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Manager

**Authorized Signature**

**Number:** SS-PT-10-009

**Issue Date:** 6/15/2010

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

**Transmitting (check the box that best applies):**

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

**Applies to (check all that apply):**

- All DHS employees       County Mental Health Directors  
 Area Agencies on Aging       Health Services  
 Children, Adults and Families       Seniors and People with Disabilities  
 County DD Program Managers       Other (please specify): \_\_\_\_\_

Policy/Rule Title:	Various Self-Sufficiency and Seniors and People with Disabilities programs Administrative Rules		
Policy/Rule Number(s):	Various (see below)	Release No:	
Effective Date:	July 1, 2010 (unless otherwise noted)	Expiration:	N/A
References:			
Web Address:	<a href="#">Advance Copy of Rules</a>		

**Discussion/Interpretation:**

OAR 461-101-0010, about the program acronyms the Department uses in the chapter 461 rules is being amended to include the acronym for Healthy KidsConnect (HKC) and to revise the acronym for Continuous Eligibility for OHP-CHP pregnant women (CEC). This rule also is being amended to remove references to the Senior Prescription Drug Assistance Program to comply with Senate Bill 154 (2009 Or. Laws ch. 263) ending the program and repealing its statutory authority.

OAR 461-110-0210 about how the Department determines the composition of a household group (the individuals who live together with or without benefit of a dwelling) is being amended to state the circumstances under which an individual absent from a Healthy KidsConnect (HKC) program household group (the individuals who live together with or without benefit of a dwelling) for 30 days still is considered to be in the household group.

OAR 461-110-0400 about how the Department determines the composition of a filing group (the individuals whose circumstances are considered in the eligibility determination process) is being amended to state which members of the household group (the individuals who live together with or without benefit of a dwelling) are included in a filing group in the Healthy KidsConnect (HKC) program.

OAR 461-110-0530 about how the Department determines the composition of a financial group (the members of the filing group whose income and resources count in determining eligibility and benefits; the filing group being the individuals whose circumstances are considered in the eligibility determination process) is being

amended to state which filing group members are included in a financial group in the Healthy KidsConnect (HKC) program. This rule also is being amended to state that in the Extended Medical Assistance (EXT), Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), Refugee Assistance (REF), Refugee Assistance Medical - Basic (REFM), Medical Coverage for Children in Substitute or Adoptive Care (SAC), and Temporary Assistance for Needy Families (TANF) programs an individual must be eligible for and receive an SSI cash payment to be excluded from the financial group.

OAR 461-110-0630 about how the Department determines the composition of a need group (the individuals whose basic and special needs are used in determining eligibility and benefit level) is being amended to state who is included in a need group in the Healthy KidsConnect (HKC) program.

OAR 461-115-0030 about how the Department determines the date of request used in the eligibility process is being amended to state how the date of request is determined in the Healthy KidsConnect (HKC) program.

OAR 461-115-0050 about when a client must file an application to receive benefits from a Department program is being amended to restate when no new application is required to add an individual to a benefit group (the individuals who receive benefits) in the Department's medical assistance programs.

OAR 461-115-0230 about the circumstances that lead the Department to schedule an interview with a client during the process of determining the client's eligibility or for other reasons related to a program is being amended to indicate policies that do not apply in the Healthy KidsConnect (HKC) program. This rule also is being amended to restate that a Supplemental Nutrition Assistance Program (SNAP) applicant who fails to attend a scheduled interview must contact the Department within 30 days of the application filing date to be eligible for benefits. This rule is also being amended to state additional hardship conditions allowing a client to forgo an interview, including: age, disability, and transportation difficulties due to financial hardship.

OAR 461-115-0430 about when the Department periodically redetermines a client's eligibility for benefits is being amended to state the Department redetermines eligibility every 12 months for clients in the Healthy KidsConnect (HKC) program.

OAR 461-115-0705 about the required verifications for eligibility in the Department's medical assistance programs is being amended to state what verifications are required from a client in the Healthy KidsConnect (HKC) program. This rule also is being amended to remove language exempting Oregon Health Plan - Persons Under 19 (OHP-CHP) program clients from the U.S. citizenship verification requirements and to state that a client must verify his or her alien status at each Oregon Health Plan (OHP) program certification. In addition, this rule is being amended to state how a client's earned income is verified during a recertification in the OHP program.

OAR 461-120-0010 about the Oregon residency requirements for an individual to be eligible to receive benefits is being amended to state the residency requirements for a client in the Healthy KidsConnect (HKC) program.

