Authorization Page

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TEMPORARY ADMINISTRATIVE RULES

Oregon Health Authority, Division of Medical Assistance Programs	410
Agency and Division	Administrative Rules Chapter Number
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Upon filing.	
Adopted on	
03/01/2015 thru 08/27/2015	
Effective dates	

RULE CAPTION

Income Eligibility Guidelines for OCCS Medical Programs

Not more than 15 words

RULEMAKING ACTION

ADOPT:

AMEND: 410-200-0315

SUSPEND:

Stat. Auth.: ORS 411.402, 411.404, 413.042, 414.534

Other Auth.: 42 CFR: 435.110, 435.112, 435.115, 435.116, 435.118, 435.403, 435.940, 435.1200, 457.80, 457.340, 458.350, 435.3, 435.4, 435.406, 435.407, 435.940, 435.952, 435.956, 435.1008, 457.320, 457.380, 435.940, 435.956, 435.406, 457.380, 435.117, 435.170, 435.190, 435.916, 435.917, 435.926, 435.952, 435.1200, 435.1205, 447.56, 457.340, 457.350, 457.360, 457.805, 433.145, 433.147, 433.148, 433.146, 435.610, 435.115, 435.403, 435.1200, 457.80, 457.340, 458.350, 435.119, 435.222, 435.118, 433.138, 433.147, 433.148,435.602 435.608

Stats. Implemented: ORS 411.060, 411.095, 411.400, 411.402, 411.404, 411.406, 411.439, 411.443, 413.032, 413.038, 414.025, 414.231, 414.440, 414.534, 414.536, 414.706

RULE SUMMARY

Every year the Federal Poverty Levels (FPL) are adjusted and published to the Federal Register. A number of OCCS medical programs and income disregards are

based on percentages of the FPL and must be updated now that the FPLs have been published and align with Cover Oregon's implementation timeline.

STATEMENT OF NEED AND JUSTIFICATION

The amendment of OAR 410-200-0315

In the Matter of

Federal Register:
http://aspe.hhs.gov/poverty/15poverty.cfm

Documents Relied Upon, and where they are available

Every year the Federal Poverty Levels (FPL) are adjusted and published to the Federal Register. A number of OCCS medical programs and income disregards are based on percentages of the FPL and must be updated now that the FPLs have been published and align with Cover Oregon's implementation timeline.

Need for the Temporary Rule(s)

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and to Cover Oregon staff who would be required to maintain rules and policy surrounding new income guidelines for OCCS Medical programs.

Justification of Temporary Rules

Karen House	Karen House	2/13/15
Authorized Signer	Printed Name	Date

Authorization Page replaces the ink signature on paper filings. Have your authorized signer sign and date, then scan and attach it to your filing. You must complete this step before submitting your Permanent and Temporary filings.

Secretary of State

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

Oregon Health Authority, Division of Medical Assistance Programs — 410

Agency and Division — Administrative Rules Chapter Number

In the Matter of: Amendment of OAR 410-200-0315

Income Eligibility Guidelines for OCCS Medical Programs

Rule Caption: (Not more than 15 words that reasonably identify the subject matter of the agency's intended action.)

Statutory Authority: ORS 411.402, 411.404, 413.042, 414.534

Other Authority: 42 CFR: 435.110, 435.112, 435.115, 435.116, 435.118, 435.403, 435.940, 435.1200, 457.80, 457.340, 458.350, 435.3, 435.4, 435.406, 435.407, 435.940, 435.952, 435.956, 435.1008, 457.320, 457.380, 435.940, 435.956, 435.406, 457.380, 435.117, 435.170, 435.190, 435.916, 435.917, 435.926, 435.952, 435.1200, 435.1205, 447.56, 457.340, 457.350, 457.360, 457.805, 433.145, 433.147, 433.148, 433.146, 435.610, 435.115, 435.403, 435.1200, 457.80, 457.340, 458.350, 435.119, 435.222, 435.118, 433.138, 433.147, 433.148,435.602 435.608

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Documents Relied Upon, and where they are available: Federal Register:
http://aspe.hhs.gov/poverty/15poverty.cfm

Justification of Temporary Rule(s): The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and to Cover Oregon staff who would be required to maintain rules and policy surrounding new income guidelines for OCCS Medical programs.

