



Oregon

Tina Kotek, Governor



División de Licencias de Cuidado Infantil
700 Summer Street NE #350
Salem, Oregon 97301
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Oregon.gov/delc

Participantes del RAC:

Gracias por compartir su tiempo y experiencia con nosotros a través del Comité Asesor de Reglamentación (RAC, por sus siglas en inglés) del Programa de Guardería Relacionada con el Empleo (ERDC, por sus siglas en inglés). En la próxima reunión, darán su opinión sobre los cambios propuestos en las normas administrativas relativas al ERDC. La reunión del RAC se llevará a cabo por Zoom.

Fecha y hora de la reunión del RAC:

Martes 4 de febrero, de 6:00 PM a 7:00 PM

- Únase a la reunión de ZoomGov:
https://www.zoomgov.com/j/1605277136?pwd=gYRwjBAnNpaPcT9CzPoN8oGb_yhJi4U.1
- ID de la reunión: 160 527 7136

ORDEN DEL DÍA

Tema	Tiempo estimado
1. Bienvenida y asistencia	5 minutos
2. Revisión de las normas del grupo	5 minutos
3. Revisión del propósito y el alcance del RAC	10 minutos
4. Revisión del texto preliminar de las normas: <ul style="list-style-type: none">• 414-175-0006: Representantes autorizados• 414-175-0015: Estructura de grupos de elegibilidad• 414-175-0023: Requisito de establecer la necesidad de cuidado infantil y autorizaciones de horas• 414-175-0050: Límites de ingresos e importes de copago• 414-175-0052: Beneficios de programas simultáneos y duplicados• 414-175-0055: Avisos de decisiones	30 minutos
5. Comentarios finales y agradecimientos <ul style="list-style-type: none">• Recordatorio de pago• Recordatorio de comentarios y audiencia pública	10 minutos

La misión del Departamento de Aprendizaje y Cuidado Temprano fomenta la prestación de servicios coordinados, culturalmente apropiados y centrados en la familia que reconocen y respetan los puntos fuertes y las necesidades de todos los niños, las familias y los profesionales del aprendizaje y el cuidado temprano. Nuestra visión es que todos los niños, las familias, los profesionales del cuidado y la educación de la primera infancia y las comunidades reciban apoyo y prosperen.



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LISTADO DEL COMITÉ

Nombre	Afiliación y región	Asistió
Vanessa Brown	Proveedora de educación infantil / Proveedora de CF / Sindicato	
April Paul	CCR&R / Urbano	
Rayanna Van Dine	CCR&R / Rural	
LaMattie Waldner	Padre/Madre	
Veronica Cabrera	Padre/Madre	
Madeleine Tofaeono-Galo	Padre/Madre	
Vanessa Broadley	Hubs de Aprendizaje Temprano / Costa	
Rachael Lamet	Proveedora de educación infantil / Padre/Madre	
Allison Rose	Padre/Madre / Culturalmente específico, organización basada en la comunidad, defensora	
Rachel Plummer	Proveedora de educación infantil / Padre/Madre	
Kristi Byfield	Proveedora de educación infantil / Culturalmente específico, organización basada en la comunidad, defensora	
Heather Paladini	Proveedora de educación infantil / Proveedora de CF / Rural	
Ana Flor	Proveedora de educación infantil	
Derek Jordan	Proveedor de educación infantil (Centro)	
Anneliese Sheahan	Sindicato	

Si tiene alguna pregunta, comuníquese con Jen Heras a jennifer.j.heras@delc.oregon.gov.

La misión del Departamento de Aprendizaje y Cuidado Temprano fomenta la prestación de servicios coordinados, culturalmente apropiados y centrados en la familia que reconocen y respetan los puntos fuertes y las necesidades de todos los niños, las familias y los profesionales del aprendizaje y el cuidado temprano. Nuestra visión es que todos los niños, las familias, los profesionales del cuidado y la educación de la primera infancia y las comunidades reciban apoyo y prosperen.



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Oregon Department of
**Early Learning
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Propuesta de cambios en las
normas del Programa de
Guardería Relacionada con el
Empleo (ERDC)

Enero de 2025



Orden del día

- Bienvenida y asistencia
- Revisión de las normas del grupo
- Revisión del propósito y el alcance del RAC
- Revisión del texto preliminar de las normas
- Comentarios finales y agradecimientos



Normas del grupo

- Aportar una perspectiva y un enfoque basados en la equidad
- Centrarse en los niños, las familias y los profesionales del aprendizaje temprano
- Mantener la curiosidad y aceptar otros puntos de vista
- Intentar primero comprender y luego ser comprendido
- Mantenerse presente
- Ser impecable y respetuoso con las palabras
- Ser consciente del poder y los privilegios de este grupo
- Empezar y terminar a tiempo

Resumen de los cambios

Cuidado infantil y educación a distancia

- Requisito de establecer la necesidad de cuidado infantil y autorización de horas – 414-175-0023

Aclaraciones lingüísticas

- Representante autorizado – 414-175-0006
- Estructura de grupos de elegibilidad – 414-175-0015
- Beneficios del programa simultáneos y duplicados – 414-175-0052
- Avisos de decisiones – 414-175-0055

Actualizaciones de FPL 2024

- Límites de ingresos e importes de copago – 414-175-0050



Requisito de establecer la necesidad de cuidado infantil y autorizaciones de horas – 414-175-0023

Propósito/Antecedentes

- La OAR 414-175-0023 detalla la forma en que las familias establecen la necesidad de cuidado infantil y las autorizaciones de horas para el ERDC.

