~SNAP programs~~the Supplemental Nutrition Assistance Program (SNAP), in addition to the other provisions of this rule, a resident of a public institution released from a public institution on home arrest and required to wear an electronic device to monitor their activity, is ineligible for benefits if the correctional agency provides room and board to the individual.¶
(1~~0~~1) In the GA program, when an individual becomes a resident of a public institution:¶
(a) Housing assistance payments may continue for one calendar month following the month the individual became a resident of a public institution if the following are true:¶
(A) The Department can determine that the individual will no longer be a resident of a public institution before the

end of the calendar month following the month the individual became a resident of a public institution, and¶
(B) The individual's housing arrangement is still available.¶
(b) When the individual will no longer be a resident of a public institution after the end of the calendar month following the month the individual became a resident of a public institution, or when the date the individual will no longer be a resident of a public institution is not known, housing assistance payments will be closed effective the end of the notice period (see OAR 461-175-0050) for a timely continuing benefit decision notice (see OAR 461-001-0000).
Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.816, 412.049, 413.085, 414.685, 412.014
Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.447, 411.816, 412.014, 412.049, 414.426, 42 CFR 435.1009, Consolidated Appropriations Act, 2023, Pub L. No. 117-328

AMEND: 461-145-0220

RULE SUMMARY: OAR 461-145-0220 is being amended to reflect the annual federal cost of living and spousal impoverishment standard adjustments that happen every January.

CHANGES TO RULE:

461-145-0220
Home ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶
(1) Home defined: A home is the place where the filing group (see OAR 461-110-0310) lives. A home may be a house, boat, trailer, mobile home, or other habitation. A home also includes the following:¶
(a) Land on which the home is built and contiguous property.¶
(A) In all programs except Oregon Supplemental Income Program Medical (OSIPM), Qualified Disabled and Working Individual (QDWI), and the Supplemental Nutrition Assistance Program (SNAP), property must meet all the following criteria to be considered contiguous property:¶
(i) It must not be separated from the land on which the home is built by land owned by people outside the financial group (see OAR 461-110-0530).¶
(ii) It must not be separated by a public right-of-way, such as a road.¶
(iii) It must be property that cannot be sold separately from the home.¶
(B) In the OSIPM, QDWI, and SNAP programs, contiguous property is property not separated from the land on which the home is built by land owned by people outside the financial group.¶
(b) Other dwellings on the land surrounding the home that cannot be sold separately from the home.¶
(2) Exclusion of home and other property:¶
(a) For an individual who has an initial month (see OAR 461-001-0000) of long-term care (see OAR 461-001-0000), home and community-based care (see OAR 461-001-0030), or who is being evaluated for OSIPM in an acute care setting under OAR 461-135-0745 on or after January 1, 2006:¶
(A) For purposes of this subsection, "child" means a biological or adoptive child who is:¶
(i) Under age 21; or¶
(ii) Any age and meets the Social Security Administration criteria for blindness or disability.¶
(B) The equity value (see OAR 461-001-0000) of a home is excluded if the requirements of at least one of the following subparagraphs are met:¶
(i) The child (see paragraph (A) of this subsection) of the individual or relative dependent on the individual for support occupies the home.¶
(ii) The spouse (see OAR 461-001-0000) of the individual occupies the home.¶
(iii) The equity in the home is $752,000 or less, and the requirements of at least one of the following sub-subparagraphs are met:¶
(I) The individual occupies the home.¶
(II) The home equity is excluded under OAR 461-145-0252.¶
(III) The home is listed for sale per OAR 461-145-0420.¶
(iv) Notwithstanding OAR 461-120-0330, the equity in the home is more than $752,000 and the individual is unable legally to convert the equity value in the home to cash.¶
(b) For all other filing groups, the value of a home is excluded when the home is occupied by any member of the filing group.¶
(c) In the SNAP program, the value of land is excluded while the group is building or planning to build their home on it, except that if the group owns (or is buying) the home they live in and has separate land they intend to build on, only the home in which they live is excluded, and the land they intend to build on is treated as real property in accordance with OAR 461-145-0420.¶
(3) Exclusion during temporary absence: The value of a home is excluded in each of the following situations:¶
(a) For the purposes of this section, "evidence" includes a written statement from a competent individual.¶
(b) In all programs except the OSIPM, and QDWI programs, during the temporary absence of all members of the filing group from the property, if the absence is due to illness or uninhabitability (from casualty or natural disaster), and the filing group intends to return home.¶
(c) In the OSIPM, and QDWI programs, when the individual is temporarily absent:¶
(A) To receive assistance with activities of daily living (see OAR 411-015-0005) under one of the following conditions:¶
(i) The absent individual has expressed either orally or in writing their subjective intent to return home. Subjective