Karen House — Karen House — 2/13/15

Authorized Signer — Printed name — Date

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310.

410-200-0315

Standards and Determining Income Eligibility

(1) *MAGI-based income* not specifically excluded is countable, and its value is used in determining the eligibility and benefit level of an *applicant* or *beneficiary*.

(2) *MAGI-based income* is considered available on the date it is received or the date a member of the *household group* has a legal right to the payment and the legal ability to make it available, whichever is earlier, except as follows:

(a) Income usually paid monthly or on some other regular payment schedule is considered available on the regular payment date if the date of payment is changed because of a holiday or weekend;

(b) Income withheld or diverted at the request of an individual is considered available on the date the income would have been paid without the withholding or diversion;

(c) An advance or draw of earned income is considered available on the date it is received.

(3) In determining financial eligibility for each *applicant*, the sum of the *budget month MAGI-based income* of all *household group* members is combined and compared to the applicable income standard for the *family size*. If the income is at or below the *MAGI income standard*, the individual meets the financial eligibility requirements. Except as provided in section (4) (a), if income exceeds the *MAGI income standard*, the individual is ineligible.

(4) This section applies to MAGI Medicaid/CHIP programs ~~that became effective January 1, 2014~~:

(a) If an individual is ineligible for MAGI Medicaid based solely on income and would otherwise be eligible for MAGI CHIP or be referred to the Exchange for *APTC*, a disregard equivalent to five percentage points of the *federal poverty*

level for the applicable *family size* shall be applied to the *household group*'s income. If the resulting amount is below the income standard for the applicable program and *family size*, the individual meets the financial eligibility requirements in the following programs:

(A) The MAGI Parent or Other Caretaker Relative Program;

(B) The MAGI Child Program;

(C) The MAGI Adult Program; and

(D) The MAGI Pregnant Woman Program;

(b) If an individual is ineligible for MAGI CHIP based solely on income and would otherwise be referred to the Exchange for *APTC*, a disregard equivalent to five percentage points of the *federal poverty level* for the applicable *family size* shall be applied to the *household group*'s income. If the resulting amount is below the income standard for the applicable program and *family size*, the individual meets the financial eligibility requirements in the MAGI CHIP;

(c) ~~Effective April 12, 2014, the~~The *MAGI income standard* for the MAGI Parent or Other Caretaker-Relative program is set as follows:

Family size	**Standard**	**Income Standard + 5% FPL Disregard, for ~~If Income Exceeds Standard for~~ Individuals who are 65+ and Ineligible for Medicare**
1	$399	$449 ~~$49~~
2	515	582~~66~~
3	611	695~~83~~
4	747	849~~100~~
5	872	991~~117~~
6	998	1134~~134~~
7	1,114	1,268~~151~~

8	1,230	1,401~~168~~
9	1,321	1,509~~184~~
10	1,456	1,662~~201~~
+1	+136	+154~~+17~~

(d) Effective ~~April 12, 2014~~March 1, 2015, the *MAGI income standard* for the MAGI Child Program and the MAGI Adult Program is set at 133 percent of the *FPL* as follows. If an individual's *household group* income exceeds the income standard for their *family size*, the appropriate disregard for their *family size* described in section (4) (a) shall be applied:

Family size	**Standard 133% 2015~~4~~ FPL**	**~~Income Prior to Applying Disregard~~Income Standard + 5% FPL Disregard**
1	$1,305 ~~$1,294~~	$1,354 ~~$1,343~~
2	1,766 ~~1,744~~	1,832 ~~1,810~~
3	2,227 ~~2,194~~	2,311 ~~2,277~~
4	2,688 ~~2,644~~	2,789 ~~2,744~~
5	3,149 ~~3,094~~	3,268 ~~3,211~~
6	3,610 ~~3,544~~	3,746 ~~3,678~~
7	4,071 ~~3,994~~	4,224 ~~4,145~~
8	4,532 ~~4,444~~	4,703 ~~4,612~~
9	4,994	5,181 ~~5,078~~

