

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: OREGON

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency\* Citation(s) Groups Covered  
The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

42 CFR 435.110 1. Recipients of AFDC

The approved State AFDC plan includes:

X Families with an unemployed parent for 12 months.

X Pregnant women with no other eligible children.

X AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115 2. Deemed Recipients of AFDC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

\*Agency that determines eligibility for coverage.

TN No. 91-25

Approval Date 1/23/92

Effective Date 11/1/91

Supersedes

TN No. 87-41

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

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State: OREGON

Agency\*      Citation(s)      Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

2. Deemed Recipients of AFDC
- b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.
  - c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment Of AFDC funds.
  - d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.
  - e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.
- 1902(a)(10)(A)(i)(I) of the Act
- 402(a)(22)(A) of the Act
- 406(h) and 1902(a)(10)(A)(i)(I) of the Act
- 1902(a) of the Act

\*Agency that determines eligibility for coverage.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902  
(a)(10)(A)(i)  
and 1905(m)(1)  
of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

— Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52)  
and 1925 of  
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

\*Agency that determines eligibility for coverage.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- 42 CFR 435.113
5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:
    - a. Families denied AFDC solely because of income and resources deemed to be available from--
      - (1) Stepparents who are not legally liable for support of stepchildren under a-State law of general applicability;
      - (2) Grandparents;
      - (3) Legal guardians; and
      - (4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);
    - b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.
    - c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

\*Agency that determines eligibility for coverage.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- |   |          |   |
|---|----------|---|
| 42 CFR 435.114  | 6.       | Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. |
|   | <u>X</u> | Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).  |
|   | —        | Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).                  |
|   | —        | Not applicable with respect to intermediate care facilities; State did or does not cover this service.  |
| 1902(a)(10)<br>(A)(i)(III)<br>and 1905(n) of<br>the Act | 7.       | Qualified Pregnant Women and Children.  |
|   | a.       | A pregnant woman whose pregnancy has been medically verified who--  |
|   | (1)      | Would be eligible for an AFDC cash payment <del>(or who would be eligible if the State had an AFDC unemployed parents program)</del> if the child had been born and was living with her;                                    |

\*Agency that determines eligibility for coverage.

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Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required  
Special Groups (Continued)

7. a. (2) Is a member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or
- (3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
- b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
- Children born after
- (specify optional earlier date)  
who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.
- 1902(a)(10)(A)  
(i)(III) and  
1905(n) of the  
Act

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Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A)  
(i)(IV) and  
1902(1)(1)(A)  
and (B) of the  
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

— The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A)  
(i)(VI)  
1902(1)(1)(C)  
of the Act

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902(a)(10)(A)(i)  
(VII) and 1902(1)  
(1)(D) of the Act

- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

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Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)  
(A)(i)(V) and  
1905(m) of the  
Act

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5)  
of the Act

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6)  
of the Act

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(4)  
Of the Act  
(42 CFR 435.117)

12. Deemed newborns: A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

X a. Individuals receiving SSI-

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

X Aged  
X Blind  
X Disabled

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Agency\*      Citation(s)      Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

435.121      13.                b.      Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(&) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)  
of the Act

- Aged
- Blind
- Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

\*Agency that determined eligibility for coverage

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Agency\*                      Citation(s)    Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)  
(10)(A)  
(i)(II)  
and 1905  
(q) of  
the Act

14.      Qualified severely impaired blind and disabled individuals under age 65, who--
- a.      For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
  - b.      For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--
    - (1)     Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;
    - (2)     Except for earnings, continue to meet all non-disability-related requirements for eligibility for SSI benefits;
    - (3)     Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

\*Agency that determined eligibility for coverage

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A.      Mandatory Coverage - Categorically Needy and Other Required  
Special Groups (Continued)

(4)      Be seriously inhibited by the lack of Medicaid  
coverage in their ability to continue to work or obtain  
employment; and

(5)      Have earnings that are not sufficient to provide for  
himself or herself a reasonable equivalent of the  
Medicaid, SSI (including any Federally administered  
SSP), or public funded attendant care services that  
would be available if he or she did have such  
earnings.

—      Not applicable with respect to individuals receiving  
only SSP because the State either does not make SSP  
payments or does not provide Medicaid to SSP-only  
recipients.

\*Agency that determined eligibility for coverage

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Agency\*      Citation(s)      Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1619(b)(3)  
of the Act

— The state applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

\*Agency that determined eligibility for coverage

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Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(c) of  
the Act

15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who--
- a. Are at least 18 years of age;
  - b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.
  - c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.
  - d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.

42 CFR 435.122

16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.

42 CFR 435.130

17. Individuals receiving mandatory State-supplements.

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Agency\*      Citation(s)      Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.131      18.      Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

X      In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

X      Aged      X      Blind      X      Disabled

        Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

\*Agency that determined eligibility for coverage

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Agency\*      Citation(s)      Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

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|----------------|--|
| 42 CFR 435.132 | 19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they-- |
|                | a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and  |
|                | b. Remain institutionalized; and   |
|                | c. Continue to need institutional care.  |
| 42 CFR 435.133 | 20. Blind and disabled individuals who--   |
|                | a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and   |
|                | b. Were eligible for Medicaid in December 1973 as blind or disabled; and   |
|                | c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.   |

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 C F.R. 435.134

21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
- Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
- Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
- Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

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A. Mandatory Coverage - Categorically Needy and Other Required  
Special Groups (Continued)

42 CFR 435.135

22. Individuals who

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(I) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

— Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

— Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

— The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

\*Agency that determined eligibility for coverage

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Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634 of the Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

— Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

— The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equaling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

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State/Territory: OREGON

Agency\* Citation(s) Groups Covered

1634(d) of Act  
the

A. Mandatory Coverage - categorically Needy and Other Required  
Special Groups (Continued)

24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.

— The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.

X In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in Section 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.

— In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to be disregarded is specified in Supplement 4 to Attachment 2.6-A.

— In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in §1634(d)(1)(A) in determining the income of the individual.

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Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(i)  
and 1905(p) of  
the Act

25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),  
1905(s) and  
1905(p)(3)(A)(i)  
of the Act

26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818a of the Act.)

\*Agency that determined eligibility for coverage

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TN No. 93-5

Approval Date 7/2/93

Effective Date 4/1/93

Supersedes

TN No. 91-25

Revision: HCFA-PM-93-2 (MB)  
MARCH 1993

Transmittal #93-5  
ATTACHMENT 2.2-A  
Page 9b1

State: OREGON

Agency\*      Citation(s)      Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

27. Specified low-income Medicare beneficiaries--
- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818a of the Act);
  - b. whose income for calendar years 1993 and 1994 exceeds the income level in 25.b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
  - c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

\*Agency that determined eligibility for coverage.

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TN No. 93-5  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 7/2/93

Effective Date 4/1/93

Revision: HCFA-SEATTLERO-1 (MB)  
FEBRUARY 1995

Transmittal #95-7  
ATTACHMENT 2.2-A  
Page 9b2

State: OREGON

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(e) of  
of the Act

28. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (v) of section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.

\*Agency that determined eligibility for coverage

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TN No. 95-07

Approval Date 7/27/95

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Revision: HCFA-PM-91-4  
August 1991

Transmittal #91-25  
ATTACHMENT 2.2-A  
Page 9c  
OMB No.: 0938-

State: OREGON

Agency\*      Citation(s)      Groups covered

B.      Optional Groups Other Than the Medically Needy

42 CFR  
435.210  
1902(a)  
(10)(A)(ii) and  
1905(a) of  
the Act

X      1.      Individuals described below who meet the income and resources requirements of AFDC, SSI, or an optional state supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

X      The plan covers all individuals as described above.

—      The plan covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Caretaker relatives
- Pregnant women

42 CFR  
435.211

XX      2.      Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

\*Agency that determined eligibility for coverage

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TN No. 91-25  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 1/23/92

Effective Date 11/1/91

HCFA ID:      7983E

Revision: HCFA-PM-10 (MB)  
DECEMBER 1991

Transmittal #03-13  
ATTACHMENT 2.2-A  
Page 10

State/Territory OREGON

<u>Agency*</u>	<u>Citation(s)</u>	<u>Groups Covered</u>
	B.	<u>Optional Groups Other Than the Medically Needy(Continued)</u>
42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (section 9517) P.L. 508 (section 4732)	—	3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in a MCO, PCCM_program 101- but who have been enrolled for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C).  <u>X</u> The State elects not to guarantee eligibility.  — The State elects to guarantee eligibility. The minimum enrollment period is ___ months (not to exceed six).  The State measures the minimum enrollment period from:  P&I — The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.  — The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.  — The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment P&I or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

\*Agency that determined eligibility for coverage

TN #03-13

Approval Date: 11/6/03

Effective Date: 8/13/03

Supersedes TN #92-8

State/Territory OREGON

Agency\* Citation(s) Groups Covered

1932(a)(4) of  
the Act

B. Optional Groups Other Than the Medically Needy (Continued)

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of MCOs, PIHPs, PAHPs and PCCMs in accordance with the regulations of 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

Disenrollment rights are restricted for a period of \_\_\_\_\_ months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

No restrictions upon disenrollment rights.

1903(m)(2)(H),  
1902(a)(52) of  
the Act  
P.L. 101-508  
(Section 4732)  
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with a MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to re-enroll those individuals in the same entity if that entity still has a contract.

The agency elects to re-enroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

The agency elects not to re-enroll above individuals into the same entity in which they were previously enrolled.