intent means that they intend to return home regardless of their medical condition or any opinion offered by a third party about their ability to do so. ¶
(ii) The home remains occupied by the individual's spouse, child, or a relative dependent on the individual for support. The child must be less than 21 years of age or, if over the age of 21, blind or an individual with a disability as defined by Social Security Administration (SSA) criteria.¶
(B) Due to illness, employment or training for future employment, seasonal employment, or uninhabitability; and both of the following conditions are met:¶
(i) The absent individual has provided evidence that the absent individual will return home, and¶
(ii) The evidence reflects the subjective intent of the individual, regardless of the individual's medical condition.¶
(d) In the Refugee Assistance (REF), Refugee Assistance Medical (REFM), and Temporary Assistance for Needy Families (TANF) programs, when all members of the filing group are absent because:¶
(A) The members are employed in seasonal employment and intend to return to the home when the employment ends; or¶
(B) The members are searching for employment, and the search requires the members to relocate away from their home. If all members of the filing group are absent for this reason, the home may be excluded for up to six months from the date the last member of the filing group leaves the home to search for employment. After the six months, if a member of the filing group does not return, the home is no longer excluded.¶
(e) In the SNAP program, when the financial group is absent because of employment or training for future employment.
Statutory/Other Authority: ORS 409.050, 410.070, 411.060, 411.070, 411.404, 411.816, 412.049, 413.085, 414.685
Statutes/Other Implemented: ORS 409.010, 409.050, 410.010, 410.020, 410.070, 410.080, 411.060, 411.070, 411.404, 411.816, 412.049, 413.085, 414.685, 414.839

AMEND: 461-155-0210

RULE SUMMARY: OAR 461-155-0210 is being amended to reflect the annual federal cost of living adjustments that take place every January.

CHANGES TO RULE:

461-155-0210
Payment Standards and Methods of Issuance; GA ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶
In the General Assistance (GA) program:¶
(1) For purposes of this rule, "eligible spouse" means a spouse (see OAR 461-001-0000) who is eligible for and receiving Oregon Supplemental Income Program Medical (OSIPM) under OAR 461-125-0370(c).¶
(2) The GA payment standards are:¶
(a) $649 for one person.¶
(b) $972 for two persons.¶
(3) The payments for one person are as follows:¶
(a) The Housing Assistance Payment is the least of:¶
(A) The amount of monthly rent the individual owes,¶
(B) $649 minus the adjusted income determined under OAR 461-160-0500, or¶
(C) $649.¶
(b) The Utility Allowance is $109.¶
(c) The Personal Incidental Fund is $73.¶
(4) The payments for two people are as follows:¶
(a) For a married individual whose spouse is in the ~~Oregon Supplemental Income Program Medical (~~OSIPM~~)~~ household group (see OAR 461-110-0210) and is considered an eligible spouse, the Housing Assistance Payment for each eligible spouse is half of the total Housing Assistance Payment, which is the least of:¶
(A) The amount of monthly rent the individual and spouse owe;¶
(B) $972 minus the adjusted income determined under OAR 461-160-0500, or¶
(C) $972.¶
(b) For a married individual whose spouse is in the OSIPM household group and is not considered an eligible spouse, the Housing Assistance Payment is the least of:¶
(A) The amount of monthly rent the individual and spouse owe;¶
(B) $972 minus the adjusted income determined under OAR 461-160-0500, or¶
(C) $649.¶
(c) The Utility Allowance is $166.¶
(d) The Personal Incidental Fund is $113.¶
(5) The Housing Assistance Payment is issued directly to the landlord and is contingent upon the receipt of a signed and valid Rental Agreement.¶
(6) The Utility Allowance is issued directly to the individual.¶
(7) The Personal Incidental Fund is issued directly to the individual.
Statutory/Other Authority: ORS 409.050, 411.060
Statutes/Other Implemented: ORS 411.010, 411.060, 411.710, 411.730, 411.740, OR Laws 2016, Ch 93

AMEND: 461-155-0250

RULE SUMMARY: OAR 461-155-0250 is being amended to reflect the annual federal cost of living adjustments that happen every January.

CHANGES TO RULE:

461-155-0250
Income and Payment Standard; OSIPM ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶
In the Oregon Supplemental Income Program Medical (OSIPM):¶
(1) An individual who is assumed eligible per OAR 461-135-0010 is presumed to meet the income limits for the OSIPM program.¶
(2) An individual meeting the requirements of OAR 461-135-0745 or OAR 461-135-0750, who is not assumed eligible and does not meet the income standards set out in sections (3) or (5) of this rule, must have countable (see OAR 461-001-0000) income that is equal to or less than 300 percent of the full Supplemental Security Income (SSI) standard for a single individual or have established a qualifying trust as specified in OAR 461-145-0540(9)(c).¶
(3) An individual, other than one identified in sections (1), (2), (5), or (6) of this rule, must have adjusted income (see OAR 461-001-0000) below the standard in this section.¶
~~OSIPM A~~(a) For a need group (see OAR 461-110-0630) of one, adjusted ~~I~~income ~~Standards¶~~
~~Number in N~~at or below $994 per month.¶
(b) For a need ~~G~~group ~~&&&..... One &&&..... Two¶~~
~~AB/AD/OAA &&&&&&&&&..... 994 &&&..... 1,491~~of two, adjusted income at or below $1,491 per month.¶
(4) In the OSIPM (except the Oregon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD)), an individual receiving Medicaid services in a nursing facility or an Intermediate Care Facility-Intellectually Disabled (ICF-ID) is allowed the following amounts for clothing and personal incidentals:¶
(a) For an individual who receives a Veterans (VA) pension based on unreimbursed medical expenses (UME), $90 is allowed.¶
(b) For all other individuals, $81.28 is allowed.¶
(c) For an individual identified in subsection (b) of this section with countable income (including any SSI) that is less than $79.07, the payment standard is equal to the difference between the individual's countable income (including any SSI) and $79.07. 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.¶
(5) In the OSIPM-EPD, an individual must have adjusted earned income equal to or below 250 percent of the federal poverty level for a family of one.¶
(6) An individual who meets the requirements of OAR 461-135-0755, is not assumed eligible, and does not meet the income standard set out in section (3) of this rule, must have adjusted income equal to or below 150 percent of the federal poverty level for a family of one.
Statutory/Other Authority: ORS 411.060, ORS 409.050, 411.070, 411.404, 411.704, 411.706, 413.085, 414.685
Statutes/Other Implemented: ORS 411.060, ORS 409.010, 411.070, 411.404, 411.704, 411.706, P.L. 92-336

AMEND: 461-155-0270

RULE SUMMARY: OAR 461-155-0270 is being amended to reflect the annual federal cost of living adjustments that happen every January.

CHANGES TO RULE:

461-155-0270
Room and Board Standard; Community-Based Care ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶
For an individual residing in a community-based care facility (see OAR 461-155-0630(1)), the room and board standard is $773. An individual residing in a community-based care facility must pay room and board.
Statutory/Other Authority: ORS 411.060, 411.070, 411.704, 411.706, ORS 409.050, 411.404, 413.085, 414.685
Statutes/Other Implemented: ORS 411.060, 411.070, 411.704, 411.706, ORS 409.010, 411.404, P.L. 92-336

AMEND: 461-160-0070

RULE SUMMARY: OAR 461-160-0070 is being amended to maximize the rental benefits for General Assistance (GA) program beneficiaries while staying below the GA full month benefit, currently $649 for one-person in 2026. These changes will support GA beneficiaries in avoiding rental delinquency at the onset of their rental tenancy.

CHANGES TO RULE:

461-160-0070
Benefits for Less Than a Full Month ¶

(1) In the ~~GA,~~ Oregon Supplemental Income Program (OSIP), Refugee Assistance (REF), S~~NAP and TANF~~upplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) programs, if in a month a benefit group is eligible for less than a full month's benefits (such as the initial and closing months), benefits for that month are determined as follows:¶
(~~1~~a) The benefit amount for a full month is determined.¶
(~~2~~b) The full benefit amount is divided by the number of days in the payment month to determine the daily benefit.¶
(~~3~~c) The daily benefit is multiplied by the number of days in the month the group is eligible. The result is the benefit amount for the partial month (prorated benefit), except as adjusted by section (4) of this rule.¶
(~~4~~d) Rounding is used in the calculation of the prorated benefit as follows:¶
(~~a~~A) In the REF, SNAP and TANF programs, if the prorated benefit is not a whole dollar amount, the prorated benefit is rounded to the next lower whole dollar.¶
(~~b) In the GA and OSIP programs~~B) In the OSIP program, the prorated benefit is not rounded.¶
(2) In the General Assistance (GA) program, when a benefit group (see OAR 461-110-0750) is eligible for less than a full month's benefit, benefits for that month are determined as follows:¶
(a) The benefit amount for a full month is determined when calculating the Utility Allowance and the Personal Incidental Fund. The actual monthly rental obligation is used to calculate the prorated Housing Assistance benefit. ¶
(b) For the Utility Allowance and Personal Incidental Fund benefits, the full benefit amount is divided by the number of days in the payment month to determine the daily benefit. For the Housing Assistance benefit, the actual rental obligation is divided based on the number of days in the payment month to determine the daily benefit.¶
(c) The daily benefit is multiplied by the number of days in the month the group is eligible. The result is the benefit amount for the partial month (prorated benefit). ¶
(d) The prorated benefit calculated per subsections (a) through (c) above shall not exceed the GA full month maximum benefit amount allowed per OAR 461-155-0210. ¶
(e) In the GA program, the prorated benefit is not rounded.
Statutory/Other Authority: ORS 411.060
Statutes/Other Implemented: ORS 411.060

AMEND: 461-160-0580

RULE SUMMARY: OAR 461-160-0580 is being amended to reflect the annual federal cost of living and spousal impoverishment standard adjustments that happen every January.