	~~4,894~~	
10	5,455 ~~5,344~~	5,660 ~~5,545~~
+1	462 ~~+450~~	479 ~~+467~~

(e) Effective ~~April 12, 2014~~March 1, 2015, the *MAGI income standard* for the MAGI Pregnant Woman Program and for MAGI Child Program recipients under age one is set at 185 percent *FPL*. If an individual's *household group* income exceeds the income standard for their *family size*, the appropriate disregard for their *family size* described in section (4) (a) shall be applied:

Family size	**Standard 185% 2015~~4~~ FPL**	**Income Standard + 5% FPL Disregard~~Income Prior to Applying Disregard~~**
1	$1,815 ~~$1,800~~	$1,864 ~~$1,849~~
2	2,456 ~~2,426~~	2,523 ~~2,492~~
3	3,098 ~~3,051~~	3,181 ~~3,134~~
4	3,739 ~~3,677~~	3,840 ~~3,777~~
5	4,380 ~~4,303~~	4,499 ~~4,420~~
6	5,022 ~~4,929~~	5,157 ~~5,063~~
7	5,663 ~~5,555~~	5,816 ~~5,706~~
8	6,304 ~~6,181~~	6,475 ~~6,349~~
9	6,946 ~~6,807~~	7,133 ~~6,991~~
10	7,587 ~~7,433~~	7,792 ~~7,634~~
+1	642 ~~+ 626~~	659 ~~+643~~

(f) Effective ~~April 12, 2014~~March 1, 2015, the *MAGI income standard* for the MAGI CHIP program is set through 300 percent of *FPL* as follows. If a *child*'s *household group* income exceeds the income standard for their *family size*, and

the *child* would be otherwise ineligible for MAGI CHIP, the appropriate disregard for their *family size* described in section (5) (a) (B) shall be applied:

Family size	**Standard 300% 20154 FPL**	**Income Standard + 5% FPL DisregardIncome Prior to Applying Disregard**
1	$2,943 $2,918	$2,992 $2,967
2	3,983 3,933	4,049 3,999
3	5,023 4,948	5,107 5,031
4	6,063 5,963	6,164 6,063
5	7,103 6,978	7,221 7,095
6	8,143 7,993	8,279 8,127
7	9,183 9,008	9,336 9,159
8	10,223 10,023	10,393 10,191
9	11,263 11,038	11,451 11,222
10	12,303 12,053	12,508 12,254
+1	1,040 +1,015	1,058 +1,032

(g) When the Department makes an *ELE* determination and the *child* meets all MAGI CHIP or MAGI Child Program nonfinancial eligibility requirements, the household size determined by the Department is used to determine eligibility

regardless of the *family size*. The countable income of the household is determined by the *ELA*. A *child* is deemed eligible for MAGI CHIP or MAGI Child Program as follows:

(A) Effective ~~April 12, 2014~~March 1, 2015, if the *MAGI-based income* of the *household group* is below 163 percent of the 2015~~4~~ *federal poverty level* as listed below, the Department deems the *child* eligible for the MAGI Child Program;

Household Size	Standard 163% 2015~~4~~ FPL
1	$1,599 ~~$1,586~~
2	2,164 ~~2,137~~
3	2,729 ~~2,689~~
4	3,294 ~~3,240~~
5	3,860 ~~3,792~~
6	4,425 ~~4,343~~
7	4,990 ~~4,895~~
8	5,555 ~~5,446~~
9	6,120 ~~5,998~~
10	6,685 ~~6,549~~
+1	566 ~~552~~

(B) If the *MAGI-based income* of the *household group* is at or above 163 percent of the *FPL* through 300 percent of the *FPL* as listed in section (4)(f) of this rule, the *Agency* deems the *child* eligible for MAGI CHIP.

