

Secretary of State
NOTICE OF PROPOSED RULEMAKING
A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division)	410	
Agency and Division	Administrative Rules Chapter Number	
Sandy Cafourek	500 Summer St. NE, Salem, OR 97301	503-945-6430
Rules Coordinator	Address	Telephone

RULE CAPTION

Income Eligibility Guidelines for OCCS Medical Programs

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing

ADOPT:

AMEND: 410-200-0315

REPEAL: 410-200-0315(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, 413.032, 413.038, 414.025, 414.231, 414.440, 414.534, 414.536, 414.706

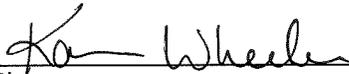
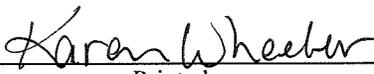
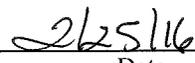
RULE SUMMARY

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

The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

April 19, 2016, by 5 p.m. Send comments to: dmap.rules@state.or.us

Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)

		
Signature	Printed name	Date

Note: Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin*. A Rulemaking Hearing may be requested in writing by 10 or more people, or by an association with 10 or more members, within 21 days following notice publication or 28 days from the date notice was sent to people on the agency's interested party mailing list, whichever is later. In such cases a Hearing Notice must be published in the *Oregon Bulletin* at least 14 days before the hearing.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority, Division of Medical Assistance Programs (Division)

410

Agency and Division

Administrative Rules Chapter Number

Income Eligibility Guidelines for OCCS Medical Programs

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

In the Matter of: The amending of OAR 410-200-0315 and the repealing of OAR 410-200-0315(T)

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

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

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

Documents Relied Upon, and where they are available: <https://www.federalregister.gov/articles/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines>

Fiscal and Economic Impact:

The Authority estimates that amending OAR 410-200-0315 will result in a positive fiscal impact for some clients in OCCS medical programs by increasing the uppermost income limits. The Authority is unable to estimate the magnitude of this impact because the changes are not yet published. The Department estimates that these amendments will have no fiscal impact on other state agencies, local government, and business, including small business. There is no cost of compliance for small business. No small businesses are subject to these rules.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

None

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:

None

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

None

c. Equipment, supplies, labor and increased administration required for compliance:

None

How were small businesses involved in the development of this rule? N/A

Administrative Rule Advisory Committee consulted?: No. If not, why?: OARs must be amended to reflect the federally released FPLs as quickly as possible. These amendments are not required to go through a Rules Advisory Committee.

Signature

Karen Wheeler

Printed name

2/25/16

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:

(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) 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 Individuals who are 65+ and Ineligible for Medicare
1	\$399	\$449
2	515	582
3	611	695
4	747	849
5	872	991
6	998	1134
7	1,114	1,268
8	1,230	1,401
9	1,321	1,509
10	1,456	1,662

<u>11</u> +1	<u>1,592</u> +136	<u>1,815</u> +154
<u>12</u>	<u>1,728</u>	<u>1,968</u>
<u>13</u>	<u>1,864</u>	<u>2,122</u>
<u>14</u>	<u>2,000</u>	<u>2,275</u>
<u>15</u>	<u>2,136</u>	<u>2,428</u>
<u>16</u>	<u>2,272</u>	<u>2,582</u>
<u>17</u>	<u>2,408</u>	<u>2,735</u>
<u>18</u>	<u>2,544</u>	<u>2,888</u>
<u>19</u>	<u>2,680</u>	<u>3,042</u>
<u>20</u>	<u>2,816</u>	<u>3,195</u>
<u>+1</u>	<u>+136</u>	<u>+154</u>