\*Agency that determined eligibility for coverage

Revision: HCFA-PM-91-10 (MB)  
DECEMBER 1991

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State/Territory OREGON

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy(Continued)

42 CFR 435.217	<u>X</u>	4.	A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.
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\*Agency that determined eligibility for coverage

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TN No. <u>92-8</u>	Approval Date <u>5-14-92</u>	Effective Date <u>1-1-92</u>
Supersedes		
TN No. _____		HCFA ID: 7983E

Revision: HCFA-PM-91-4 (MB)  
AUGUST 1991

Transmittal #91-25  
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OMB NO.: 0938-

State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)  
(A)(ii)(VII)  
of the Act

— 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

— The State covers all individuals as described above.

— The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
  - 21
  - 20
  - 19
  - 18
- Caretaker relatives
- Pregnant women

\*Agency that determined eligibility for coverage

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TN No. 91-25  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 1/23/92

Effective Date 11/1/91

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

Transmittal #91-25  
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OMB NO.: 0938-

State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.220      —      6.      Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

—      The State covers all individuals as described above.

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act      —      The State covers only the following group or groups of individuals:

—      Individuals under the age of--

—      21

—      20

—      19

—      18

—      Caretaker relatives

—      Pregnant woman

435.22  
42 CFR ~~435.2~~  
1902(a)(10)  
(A)(ii) and  
1905(a)(i) of  
the Act      7.      —      a.      All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are ~~under the age of 21 as indicated below.~~ under the age of 21 as indicated below.

—      20

—      19

—      18

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TN No. 91-25  
Supersedes  
TN No. 86-41

Approval Date 1/23/92

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HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

Transmittal #91-25  
ATTACHMENT 2.2-A  
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OMB NO.: 0938-

State: OREGON

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

- 42 CFR 435.222      X      b.      Reasonable classifications of individuals described in (a) above, as follows:
- X      (1)      Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
- X      (a)      In foster homes (and are under the age of 21 )
- X      (b)      In private institutions (and are under the age of 21 )
- (c)      In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of    ).
- (2)      Individuals in adoptions subsidized in full or part by a public agency (who are under the age of    )
- X      (3)      Individuals in NFs (who are under the age of 21 ). NF services are provided under this plan.
- X      (4)      In addition to the group under (b)(3), individuals in ICFS/MR (who are under the age of 21 )

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TN No. 91-25      Approval Date 1/23/92      Effective Date 11/1/91  
Supersedes TN No. 86-41      HCFA ID: 7983E

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AUGUST 1991

Transmittal #91-25  
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State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

X (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21 ). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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State: OREGON

Agency\*                      Citation(s)                                      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)  
(A)(ii)(VIII)  
of the Act

X 8.                      A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

- a.                      Was eligible for Medicaid under the State's approved Medicaid plan; or
- b.                      Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

- 21
- 20
- 19
- X                      18

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TN No. 91-25

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Supersedes TN No. 86-41

HCFA ID: 7983E

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AUGUST 1991

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OMB NO.: 0938-

State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.223	—	9.	Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:
1902(a)(10) (A)(ii) and 1905(a) of the Act	—	—	Individuals under the age of--
		—	21
		—	20
		—	19
		—	15
	—		Caretaker relatives
	—		Pregnant women

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TN No. 91-25  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 1/23/92

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HCFA ID: 7983E

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AUGUST 1991

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OMB NO.: 0938-

State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230      \_\_\_      10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a state supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
  - \_\_\_ (1) All aged individuals.
  - \_\_\_ (2) All blind individuals.
  - \_\_\_ (3) All disabled individuals.

\*Agency that determined eligibility for coverage

TN No. 91-25  
Supersedes  
TN No. 86-41

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Effective Date 11/1/91

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Transmittal #91-25  
ATTACHMENT 2.2-A  
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State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

- |                |   |     |   |
|----------------|---|-----|---|
|                | — | (4) | Aged individuals in domiciliary facilities or other group living.   |
| 42 CFR 435.230 | — | (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.                            |
|                | — | (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.                         |
|                | — | (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
|                | — | (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.     |
|                | — | (9) | Individuals in additional classifications approved by the Secretary as follows:   |

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State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.120  
435.121  
1902(a)(10)  
(A)(ii)(XI)  
of the Act

X 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

X (1) All aged individuals.

X (2) All blind individuals.

X (3) All disabled individuals.

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OMB NO.: 0938-

State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

- X (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- X (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- X (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- X (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

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TN No. 91-17      HCFA ID: 7983E

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AUGUST 1991

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ATTACHMENT 2.2-A  
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OMB NO.: 0938-

State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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TN No. 91-25

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AUGUST 1991

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State: OREGON

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.231      X      12.      Individuals who are in institutions for at least 30 consecutive  
1902(a)(10)      days and who are eligible under a special income level.  
(A)(ii)(V)      Eligibility begins on the first day of the 30-day period.  
of the Act      These individuals meet the income standards specified in  
Supplement 1 to ATTACHMENT 2.6-A.

         The State covers all individuals as described above.

X      The State covers only the following group or groups of  
individuals:

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

- X      Aged
- X      Blind
- X      Disabled
- Individuals under the age of--
  - 21
  - 20
  - 19
  - 18
- Caretaker relatives
- Pregnant women

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TN No. 91-25  
Supersedes  
TN No. 89-3

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Effective Date 11/1/91

HCFA ID: 7983E

State: OREGON

Agency*	Citation(s)	Groups Covered
		<b>B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)</b>
1902(e)(3) of the Act	—	13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in <del>an</del> a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.  <u>Supplement 3 to ATTACHMENT 2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act	<u>X</u>	14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to ATTACHMENT 2.6--A</u> :  a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and  b. Infants under one year of age.

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TN No. 98-03  
Supersedes  
TN No. 91-25

Approval Date 5/18/98

Effective Date 3/1/98

HCFA ID: 7983E

State: OREGON

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a) (10)(A) (ii)(IX) and 1902(l)(l) (D) of the Act	<u>X</u>	15. The following individuals who are not mandatory categorically needy who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in <u>Supplement 1 of Attachment 2.6-A</u> for a family of the same size.
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Children who have attained 6 years of age but have not attained age 19.

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AUGUST 1991

Transmittal #91-25  
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State: OREGON

Agency\*                      Citation(s)                      Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)  
(ii)(X)  
and 1902(m)  
(1) and (3)  
of the Act

\_\_\_

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both and disabled individuals are covered under this aged eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum -amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

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FEBRUARY 1992

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State: OREGON

State Plan Under Title XIX Of The Social Security Act

Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(47)  
and 1920 of  
the Act

- |   |     |   |
|---|-----|---|
| — | 17. | Pregnant women who are determined by a “qualified provider” (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under <u>ATTACHMENT 2.6-A</u> and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act. |
|---|-----|---|

Revision: HCFA-PM-91-8 (BPD)  
OCTOBER 1991

Transmittal #92-3  
ATTACHMENT 2.2-A  
Page 23a  
OMB NO.:

State/Territory OREGON

Citation Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1906 of the  
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of 1 months.

1902(a)(10)(F)  
and 1902(u)(1)  
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

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TN No. 92-3  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 4/8/92

Effective Date 1/1/92

HCFA ID: 7982E

State/Territory: Oregon

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

- |  |       |     |   |
|--|-------|-----|---|
| 1902(a)(10)(A)<br>(ii)(XIII) of the Act  | [ X ] | 20. | Working Disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.   |
| 1902(a)(10)(A)<br>(ii)(XVIII) of the Act | [ X ] | 21. | Women who: <ul style="list-style-type: none"><li>a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under XV of the Public Health Service Act in accordance with the requirements of section 15 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;</li><li>b. are not otherwise covered under creditable coverage, as defined in section 2701(c) the Public Health Service Act;</li><li>c. are not eligible for Medicaid under any mandatory categorically needy eligibility growth and</li><li>d. have not attained age 65.</li></ul> |

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TN No. 01-17  
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Effective Date: January 1, 2002

Transmittal #01-17  
Attachment 2.2-A  
Page 23c

State/Territory: Oregon

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1920B of the Act

[ X ]

22. Women who are determined by a "qualified entity" (as defined in 1920B(b) based on preliminary information, to be a woman described in 1(aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

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Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy  
(Continued)

1902(e)(12) of the Act

X

23.

Continuous Eligibility for Children.

A child under age 19 (not to exceed age 19) who has been determined eligible under §1902(a)(10)(A) of the Act is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances, other than moving out of the State or attainment of the maximum age stated above, until the earlier of:

- a. The end of a period (not to exceed 12 months) of continuous eligibility; or
- b. The time that the individual exceeds that age.

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

Transmittal #03-04  
ATTACHMENT 2.2-A  
Page 24  
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State OREGON

Agency\* Citation(s) Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR 435.301

This plan includes the medically needy.

No.

Yes. This plan covers:

1902(e) of the  
Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)  
(C)(ii)(I)  
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a) (10) (A)(i) of the Act.

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TN No. 03-04  
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AUGUST 1991

Transmittal #09-06  
ATTACHMENT 2.2-A  
Page 25  
OMB NO.: 0938-

State: OREGON

Agency\*      Citation(s)      Groups Covered

C. Optional Coverage of the Medically Needy (Continued)

42 CFR 435.308

4. (left blank in tentionally)

5.    \_\_\_    a.    Financially eligible individuals who are not described in section C.3. above and who are under the age of--  
                  \_\_\_    21  
                  \_\_\_    20  
                  \_\_\_    19  
                  \_\_\_    18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training
- \_\_\_    b.    Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:
- \_\_\_    (1)    Individuals for whom public agencies are assuming full or partial financial responsibility and who are:
- \_\_\_    (a)    In foster homes (and are under the age of 21).
- \_\_\_    (b)    In private institutions (and are under the age of 21).