CHANGES TO RULE:

461-160-0580
Excluded Resource; Community Spouse Provision (OSIPM except OSIPM-EPD) ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶
This rule explains how resource exclusions apply for individuals in a nonstandard living arrangement (see OAR 461-001-0000) when there is a community spouse (see OAR 461-001-0030) in the Oregon Supplemental Income Program Medical (OSIPM) (except OSIPM-Employed Persons with Disabilities (OSIPM-EPD)):¶
(1) This rule applies to:¶
(a) An institutionalized spouse (see OAR 461-001-0030) who has applied for benefits because the individual is in or will be in a continuous period of care (see OAR 461-001-0030).¶
(b) An individual in a nonstandard living arrangement who becomes legally married (see OAR 461-001-0000) following initial approval for service benefits.¶
(2) Whether a legally married couple lives together or not, the determination of whether the value of the couple's resources exceeds the eligibility limit for the institutionalized spouse for OSIPM is made as follows:¶
(a) The first step is the determination of what the couple's combined countable (see OAR 461-001-0000) resources were at the beginning of the most recent continuous period of care, or the date they became legally married, whichever occurs later. (The beginning of the continuous period of care is the first month of that continuous period.)¶
(A) Division 461-140 and 461-145 rules applicable to OSIPM describe which of the couple's resources are countable resources, and are applicable to determine whether a community spouse's resources are countable, even if the rule only applies to OSIPM individuals.¶
(B) The countable resources of both spouses (see OAR 461-001-0000) are combined.¶
(C) At this point in the computation, the couple's combined countable resources are considered available equally to both spouses.¶
(b) The second step is the calculation of one half of what the couple's combined countable resources were at the beginning of the continuous period of care, or the date they became legally married, whichever occurs later. The community spouse's half of the couple's combined resources is treated as a constant amount when determining eligibility.¶
(c) The third step is the determination of the community spouse's resource allowance. The community spouse's resource allowance is the largest of the four following amounts:¶
(A) The community spouse's half of what the couple's combined countable resources were at the beginning of the continuous period of care, or the date the couple became legally married, whichever occurs later, but not more than $162,660.¶
(B) $32,532 (the state community-spouse resource allowance).¶
(C) A court-ordered community spouse resource allowance. In this paragraph and paragraph (2)(f)(C) of this rule, the term "court-ordered community spouse resource allowance" means a "court-ordered community spouse resource allowance" that, in relation to the income generated, would raise the community spouse's income to a court-approved monthly maintenance needs allowance. In cases where the individual became an institutionalized spouse on or after February 8, 2006, this resource allowance must use all of the individual's available income and the community spouse's income to meet the community spouse's monthly maintenance needs allowance before any resources are used to generate interest income to meet the allowance.¶
(D) After considering the income of the community spouse and the income available from the institutionalized spouse, an amount which, if invested, would raise the community spouse's income to the monthly maintenance needs allowance. The amount described in this paragraph is the amount required to purchase a single premium immediate annuity to make up the shortfall; and the amount described in this paragraph is considered only if the amount described in subparagraph (i) of this paragraph is larger than the amount described in subparagraph (ii); it is the difference between the following:¶
(i) The maintenance needs allowance computed in accordance with OAR 461-160-0620.¶
(ii) The difference between:¶
(I) The sum of gross countable income of the community spouse and the institutionalized spouse; and¶
(II) The applicable need standard under OAR 461-160-0620(3)(c).¶

