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PERMANENT ADMINISTRATIVE RULES

Oregon Health Authority, Health Systems Division:
Medical Assistance Programs

410

Agency and Division

Administrative Rules Chapter Number

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Upon filing.

Adopted on

06/02/2016

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RULE CAPTION

Former Foster Care Youth Medical-Specific Requirements

Not more than 15 words

RULEMAKING ACTION

ADOPT: 410-200-0407

AMEND:

REPEAL: 410-200-0407 (T)

RENUMBER:

AMEND & RENUMBER:

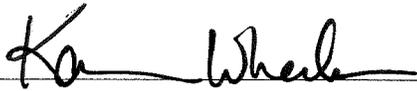
Stat. Auth.: ORS 411.402, 411.404, 413.042, 414.534

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, 411.447, 413.032, 413.038, 414.025, 414.231, 414.534, 414.536, 414.706

RULE SUMMARY

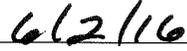
This rule describes specific eligibility requirements for the Former Foster Care Youth Program effective December 1, 2015.



Authorized Signer



Printed Name



Date

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410-200-0407

Specific Requirements—Former Foster Care Youth Medical Program

This rule describes specific eligibility requirements for the Former Foster Care Youth Program effective December 1, 2015.

- (1) Individuals may not be eligible for the Former Foster Care Youth Medical Program with an effective date prior to January 1, 2014.
- (2) There is no income test for the Former Foster Care Youth Medical Program.
- (3) An individual is eligible for the Former Foster Care Youth Medical Program if the individual meets the requirements of all of the following:
 - (a) Is an adult at least age 18 and under age 26;
 - (b) Is not eligible for MAGI Child, MAGI CHIP, MAGI Pregnant Woman, or MAGI Parent or Other Caretaker Relative benefits;
 - (c) Was in foster care under the responsibility of the Oregon Department of Human Services or tribe and enrolled in Child Welfare Title XIX Medicaid upon attaining:
 - (A) Age 18; or
 - (B) If over 18, the age at which Oregon Medicaid or Oregon tribal foster care assistance ended under Title IV-E of the Act.
 - (d) Is not receiving Supplemental Security Income (SSI);
 - (e) Is not receiving adoption assistance or foster care maintenance payments.

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

Stats. Implemented: ORS 411.060, 411.095, 411.400, 411.402, 411.404, 411.406, 411.439, 411.443, 411.447, 413.032, 413.038, 414.025, 414.231, 414.534, 414.536, 414.706