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AUGUST 1991

Transmittal #03-04  
ATTACHMENT 2.2-A  
Page 25a  
OMB NO.: 0938-

State: OREGON

Agency\*                      Citation(s)                      Groups Covered

C. Optional Coverage for the Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_).
- (3) Individuals in NFs (who are under the age of \_\_\_). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICF9/MR (who are under the age of \_\_\_).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ). Inpatient-psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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Transmittal #03-04  
ATTACHMENT 2.2-A  
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State: OREGON

Agency\*                      Citation(s)                      Groups Covered

C. Optional Coverage for the Medically Needy (Continued)

- |                                      |   |     |  |
|--------------------------------------|---|-----|--|
| 42 CFR 435.310                       | — | 6.  | Caretaker Relatives  |
| 42 CFR 435.320<br>and 42 CFR 435.330 | — | 7.  | Aged Individuals   |
| 42 CFR 435.322<br>and 42C FR 435.330 | — | 8.  | Blind Individuals  |
| 42 CFR 435.324<br>and 42 CFR 435.330 | — | 9.  | Disabled Individuals   |
| 42 CFR 435.326                       | — | 10. | Individuals who would be eligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.   |
| 42 CFR 435.340                       |   | 11. | Blind and disabled individuals who:<br><br>a. Meet all current requirements f or Medicaid eligibility except the blindness or disability criteria;<br><br>b. Were eligible as-medically needy in December 1973 as blind or disabled; and<br><br>c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

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TN No. 03-04  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE  
 PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
	1935(a) and 1902(a)(66)  42 CFR 423.774 and 423.904	<p>The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.</p> <ol style="list-style-type: none"> <li>1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;</li> <li>2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;</li> <li>3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.</li> </ol>

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Transmittal #92-4  
SUPPLEMENT 1 TO ATTACHMENT 2.2-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER  
THE AGE OF 21, 20, 19, AND 18

7.b(6) Other defined groups:

1. Individuals making a transition from foster care to independent living arrangements (who are under 21 years of age), with all or part of their maintenance costs paid by a public agency of this state.
2. Individuals under age 21 who are essential persons under the AFDC state plan.

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Transmittal #91-25  
SUPPLEMENT 3 TO ATTACHMENT 2.2-A  
Page 1  
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

Method for Determining Cost Effectiveness of Caring for  
Certain Disabled Children At Home

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TN No. 91-25  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 1/23/92

Effective Date 11/1/91

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) \_\_\_\_\_ Condition or Requirement

A. General Conditions of Eligibility

Each individual covered under the plan:

- |                               |       |   |
|-------------------------------|-------|---|
| 42 CFR Part 435,<br>Subpart G | 1.    | Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.  |
| 42 CFR Part 435,<br>subpart F | 2.    | Meets the applicable non-financial eligibility conditions.<br>a. For the categorically needy:<br>(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.<br>(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria. |
| 1902(l) of the<br>Act         | (iii) | For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.  |
| 1902(m) of the<br>Act         | (iv)  | For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.  |

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TN No: 92-5  
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Effective Date 1-1-92

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Transmittal #02-08  
ATTACHMENT 2.6-A  
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State OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(8).
3.	Is residing in the United States, is otherwise eligible for Medicaid and-
	(a) Is a citizen;
	(b) Is a qualified alien whose eligibility is mandatory, as provided by P.L. 104-193 as amended, including both those who entered the United States before August 22, 1996 and those who entered the United States on or after August 22, 1996.
	[X] Is a qualified alien whose eligibility for Medicaid is optional, as provided by P.L. 104-193, as amended, including those who entered the United States prior to August 22, 1996 and those who entered on or after August 22, 1996.
	(c) Is a non-qualified alien or qualified alien subject to the 5-year bar. Payment for services provided to individuals in paragraph (C), is restricted to services necessary to treat an emergency medical condition of the otherwise eligible alien as explained in Section 3.1.

TN # 02-08  
Supersedes TN # 91-25

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Transmittal #02-08  
ATTACHMENT 2.6-A  
Page 3  
OMB No.: 0938-

State OREGON

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Citation Condition or Requirement

A. General Conditions of Eligibility (continued)

42 CFR 435.403  
1902(b) of the  
Act

4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.

\_\_\_ State has Interstate Residency Agreement with the following States:

\_\_\_ State has open agreement(s).

\_\_\_ Not applicable; no residency requirement.

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October 1991

Transmittal #92-3  
ATTACHMENT 2.6-A  
Page 3a  
OMB No.: 0938-

State OREGON

<u>Citation</u>		<u>Condition or Requirement</u>
42 CFR 435.1008	5. a.	Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b.	Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.  — Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 435.145 1912 of the Act	6.	Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No: 92-3  
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TN No. 91-25

Approval Date 4/8/92

Effective Date 1/1/92

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October 1991

Transmittal #92-3  
ATTACHMENT 2.6-A  
Page 3a.1  
OMB No.: 0938-

State OREGON

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Citation Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(l)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

— Assignment of rights is automatic because of State law.

42 CFR 435.910 7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number) except for aliens seeking medical assistance for the treatment of an emergency medical condition under Section 1903(v)(2) of the Social Security Act (Section 1137(f)).

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Transmittal #91-25  
ATTACHMENT 2.6-A  
Page 3b  
OMB No.: 0938-

State OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
1902(c)(2)	8. Is not required to apply for AFDC benefits under title TV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman; to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

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TN No. \_\_\_\_\_

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Transmittal #92-3  
ATTACHMENT 2.6-A  
Page 3c  
OMB No.: 0938-

State OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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Transmittal #98-05  
ATTACHMENT 2.6-A  
Page 4  
OMB No.: 0938-0673

State OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
B.	Post-eligibility Treatment of Institutionalized Individual's Income
	1. The following items are not considered in the post-eligibility process:
1902(o) of the Act	a. SSI and SSP benefits paid under §1611(e)(1)(E) and(G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.
Bondi v. Sullivan (SSI)	b. Austrian Reparation Payments (pension(reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c. German Reparation Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P.L. 100-383	d. Japanese and Aleutian Restitution Payments.
1.(a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.
12005 of P.L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

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Transmittal #98-05  
ATTACHMENT 2.6-A  
Page 4a  
OMB No.: 0938-0673

State OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutional care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ <u>30.00</u> Couples \$ <u>60.00</u></p> <p>For the following individuals with greater need:</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the authority for approving that a criterion is met.</p> <p>b. AFDC related: Children \$ <u>30.00</u> Adults \$ <u>30.00</u></p> <p>For the following individuals with greater need:</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the authority for approving that a criterion is met.</p> <p>c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A</u>. \$ <u>30.00</u></p>

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Page 4b  
OMB No.: 0938-0673

State OREGON

Citation(s)	Condition or Requirement
	<p>For the following individuals with greater need:</p> <p>Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the authority for approving that a criterion is met.</p>
1924 of the Act	<p>3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</p> <p>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</p> <p><input checked="" type="checkbox"/> The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.</p> <p><input type="checkbox"/> The poverty level component is calculated using a percentage greater than the applicable percentage, equal to %, of the official poverty level (still subject to maximum maintenance needs standard.)</p> <p><input type="checkbox"/> The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).</p> <p>Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.</p>

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Transmittal #98-05  
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State OREGON

Citation(s)	Condition or Requirement
	In determining any excess shelter allowance, utility expenses are calculated using:
<u>X</u>	the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or
—	the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.
b.	The monthly income allowance for other dependent family members living with the community spouse is:
<u>X</u>	one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income.
—	a greater amount calculated as follows:
	The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924(d)(1).
c.	Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party.
(i)	Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
(ii)	Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplemental 3 to <u>ATTACHMENT 2.6-A.</u> )

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State OREGON

Citation	Condition or Requirement
435.7254. 435.733 435.832	<p>In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none"><li>• AFDC level; or</li><li>• Medically need level:</li></ul> <p>(Check one)</p> <p><input type="checkbox"/> AFDC levels in Supplement 1</p> <p><input checked="" type="checkbox"/> Medically needy level in Supplement 1</p> <p><input type="checkbox"/> other: \$</p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, are not subject to payment by a third party.</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A</u>.)</p>
435.7255. 433.733 433.832	<p>At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes (the applicable amount is shown on page 5a.)</p>

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Transmittal #98-05  
ATTACHMENT 2.6-A  
Page 5a  
OMB No.: 0938-0673

State OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
<u>      </u>	Amount of maintenance of home is: \$ _____.
<u>      </u>	Amount of maintenance of home is the actual maintenance costs not to exceed \$ _____.
<u>      </u>	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
<u>      </u>	Amount for maintenance of home is not deductible when countable income is determined under §1924(d)(1) of the Act.
<u>  X  </u>	Amount for maintenance of home is the actual maintenance costs, no upper limit.