(d) Effective March 1, ~~2015~~2016, 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	Income
	133%	Standard + 5%
	<u>2015</u>	<u>2016</u>
	FPL	FPL Disregard
1	<u>\$1,317</u> - <u>\$1,305</u>	<u>\$1,367</u> - <u>\$1,354</u>
2	<u>1,776</u> - <u>1,766</u>	<u>1,843</u> - <u>1,832</u>
3	<u>2,235</u> - <u>2,227</u>	<u>2,319</u> - <u>2,311</u>
4	<u>2,694</u> - <u>2,688</u>	<u>2,795</u> - <u>2,789</u>
5	<u>3,153</u> - <u>3,149</u>	<u>3,271</u> - <u>3,268</u>
6	<u>3,611</u> - <u>3,610</u>	<u>3,747</u> - <u>3,746</u>
7	<u>4,071</u>	<u>4,224</u>
8	<u>4,532</u>	<u>4,703</u>
9	<u>4,994</u>	<u>5,181</u>
10	<u>5,455</u>	<u>5,660</u>
<u>+11</u>	<u>5,916</u> <u>462</u>	<u>6,138</u> <u>479</u>
<u>12</u>	<u>6,377</u>	<u>6,616</u>

<u>13</u>	<u>6,838</u>	<u>7,095</u>
<u>14</u>	<u>7,299</u>	<u>7,573</u>
<u>15</u>	<u>7,760</u>	<u>8,052</u>
<u>16</u>	<u>8,221</u>	<u>8,530</u>
<u>17</u>	<u>8,682</u>	<u>9,008</u>
<u>18</u>	<u>9,143</u>	<u>9,487</u>
<u>19</u>	<u>9,604</u>	<u>9,965</u>
<u>20</u>	<u>10,065</u>	<u>10,444</u>
<u>+1</u>	<u>462</u>	<u>479</u>

(e) Effective March 1, 2015~~2016~~, 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	Income
185%	Standard +
20152016 FPL	5% FPL
	Disregard
1	<u>\$1,832</u> \$1,815 <u>\$1,881</u> \$1,864
2	<u>2,470</u> 2,456 <u>2,537</u> 2,523
3	<u>3,108</u> 3,098 <u>3,192</u> 3,181
4	<u>3,747</u> 3,739 <u>3,848</u> 3,840
5	<u>4,385</u> 4,380 <u>4,503</u> 4,499
6	<u>5,023</u> 5,022 <u>5,159</u> 5,157
7	5,663 5,816
8	6,304 6,475
9	6,946 7,133
10	7,587 7,792
+1 11	<u>8,228</u> 8,421 <u>8,451</u> 8,659
<u>12</u>	<u>8,870</u> <u>9,109</u>
<u>13</u>	<u>9,511</u> <u>9,768</u>
<u>14</u>	<u>10,152</u> <u>10,427</u>

<u>15</u>	<u>10,794</u>	<u>11,085</u>
<u>16</u>	<u>11,435</u>	<u>11,744</u>
<u>17</u>	<u>12,076</u>	<u>12,403</u>
<u>18</u>	<u>12,718</u>	<u>13,061</u>
<u>19</u>	<u>13,359</u>	<u>13,720</u>
<u>20</u>	<u>14,000</u>	<u>14,379</u>
<u>+1</u>	<u>642</u>	<u>659</u>

(f) Effective March 1, 2015~~2016~~, 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:

<i>Family size</i>	Standard	
	300% 20152016 FPL	Income Standard + 5% FPL Disregard
1	\$2,970 <u>\$2,943</u>	\$3,020 <u>\$2,992</u>
2	4,005 <u>3,983</u>	4,072 <u>4,049</u>
3	5,040 <u>5,023</u>	5,124 <u>5,107</u>
4	6,075 <u>6,063</u>	6,177 <u>6,164</u>
5	7,110 <u>7,103</u>	7,229 <u>7,221</u>
6	8,145 <u>8,143</u>	8,281 <u>8,279</u>
7	9,183	9,336
8	10,223	10,393
9	11,263	11,451
10	12,303	12,508
+11	13,343 <u>13,040</u>	13,565 <u>13,058</u>
<u>12</u>	<u>14,383</u>	<u>14,623</u>
<u>13</u>	<u>15,423</u>	<u>15,680</u>
<u>14</u>	<u>16,463</u>	<u>16,737</u>
<u>15</u>	<u>17,503</u>	<u>17,795</u>

<u>16</u>	<u>18,543</u>	<u>18,852</u>
<u>17</u>	<u>19,583</u>	<u>19,909</u>
<u>18</u>	<u>20,623</u>	<u>20,967</u>
<u>19</u>	<u>21,663</u>	<u>22,024</u>
<u>20</u>	<u>22,703</u>	<u>23,081</u>
<u>+1</u>	<u>1,040</u>	<u>1,058</u>

