

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

Oregon Health Authority (OHA), 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**

Former Foster Care Youth Medical—Specific Requirements

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

May 17, 2016	10:30 a.m.	500 Summer St. NE, Salem, OR 97301	Room 160	Sandy Cafourek
Hearing Date	Time	Location		Hearings Officer

*Auxiliary aids for persons with disabilities are available upon advance request.*

**RULEMAKING ACTION**

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

**ADOPT:** OAR 410-200-0407

**AMEND:**

**REPEAL:** OAR 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**

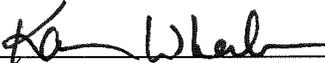
This rule describes specific eligibility requirements for the Former Foster Care Youth Program effective December 1, 2015.

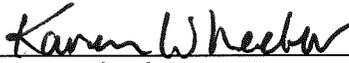
The agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

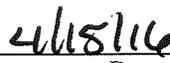
May 19, 2016 by 5 p.m.

Send written comments to: [dmap.rules@state.or.us](mailto: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:** Hearing Notices must be submitted by the 15th day of the month to be published in the next month's *Oregon Bulletin*.

**STATEMENT OF NEED AND FISCAL IMPACT**

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

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division)	410
Agency and Division	Administrative Rules Chapter Number

Former Foster Care Youth Medical—Specific Requirements
Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency’s intended action.)

In the Matter of: The adoption of OAR 410-200-0407 and the repeal of OAR 410-200-0407(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, 411.447, 413.032, 413.038, 414.025, 414.231, 414.534, 414.536, 414.706

Need for the Rule(s): The Authority needs to adopt this rule because the Former Foster Care Youth Medical program is moving from the Department Of Human Services, Child Welfare, to the Oregon Heath Authority, Division of Medical Assistance Programs.

Documents Relied Upon, and where they are available: None

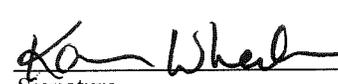
Fiscal and Economic Impact: No fiscal impact. This rule already existed in another division of OARs with the same eligibility requirements and funding.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)): Amending these rules will have no fiscal impact on the Authority, other state agencies, units of local government, the public, or businesses, including small businesses.
2. Cost of compliance effect on small business (ORS 183.336): N/A
  - a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule: N/A
  - b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services: N/A
  - c. Equipment, supplies, labor and increased administration required for compliance: N/A

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

Administrative Rule Advisory Committee consulted?: No. If not, why?: The eligibility requirements within this rule and the funding/cost related to it have not changed. The rule has only moved from one division to another.

	Karen Wheeler	4/15/16
Signature	Printed Name	Date

**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