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TN No. 89-32

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Effective Date 1/1/98

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p data-bbox="477 667 828 703">c. <u>Financial Eligibility</u></p> <p data-bbox="570 741 1430 957">For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p data-bbox="570 999 1446 1140">For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p data-bbox="570 1182 1446 1541"><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</p>

State OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
<u>X</u>	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
—	<u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
—	<u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
—	<u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
—	<u>Supplement 8a to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902 (r) (2) of the Act.
<u>X</u>	<u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902 (r) (2) of the Act.
—	<u>Supplement 14 to ATTACHMENT 2.6-A</u> specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(z)(1) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p><u>X</u> (a) The methods under the State's approved AFDC plan only; or</p> <p>(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e)(6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

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FEBRUARY 1992

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
42 CFR 435.721 435.831, and 1902(m)(1)(B) (m)(4) and 1902 (r)(2) of the Act	b. <u>Aged individuals</u> . In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:  ___ The methods of the SSI program only.  <u>X</u> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

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State OREGON

Transmittal #91-25  
ATTACHMENT 2.6-A  
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OMB No.: 0938-

Citation

Condition or Requirement

- For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- For institutional couples, the methods specified under section 1611(e)(5) of the Act.
- For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
- For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
- SSI methods only.
- SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
- Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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Transmittal #08-07  
ATTACHMENT 2.6-A  
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OMB NO.: 0938-

State OREGON

Citation	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	c. <u>Blind individuals</u> . In determining countable income for blind individuals, the following methods are used:  — The methods of the SSI program only.  <u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .  — For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> , and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .  <u>X</u> For institutional couples, the methods specified under section 1611(e)(5) of the Act.  — For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .  <u>X</u> For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--  <u>X</u> SSI methods only. — SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> . — Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

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OMB NO.: 0938-

State OREGON

Citation	Condition or Requirement
42 CFR 435.721, and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<p>In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p> <p>d. <u>Disabled individuals.</u> In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The methods of the SSI program.</li><li><input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></li><li><input checked="" type="checkbox"/> For institutional-couples: the methods specified under section 1611(e)(5) of the Act.</li><li><input type="checkbox"/> For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></li><li><input type="checkbox"/> For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A;</u> and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></li></ul>

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State OREGON

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Citation	Condition or Requirement
<u>X</u>	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
<u>X</u>	SSI methods only.
—	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to Attachment 2.6-A</u>
—	Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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State OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
1902(l)(3)(E) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--</p> <p>(1) The following methods are used in determining countable income:</p> <p><input checked="" type="checkbox"/> The methods of the State's approved AFDC plan.</p> <p><input type="checkbox"/> The methods of the approved title IV-E plan.</p> <p><input type="checkbox"/> The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

State OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:  ___ The methods of the SSI program only.  <u>X</u> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>  <u>X</u> For institutional couples, the methods specified under section 1611(e)(5) of the Act.

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MARCH 1993

Transmittal #93-5  
ATTACHMENT 2.6-A  
Page 12a

State OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
	<p>If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.</p> <p>For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.</p> <p>For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.</p>
1905(s) of the Act	<p>g. (1) <u>Qualified disabled and working individuals.</u></p> <p>In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) Of the Act, the methods of the SSI program are used.</p>
1905(p) of the Act	<p>(2) <u>Specified low-income Medicare beneficiaries.</u></p> <p>In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.</p>

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October 1991

Transmittal #92-3  
ATTACHMENT 2.6-A  
Page 12b  
OMB No.:

State/Territory OREGON

Citation	Condition or Requirement
1902(u) of the Act	<p>(h) <u>COBRA Continuation Beneficiaries</u></p> <p>In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:</p> <ul style="list-style-type: none"><li>___ The disregards of the SSI program;</li><li>___ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.</li></ul> <p>NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).</p>

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Effective Date 1/1/92

HCFA ID: 7985E

State/Territory Oregon

Citation	Groups Covered
1902(a)(10)(A) (ii)(XIII) of the Act	<p data-bbox="475 556 1445 592">(i) <u>Working Disabled Who Buy Into Medicaid</u></p> <p data-bbox="570 625 1445 737">In determining countable income and resources for Working Disabled individuals who buy into Medicaid, the following methodologies are applied:</p> <ul style="list-style-type: none"><li data-bbox="570 779 1445 814">___ The methodologies of the SSI program.</li><li data-bbox="570 852 1445 993">___ The agency uses methodologies for the treatment of income and resources more restrictive than the SSI Program. These more restrictive methodologies are described in Supplement 4 to attachment 2.6-A.</li><li data-bbox="570 1031 1445 1213"><u>X</u> The agency uses more liberal income and/or resource methodologies than the SSI Program. More liberal income methodologies are described in Supplement 8a to attachment 2.6-A. More liberal resource methodologies are described in Supplement 8a to attachment 2.6-A.</li><li data-bbox="570 1251 1445 1396"><u>X</u> The agency requires individuals to pay premium or other cost sharing charges, known as a participant liability. The premium or other cost sharing charges, and how they are applied, are described in attachment 2.6-A, page 12d.</li></ul>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Oregon

ESTABLISHMENT AND APPLICATION OF A PREMIUM  
OR OTHER COST SHARING CHARGES

Section 1902(f) State

Non-Section 1902(f) State

1. Any Working Disabled individual who receives Medicaid benefits shall be subject to cost sharing. The following premium or cost sharing procedures shall be utilized:

The Working Disabled participant liability shall be based on a sliding fee scale, determined by the client's monthly earned and unearned income.

- For clients with income below 75% of the Federal Poverty Level (FPL), the monthly participant liability will be \$0.
- For clients with income between 75% and 100% of the FPL, the monthly participant liability will be \$50.
- For clients with income between 101% and 250% of the FPL, the monthly participant liability will be \$100.
- For clients with income above 250% of the FPL, the monthly participant liability will be \$150. This calculation will be based on countable income. Eligibility for the program is determined by adjusted income. No client with adjusted income above 250% of FPL will be eligible for the program.

Failure by the client to pay the participant liability shall result in ineligibility for the client in the Working Disabled program.

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AUGUST 1991

Transmittal #91-25  
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OMB No.: 0938-

State: Oregon

<u>Citation</u>	<u>Condition or Requirement</u>
1902(k) of the Act	<p>2. Medicaid Qualifying Trusts</p> <p>In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted-under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally-retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p>— The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. <u>Supplement 10 of ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>
1902(a)(10) of the Act	<p>3. Medically needy income levels (MNILs) are based on family size.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.</p>

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ATTACHMENT 2.6-A  
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OMB No.: 0938-

State: OREGON

Citation	Condition or Requirement
42 CFR.435.732, 435.831	<p data-bbox="454 493 1458 556">4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only</p> <p data-bbox="454 588 1458 619">a. <u>Medically Needy</u></p> <p data-bbox="454 651 1458 850">(1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of ___ month (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.</p> <p data-bbox="454 882 1458 976">(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:</p> <p data-bbox="454 1008 1458 1081">(a) Health insurance premiums, deductibles and coinsurance charges.</p> <p data-bbox="454 1113 1458 1186">(b) Expenses for necessary medical and remedial care not included in the plan.</p> <p data-bbox="454 1218 1458 1291">(c) Expenses for necessary medical and remedial care included in the plan.</p> <p data-bbox="454 1323 1458 1417">___ Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.</p> <p data-bbox="181 1449 454 1512">1902(a)(17) of the Act</p> <p data-bbox="454 1449 1458 1608">Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.</p>

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ATTACHMENT 2.6-A  
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OMB No.: 0938-

State/Territory: OREGON

<u>Citation</u>		<u>Condition or Requirement</u>
1903(f)(2) of the Act	a.	Medically Needy (Continued)
	—	(3) If countable income exceeds the MNIL standard, the agency deducts spend down payments made to the State by the individual.

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Transmittal #91-25  
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OMB No.: 0938-

State: OREGON

Citation	Condition or Requirement
42 CFR 435.732	<p>b. Categorically Needy - Section 1902(f) States</p> <p>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:</p> <ol style="list-style-type: none"><li>(1) Any SSI benefit received.</li><li>(2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.</li><li>(3) Increases in OASDI that are deducted under §435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.</li><li>(4) Other deductions from income described in this plan at <u>Attachment 2.6-A. Supplement 4</u>.</li><li>(5) Incurred expenses for necessary medical and remedial services recognized under State law.</li></ol> <p>1902(a)(17) of the Act, P.L. 100-203</p> <p>Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.</p>

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OMB No.

State/Territory: OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
1903(f)(2) of Act	4.b. <u>Categorically Needy - Section 1902(f) States</u> -Continued — (6) Spend down payments made to the State by the individual.
	NOTE: FFP will be reduced to the extent a State is paid a spend down payment by the individual.

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August 1991

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Page 16  
OMB No.: 0938-

State: OREGON

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Citation	Condition or Requirement
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5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan;  
and

\_\_\_(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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OMB No.: 0938-

State: OREGON

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Citation Condition or Requirement

5. Methods for Determining Resources

1902(a)(10)(A),  
1902(a)(10)(C),  
1902(m)(1)(B)  
and (C), and  
1902(r) of the Act

b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:

The methods of the SSI program.

SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

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OMB No.: 0938-

State: OREGON

Citation

Condition or Requirement

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A),  
1902(a)(10)(C),  
1902(m)(1)(B), and  
1902(r) of the  
Act

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

The methods of the SSI program.

SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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AUGUST 1991

Transmittal #91-25  
ATTACHMENT 2.6-A  
Page 18  
OMB No.: 0938-

State: OREGON

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), the 1902(m)(1)(B), and (C), and 1902(r)(2) of the Act	<p>d. <u>Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act.</u> The agency uses following methods for the treatment of resources:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The methods of the SSI program.</li><li><input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></li><li><input type="checkbox"/> Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in <u>Supplement 5 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></li></ul> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(l)(3) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.</u></p> <p>The agency uses the following methods in the treatment of resources.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> The methods of the SSI program only.</li><li><input type="checkbox"/> The methods of the SSI program and/or any more liberal methods described in Supplement 5a of <u>Supplement 8b to ATTACHMENT 2.6-A.</u></li></ul>

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Citation	Condition or Requirement
	<p><input type="checkbox"/> Methods that are more liberal than those of SSI. The more liberal methods are specified in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(1)(3) and 1902(r)(2) of the Act	<p>f. <u>Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p><input type="checkbox"/> The methods of the State's approved AFDC plan.</p> <p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p>
1902(1)(3)(C) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p>
1902(r)(2) of the Act	<p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>		<u>Condition or Requirement</u>
1902(l)(3) and 1902(r)(2) of the Act	g. 1.	<u>Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.</u>  The agency uses the following methods for the treatment of resources:  — The methods of the State's approved AFDC plan.
1902(l)(3)(C) of the Act		— Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(l)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u>
1902(r)(2) of the Act		— Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>  <u>X</u> Not applicable. The agency does not consider resources in determining eligibility.  In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
1902(l)(3) and 1902(r)(2) of the Act	g. 2. <u>Poverty level children under section 1902(a)(10)(A)(i)(VII)</u>  The agency uses the following methods for the treatment of resources:  <input type="checkbox"/> The methods of the State's approved AFDC plan.
1902(l)(3)(C) the Act	<input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement 8a of ATTACHMENT 2.6-A</u> .
1902(r)(2) of the Act	<input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .  <input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.

In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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October 1991

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ATTACHMENT 2.6-A  
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<u>Citation</u>		<u>Condition or Requirement</u>
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h.	<u>For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act</u> the agency uses the following methods for treatment of resources:  — The methods of the SSI program only.  <u>X</u> The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i.	For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j.	For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:  — The methods of the SSI program only.  — More restrictive methods applied under section 1902(f) of the Act as described in <u>Supplement 5 to Attachment 2.6-A.</u>

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OCTOBER 1991

Transmittal #92-3  
ATTACHMENT 2.6-A  
Page 20a  
OMB No.:

State: OREGON

Citation	Condition or Requirement
6. Resource standard - Categorically Needy	
a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:	
	— Same as SSI resource standards.
	— More restrictive.
	The resource standards for other individuals are the same as those in the related cash assistance program.
b. Non-1902(f) States (except as specified under items 6.c. and d. below)	
	The resource standards are the same as those in the related cash assistance program.
	<u>Supplement 8 to ATTACHMENT 2.6-A</u> specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
1902(1)(3)(A) (B) and (C) of of the Act	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p>— Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><u>X</u> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (C) of the Act	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</p> <p>— Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><u>X</u> No. The agency does not apply a resource standard to these individuals.</p>
1902(1)(3)(A) and (D) of the Act	<p>e. For children covered under the provisions of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard.</p> <p>— Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p>— No. The agency does not apply a resource standard to these individuals.</p>

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AUGUST 1991

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State: OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
1902(m)(1)(C) and (m)(2)(B) of the Act	f. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(x) of the Act, the resource standard is:  — Same as SSI resource standards.  — Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).  <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for these individuals.

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State: OREGON

Transmittal #91-25  
ATTACHMENT 2.6-A  
Page 22  
OMB NO.: 0938-

Citation	Condition or Requirement
1902(a)(10)(C)(i) of the Act	<p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource eligibility for all groups.</p> <p>c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--</p> <ul style="list-style-type: none"><li>— Aged</li><li>— Blind</li><li>— Disabled</li></ul> <p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2</u> so indicates.</p>
1905(p)(1)(D) and (p)(2)(B) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries</p> <p>For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI standard.</p>
1905(s) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.</p>

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ATTACHMENT 2.6-A  
Page 22a  
OMB No.:

State/Territory: OREGON

<u>Citation</u>		<u>Condition or Requirement</u>
1902(u) of the Act	9.1	For OBRA continuation beneficiaries, the resource standard is: — Twice the SSI resource standard for an individual.  — More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

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<u>Citation</u>	<u>Condition or Requirement</u>
10.	Excess Resources
a.	Categorically Needy, Qualified Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries  Any excess resources make the individual ineligible.
b.	Categorically Needy Only  — This state has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
c.	Medically Needy  Any excess resources make the individual ineligible.

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State/Territory: OREGON

<u>Citation</u>	<u>Condition or Requirement</u>
42 CFR 435.914	<p>11. Effective Date of Eligibility</p> <p>a. Groups Other Than Qualified Medicare beneficiaries</p> <p>(1) For the prospective period.</p> <p>Coverage is available for the full month if the following individuals are eligible at any time during the month.</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p> <p>Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p> <p>(2) For the retroactive period.</p> <p>Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:</p> <p><input checked="" type="checkbox"/> Aged, blind, disabled. <input checked="" type="checkbox"/> AFDC-related.</p> <p>Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.</p> <p><input type="checkbox"/> Aged, blind, disabled. <input type="checkbox"/> AFDC-related.</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>		<u>Condition or Requirement</u>
1920(b)(1) of the Act	— (3)	For a presumptive eligibility for pregnant women only.  Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act	<u>X</u> b.	For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--  <u>X</u> 12 months — 6 months — ___ months (no less than 6 months and no more than 12 months)

<u>Citation</u>	<u>Condition or Requirement</u>
1902(a)(18) and 1902(f) of the Act	<p>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u>.</p>
1917(c)	<p>13. Transfer of Assets - All eligibility groups</p> <p>The agency complies with the provisions of section 1917 (c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts - All eligibility groups</p> <p>The agency complies with the provisions of section 1917 (d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p><input type="checkbox"/> The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;</p> <p><input checked="" type="checkbox"/> The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of <u>Miller</u> trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A</u>.</p>

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March 1995

State: OREGON

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ATTACHMENT 2.6-A  
Page 26a  
OMB No.: 0938-0673

<u>Citation</u>	<u>Condition or Requirement</u>
1924 of the Act	<p>15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p><input type="checkbox"/> the maximum standard permitted by law;</p> <p><input checked="" type="checkbox"/> the minimum standard permitted by law; or</p> <p><input type="checkbox"/> \$_____ a standard that is an amount between the minimum and the maximum.</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:     Oregon    

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	\$ 345	\$ 310	\$ 310
2	499	395	395
3	616	460	460
4	795	565	565
5	932	660	660
6	1,060	755	755
7	1,206	840	840
8	1,346	925	925
9	1,450	985	985
10	1,622	1,090	1090
Each Additional Person	172	105	105

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

133 percent

\_\_\_\_\_ percent (no more than 185 percent)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:     Oregon    

INCOME ELIGIBILITY LEVELS (continued)

A. MANDATORY CATEGORICALLY NEEDY (continued)

3. Children under Section 1902(a)(10)(i)(VI) of the Act who have attained age 1 but have not attained age 6:

Effective April 1, 1990, based on 133 percent of the official Federal income poverty level.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:     Oregon    

INCOME ELIGIBILITY LEVELS (continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on up to 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

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State: Oregon

INCOME ELIGIBILITY LEVELS (continued)

B. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO  
FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after  
September 30, 1983 and who have attained 6 years of age under the provisions of  
P&I Sections 1902(1)(2) and 1902(a)(10)(A)(i)(VII) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income  
poverty line.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

INCOME ELIGIBILITY LEVELS (continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on \_\_\_\_\_ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:     Oregon    

INCOME ELIGIBILITY LEVELS (continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The level for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of Section 1905(p)(2)(A) of the Act are as follows:

1. Non-Section 1902(f) States

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1992:           100 percent

b. Levels:

<u>Family Size</u>	<u>Income Level</u>
1	\$776
2	1,041

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INCOME ELIGIBILITY LEVELS (continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO  
FEDERAL POVERTY LEVEL

1987

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1989 USED INCOME  
STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan. 1, 1989:  80 percent  \_\_\_\_\_ percent (no more than 100)  
Eff. Jan. 1, 1990:  85 percent  \_\_\_\_\_ percent (no more than 100)  
Eff. Jan. 1, 1991:  95 percent  \_\_\_\_\_ percent (no more than 100)  
Eff. Jan. 1, 1992: 100 percent

b. Levels:

<u>Family Size</u>	<u>Income Levels</u>
1	\$
2	\$

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State           Oregon          

INCOME LEVELS (continued)

D. MEDICALLY NEEDY

Applicable to all groups.                       Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>1</u> months	Amount by which Column (2) exceeds limits specified in 1/ 42 CFR 435.1007	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 1/ 42 CFR 435.1007
<input type="checkbox"/> Urban only				
<input type="checkbox"/> Urban & rural				
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
For each additional person, add:	\$	\$	\$	\$

1/ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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HCFA ID: 7985E

supl\_2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State       Oregon      

INCOME LEVELS (continued)

D. MEDICALLY NEEDY

Applicable to all groups.       Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>1</u> months	Amount by which Column (2) exceeds limits specified in 1/ 42 CFR 435.1007	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 1/ 42 CFR 435.1007
<input type="checkbox"/> Urban only				
<input checked="" type="checkbox"/> Urban & rural				
5	\$ 879	\$	\$	\$
6	\$1,006	\$	\$	\$
7	\$1,119	\$	\$	\$
8	\$1,233	\$	\$	\$
9	\$1,313	\$	\$	\$
10	\$1,452	\$	\$	\$
For each additional person, add:	\$139	\$	\$	\$

1/ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 91-17  
 Supersedes  
 TN No.