(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 March 1, 20152016, if the *MAGI-based income* of the *household group* is below 163 percent of the 20152016 *federal poverty level* as listed below, the Department deems the *child* eligible for the MAGI Child Program;

Household Size	Standard 163% 20152016 FPL
1	<u>\$1,614</u> - \$1,599
2	<u>2,177</u> - 2,164
3	<u>2,739</u> - 2,729
4	<u>3,301</u> - 3,294
5	<u>3,864</u> - 3,860
6	<u>4,426</u> - 4,425
7	4,990
8	5,555
9	6,120
10	6,685
+1	566

(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.

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

2016 Oregon Health Authority Medical Programs - effective March 1, 2016

Family Size	Parents & Other Caretaker Relatives (PCR)		MAGI Child (age 1 - under 19) (CMO) / MAGI Adult (AMO)		MAGI Child (under age 1) (CMO) / MAGI Pregnant Woman (PWO)		MAGI CHIP (C21)		2015 Annual Standard (100%)
	Standard	Standard + 5% FPL Disregard	Standard (133%)	Income Standard + 5% FPL Disregard (138%)	Standard (185%)	Standard after adding Disregard (190%)	Standard (300%)	Standard after adding Disregard (305%)	
1	\$399	\$449	\$1,317	\$1,367	\$1,832	\$1,881	\$2,970	\$3,020	\$11,770
2	\$515	\$582	\$1,776	\$1,843	\$2,470	\$2,537	\$4,005	\$4,072	15,930
3	\$611	\$695	\$2,235	\$2,319	\$3,108	\$3,192	\$5,040	\$5,124	20,090
4	\$747	\$849	\$2,694	\$2,795	\$3,747	\$3,848	\$6,075	\$6,177	24,250
5	\$872	\$991	\$3,153	\$3,271	\$4,385	\$4,503	\$7,110	\$7,229	28,410
6	\$998	\$1,134	\$3,611	\$3,747	\$5,023	\$5,159	\$8,145	\$8,281	32,570
7	\$1,114	\$1,268	\$4,071	\$4,224	\$5,663	\$5,816	\$9,183	\$9,336	36,730
8	\$1,230	\$1,401	\$4,532	\$4,703	\$6,304	\$6,475	\$10,223	\$10,393	40,890
9	\$1,321	\$1,509	\$4,994	\$5,181	\$6,946	\$7,133	\$11,263	\$11,451	\$45,050
10	\$1,456	\$1,662	\$5,455	\$5,660	\$7,587	\$7,792	\$12,303	\$12,508	\$49,210
11	\$1,592	\$1,815	\$5,916	\$6,138	\$8,228	\$8,451	\$13,343	\$13,565	\$53,370
12	\$1,728	\$1,968	\$6,377	\$6,616	\$8,870	\$9,109	\$14,383	\$14,623	\$57,530
13	\$1,864	\$2,122	\$6,838	\$7,095	\$9,511	\$9,768	\$15,423	\$15,680	\$61,690
14	\$2,000	\$2,275	\$7,299	\$7,573	\$10,152	\$10,427	\$16,463	\$16,737	\$65,850
15	\$2,136	\$2,428	\$7,760	\$8,052	\$10,794	\$11,085	\$17,503	\$17,795	\$70,010
16	\$2,272	\$2,582	\$8,221	\$8,530	\$11,435	\$11,744	\$18,543	\$18,852	\$74,170
17	\$2,408	\$2,735	\$8,682	\$9,008	\$12,076	\$12,403	\$19,583	\$19,909	\$78,330
18	\$2,544	\$2,888	\$9,143	\$9,487	\$12,718	\$13,061	\$20,623	\$20,967	\$82,490
19	\$2,680	\$3,042	\$9,604	\$9,965	\$13,359	\$13,720	\$21,663	\$22,024	\$86,650
20	\$2,816	\$3,195	\$10,065	\$10,444	\$14,000	\$14,379	\$22,703	\$23,081	\$90,810
Each additional person add	136	154	462	479	642	659	1,040	1,058	4,160