Motivo del cambio

- Esta norma se modifica para añadir la aclaración de que las horas de educación a distancia solo estarán cubiertas si existe una **preocupación médica relacionada con respecto al niño u otros miembros grupo familiar o de la familia con los que el niño tiene contacto frecuente**. El término “preocupación médica relacionada” se eliminó inadvertidamente cuando se derogó una norma específica del COVID-19. Esta actualización **restaura este término y lo amplía a todas las preocupaciones médicas, no solo a las relativas al COVID-19**. Esto está en línea con la práctica actual y a la orientación proporcionada.

Repercusiones del cambio

- La orientación actual se comunicó a los sindicatos y a los proveedores.



Límites de ingresos e importes de copago – 414-175-0055

Propósito/Antecedentes

- Esta norma define los **límites de ingresos para la elegibilidad del ERDC y establece niveles de copago** según el tamaño de la familia y los ingresos. Los niveles de copago se establecen de acuerdo con los Niveles Federales de Pobreza (FPL). El límite de ingresos inicial se establece en el 200% de los FPL, y el límite de salida en el 250% de los FPL o el 85% del Ingreso Medio Estatal, el que sea más alto.

Motivo del cambio

- Los programas ERDC, SSP y Medicaid de Oregón coordinan las **actualizaciones de los límites de ingresos en función de los nuevos FPL que se publican anualmente en marzo**. El límite de ingresos inicial del 200% de los FPL coincide con el límite de ingresos del SNAP. Para 2025, los límites de ingresos y los niveles de copago del ERDC se actualizan para reflejar los cambios en los FPL y el ingreso medio estatal, al ajustar los umbrales de ingresos iniciales y de salida y los niveles de copago de manera acorde.
- Se debe añadir un texto para aclarar que deben cumplirse las normas de límite de ingresos iniciales antes de que se apliquen las normas de límite de ingresos continuos o de salida.

Repercusiones del cambio

- El aumento del límite de ingresos tendrá repercusiones fiscales en el DELC. Los límites de ingresos actualizados permitirán que más personas reúnan los requisitos sobre la base de límites de ingresos apenas superiores. Para las familias que ya cuenten con la aprobación para el ERDC, el límite de ingresos de salida será mayor y los nuevos niveles de copago podrían reducir ligeramente los copagos para algunas familias.
- Aunque aún no se han publicado los FPL de 2025, se espera que cada límite de ingresos brutos mensuales aumente entre \$120 y \$660/mes por nivel, sobre la base de las tendencias anteriores.



Estructura de grupos de elegibilidad – 414-175-0015

Propósito/Antecedentes

- Esta norma define los cinco grupos de determinación de elegibilidad (GDE). De mayor a menor, los grupos son: grupo familiar, declaraciones, financiero, necesidad y beneficios. Se especifica quién pertenece a cada grupo, cómo afecta su inclusión a la elegibilidad para el programa, qué activos se evalúan, qué información financiera y no financiera se revisa y quién reúne los requisitos para recibir beneficios.

Motivo del cambio

- La frase “Cada persona del grupo familiar que solicite beneficios es un solicitante” se elimina de la Sección (1)(c). Este cambio es necesario para garantizar que la redacción esté en línea con las definiciones de la OAR de “cuidador” y “solicitante” que se detallan en la 414-175-0002 – Definiciones.

Repercusiones del cambio

- Este cambio elimina una discrepancia en la redacción de la OAR actual y no afectará a la prestación de servicios ni tendrá repercusiones fiscales para la agencia, las familias o los proveedores.



Beneficios del programa simultáneos y duplicados – 414-175-0052



Propósito/Antecedentes

- La OAR 414-175-0052 detalla cuándo una persona puede recibir beneficios por el mismo periodo de tiempo como miembro de dos o más casos del ERDC.

Motivo del cambio

- Esta norma se modifica para eliminar el texto sobre ser miembro de un Grupo de Beneficios OSIP-AB. Este texto se aplicó incorrectamente en el conjunto de normas del DELC cuando se transfirieron normas de la ODHS.