Approval Date 10/4/91

Effective Date 7/1/91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

Same as SSI resources levels.

Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>N/A</u>
<u>2</u>	<u>N/A</u>

b. Optional Groups

Same as SSI resources levels.

Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>N/A</u>
<u>2</u>	<u>N/A</u>

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TN No. 98-03  
Supersedes  
TN No. 91-25

Approval Date 5/18/98

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Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

Transmittal #91-25  
SUPPLEMENT 2 TO ATTACHMENT 2.6-A  
Page 2  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

2. Infants

a. Mandatory Group of Infants

     Same as resource levels in the State's approved AFDC plan.

  X   Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>  1  </u>	<u>  N/A  </u>
<u>  2  </u>	<u>  N/A  </u>
<u>  3  </u>	<u>  N/A  </u>
<u>  4  </u>	<u>  N/A  </u>
<u>  5  </u>	<u>  N/A  </u>
<u>  6  </u>	<u>  N/A  </u>
<u>  7  </u>	<u>  N/A  </u>
<u>  8  </u>	<u>  N/A  </u>
<u>  9  </u>	<u>  N/A  </u>
<u> 10  </u>	<u>  N/A  </u>

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TN No. 91-25  
Supersedes  
TN No. 87-42

Approval Date 1/23/92

Effective Date 11/1/91  
HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

b. Optional Group of Infants

     Same as resource levels in the State's approved AFDC plan.

X Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>    1    </u>	<u>  N/A  </u>
<u>    2    </u>	<u>  N/A  </u>
<u>    3    </u>	<u>  N/A  </u>
<u>    4    </u>	<u>  N/A  </u>
<u>    5    </u>	<u>  N/A  </u>
<u>    6    </u>	<u>  N/A  </u>
<u>    7    </u>	<u>  N/A  </u>
<u>    8    </u>	<u>  N/A  </u>
<u>    9    </u>	<u>  N/A  </u>
<u>   10   </u>	<u>  N/A  </u>

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TN No. 98-03

Supersedes

TN No. 91-25

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FEBRUARY 1992

Transmittal #92-5  
SUPPLEMENT 2 TO ATTACHMENT 2.6-A  
Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

3. Children

a. Mandatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act.  
(children who have attained age 1 but have not attained age 6.)

   Same as resource levels in the State's approved AFDC plan.

  X Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>  1</u>	<u>  N/A</u>
<u>  2</u>	<u>  N/A</u>
<u>  3</u>	<u>  N/A</u>
<u>  4</u>	<u>  N/A</u>
<u>  5</u>	<u>  N/A</u>
<u>  6</u>	<u>  N/A</u>
<u>  7</u>	<u>  N/A</u>
<u>  8</u>	<u>  N/A</u>
<u>  9</u>	<u>  N/A</u>
<u> 10</u>	<u>  N/A</u>

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TN No. 92-5

Supersedes

TN No.

Approval Date 5-14-92

Effective Date 1-1-92

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MARCH 1992

Transmittal #92-12  
SUPPLEMENT 2 TO ATTACHMENT 2.6-A  
Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Oregon

- b. Mandatory Group of Children under section 1902(a)(10)(i)(VII) of the Act.  
(Children born after September 30, 1983 who have attained age 6 but have not attained age 19.)

   Same as resource levels in the State's approved AFDC plan.

  X Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>  1</u>	<u>  N/A</u>
<u>  2</u>	<u>  N/A</u>
<u>  3</u>	<u>  N/A</u>
<u>  4</u>	<u>  N/A</u>
<u>  5</u>	<u>  N/A</u>
<u>  6</u>	<u>  N/A</u>
<u>  7</u>	<u>  N/A</u>
<u>  8</u>	<u>  N/A</u>
<u>  9</u>	<u>  N/A</u>
<u> 10</u>	<u>  N/A</u>

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TN No. 92-12

Supersedes

TN No. 92-5

Approval Date 6-11-92

Effective Date 4-1-92

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State       Oregon      

b. Optional Group of Children under Section 1902(1)(1)D of the Act.

       Same as resource levels in the State's approved AFDC plan.

  X   Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
1	N/A
2	N/A
3	N/A
4	N/A
5	N/A
6	N/A
7	N/A
8	N/A
9	N/A
10	N/A

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TN No. 98-07

Supersedes

TN No.

Approval Date 10/22/98

Effective Date 7/1/98

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AUGUST 1991

Transmittal #91-25  
SUPPLEMENT 2 TO ATTACHMENT 2.6-A  
Page 6  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

4. Aged and Disabled Individuals

Same as SSI resource levels.

More restrictive than SSI levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
--------------------	-----------------------

1

2

3

4

5

Same as medically needy resource levels (applicable only if State has a medically needy program)

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TN No. 91-25

Supersedes

TN No. \_\_\_\_\_

Approval Date 1/23/92

Effective Date 11/1/91

HCFA ID: 7985E

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AUGUST 1991

Transmittal #03-04  
SUPPLEMENT 2 TO ATTACHMENT 2.6-A  
Page 7  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OREGON

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

\_\_\_ Except those specified below under the provisions of section 1902(f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	
<u>2</u>	
<u>3</u>	
<u>4</u>	
<u>5</u>	
<u>6</u>	
<u>7</u>	
<u>8</u>	
<u>9</u>	
<u>10</u>	

For each additional person

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TN No. 03-04  
Supersedes TN No. 02-14

Approval Date 03/11/03

Effective Date 02/01/03

HCFA ID: 7985E

Revision: HCFA-PM-85-3 (BERC)  
MAY 1985

Transmittal #06-10  
SUPPLEMENT 3 TO ATTACHMENT 2.6-A  
Page 1  
OMB NO: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL  
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Income deductions will be applied for the post-eligibility treatment of income of individuals receiving necessary medical and remedial care, not covered under the State Plan but recognized under state law.

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.

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TN No. 06-10  
Supersedes TN 86-18

Approval Date 08/31/06

Effective Date 10/01/06  
HCFA ID: 4093/0002P

Revision: HCFA-PM-91-4 (BPD)  
2.6-A

AUGUST 1991

Transmittal #91-25  
SUPPLEMENT 4 TO ATTACHMENT

Page 1  
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM  
THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to state supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

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TN No. 91-25

Supersedes

TN No. \_\_\_\_\_

Approval Date 1/23/92

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HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

Transmittal #91-25  
SUPPLEMENT 5 TO ATTACHMENT 2.6-A  
Page 1  
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

MORE RESTRICTIVE METHODS OF TREATING RESOURCES  
THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

N/A

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TN No. 91-25  
Supersedes  
TN No. 87-21

Approval Date 1/23/92

Effective Date 11/1/91  
HCFA ID: 7985E

Revision: HCFA-PM-91- 4 (BPD)  
AUGUST 1991

Transmittal #91-25  
SUPPLEMENT 5a TO ATTACHMENT 2.6-A  
Page 1  
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS  
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

N/A

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TN No. 91-25  
Supersedes  
TN No. 87-21

Approval Date 1/23/92

Effective Date 11/1/91  
HCFA ID: 7985E

Revision: HCFA-AT-85-3  
 FEBRUARY 1985

Transmittal #85-3  
 SUPPLEMENT 6 TO ATTACHMENT 2.6-A

State: Oregon

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
	Federal	State	<u>Gross</u>		<u>Net</u>		
			1 person	Couple	1 person	Couple	
(1)	(2)		(3)		(4)	(5)	
1. Persons living outside a medical facility - may be living independently or in community-based care.		X	*	**			\$65
2. Persons living in a medical facility.		X	*	**			\$65

\*300% of the current SSI standard payment amount for one person in a household of one.  
 \*\*300% of the current SSI standard payment amount for a couple.

TN No. 85-3  
 Supersedes  
 TN No. 81-34

Approval Date 8/9/85

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AUGUST 1991

Transmittal #91-25  
SUPPLEMENT 7 TO ATTACHMENT 2.6-A  
Page 1  
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

INCOME LEVELS FOR 1902(F) STATES - CATEGORICALLY NEEDY  
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

N/A

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TN No. 91-25

Supersedes

TN No. 85-3

Approval Date 1/23/92

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HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BDP)  
AUGUST 1991

Transmittal #91-25  
SUPPLEMENT 8 TO ATTACHMENT 2.6-A  
Page 1  
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OREGON

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

N/A

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TN No. 91-25

Supersedes

TN No. 85-3

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Effective Date 11/1/91

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State                       Non-Section 1902(f) State

The following income regulations apply to Working Disabled individuals as defined in Section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act.

- (a) The total amount of payments for Employment and Independence Expenses (EIEs) shall be excluded from income when determining eligibility.

The excluded expense shall be utilized after all other SSI income disregards have been exhausted.

Employment and Independence Expenses shall include any expense that will be determined by the state to enhance an individual's independence and increase employment opportunities.

- (b) The total amount of payments made to Approved Accounts, described in Supplement 8b, shall be excluded when determining eligibility.