OAR 461-120-0125 about how the Department determines a client's alien status in all of the Department's programs except the Refugee Assistance (REF) and Refugee Assistance Medical (REFM) programs is being amended to state when a qualified non-citizen in the Healthy KidsConnect (HKC) program meets the alien status requirements and to state when a non-citizen in the Department's medical assistance programs meets the alien status requirements. This rule also is being amended to comply with a change in federal guidelines by removing the eight-month limitation on eligibility for Afghan and Iraqi aliens granted Special Immigration Status (SIV) under section 101(a)(27) of the Immigration and Nationality Act and to state that these aliens are qualified non-citizens in all of the Department's programs except the REF and REFM programs. This rule also is being amended to remove references to the Oregon Supplemental Income Program (OSIP) as regular payments under the OSIP program were discontinued effective January 1, 2010 in response to HB 3065 (2009 Or. Laws ch. 849).

OAR 461-120-0210 about when a client is required to provide or apply for a social security number to be eligible for Department programs is being amended to state when a Healthy KidsConnect (HKC) program client is not required to provide or apply for a social security number.

OAR 461-135-1100 about the specific eligibility requirements in the Oregon Health Plan (OHP) program is being amended to state that the definition of private major medical health insurance applies to OAR 461-135-1101 (a new rule about the specific eligibility requirements in the Healthy KidsConnect program for ensuring children have access to affordable health insurance). This rule also is being amended to restate when an Oregon Health Plan - Persons Under 19 (OHP-CHP) program client may have the two-month waiting period waived.

OAR 461-135-1101 is being adopted to state the specific eligibility requirements for the Healthy KidsConnect (HKC) program including: how income is treated, how budgeting is determined, the countable income standard, the citizenship and alien status requirements, that an eligible child is referred to the Office of Private Health Partnerships (OPHP), that OPHP enrolls the eligible child in the appropriate category of the HKC program, that the HKC program eligibility period is 12 months, and under what circumstances a child becomes ineligible for the HKC program.

OAR 461-135-1149 about the specific eligibility requirements in the Continuous Eligibility for OHP-CHP pregnant women (CEC) and Continuous Eligibility for Medicaid (CEM) programs, and how continuous eligibility applies to non-Citizen/Alien-Waived Emergent Medical program children is being amended to state that to be eligible for the CEC or CEM program a non-citizen client must meet the alien status requirements of OAR 461-120-0125(4).

OAR 461-145-0143 about how the Department treats federal economic recovery payments when determining a client's eligibility for Department program benefits is being amended to state that \$33 per month are excluded from earned income for clients in the Healthy KidsConnect (HKC) program.

OAR 461-160-0015 about resource limits in eligibility determinations for the Department's programs is being amended to state there is no resource limit for a client in the Healthy KidsConnect (HKC) program. This rule also is being amended in response to federal legislation (The Medicare Improvements for Patients and Providers Act of 2008 (122 Stat. 2503)) to restate the resource limits for clients of the Qualified Medicare Beneficiaries (QMB) program and to state that the resource limit is amended in January of each year based on the low income subsidy for Medicare Part D as published by the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

OAR 461-165-0030 about when a client is prohibited from receiving duplicate or concurrent payments from more than one of the Department's programs is being amended to state that a client may not receive benefits from the Continuous Eligibility for OHP-CHP pregnant women (CEC) and Continuous Eligibility for Medicaid (CEM) programs while receiving a subsidy through the Family Health Insurance Assistance Program (FHIAP) established by ORS 735.720 to 735.740. This rule also is being amended to state that a client may not receive benefits from the CEC, CEM, Extended Medical (EXT), Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), Oregon Health Plan (OHP), Oregon Supplemental Income Program Medical (OSIPM), Refugee Assistance Medical (REFM), or Medical Coverage for Children in Substitute or Adoptive Care (SAC) programs while receiving health insurance coverage subsidized through the Office of Private Health Partnerships (OPHP) in accordance with ORS 414.826, 414.831, and 414.839.

OAR 461-170-0011 about the changes a client must report is being amended to state the changes a client in the Healthy KidsConnect (HKC) program must report and the deadline for reporting the changes.

OAR 461-180-0090 about the effective date for starting medical benefits for an eligible client is being amended to state that in the Healthy KidsConnect (HKC) program, the Office of Private Health Partnerships (OPHP) determines the effective date for enrolling an eligible child in one of the HKC program categories of coverage. This rule also is being amended to comply with federal law by restating how the Department determines the effective date for starting the Medicare Savings Program (MSP) benefits.