Repercusiones del cambio

- Estos cambios aclaran las políticas actuales y no tendrán ningún impacto en la prestación de servicios ni repercusiones fiscales para la agencia, las familias o los proveedores.

Avisos de decisiones – 414-175-0055

Propósito/Antecedentes

- La OAR 414-175-0055 detalla la política relativa a cuándo se envían los avisos de decisiones para el ERDC, para qué situaciones se emiten y qué información debe incluirse en el aviso.

Motivo del cambio

- Se elimina el texto de la Sección 14 con respecto a los requisitos de avisos de descalificación por Violación Intencional del Programa (IPV) a las familias; el ERDC no cita a las familias con IPV.
- Se modifica la redacción original en inglés para reemplazar el término “caregiver” por “caretaker” para que esté en línea con la redacción de otras normas. Este cambio no afecta a la versión en español.
- Se modifica la redacción para permitir a las familias solicitar el retiro, la finalización o la reducción de los beneficios mediante una solicitud verbal y una firma registrada. Anteriormente, las familias solo podían hacerlo firmando y completando un formulario 457D por escrito.

Repercusiones del cambio

- Estos cambios aclaran las políticas actuales y no tendrán ningún impacto en la prestación de servicios ni repercusiones fiscales para la agencia o los proveedores. El cambio permitirá a las familias utilizar una solicitud verbal con una firma registrada y permitirá a los cuidadores realizar cambios en sus beneficios con mayor rapidez cuando sea necesario.





Representante autorizado – 414-175-0006



Propósito/Antecedentes

- Esta norma detalla quién puede nombrar a un representante autorizado (AR) y los métodos aceptables para designarlo. También define las responsabilidades que puede desempeñar un AR, incluida la cumplimentación, firma y presentación de solicitudes, renovaciones u otros documentos; la recepción de avisos y comunicaciones; y la notificación o presentación de información en nombre del cuidador.

Motivo del cambio

- El término “beneficiario” se sustituye por “cuidador” para garantizar la coherencia, ya que “beneficiario” no se utiliza en otras normas del ERDC. Este cambio alinea la terminología con la definición de “cuidador” en la OAR 414-175-0002 y otras normas del ERDC.

Repercusiones del cambio

- Este cambio aclara las políticas actuales y no afectará a la prestación de servicios ni tendrá repercusiones fiscales para la agencia, las familias o los proveedores.

Próximos pasos y calendario

Las normas del ERDC se presentan al Consejo de Aprendizaje Temprano para su revisión		22 de enero de 2025
Reunión del RAC	★	4 de febrero de 2025
Audiencia pública: Normas del ERDC		10 de febrero de 2025
Finalización del periodo de comentarios públicos		17 de febrero de 2025, 5:00 PM
Las normas del ERDC se someten a votación en el Consejo de Aprendizaje Temprano		26 de febrero de 2025
Entrada en vigor de las modificaciones de las normas del ERDC (si se aprueban)		1 de marzo de 2025



ERDC 2025: March 21, 2025 Bundle

Rule Changes for:

- **414-175-0006:** Authorized Representatives
- **414-175-0015:** Eligibility Group Structure
- **414-175-0023:** Requirement to Establish a Child Care Need and Hours Authorizations
- **414-175-0050:** Income Limits and Copay Amounts
- **414-175-0052:** Concurrent and Duplicate Program Benefits
- **414-175-0055:** Decision Notices

Proposed Language: 414-175-0006 (Updated 9/24/24)

Authorized Representatives

- (1) Unless otherwise limited by these rules, an authorized representative may do any of the following:
 - (a) With the exception of the authorized representative designation form and subject to the exception in subsection (c) of this section (1): complete, sign, and submit any applications, renewals, or documents on behalf of the applicant or caretaker.
 - (b) Receive copies of notices and other communications from the Department for the applicant or caretaker.
 - (c) Act on behalf of the applicant or caretaker by reporting information and submitting requests to the Department or the Oregon Department of Human Services.
- (2) The following individuals may appoint an authorized representative on a form designated by the Department subject to the limitations listed in sections of this rule, unless the individual is included in the filing group for the purpose of determining eligibility based on tax filing status:
 - (a) The head of household, primary person, or caretaker.
 - (b) Any individual age 18 and older who is included in each eligibility determination group of the head of household, primary person, or primary contact.
 - (c) An individual given legal guardianship or power of attorney for the head of household, primary person, or caretaker included in each eligibility determination group.
- (3) The Department may accept a designation of an authorized representative via any of the following methods, which must include either a handwritten or electronic signature of both the individual designating the authorized representative and the authorized representative:
 - (a) The Internet.
 - (b) E-mail.
 - (c) Mail.
 - (d) Telephonic recording.
 - (e) In person.
 - (f) Other electronic means.
- (4) The following individuals may not serve as an authorized representative:
 - (a) An individual serving an Intentional Program Violation, unless the Department determines no one else is available to serve as the authorized representative.
 - (b) A person who may cause harm to the individual.
 - (c) A person who may have a conflict of interest.