The excluded expense shall be utilized after all other SSI income disregards have been exhausted.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State                       Non-Section 1902(f) State

1. The following income disregards apply to; Qualified Medicare beneficiaries under Section 1902(a)(10)(E)(i), SLMB under Section 1902(a)(10)(E)(iii), QI1 under Section 1902(a)(10)(E)(iv), working disabled under section 1902(a)(10)(A)(ii)(XIII), and optional categorical under Section 1902(a)(10)(A)(ii)(I).  
  
(a) wages paid by the Census Bureau for temporary employment related to Census activities are disregarded.
  
2. The state disregards the difference between the current TANF income standard (as approved in the State's title IV-A State plan) and the AFDC income standard in effect on July 16, 1996 (as specified in Supplement 1 to Attachment 2.6A page 1). This disregard applies to the following eligibility groups: Section 1902 (a)(10)(A)(i)(III), 1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(IV), 1902(a)(10)(A)(ii)(VIII)

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TN No. 09-02  
Supersedes  
TN No. 08-07

Approval Date 3-19-09

Effective Date 1-1-09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

MORE LIBERAL METHODS OF TREATING UNEARNED INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State                       Non-Section 1902(f) State

1. The following unearned income regulations apply to Working Disabled individuals as defined in Section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act.
  - (a) An unearned income shall be disregarded when determining eligibility under this section.
  - (b) The total amount of any special needs allowance shall also be disregarded. Special needs allowances are defined under Oregon Administrative Rules.

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TN No. 98-11

Supersedes

TN No. 91-25

Pen and Ink Changes 9/18/98

Approval Date 9/24/98

Effective Date 9/1/98

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:  Oregon

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State                       Non-Section 1902(f) State

The following resource income regulations apply to Working Disabled individuals as defined in Section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act.

- (a) A total of up to \$5,000 of available resources shall be disregarded.
- (b) A resource disregard shall be given to a Working Disabled individual who holds monies in any Approved Accounts.

The resource disregard shall equal the total of all monies held in such accounts.

These accounts will be held separate from non-exempt resources.

Approved Accounts shall be used to save for any expense that will be determined by the state to enhance an individual's independence and increase employment opportunities. Also included as an Approved Account shall be any account commonly used for future retirement and medical needs, including but not limited to IRAs, KEOGS and Medical Savings Accounts (MSAs).

Approval for such accounts shall be obtained by the individual prior to the utilization of such disregard.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State                       Non-Section 1902(f) State

P&I

1. The following resource disregards apply to those eligible individuals as defined in Section 1902(a)(10)(A)(ii)(V) of the Social Security Act.

P&I

- (a) The state disregards the total value of household goods and personal effects.
- (b) Non exempt real property which is up for sale is excluded as long as owners verify they are making reasonable efforts to sell it.

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TN No. 05-01  
Supersedes TN No. \_\_\_\_\_

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Effective Date 1/1/05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State       Non-Section 1902(f) State

P&I

For annuities meeting the criteria contained in Supplement 8 to Attachment 2.6A, page 4, Item C, the amount of funds in the annuity account are disregarded as countable resources in determining eligibility for individuals under 42 CFR 435.217, 42 CFR 435.236 and Section 1902(a)(10)(E) of the Act.

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TN # 05-07  
Supersedes TN # \_\_\_\_\_

Date Approved: 11/7/05

Effective Date: October 1, 2005

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: Oregon

- C. Effective October 1, 2005 the following shall govern annuities.  
An annuity purchased on or after October 1, 2005 by or for an individual using the individual's assets will be considered an available resource unless it meets all of the following criteria:
1. The annuity is irrevocable;
  2. The annuity pays principle and interest out in equal monthly installments over the actuarial life expectancy of the annuitant;
  3. If an unmarried client is the annuitant, the annuity must specify that upon the death of the client the first remainder beneficiary is either (a) or (b) below:
    - (a) The Department, for all funds remaining in the annuity up to the amount of medical benefits provided on behalf of the client, or
    - (b) The client's child who meets the SSI disability criteria based on blindness or disability in the event that the child survives the client, AND the Department in the event that the child does not survive the client, up to the amount of medical benefits provided on behalf of the client;
  4. If the community spouse is the annuitant, the annuity must specify that upon the death of the community spouse the first remainder beneficiary is either (a) or (b) below:
    - (a) The client, in the event that the client survives the community spouse AND the Department, in the event that the client does not survive the spouse, for all funds remaining in the annuity up to the amount of medical benefits provided on behalf of the client or
    - (b) The community spouse's child who meets the SSI disability criteria based on blindness or disability in the event that the child survives the community spouse, AND the client in the event that the child does not survive the community spouse; and
  5. The annuity is issued by a business licensed and approved by the state in which the annuity is purchased, to issue commercial annuities.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) The following more liberal methodology applies to individuals who are  
1917(b)(1)(C) eligible for medical assistance under one of the following eligibility groups:

P&I Section 1902(a)(10)(A)(ii)(V) of the Social Security Act

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a “qualified state long-term care insurance partnership” policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term “long-term care insurance policy” includes a certificate issued under a group insurance contract.

X The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State’s Insurance Department.

- The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
- The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.
- The policy was issued no earlier than the effective date of this State plan amendment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:     Oregon    

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

TRANSFER OF RESOURCES

1902(f) and 1917  
of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

- A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 1613(c) of the Social Security Act (Act).
  - 1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.
    - a. \_\_\_ The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds \$12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

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TN No. \_\_\_\_\_  
Supersedes  
TN No. \_\_\_\_\_

Approval Date AUG 9, 1985

Effective Date APR 1, 1985  
HCFA ID: 4093E/0002P

Revision: HCFA-AT-83-3 (BERC)  
February 1985

Transmittal #90-20  
SUPPLEMENT 9 TO ATTACHMENT 2.6-A  
Page 2

State: Oregon

- b.  The period of ineligibility is less than 24 months, as specified below:
- c.  The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.
- \*d.  The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceed \$24,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

The period of ineligibility continues for as many full months as equals the uncompensated value divided by \$1,000.

\*Based on Lewis vs. Hegstrom, 1984.

e.  For resources transferred on or after July 1, 1988 the period of ineligibility is the lesser of thirty months or the total number of months divided by \$1,970, unless the resources were transferred to the individual spouse or blind or disabled child.

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TN No. 90-20  
Supersedes  
TN No. \_\_\_\_\_

Approval Date 10/12/90

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Revision: HCFA-AT-85-3 (BERC)  
FEBRUARY 1985

Transmittal #90-20  
SUPPLEMENT 9 TO ATTACHMENT 2.6-A  
Page 3

STATE PLAN UNDER TITLE XII OF THE SOCIAL SECURITY ACT

State: Oregon

2. Transfer of the home of an individual who is an inpatient in a medical institution.

X A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).

a. For resources transferred prior to July 1, 1988. Subject to the exceptions on page 5 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

\*The period of ineligibility begins with the month of disposal of the home and continues for as many full months as equals the uncompensated value divided by \$1,350.00.

\* Based on Lewis vs. Hegstrom, 1984.

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TN No. \_\_\_\_\_  
Supersedes  
TN No. \_\_\_\_\_

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Transmittal #90-20  
SUPPLEMENT 9 TO ATTACHMENT 2.6-A  
Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

For resources transferred prior to July 1, 19

- b. X Subject to the exceptions on page 5 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 2A months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

\* The period of ineligibility Continues for as many full months as equals the uncompensated value divided by \$1,350.00.

- c. X Subject to the exemptions on page 5 of this supplement, if the home was transferred on or after July 1, 1988, the period of ineligibility is the lesser of thirty months or the total number of months divided by \$1,970.

\* Based on Lewis vs. Hegstrom, 1984.

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TN No. \_\_\_\_\_

Supersedes

TN No. \_\_\_\_\_

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FEBRUARY 1985

Transmittal #90-20  
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Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Oregon

No individual is ineligible by reason of item A.2 if--

- i. A satisfactory showing, is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- ii. Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;
- iii. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or
- iv. The agency determines that denial of eligibility would work an undue hardship.
- v. For transfers on or after July 1, 1988, the home was transferred to the individual's spouse, blind or disabled child, a child under age 21, a sibling who has equity in the home and was residing in the home at least one year, or a son or daughter who was residing in the home at least two years before the individual began a continuous period of care that permitted the individual to reside at home.

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TN No. \_\_\_\_\_  
Supersedes \_\_\_\_\_  
TN No. \_\_\_\_\_

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FEBRUARY 1985

Transmittal #85-3  
SUPPLEMENT 9 TO ATTACHMENT 2.6-A  
Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

3. 1902(f) states

       Under the provisions of section 1902(f) of the Social security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is \$12,000 or less:

2. If the uncompensated value of the transfer is more than \$12,000:

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TN No. 85-3  
Supersedes  
TN No. \_\_\_\_\_

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Effective Date 4/1/85  
HCFA ID: 4093E/0002P



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

TRANSFER OF ASSETS

1917(c) FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR  
P&I AFTER February 8, 2006, the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

Nursing facility services;

Nursing facility level of care provided in a medical institution;

Home and community-based services under a 1915(c) or (d) waiver.

2. Non-institutionalized individuals:

— The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

— The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

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TN No. 06-13  
Supersedes TN No 95-6

Approval Date 11/16/06

Effective Date 7/1/06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

TRANSFER OF ASSETS

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:

- the first day of a month during or after which assets have been transferred for less than fair market value;

     The State uses the first day of the month in which the assets were transferred

  X   The State uses the first day of the month after the month in which the assets were transferred

or

- the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

AND

which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

4. Penalty Period - Institutionalized Individuals--

In determining the penalty for an institutionalized individual, the agency uses:

  X   the average monthly cost to a private patient of nursing facility services in the State at the time of application;

     the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.