(d) The fourth step is the determination of what the couple's current combined countable resources are when a resource assessment is requested or the institutionalized spouse applies for OSIPM. The procedure in subsection (2)(a) (first step) of this rule is used.¶
(e) The fifth step is the subtraction of the community spouse's resource allowance from the couple's current combined countable resources. The resources remaining are considered available to the institutionalized spouse.¶
(f) The sixth step is a comparison of the value of the remaining resources to the OSIPM resource standard for one person (under OAR 461-160-0015). If the value of the remaining resources is at or below the standard, the institutionalized spouse meets this eligibility requirement. If the value of the remaining resources is above the standard, the institutionalized spouse cannot be eligible until the value of the couple's combined countable resources is reduced to the largest of the four following amounts:¶
(A) The community spouse's half of what the couple's combined countable resources were at the beginning of the continuous period of care, or the date they became legally married, whichever is later (but not more than $162,660) plus the OSIPM resource standard for one person.¶
(B) $32,532 (the state community-spouse resource allowance), plus the OSIPM resource standard for one person.¶
(C) A "court-ordered community spouse resource allowance" plus the OSIPM resource standard for one person. (See paragraph (2)(c)(C) of this rule for a description of the "court-ordered community spouse resource allowance".)¶
(D) The OSIPM resource standard for one person plus the amount described in the remainder of this paragraph. After considering the income of the community spouse and the income available from the institutionalized spouse, add an amount which, if invested, would raise the community spouse's income to the monthly maintenance needs allowance. This amount is the amount required to purchase a single premium immediate annuity to make up the shortfall. Add this amount only if the amount described in subparagraph (i) of this paragraph is larger than the amount described in subparagraph (ii); it is the difference between the following:¶
(i) The monthly income allowance computed in accordance with OAR 461-160-0620.¶
(ii) The difference between:¶
(I) The sum of gross countable income of the community spouse and the institutionalized spouse; and¶
(II) The applicable need standard under OAR 461-160-0620(3)(c).¶
(3) Once eligibility has been established, or reestablished in the event the individual becomes legally married after initial approval or services, resources equal to the community spouse's resource allowance (under subsection (2)(c) of this rule) must be transferred to the community spouse if those resources are not already in that spouse's name. The institutionalized spouse must indicate their intent to transfer the resources and must complete the transfer to the community spouse within 90 days. This period may be extended for good cause. These resources are excluded during this period. After this period, resources owned by the institutionalized spouse but not transferred out of that spouse's name will be countable and used to determine ongoing eligibility.¶
(4) The provisions of paragraph (2)(c)(C) of this rule requiring income to be considered first may be waived if the Department determines that the resulting community resource allowance would create an undue hardship on the spouse of the individual.
Statutory/Other Authority: ORS 411.070, 411.083, 411.404, 411.706, ORS 411.060, ORS 409.050, 413.085, 414.685
Statutes/Other Implemented: ORS 411.060, 411.070, 411.083, 411.404, 411.706, ORS 409.010

AMEND: 461-160-0620

RULE SUMMARY: OAR 461-160-0620 is being amended to reflect the annual federal cost of living and spousal impoverishment standard adjustments that happen every January.

CHANGES TO RULE:

461-160-0620
Income Deductions and Patient Liability; Long-Term Care Services or Home and Community-Based Care; OSIPM ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶
In the Oregon Supplemental Income Program Medical (OSIPM):¶
(1) Deductions from income are made for an individual 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) The liability of an individual is determined according to subsection (3)(i) of this rule, except as provided otherwise in OAR 461-160-0610.¶
(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 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 $81.28 personal needs allowance for an individual receiving long-term care services.¶
(B) A $90 personal needs allowance for an individual receiving long-term care services who is eligible for Veterans Administration (VA) benefits based on unreimbursed medical expenses. The $90 allowance is allowed only when the VA benefit has been reduced to $90.¶
(C) For an individual who receives home and community-based care:¶
(i) Except as provided in subparagraph (ii) of this paragraph, the OSIPM maintenance standard.¶
(ii) For an individual who receives in-home services, the OSIPM maintenance standard plus $500.¶
(d) A community spouse (see OAR 461-001-0030) monthly income allowance is deducted from the income of the institutionalized spouse (see OAR 461-001-0030) 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. $2,705.00 is added to the amount over $811.50 that is needed to pay monthly shelter expenses for the principal residence of the couple. This sum or $4,066.50, 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 Supplemental Nutrition Assistance Program (SNAP) (see OAR 461-160-0420). If an all-inclusive rate covers items that are not allowable shelter expenses, including meals or housekeeping in an assisted living facility, or the rate includes utilities, to the extent they can be distinguished, these items must be deducted from the all-inclusive rate to determine allowable shelter expenses.¶
(B) Step 2--Compare maintenance needs allowance with community spouse's countable income. The countable (see OAR 461-001-0000) 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 for an eligible dependent (see OAR 461-001-0030) 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 $2,705. To determine the income allowance of each eligible dependent:¶
(i) The monthly income of the eligible dependent is deducted from $2,705.¶
(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 Temporary Assistance for Needy Families (TANF) adjusted income standard (see OAR 461-155-0030) for the individual and eligible dependents.¶
(ii) The TANF standard is not reduced by the income of the dependent.¶
(f) Costs for maintaining a home if the individual 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.¶
(h) After taking all the deductions allowed by this rule, the remaining balance is the adjusted income (see OAR 461-

001-0000).¶
(i) The individual's liability is determined as follows:¶
(A) For an individual receiving home and community-based care (except individuals identified in section (2) of this rule), the liability is the actual cost of the home and community-based care or the adjusted income of the individual, whichever is less. This amount must be paid to the Department or the home and community-based care facility each month as a condition of being eligible for home and community-based care.¶
(B) For an individual who resides in a nursing facility, the liability is the actual cost of services or the adjusted income of the individual, whichever is less. This amount must be paid to the facility each month as a condition of being eligible for nursing facility services.
Statutory/Other Authority: ORS 409.050, 413.085, 411.060, 411.070, 411.404, 414.065, 414.685, 411.706
Statutes/Other Implemented: ORS 409.010, 413.085, 411.060, 411.070, 411.404, 414.065, 414.685, 42 USC 1396r-5, 411.706, 42 CFR 435.725 - 435.735

AMEND: 461-175-0200

RULE SUMMARY: OAR 461-175-0200 is being amended to include language that allows a basic decision notice to be sent when benefits are reduced to the Reentry Health Care Program.