- (d) Employees of the Department or an employee of the Department's designee or contractor involved in the certification or issuance processes for ERDC benefits, unless a designated official determined no one else is available to serve as an authorized representative and has given approval.
- (5) The authorized representative must maintain the confidentiality of any information provided by the Department or the Oregon Department of Human Services regarding the represented individual.
- (6) An individual or organization ceases to be an authorized representative when:
 - (a) A represented individual notifies the Department or the Oregon Department of Human Services that the designation is terminated;
 - (b) A represented individual appoints a different authorized representative;
 - (c) The authorized representative notifies the Department or the Oregon Department of Human Services that the designation is terminated;
 - (d) The Department or Oregon Department of Human Services determines the authorized representative is no longer permitted to be the authorized representative; or
 - (e) There is a change in the legal authority upon which the authorized representative's authority was based.
- (7) An authorized representative may be subject to an overpayment (see OAR 461-195-0501 and OAR 461-195-0541) in addition to other penalties. The Oregon Department of Human Services, on behalf of the Department, may prohibit the person from serving as an authorized representative for one year.
- (8) If an individual has applied for or is requesting benefits under the ERDC program, through an authorized representative for purposes of these rules, the individual must utilize the same authorized representative to apply for benefits on behalf of the individual under any other programs in Chapter 461 of the Oregon Administrative Rules, in accordance with OAR 461-115-0090.

Statutory/Other Authority: ORS 329A.500

Statutes/Other Implemented: ORS 329A.500

History:

ELD 11-2023, adopt filed 06/28/2023, effective 07/01/2023

Proposed Language: 414-175-0015 (Updated 9/24/24)

Eligibility Group Structure

- (1) The Household Group is used to determine whose information is relevant to the application. The household group generally consists of the individuals who live together with or without the benefit of a dwelling.
 - (a) For individuals who are experiencing homelessness, the household group consists of the individuals who consider themselves living together. Individuals who are experiencing homelessness who do not consider themselves living together are considered separate households.
 - (b) A separate dwelling is not recognized for the purpose of determining the members of a household group unless the living space has, separate from any other dwelling, an access to the outside that does not pass through another dwelling, a functional sleeping area, bathroom, and kitchen facility.
 - (c) The household group forms the basis for determining who is in the remaining eligibility groups.
 - (d) A separate household group is established for individuals who live in the same dwelling as another household group, if all the following subsections are true:
 - (A) There is a landlord-tenant relationship between the two household groups in which the tenant is

billed by the landlord at fair market value for housing.

(B) The tenant lives independently from the landlord.

(C) The tenant:

(i) Has and uses sleeping, bathroom, and kitchen facilities separate from the landlord; or

(ii) Shares bathroom or kitchen facilities with the landlord, but the facilities are in a commercial establishment that provides room or board or both for compensation at fair market value.

(e) Except when a child lives with different caretakers during the month, individuals who live with more than one household group during a calendar month are members of the household group in which they spend more than half of their time. If a child lives with different caretakers during the month, the child is considered a member of both household groups.

(f) Individuals absent from the household for thirty (30) days or more are no longer part of the household group, except for the following:

(A) Absent because the individual is in an acute care medical facility remains in the household group unless the individual enters long-term care.

(B) Absent because of education, training, or employment, including long-haul truck driving, fishing, or active duty in the U.S. armed forces;

(C) Absent to care for an emergent need of an individual related to illness, injury, or death;

(D) Absent but reasonably anticipated to return within ninety (90) days; or

(E) A caretaker relative who is absent for up to ninety (90) days while in a residential alcohol or drug treatment facility is in the household group.

(F) A child who is absent for thirty (30) days or more is in the household group if the child is:

(i) Absent for illness (unless the child is in a long-term care Title XIX facility), social service, or educational reasons; or

(ii) In foster care, but expected to return to the household within the next thirty (30) days.

(2) The Filing group is used to determine which individuals within the Household group must satisfy all relevant eligibility criteria.

(a) The filing group consists of the following:

(A) Each individual from the household group who chooses to apply for benefits; and

(B) Each individual who must be included because of their relationship to an individual described in subsection (2)(a)(A) of this section.

(b) If the filing group does not include an applicant who meets all nonfinancial eligibility requirements, the filing group is ineligible.

(c) When an individual in a household group is in more than one filing group for the same program, the filing groups must be combined, unless specified otherwise in administrative rule.

(d) The filing group consists of each of the following applicants and household group members, even if the individuals does not meet nonfinancial eligibility requirements:

(A) The Caretaker of the child for whom ERDC benefits are requested, unless a child care provider is caring for the child of:

(i) A member of the National Guard or U.S. Armed Forces Reserve unit; or

(ii) Who has been called to active duty away from the child's home for more than thirty (30) days.