5. Penalty Period - Non-institutionalized Individuals--

The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

     imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care--

X Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.

X The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. Penalty periods - transfer by a spouse that results in a penalty period for the individual--

(a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

(b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

8. Treatment of a transfer of income—

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

X For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.

X For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

9. Imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

TRANSFER OF ASSETS

Application of a transfer of assets penalty would deprive the individual:

- (a) Of medical care such that the individual's health or life would be endangered; or
- (b) Of food, clothing, shelter, or other necessities of life such that the client's health or life would be endangered; and
- (c) has the client provided proof that there is no other means for meeting these needs by exploring and pursuing all reasonable means to recover the assets to the satisfaction of the Department, including legal remedies and consultation with an attorney, and cooperating with the Department to take action to recover the assets.

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and
- (c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

\_\_\_\_ Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed \_\_\_\_ days (may not be greater than 30).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

The agency does not apply the trust provisions in any case in which the agency determined that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship.

The provisions of this rule may be waived if the agency determines denial of benefits would create an undue hardship on the client based on the following:

- (a) The local unit may determine hardship if:
  - (1) The absence of the services requested may result in a life-threatening situation.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is \$\_\_\_\_\_.

Revision: HCFA-PM-91-8 (MB)  
October 1991

Transmittal #92-3  
SUPPLEMENT 11 TO ATTACHMENT 2.6-A  
Page 1  
OMB No.:

State/Territory: OREGON

Citation

Condition or Requirement

**COST EFFECTIVENESS METHODOLOGY FOR  
COBRA CONTINUATION BENEFICIARIES**

1902(u)  
of the Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

       The methodology as described in SMM section 3598.

       Another cost-effective methodology as described below.

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TN No. 92-3  
Supersedes  
TN No.       

Approval Date 4/8/92

Effective Date 1/1/92  
HCFA ID: 7985E

Revision: HCFA-PM-99-1

Transmittal #99-02  
SUPPLEMENT 12 TO ATTACHMENT 2.6-A  
Page 1  
OMB No.:0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimates) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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TN No. 99-02  
Supersedes  
TN No. 98-05

Approval Date 7/1/99

Effective Date 4/1/99

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The state covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

- Pregnant women with no other children.
- AFDC children age 18 who are full-time students in a secondary school or the equivalent level of vocational or technical training.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 with the following modifications.

The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

1. Disregard either 50% or the \$90 and \$30 and 1/3 of all earned income as provided for in the AFDC State plan, whichever is greater.
2. For self employed clients, disregard either 50% of gross income or the cost of providing the income, whichever is greater.
3. Disregard all In-Kind, Shelter-In-Kind, and Jury Duty income.
4. Either include the needs and income of both parents, regardless of their marital status as long as they are living in the same household as a dependent or unborn child, or deem/disregard the unmarried parent's income as provided in the State plan, whichever results in eligibility for the parent/child.
  - 4a. Disregard wages paid by the Census Bureau for temporary employment related to Census activities.
  - 4b. disregard the difference between the current TANF income standard (as approved in the State's title IV-A State plan) and the AFDC income standard in effect on July 16, 1996 (as specified in Supplement 1 to Attachment 2.6A page 1).

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TN No. 09-02

Supersedes TN No. 08-22

Approval Date 3-19-09

Effective Date 1-1-09

5. For families with a needy caretaker relative who is not the parent of the dependent child, either include the needs and income of the spouse and dependent children of the caretaker relative or deem the spouses income as provided in the State plan, whichever results in eligibility for the dependent child.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

All In-Kind, Shelter-In-Kind, and Jury Duty income was counted.

- The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
- X The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997:
  1. Waiver to Title IV-A, Sec. 402(a)(7)(B) of the Social Security Act and 45 clients from \$1,000 to \$2,500 and to \$10,000 for JOBS participants who are progressing in their self-sufficiency plans.
  2. Waiver to Title IV-A, Sec. 402(a)(7)(B) of the Social Security Act and 45 CFR 233.20(a)(3)(i)(2). Raise the AFDC vehicle equity limit from \$1,500 to \$9,000.
  3. Waiver to Title IV-A, Sec. 407(a) of the Social security Act and 45 CFR 233.100(a)(1)(i). Elimination of the 100 hour rule as a determiner of unemployment to two-parent families. If the family meets the income standard, eligibility continues regardless of the number of hours the principle wage earner works.
  4. Waiver to title IV-A, Sec. 402(a)(17) of the Social Security Act and 45 CFR 233.20(a)(3)(i)(B). Treat lump sum payments as an asset rather than as income. The client does not become eligible for AFDC for the number of months equaling the sum of money divided by the monthly grant.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

ELIGIBILITY UNDER SECTION 1925 OF THE ACT  
TRANSITIONAL MEDICAL ASSISTANCE

The state covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to loss of a time-limited earned income disregard. (42 CFR 435.112, 1902(a)(52), 1902(e)(1), and 1925 of the Act)

The amount, duration, and scope of the services for this coverage are specified in Section 3.1 of this state plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under 1931 (months of retroactive eligibility may be used to meet this requirement):

- During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.
- For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The family must have been Medicaid eligible under section 1931 for 1 month preceding the month in which the family became ineligible under section 1931.

The State extends Medicaid eligibility under TMA for an initial period of:

- 6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.
- 12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

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TN 09-09

Approval Date: 8-19-09

Effective Date: 10-1-09

Supercedes TN:

January 1992

Transmittal #07-11  
SUPPLEMENT 13 TO ATTACHMENT 2.6-A  
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

Section 1924 Provisions

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility, the State uses the minimum resource standard permissible under Section 1924 of the Social Security Act. P&I
- C. The definition of undue hardship for purposes of determining if the institutionalized spouses receive Medicaid in spite of having excess countable resources is listed below:

The person is in extreme need of medical care and the care would not be provided if the person was not eligible. There is convincing evidence that the excess resource cannot be made available to meet the person's immediate needs.

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TN No. 07-11

Approved 1/23/08

Effective Date: 1/1/08

Supersedes TN No. 07-01

Transmittal #95-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

ELIGIBILITY CONDITIONS AND REQUIREMENTS

INCOME AND RESOURCE REQUIREMENTS FOR TUBERCULOSIS (TB)  
INFECTED INDIVIDUALS

For TB infected individuals under §1902(z)(1) of the Act, the income and resource eligibility levels are as follows:

NOT APPLICABLE - Oregon does not cover  
this optional group.

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TN No. 95-12  
Supersedes  
TN No.

Approval Date 11/21/95 Effective Date 10/1/95

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS  
WITH SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

\$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

The amount chosen by the State is \_\_\_\_\_.

This higher standard applies statewide.

This higher standard does not apply statewide. It only applies in the following areas of the State:

This higher standard applies to all eligibility groups.

This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

ASSET VERIFICATION SYSTEM

- 1940(a)  
of the Act
1. The agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
    - A. The request and response system must be electronic:
      - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
      - (2) The system cannot be based on mailing paper-based requests.
      - (3) The system must have the capability to accept responses electronically.
    - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
    - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
    - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or redetermine the individual's eligibility.
    - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

ASSET VERIFICATION SYSTEM

2. System Development

A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

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TN No. 09-04  
9-30-09

Approval Date 4-28-09

Effective Date

Supersedes TN No.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Oregon intends to join with Washington and other willing Western states to create a consortium of states intended to ensure that Medicaid Aged, Blind, and/or Disabled (ABD) asset information housed in financial institutions in cities within Oregon and bordering Oregon will be located for ABD recipient/applicant asset verification. The consortium will contract with an existing asset verification entity like HMS, Acuity, or some other entity that has existing contracts with Oregon border cities and states. Oregon is required to put forth a Request for Proposal process when contracting with vendors for services. The system and entity chosen will be able to comply with the following requirements:

1. An electronic process for asset verification
2. A database of financial institutions that provide data to the entity meeting the geographic requirements of the consortium
3. A 5-year look back of the assets on individual applicants, recipients, spouses and partners
4. A secure, system based on a recognized industry standard as defined by the U.S Commerce Department's National Institute
5. Verification requests will include both open and closed asset account information
6. The acceptable asset verification entity will provide adequate data for the generation of all required reports expected to meet federal reporting requirements such as the number of requests, number of responses and amounts of undisclosed assets found.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OREGON

FINANCIAL ELIGIBILITY CONDITIONS AND REQUIREMENTS

I. GENERAL-APPLICABLE TO THE CATEGORICKLLY NEEDY AND MEDICALLY  
NEEDY

A. Financial responsibility is imposed on the following  
relatives with respect to care and services provided  
under the plan:

1. Spouse for spouse

Yes.

Yes, with the following exceptions:

No responsibility is imposed

2. Parents for children under age 21

Yes.

Yes, with the following exceptions:  
Limited to children under age 18

No responsibility is imposed

3. Parents for children of any age who are blind

Yes.

Yes, with the following exceptions:

No responsibility is imposed

4. Parents for children of any age who are disabled

X  Yes.

Yes, with the following exceptions:

No responsibility is imposed

B.  X  Only those resources which the relative actually makes available to the applicant shall be used in determining the amount of Title XIX Medical Assistance.

Not applicable. No relatives are held financially responsible for costs of medical and remedial care and services.