CHANGES TO RULE:

461-175-0200
Notice Situations; General Information ¶

(1) In the Emergency Assistance (EA) program, a basic decision notice (see OAR 461-001-0000) is sent for all situations.¶
(2) For Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM), a basic decision notice is sent when benefits are suspended or reduced to the Reentry Health Care Program (see OAR chapter 410 Division 155) due to incarceration.¶
(3) In the Supplemental Nutrition Assistance Program (SNAP), a basic decision notice is sent for all actions on applications for assistance.¶
(4) In the Refugee Employment Program (REP) and Job Opportunity and Basic Skills (JOBS) program:¶
(a) A basic decision notice is sent whenever a request for a support service payment is denied.¶
(b) No decision notice is required if a request for a support service is approved.¶
(5) A basic decision notice is sent to close Job Participation Incentive (JPI) benefits when the filing group (see OAR 461-110-0310) reports a change during the reporting period in which SNAP benefits do not decrease.¶
(6) In the Temporary Assistance for Needy Families (TANF) program, a notice approving benefits informs the client, within one month following eligibility determination, of the opportunity to volunteer for JOBS participation and of the procedure for JOBS program entry.¶
(7) In the Pre-TANF program, a basic decision notice is sent when payment for basic living expenses is denied or when payment for other support services in the JOBS program is denied. No other notices are required for this program.¶
(8) In the Temporary Assistance for Domestice Violence Survivors (TA-DVS) program, a basic decision notice (see OAR 461-001-0000) is sent to a safe mailing address or hand delivered for all situations. This includes when the program is approved, denied, or closed (prior to the end of the 90 day eligibility period) and when a payment under the program is denied.¶
(9) In all programs except the Pre-TANF program, unless stated differently in this rule or another rule, the Department (see OAR 461-001-0000) mails or otherwise provides the individual with (sends) a decision notice (see OAR 461-001-0000) as follows:¶
(a) A basic decision notice is sent whenever an application for assistance, including retroactive medical assistance, is approved or denied or a request for a support service payment in the JOBS program is denied.¶
(b) A timely continuing benefit decision notice (see OAR 461-001-0000) is sent whenever benefits or support service payments authorized by OAR 461-190-0211 are reduced or closed, or the method of payment changes to protective, vendor, or two-party.¶
(c) A decision notice is sent whenever the Department adjusts previously underissued cash assistance or SNAP benefits.¶
(10) In all programs:¶
(a) Notwithstanding any rule in Chapter 461, to the extent permitted by OAR 137-003-0530, the Department may take any of the following actions:¶
(A) Amend a decision notice with another decision notice or a contested case notice.¶
(B) Amend a contested case notice.¶
(C) Delay a reduction or closure of benefits as a result of a client's request for hearing.¶
(D) Extend the effective date on a decision notice or contested case notice.¶
(b) Except as provided in subsection (a) of this section or when a delay results from the client's request for a hearing, a notice to reduce or close benefits becomes void if the reduction or closure is not initiated on the date stated on the notice. If the notice is void, a new notice is sent to inform the financial group (see OAR 461-110-0530) of a new date on which their benefits will be reduced or closed.¶
(c) No decision notice is required in each of the following situations:¶
(A) Benefits are ended because there is no living person in the benefit group (see OAR 461-110-0750).¶
(B) A notice was sent, the client requested a hearing, and either the hearing request is dismissed or a final order is issued.¶
(C) The client has signed a voluntary agreement that qualifies as a final order under ORS 183.417(3)(b) (see OAR 461-175-0340(2)) except as provided otherwise in OAR 461-175-0220.¶