(B) An unmarried child and any sibling, less than eighteen (18) years of age or eighteen (18) years of age and attending secondary school or vocational training at least half time, in the care and custody of the caretaker. A foster child is included if the caretaker wants to include the child in the need group.

(C) Any Parent of a child required to be in the filing group.

- (D) Any Parent of an unborn child.
- (E) The Spouse of the Caretaker.
- (e) A Minor parent may form a separate filing group with their dependent child or children when the minor parent applies as a caretaker.
- (3) The financial group, need group, and benefit group consist of each individual in the filing group. Each individual in each group must satisfy all relevant eligibility criteria for the benefit group to be determined eligible to receive benefits.

Statutory/Other Authority: ORS 329A.500

Statutes/Other Implemented: ORS 329A.500

History:

DELC 134-2024, amend filed 06/26/2024, effective 07/01/2024

ELD 11-2023, adopt filed 06/28/2023, effective 07/01/2023

Proposed Language: 414-175-0023 (Updated 9/24/24)

Requirement to Establish a Child Care Need and Hours Authorizations

- (1) The following is required to establish a child care need:
 - (a) Except for as described in (2) below, every caretaker in the filing group must meet one of the following requirements:
 - (A) Receive income from employment. This includes self-employment and employment through a work study program.
 - (B) Participate in education hours, either through:
 - (i) Coursework that leads to a certificate, degree, or job-related knowledge or skills attainment at an institution of higher education approved to receive federal financial aid; or
 - (ii) Participation in a high school education or general equivalency diploma (GED) program. To be eligible under this subparagraph the caretaker must be twenty (20) years of age or younger.
 - (C) Be on medical leave from current employment or education.
 - (b) Except for as described in (2) below, if there are multiple caretakers required to be in the filing group, and one of them does not meet any of the criteria in section (1)(a) above, that caretaker is considered available to provide child care, making the filing group ineligible, except in the following situations:
 - (A) The adult is physically or mentally unable to provide adequate child care. This must be verified pursuant to 414-175-0024.
 - (B) Confirmation is received from the Office of Child Welfare Programs that supervised contact is required between the child and the adult.
- (2) If a child or caretaker is Categorically Eligible for ERDC benefits in accordance with OAR 414-175-0025, sections (1), (3), and (4) of this rule do not apply and the copay is waived.
- (3) When child care is covered and when copays are waived or reduced
 - (a) The cost of dependent child care may be paid for by the Department (is covered) when dependent child care is necessary for the caretaker to perform the caretaker's job duties or complete educational hours, including study time.
 - (b) The cost of dependent child care is not covered by the Department when free care is available,

such as during school hours for school-age children, unless a child is not attending in-person schooling and is instead participating in distance learning:

(A) due to medical concerns with the child, a member of the child's household, or a family member with whom the child has frequent contact; or

(B) due to mental health concerns specific to the child.

(c) Child care is not covered if the nature of the work of the caretaker does not make it necessary for a person other than the caretaker to provide the care. Child care is not covered during a period of time when:

(A) The nature of the work allows the caretaker to provide the care without significantly affecting the work;

(B) The caretaker provides child care in a residence, unless the provider is a certified family home under OAR 414-350-0000 to 414-350-0400 or certified center under OAR 414-305-0100 to 414-305-1620;

(C) The caretaker works for a provider of child care in a residence, unless the provider is a certified family child care home under OAR 414-350-0000 to 414-350-0400 or is a certified center under OAR 414-305-0100 to 414-305-1620.

(d) The cost of dependent child care may continue to be paid for by the Department (is covered) during the certification period with no change to the authorized child care hours or copay amount subject to the following provisions:

(A) When a reduction in work hours occurs, the copay may be adjusted.

(B) When a job loss occurs:

(i) When a caretaker has a permanent job loss from all employment the copay is waived for:

(I) The remainder of the certification period if there are three or more months remaining in the period; or

(II) For up to three months for instances where job loss occurred in months 10 through 12 of the certification period.

(ii) The waiver ends if the caretaker becomes employed.

(iii) Any reason a caretaker is experiencing job loss is a "good cause" reason and qualifies a caretaker for authorized work search.

(C) For military transition:

(i) When a caretaker who is a discharged U.S. military member returns from active duty in a military war zone, the copay is waived for up to six months starting the month after the military member returns home.

(ii) The copay waiver ends at the end of the six month period if the caretaker becomes employed. The copay waiver ends before the end of the six month period if the caretaker returns to active duty.

(D) Under this section child care may be used for work, work search, education hours, military transition activities, or other activities to maintain a part-time or full-time slot at a child care facility.

(e) In the ERDC program the cost of dependent child care may be paid for by the Department (is covered) at the beginning of the certification period or may continue to be paid for by the Department (is covered) with no change to the authorized child care hours if the caretaker is on medical leave from current employment or education during the certification period. Medical leave includes a Caretaker on leave due to their own condition or to care for a child in the Filing Group.