The 21 rule changes described above to implement the recent Healthy Kids legislation (2009 Or. Laws ch. 867, House Bill 2116). The legislation required the Department to put new programs into place effective January 1, 2010 to ensure children in Oregon have affordable health insurance coverage available. Effective January 1, 2010 the Department implemented the Healthy KidsConnect (HKC) program to expand health insurance

coverage for children. Eligibility is determined by the Department, and enrollment for HKC is through the Office of Private Health Partnerships (OPHP). The Department also is making these rule changes to make temporary rule changes made January 1, 2010, January 26, 2010, and April 1, 2010 permanent.

OAR 461-135-0400 about the specific eligibility requirements for child care payments and the Employment Related Day Care (ERDC) program is being amended to restate when a filing group (the individuals whose circumstances are considered in the eligibility determination process) is not eligible for program benefits.

OAR 461-135-0415 about the requirement for a client in the Employment Related Day Care (ERDC) program to make a copayment to the primary provider of child care is being amended to state how the Department determines the amount of the copayment due from the client to the provider.

OAR 461-135-0570 about how the Department determines if a student is eligible or ineligible for Supplemental Nutrition Assistance Program (SNAP) benefits is being amended in response to a recent change in the Food and Nutrition Service interpretation of federal SNAP law to state that an individual 18 years of age or older and under 50 years of age, enrolled at least half time in higher education, and receiving Training Unemployment Insurance (TUI) benefits from the Oregon Employment Department is eligible for SNAP benefits. This rule also is being amended to make permanent the temporary changes to this rule made effective February 5, 2010.

OAR 461-135-1175 about the Senior Farm Direct Nutrition Program (SFDNP) is being amended to restate the countable income eligibility requirement for the program, state that the Department processes applications for the program in the order in which the applications are received, and state that the program remains open each year until the funding for the program runs out. This rule also is being amended to make permanent the temporary changes to this rule made effective April 1, 2010.

OAR 461-145-0040 about how the Department treats burial arrangements and burial funds when calculating a client's assets is being amended to state how, in the General Assistance (GA), General Assistance Medical (GAM), Oregon Supplemental Income Program (OSIP), Oregon Supplemental Income Program Medical (OSIPM), and Qualified Medicare Beneficiaries (QMB) programs, the Department treats the amount of an irrevocable arrangement to cover burial costs.

OAR 461-145-0320 about how the Department treats the value of life and burial insurance policies when determining a client's eligibility and benefit level is being amended to define key terms related to life and burial insurance policies and state how the Department treats the value of life and burial insurance policies in the General Assistance (GA), Oregon Supplemental Income Program Medical (OSIPM), and Qualified Medicare Beneficiary (QMB) programs. This rule also is being amended to state how the Department treats a dividend accumulation when determining a client's eligibility. This rule also is being amended to remove unnecessary references to grandfathered Oregon Supplemental Income Program (OSIP) and OSIPM program clients and the OSIP program.

OAR 461-145-0820 about how the Department determines the value of the assets (income and resources) of a sponsor it deems to a sponsored noncitizen is being amended to restate how the Department calculates the value of the resources deemed available to a noncitizen client of the Oregon Supplemental Income Program Medical (OSIPM) program.

OAR 461-145-0830 about when the Department deems assets (income and resources) of a sponsor to the sponsored noncitizen and how the Department deems the income of a sponsor to the sponsored noncitizen is being amended to restate how a sponsored noncitizen establishes indigence in all programs except the Medical Assistance Assumed (MAA), Oregon Health Plan (OHP), Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF) programs. This rule also is being amended to state how long the deeming period lasts and the effective date of the end of deeming for a noncitizen client of the Oregon Supplemental Income Program Medical (OSIPM) program. This rule also is being amended to state that the process used to determine the amount of income considered available to the noncitizen from the noncitizen's sponsor and the spouse of the sponsor is not applicable to clients in the Employment Related Day Care (ERDC), OSIPM, Refugee Assistance (REF), Refugee Assistance Medical - Basic (REFM), and SNAP

programs. This rule also is being amended to state when the income of the sponsor or the sponsor's spouse is not considered available to the sponsored noncitizen and what deductions are made if the income is considered available.

OAR 461-155-0270 about the room and board standard for Oregon Supplemental Income Program Medical (OSIPM) program clients living in a waived community based care setting is being amended to state the standard for a client residing in a community based care facility and restate that the client must pay room and board. This rule also is being amended to remove references to the Oregon Supplemental Income Program (OSIP) and the personal needs standard as use of the personal needs standard was discontinued effective January 1, 2010 in response to House Bill 3065 (2009 Or. Laws ch. 849). This rule also is being amended to make permanent the temporary rule changes effective January 1, 2010.