(D) To end Employment Payments (see OAR 461-001-0025 and 461-135-1270) or JPI benefit (see OAR 461-135-1260) when the individual has applied for and been found eligible for Pre-TANF, State Family Pre-SSI/SSDI (SFPSS), or TANF.¶
(E) No decision notice is required in OAR 461-175-0300 based on prior notice. ¶
(d) When the Department amends a decision notice with another decision notice under subsection (a) of this section, the date of the amended notice restarts the client's deadlines to request a hearing or continuing benefits, or both.¶
(e) When a contested case notice extends an effective date or delays a reduction or closure, the date of the amended notice restarts a client's timeline to request continuing benefits.¶
(f) When a client has a pending hearing request or is receiving continuing benefits, and the Department amends a notice under this section, the client need not re-file the hearing request or renew the request for continuing benefits.
Statutory/Other Authority: ORS 329A.500, 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 412.014, 412.049, 413.085, 414.685
Statutes/Other Implemented: ORS 183.415, 183.417, 409.010, 411.060, 411.070, 411.404, 411.706, 411.816, 412.014, 412.049, 412.072

AMEND: 461-180-0090

RULE SUMMARY: OAR 461-180-0090 is being amended to include the effective date of Reentry Health Care Program benefits for residents of a public institution at initial application and for the reinstatement of Oregon Supplemental Income Program Medical (OSIPM) and Qualified Disabled and Working Individual (QDWI) when reduced to the Reentry Health Care Program. This rule is also being updated to change medical program names to their federally recognized names and spell out acronyms when they are first used.

CHANGES TO RULE:

461-180-0090
Effective Dates; Initial Month Medical Benefits ¶

The effective date for starting medical benefits for an eligible ~~client~~individual is as follows:¶
(1) In the O~~SIPM and QMB-DW~~regon Supplemental Income Program Medical (OSIPM) and Qualified Disabled and Working Individual (QDWI) programs:¶
(a) Except as provided for in subsections (b) to (h) of this section:¶
(A) If the ~~client~~individual meets all eligibility requirements on the date of request (see OAR 461-115-0030), it is the first day of the month that includes the date of request. An ~~OSIPM program client~~individual who is assumed eligible for OSIPM under OAR 461-135-0010(5) meets "all eligibility requirements" for the purposes of this section as follows:¶
(i) Effective the first day of the month of the initial S~~SI~~upplemental Security Income (SSI) payment if the ~~client~~individual is age 21 or older.¶
(ii) Effective the first day of the month prior to the month of the initial SSI payment if the ~~client~~individual is under the age of 21.¶
(B) If the ~~client~~individual does not meet all eligibility requirements on the date of request, but meets all requirements after the date of request, within the application processing time frames of OAR 461-115-0190, it is the first day of the month that includes the date that all eligibility requirements are met.¶
(b) If the ~~client~~individual does not complete the application within the time period described in OAR 461-115-0190 (including the authorized extension), the determination of an effective date requires a new date of request.¶
(c) Except as provided for in subsections (d) and (e) of this section, for a new applicant who is a resident of a public institution (see OAR 461-135-0950) on any day of the month during the month that the applicant is determined to meet all eligibility requirements, the effective date is determined in accordance with subsections (a) and (b) of this section, except ~~that coverage is not in effect~~as follows:¶
(A) Individuals may not receive OSIPM or QDWI benefits for any day during the month that the applicant is a resident of a public institution other than the date of incarceration and the date of release.¶
(B) For individuals eligible for the Reentry Health Care Program (see OAR chapter 410 division 155), the effective date is the first day of the pre-release period as defined in OAR 410-155-0000.¶
(d) The effective date for a resident of a public institution meeting the requirements of OAR 461-135-0950 regarding applications received by individuals with a serious mental illness is determined in accordance with OAR 461-135-0950.¶
(e) The effective date for an individual meeting the eligibility requirements of OAR 461-135-0950 regarding residents of a state psychiatric institution is the date that all eligibility requirements are met, including other chapter 461 eligibility requirements, if those requirements are met within the application processing time frames of OAR 461-115-0190. Otherwise the requirements of subsection (b) of this section apply.¶
(f) The effective date for a resident of a public institution with suspended or reduced benefits that will be reinstated is determined in accordance with OAR 461-135-0950. If benefits will not be reinstated the resident of a public institution is considered a new applicant and the effective date is determined in accordance with subsection (c) of this section.¶
(g) The effective date for a new applicant who is receiving Medicaid in another state on the date of request, but meets the requirements of OAR 461-165-0030 regarding receipt of medical benefits in another state is:¶
(A) The date of request if all eligibility requirements are met on the date of request or after the date of request, but during the month that includes the date of request.¶
(B) If all eligibility requirements are not met during the month that includes the date of request the effective date is determined in accordance with paragraph (1)(a)(B) and subsection (b) of this section.¶
(h) The effective date for an applicant receiving Medicaid in another state prior to the date of request, but during the month that includes the date of request, is the day following the day that Medicaid benefits end in the other state if all eligibility requirements are met during the month that includes the date of request. If all requirements