(A) When a Caretaker is on medical leave the reason for the leave must be verified including diagnosis

and prognosis under OAR 414-175-0024, except that parental leave may be authorized for up to three calendar months without medical documentation.

(B) When a caretaker is on medical leave during the certification period and meets section (1) of this rule, the copay is waived starting the month after medical leave begins. The copay waiver:

(i) May not go beyond the last day of the certification period, subject to OAR 414-175-0011.

(ii) Ends at the end of the medical leave period, unless the caretaker is still on medical leave or requires extended parental leave and new verification is received prior to the end of the month noted on the original documentation, or for parental leave without medical documentation, prior to the end of third calendar month.

(f) When a caretaker is on medical leave at the time of initial application or certification, and meets subsection (1) of this rule, the copay may be waived. The copay waiver:

(A) May not go beyond the last day of the certification period, subject to OAR 414-175-0011.

(B) Ends at the end of the medical leave period, unless the caretaker is still on medical leave or requires extended parental leave and new verification is received prior to the end of the month noted on the original documentation, or for parental leave without medical documentation, prior to the end of the third calendar month.

(4) The cost of dependent child care may be paid for (is covered) by the Department, only if all the following are true:

(a) The child is a member of the benefit group and is in the care, control, and custody of an individual in the group.

(b) The provider of child care is not in the filing group.

(c) The provider of child care is not a parent of a child in the filing group.

(5) Child Care Hours Allowances

(a) Unless otherwise specified below, child care hours are determined as follows:

(A) When the allowable child care need totals 20 or fewer weekly hours of dependent child care, 20 weekly hours are allowed.

(B) When the allowable child care need totals more than 20 but no more than 40 weekly hours of dependent child care, 40 weekly hours are allowed.

(C) When the allowable child care need totals more than 40 weekly hours, up to 75 weekly hours are allowed.

(D) In addition to the weekly hours allowed in paragraphs (5)(a) through (c), above, study hours will be allowed as follows:

(i) 5 weekly hours for a caretaker who spends less than 12 hours a week in education settings.

(ii) 10 weekly hours for a caretaker who spends 12 or more hours a week in education settings.

(b) For a need group that has been determined Categorically Eligible for ERDC in accordance with OAR 414-175-0025, child care hours are determined as follows:

(A) 20 weekly hours of child care are allowed.

(B) A caretaker may request additional weekly child care hours. The caretaker must state a reason for needing additional weekly child care hours. Any reason for needing additional weekly child care hours is sufficient to allow a higher amount of weekly hours in accordance with subsections (5)(a)(B) and (C) above, except that the reason cannot be to secure access to a child care facility requiring a child to be in care for more than 25 weekly hours.

(c) In addition to the hours allowance provided in (5)(a) or (b) above, a need group receives 25% of the weekly hours allowance each week for the purposes of travel or commuting.

(d) Monthly hours allowances are calculated by multiplying the need group’s weekly hours allowance by 4.3.

Statutory/Other Authority: ORS 329A.500

Statutes/Other Implemented: ORS 329A.500

History:

DELC 131-2024, minor correction filed 06/17/2024, effective 06/17/2024

ELD 11-2023, adopt filed 06/28/2023, effective 07/01/2023

Proposed Language: 414-175-0050 (Updated 9/24/24)

Income Limits and Copay Amounts

The Department determines financial eligibility for ERDC and the copay benefit level as follows:

(1) ERDC financial eligibility.

(a) A need group is not eligible for benefits if the financial group has countable resources above \$1,000,000.

(b) The monthly countable gross income of the financial group is determined in accordance with OAR 414-175-0040. If monthly countable income equals or exceeds the eligibility standards, the need group is ineligible for ERDC.

(A) At initial certification, the ERDC eligibility standard is met for a need group of eight or less if monthly countable income for the need group is less than 200 percent of the federal poverty level (FPL). The eligibility standard for a need group of eight applies to any need group larger than eight.

(i) A monthly income standard set at 200 percent of the 2024 federal poverty level, and updated every March, is set at the following amounts:

Size of Group.....	Standard
2.....	\$3,525
3.....	\$4,442
4.....	\$5,359
5.....	\$6,275
6.....	\$7,192
7.....	\$8,109
8 or more.....	\$9,025

(ii) A monthly income standard set at 85 percent of the 2024 state median income, and updated every March, is set at the following amounts:

Size of Group.....	Standard
2.....	\$5,683
3	\$7,020
4	\$9,306
5	\$9,695
6	\$11,032

7	\$12,564
8 or more.....	\$12,843

(iii) A monthly income standard set at 250 percent of the 2024 federal poverty level, and updated every March, is set at the following amounts:

Size of Group.....	Standard
2.....	\$4,407
3.....	\$5,553
4.....	\$6,698
5.....	\$7,844
6.....	\$8,990
7.....	\$10,136
8 or more.....	\$11,282

(B) After the income standard in (A) is met at initial certification, then during the certification period and at recertification the ERDC eligibility standard is met for a need group of eight or less if monthly countable income for the need group during the 12 month period is less than 250 percent FPL or 85 percent state median income (SMI), whichever is higher. The eligibility standard for a need group of eight applies to any need group larger than eight.