OAR 461-155-0500 about special needs payments is being amended in response to recent legislation, HB 3065 (2009 Or. Laws ch. 849), to restate the types of ongoing special needs payments the Department may make. This rule also is being amended to remove unnecessary language about types of payments and the basic standard in the General Assistance (GA), General Assistance Medical (GAM), Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), Oregon Supplemental Income Program (OSIP) and Oregon Supplemental Income Program Medical (OSIPM), Refugee Assistance (REF), Refugee Assistance Medical (REFM), and Temporary Assistance for Needy Families (TANF) programs.

OAR 461-155-0693 about the transportation services special need payment for Oregon Supplemental Income Program Medical (OSIPM) program clients is being amended to correctly state the income standard used to determine eligibility for this payment.

OAR 461-160-0620 about the income deductions allowed in and the calculation of an Oregon Supplemental Income Program Medical (OSIPM) client's liability when the client is receiving long-term care or waived services is being amended to remove the reference to the OSIP program maintenance standard and replace it with a reference to the OSIPM maintenance standard as use of the OSIP program standard was discontinued effective January 1, 2010 in response to House Bill 3065 (2009 Or. Laws ch. 849).

OAR 461-165-0100 about the date the Department issues benefits to eligible clients is being amended to remove references to the Oregon Supplemental Income Program (OSIP) and the OSIP program supplemental income payment as the payments were discontinued effective January 1, 2010 in response to HB 3065 (2009).

OAR 461-165-0180 about how the Department determines if a child care provider is eligible to receive payments from the Department is being amended in response to House Bill 2868 (2009 Or. Laws ch. 319) to state when a child care provider must attend a training provided by the Department or a Child Care Resource and Referral agency.

OAR 461-175-0200 which provides general information about the decision notices the Department sends to clients is being amended to remove the requirement that the Department send clients in the Medical Assistance Assumed (MAA), Medical Assistance to Families (MAF), Refugee Assistance (REF), and Refugee Assistance Medical - Basic (REFM) programs an approval notice informing the client of the opportunity to volunteer for JOBS participation and of the procedure for Job Opportunity and Basic Skills (JOBS) program entry within one month following an eligibility determination. The Department also is amending this rule to implement the recent Healthy Kids legislation (2009 Oregon Laws Chapter 867, House Bill 2116). The legislation required the Department to put new programs into place effective January 1, 2010 to ensure children in Oregon have affordable health insurance coverage available. Effective January 1, 2010 the Department implemented the Healthy KidsConnect (HKC) program to expand health insurance coverage for children. Eligibility is determined by the Department, and enrollment for HKC is through the Office of Private Health Partnerships (OPHP). OAR 461-175-0200 which provides general information about the decision notices the Department sends to clients is being amended to remove its statement about when the Department need not send a decision notice to a client in the prenatal expansion program. A decision notice is a written notice of a decision by the Department regarding an individual's eligibility for benefits in a program. This rule also is being amended to make temporary rule changes made effective February 23, 2010 permanent.

OAR 461-175-0300 about the requirements for when the Department must provide an additional decision notice (a written notice of a decision by the Department regarding an individual's eligibility for benefits) at the time of changes in a program to a client's benefits when the Department previously has sent the client notice is being amended to revise the situations in which no additional decision notice may be sent as well as the situations in which a decision notice may be sent but not a timely decision notice.

OAR 461-180-0050 about the effective dates for closing or suspending benefits in the Department's programs and OAR 461-180-0120 about the effective dates for removing an individual from a benefit group (the individuals who receive benefits) are being amended to state when program benefits end or are reduced in the event that an individual in the benefit group dies. OAR 461-180-0050 also is being amended to remove references to effective dates for closing or suspending benefits when prospective budgeting is used.

**Implementation/Transition Instructions:** N/A

**Training/Communication Plan:** N/A

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

**Central Office Action Required:** N/A

**Field/Stakeholder review:**  Yes  No

**If yes, reviewed by:** Most of these rules were reviewed by the CAF Office of Self-Sufficiency Programs or Seniors and People with Disabilities Rules Advisory Committee.

**Filing Instructions:**

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

*If you have any questions about this policy, contact:*

<b>Contact(s):</b>	See the <a href="#">Contact List</a> in the Family Services Manual (section C of the Introduction chapter) for the appropriate analyst to contact with policy questions.		
<b>Phone:</b>		<b>Fax:</b>	
<b>E-mail:</b>			