are not met in the month that includes the date of request the effective date is determined in accordance with paragraph (1)(a)(B) and subsection (b) of this section.¶
(2) In the OSIPM program, if an individual has been released from a correctional institution and is determined eligible for OSIPM, the effective date of beginning the individual's medical assistance is the date the individual is released from the correctional facility or the date the individual begins the period of hospitalization outside of the correctional facility.¶
(3) In the Q~~MB-BAS~~ualified Medicare Beneficiary (QMB) program, it is the first of the month after the benefit group (see OAR 461-110-0750) has been determined to meet all QMB~~-BAS~~ program eligibility criteria and the Department receives the required verification.¶
(4) In the Q~~MB-SMB and QMB-SMF~~ualifying Individual (QI) and Specified Low-Income Medicare Beneficiary (SLMB) programs, it is:¶
(a) The first of the month in which the benefit group meets all program eligibility criteria and the Department receives the required verification; or¶
(b) The first of the month in which the Low~~-~~-Income Subsidy (LIS) information is received by the Social Security Administration (SSA), if the ~~SMB~~QI or S~~MF~~LMB program application was generated by the electronic transmission of LIS data from the SSA and the benefit group meets all program eligibility criteria.¶
(5) In the Refugee Assistance Medical (REFM) program:¶
(a) Except as provided in subsection (b) of this section:¶
(A) If the individual meets all eligibility requirements on the date of request (see OAR 461-115-0030), it is the date of request.¶
(B) If the individual does not meet all eligibility requirements on the date of request, it is the first day following the date of request that all eligibility requirements are met.¶
(b) If the individual does not complete the application within the time period described in OAR 461-115-0190 (including the authorized extension), the determination of an effective date requires a new date of request.¶
(6) Retroactive eligibility is authorized under certain circumstances in some medical programs (see paragraph (1)(a)(A) of this rule, OAR 461-135-0875, and 461-180-0140).
Statutory/Other Authority: ORS 409.010, 409.050, 411.060, 411.070, 411.404, 411.704, 411.706, 413.085, 414.685, 414.839
Statutes/Other Implemented: ORS 409.010, 409.050, 411.060, 411.070, 411.404, 411.439, 411.447, 411.704, 411.706, 413.085, 414.685, 414.839, Consolidated Appropriations Act, 2023, Pub L. No. 117-328

AMEND: 461-180-0140

RULE SUMMARY: OAR 461-180-0140 is being amended to change the number of available retroactive months from three to one month for Refugee Assistance Medical and three to two months for all other medical programs in the rule. It is also being amended to update medical program names to their federally recognized names.

CHANGES TO RULE:

461-180-0140
Effective Dates; Retroactive Medical Benefits ¶

(1) ~~In the OSIPM program~~For Oregon Supplemental Income Program Medical (OSIPM):¶
(a) If an applicant requests and is eligible for retroactive medical benefits, the earliest date the applicant may be eligible is the first day of the ~~thir~~second month before the month that includes the date of request (see OAR 461-115-0030). For example, if the applicant requests benefits on July 10~~th~~, eligibility may begin as early as ~~April~~May 1.¶
(b) Except as provided for in subsections (c) and (d) of this section, after the earliest date is established, eligibility is determined on a month-by-month basis. The period starts on the earliest established date and ends on the last day of the month prior to the month that includes the date of request. For example, if the applicant requests benefits on August 10~~th~~, the earliest date is ~~May~~June 1. Eligibility is established separately for ~~May 1 through May 31,~~ June 1 through June 30, and July 1 through July 31.¶
(c) Retroactive eligibility is not available for any period that an individual is a resident of a public institution (see OAR 461-135-0950) except for the date of incarceration and the date of release, unless coverage would be available under OAR 461-135-0950 while a resident of a public institution.¶
(d) The earliest effective date of retroactive eligibility for an individual who was receiving medical benefits in another state during the retroactive period is the day following the date that benefits end in the other state.¶
(2) If an applicant requests and is eligible for retroactive Q~~MB DW~~ualified Disabled and Working Individual (QDWI) benefits, the earliest date the applicant may be eligible is th~~ree~~e second month~~s~~ before the month that includes the date of request.¶
(3) If a ~~QMB-SMB or QMB-SMF applicant~~n applicant for either the Qualifying Individual (QI) or Specified Low-Income Medicare Beneficiary (SLMB) program requests and is eligible for retroactive payment of Part B Medicare premiums, the earliest date the applicant may be eligible is th~~ree~~e second month~~s~~ before the month that includes the date of request. ¶
(4) If an applicant applying for Refugee Assistance Medical (REFM) is eligible for retroactive medical benefits, the earliest the applicant may be eligible is the most recent of the following:¶
(a) The date the applicant arrived in the United States; or¶
(b) ~~Thre~~One month~~s~~ before the date of request.
Statutory/Other Authority: ORS 409.050, 411.060, 411.404
Statutes/Other Implemented: ORS 409.010, 411.060, 411.404, 45 CFR 400, 42 CFR 435.915