(c) The copay calculated under section (3) of this rule is compared to the allowable child care cost under section (2) of this rule. If the copay is equal to or greater than the allowable child care cost, the client is not eligible for ERDC.

(2) Allowable Child Care Cost. For an individual found eligible under section (1) of this rule, the allowable child care cost is set under this section.

(a) The child care costs for which the individual has been billed are compared to the amount provided in the appropriate child care chart in OAR 414-175-0075. The allowable child care cost is the lesser of the two amounts.

(b) The need group's copay is determined in accordance with section (3) of this rule.

(c) The copay is subtracted from the allowable child care cost, and the remainder is the payment the Department makes to the provider.

(3) Copay Calculation.

(a) When determining the copay, upon the applicant's request, the Department may exclude at least 50 percent of gross self-employment income when a need group has countable self-employment income and permitted costs. The maximum exclusion is the total of all actual costs permitted under OAR 414-175-0035 (81)

(b) The monthly copay shall be as follows, using the countable income, or countable self-employment income minus permitted costs:

Need group size of 2

Income.....	Monthly Copay
\$0 - \$1,762.99.....	\$0
\$1,763 - \$2,643.99.....	\$5

\$2,644 - \$3,524.99.....\$10
\$3,525 - \$3,965.99.....\$40
\$3,966 - \$5,682.99.....\$100

Need group size of 3

Income.....Monthly Copay
\$0 - \$2,220.99.....\$0
\$2,221 - \$3,331.99.....\$5
\$3,332 - \$3,886.99.....\$10
\$3,887 - \$4,441.99.....\$15
\$4,442 - \$4,996.99.....\$50
\$4,997 - \$7,019.99.....\$110

Need group size of 4

Income.....Monthly Copay
\$0 - \$2,679.99.....\$0
\$2,680 - \$4,018.99.....\$5
\$4,019 - \$4,688.99.....\$10
\$4,689 - \$5,358.99.....\$20
\$5,359 - \$6,028.99.....\$60
\$6,029 - \$9,305.99.....\$120

Need group size of 5

Income.....Monthly Copay
\$0 - \$3,137.99.....\$0
\$3,138 - \$4,706.99.....\$5
\$4,707 - \$5,490.99.....\$10
\$5,491 - \$6,274.99.....\$25
\$6,275 - \$7,059.99.....\$70
\$7,060 - \$9,694.99.....\$130

Need group size of 6

Income.....Monthly Copay
\$0 - \$3,595.99.....\$0
\$3,596 - \$5,393.99.....\$5
\$5,394 - \$6,292.99.....\$10
\$6,293 - \$7,191.99.....\$25
\$7,192 - \$8,090.99.....\$70
\$8,091 - \$11,031.99.....\$130

Need group size of 7

Income.....Monthly Copay
\$0 - \$4,054.99.....\$0
\$4,055 - \$6,081.99.....\$5
\$6,082 - \$7,094.99.....\$10
\$7,095 - \$8,108.99.....\$25

\$8,109 - \$9,121.99.....\$70
\$9,122 - \$12,563.99.....\$130

Need group size of 8 or more

Income.....Monthly Copay

\$0 - \$4,512.99.....\$0
\$4,513 - \$6,768.99.....\$5
\$6,769 - \$7,896.99.....\$10
\$7,897 - \$9,024.99.....\$25
\$9,025 - \$10,153.99.....\$70
\$10,154 - \$12,842.99.....\$130

(4) Notwithstanding the provisions of this rule section, the ERDC copay may be reduced or temporarily waived as follows:

- (a) Reduced to \$0 for no more than three months after closure of TANF benefits when:
 - (A) The closure is because an individual in the need group had earned income that led to the TANF closure;
 - (B) An ERDC date of request is established within 90 days of closure; and
 - (C) The individual is eligible for ERDC at initial certification.
- (b) As described in OAR 414-175-0023.

Statutory/Other Authority: ORS 329A.500

Statutes/Other Implemented: ORS 329A.500

History:

DELC 55-2024, minor correction filed 04/15/2024, effective 04/15/2024

DELC 11-2024, amend filed 02/28/2024, effective 03/01/2024

DELC 148-2023, minor correction filed 12/27/2023, effective 12/27/2023

DELC 145-2023, minor correction filed 12/11/2023, effective 12/11/2023

ELD 11-2023, adopt filed 06/28/2023, effective 07/01/2023

Proposed Language: 414-175-0052 (Updated 9/24/24)

Concurrent and Duplicate Program Benefits

An individual receiving ERDC benefits may not receive benefits for the same period as a member of two or more different Need Groups unless that individual is a child residing in two different households.