~~(5) For eligibility decisions effective October 1, 2013 through December 31, 2013, the *MAGI income standards* listed in this section are used:~~

~~(a) Individuals who apply from October 1, 2013 through December 31, 2013 shall first be considered for the programs described in OAR 410-200-0510. Individuals found ineligible based on information from all *budget months* of October, November, or December 2013 shall have their eligibility determined as follows:~~

~~(A) For individuals who would be eligible for programs based on eligibility and income standards found in section (4) (c) through (e) as of January 1, 2014, eligibility for the applicable program shall begin as of that date;~~

~~(B) For individuals who are ineligible for programs which begin on January 1, 2014 who would otherwise be eligible for MAGI CHIP or be referred to the Exchange for *APTC* as of January 1, 2014, a disregard equivalent to five percentage points of the *federal poverty level* for the applicable *family size* will be applied to the *household group*'s income. If the resulting amount is below the January 1, 2014 income standard found in section (4) (c) through (e) for the applicable program and *family size*, the individual meets the financial eligibility requirements for MAGI Medicaid/CHIP;~~

~~(b) The 2013 *MAGI-based income* standard for the *MAA* and Substitute Care programs is as follows. If a *child*'s *household group* income exceeds the income standard for their *family size*, and the *child* would be otherwise ineligible for Medicaid, the appropriate disregard for their *family size* described in section (5) (a) (B) shall be applied:~~

~~***Family size***~~	~~**Standard**~~	~~**If *child*'s *household group* is over the *MAA* income limit and *child* is otherwise ineligible for Medicaid, Disregard**~~	~~**Income Prior to Applying Disregard**~~
~~1~~	~~$399~~	~~$48~~	~~$447~~
~~2~~	~~515~~	~~65~~	~~580~~
~~3~~	~~611~~	~~82~~	~~693~~
~~4~~	~~747~~	~~99~~	~~846~~
~~5~~	~~872~~	~~115~~	~~987~~
~~6~~	~~998~~	~~132~~	~~1,130~~
~~7~~	~~1,114~~	~~149~~	~~1,263~~
~~8~~	~~1,230~~	~~166~~	~~1,396~~
~~9~~	~~1,321~~	~~182~~	~~1,503~~
~~10~~	~~1,456~~	~~199~~	~~1,655~~

+1	136	17	153

(c) The 2013 *MAGI-based income* standard for the *OHP-OPU* program is set at 100 percent of the 2013 *federal poverty level*:

Family size	Standard 100% 2013 FPL
1	$958
2	1,293
3	1,628
4	1,963
5	2,298
6	2,633
7	2,968
8	3,303
9	3,638
10	3,973
+1	+335

(d) The *MAGI-based income* standard for the *OHP-OPC* program is set to 100 percent of the 2013 *federal poverty level*. If a *child*'s *household group* income exceeds the income standard for their *family size*, and the *child* would be otherwise ineligible for Medicaid, the appropriate disregard for their *family size* described in section (5) (a) (B) shall be applied:

Family size	Standard 100% 2013 FPL	If *child*'s *household group* income exceeds 100% and *child* would otherwise be ineligible for Medicaid, Disregard	Income Prior to Applying Disregard
1	$958	$48	$1,006
2	1,293	65	1,358
3	1,628	82	1,710
4	1,963	99	2,062
5	2,298	115	2,413
6	2,633	132	2,765

7	2,968	149	3,117
8	3,303	166	3,469
9	3,638	182	3,820
10	3,973	199	4,172
+1	+335	17	352

(e) The 2013 *MAGI-based income* standard for the *OHP-OP6* program is set at 133 percent of the 2013 *federal poverty level*. If a *child*'s *household group* income exceeds the income standard for their *family size*, and the *child* would be otherwise ineligible for Medicaid, the appropriate disregard for their *family size* described in section (5) (a) (B) shall be applied:

Family size	**Standard 133% 2013 FPL**	**If a *child*'s *household group* income exceeds 133%, Disregard**	**Income Prior to Applying Disregard**
1	$1,274	$48	$1,322
2	1,720	65	1,785
3	2,165	82	2,247
4	2,611	99	2,710
5	3,056	115	3,171
6	3,502	132	3,634
7	3,947	149	4,096
8	4,393	166	4,559
9	4,838	182	5,020
10	5,284	199	5,483
+1	+446	17	463

(f) The 2013 *MAGI-based income* standard for the *OHP-OPP* program is set at 185 percent of the 2013 *federal poverty level*. If a *child*'s *household group* income exceeds the income standard for their *family size*, and the *child* would be otherwise ineligible for Medicaid, the appropriate disregard for their *family size* described in section (5) (a) (B) shall be applied:

Family	**Standard 185%**	**If income Exceeds**	**Income Prior to**

~~*size*~~	~~2013 FPL~~	~~185%, Disregard~~	~~Applying Disregard~~
~~1~~	~~$1,772~~	~~$48~~	~~$1,820~~
~~2~~	~~2,392~~	~~65~~	~~2,457~~
~~3~~	~~3,011~~	~~82~~	~~3,093~~
~~4~~	~~3,631~~	~~99~~	~~3,730~~
~~5~~	~~4,251~~	~~115~~	~~4,366~~
~~6~~	~~4,871~~	~~132~~	~~5,003~~
~~7~~	~~5,490~~	~~149~~	~~5,639~~
~~8~~	~~6,110~~	~~166~~	~~6,276~~
~~9~~	~~6,730~~	~~182~~	~~6,912~~
~~10~~	~~7,350~~	~~199~~	~~7,549~~
~~+1~~	~~+620~~	~~17~~	~~637~~

~~(g) The 2013 *MAGI income standard* for the MAGI CHIP program is set through 300 percent of the 2013 *FPL* as follows:~~

~~*Family size*~~	~~Standard 300% 2013 FPL~~
~~1~~	~~$2,874~~
~~2~~	~~3,879~~
~~3~~	~~4,884~~
~~4~~	~~5,889~~
~~5~~	~~6,894~~
~~6~~	~~7,899~~
~~7~~	~~8,904~~
~~8~~	~~9,909~~
~~9~~	~~10,914~~
~~10~~	~~11,919~~
~~+1~~	~~1,005~~

~~(h) When the Department makes an *ELE* determination and the *child* meets all MAGI CHIP or MAGI Child Program nonfinancial eligibility requirements, the household size determined by the Department is used to determine eligibility~~

~~regardless of the *family size*. The countable income of the household is determined by the *ELA*. A *child* is deemed eligible for MAGI CHIP or MAGI Child Program as follows:~~

~~(A) If the *MAGI-based income* of the *household group* is below 163 percent of the 2013 *federal poverty level* as listed below, the Department deems the *child* eligible for the MAGI Child Program;~~

~~Household Size~~	~~Standard 163% 2013 FPL~~
~~1~~	~~$1,561~~
~~2~~	~~2,107~~
~~3~~	~~2,653~~
~~4~~	~~3,199~~
~~5~~	~~3,745~~
~~6~~	~~4,291~~
~~7~~	~~4,838~~
~~8~~	~~5,384~~
~~9~~	~~5,930~~
~~10~~	~~6,476~~
~~+1~~	~~+547~~

~~(B) If the *MAGI-based income* of the *household group* is at or above 163 percent of the 2013 *FPL* through 300 percent of the *FPL* as listed in section (5)(g) of this rule, the *Agency* deems the *child* eligible for MAGI CHIP.~~

Stat. Auth.: ORS 411.402, 411.404, 413.042

Stats. Implemented: ORS 411.400, 411.402, 411.404, 411.406, 411.439, 411.443, 413.032, 414.025, 414.231, 411.447, 414.706