Statutory/Other Authority: ORS 329A.500

Statutes/Other Implemented: ORS 329A.500

History:

ELD 11-2023, adopt filed 06/28/2023, effective 07/01/2023

Proposed Language: 414-175-0055 (Updated 9/24/24)

Decision Notices

- (1) A decision notice:
 - (a) Specifies the date the notice is mailed, which is the effective date for a basic decision notice.
 - (b) Except as provided in section (2) of this rule, specifies the action the Department intends to take

and the effective date of the action.

- (c) Specifies the reasons for the action.
 - (d) Informs the individual of the extent to which the individual has a right to a hearing before an impartial person.
 - (e) Specifies the method and deadline for requesting a hearing.
 - (f) Informs the individual of the right to representation, including legal counsel, and the right to have witnesses testify on his or her behalf.
 - (g) Provides information about the availability of free legal help.
 - (h) Cites the rules that support the action, or includes a notification of the rules that support the action.
- (2) If benefits are reduced or closed to reflect cost-of-living adjustments in benefits or any other mass change under a program operated by a federal agency or to reflect a mass change to payments in a program operated by the Department:
- (a) The requirements in subsection (1)(b) of this rule are optional. Instead of specifying the action the Department intends to take and the effective date of the action, the decision notice may state all of the following:
 - (A) The general nature of the change.
 - (B) Examples of how the change affects a individual's benefits.
 - (C) The month in which the change will take place.
 - (b) The decision notice must also state the individual's right to continue receiving benefits.
- (3) The notice period is used to determine the effective date for taking action when a decision notice is sent to the filing group:
- (a) For a basic decision notice, the notice period is the month in which the notice is mailed.
 - (b) For a continuing benefit decision notice, the notice period is the budget month from which information is used to initiate the decision notice.
 - (c) For a timely continuing benefit decision notice, the notice period is the month in which the mailing requirement ends.
 - (d) Except as provided under section (3)(e) of this rule, the timely continuing benefit decision notice mailing requirement is no later than the 15th day of the month.
 - (e) If the basis for a decision to reduce, suspend, or close ERDC benefits is a change to a benefit standard, the timely continuing benefit decision notice mailing requirement is:
 - (A) At least 30 calendar days before the effective date of the action, or
 - (B) If the Department has fewer than 60 days before the effective date to implement a change to a benefit standard, the mailing requirement is as provided under section (4) of this rule. For purposes of this section, the term "change to a benefit standard" means a change to the applicable inflation-adjusted contribution, income, or payment standard. It does not include the annual adjustment to a standard based on a federal or state inflation rate.
- (4) Each household must receive a notice of expiration prior to the last month of the certification period containing:
- (a) The date the certification period expires.
 - (b) A statement that to receive benefits, the individual must reapply and be found eligible for a new benefit amount.
 - (c) The household's right to request a contested case hearing if the reapplication is denied or if the household objects to the benefit amount.

- (5) Notwithstanding any rule in Chapter 414, to the extent permitted by OAR 137-003-0530, the Department may take any of the following actions:
- (a) Amend a decision notice with another decision notice or a contested case notice including to clarify the rules that support the decision.
 - (b) Amend a contested case notice.
 - (c) Delay a reduction or closure of benefits as a result of an individual's request for hearing.
 - (d) Extend the effective date on a decision notice or contested case notice.
 - (6) Except as provided in section (5) or when a delay results from the individual's request for a hearing, a notice to reduce or close benefits becomes void if the reduction or closure is not initiated on the date stated on the notice. If the notice is void, a new notice is sent to inform the financial group of a new date on which their benefits will be reduced or closed.
 - (7) No decision notice is required in each of the following situations:
 - (a) Benefits are ended because there is no living person in the benefit group.
 - (b) A notice was sent, the individual requested a hearing, and either the hearing request is dismissed or a final order is issued.
 - (c) The individual has signed a voluntary agreement that qualifies as a final order under ORS 183.417(3)(b) except as provided otherwise in this rule.
 - (d) No decision notice is required based on prior notice.
 - (8) When the Department amends a decision notice with another decision notice under subsection (4) of this section, the date of the amended notice restarts the individual's deadlines to request a hearing or continuing benefits, or both.
 - (9) When a contested case notice extends an effective date or delays a reduction or closure, the date of the amended notice restarts a individual's timeline to request continuing benefits.
 - (10) When an individual has a pending hearing request or is receiving continuing benefits, and the Department amends a notice under this section, the individual need not re-file the hearing request or renew the request for continuing benefits.
 - (11) To end benefits if an individual receives them for less than 30 days, a basic decision notice is sent.
 - (12) The Department sends a continuing benefit decision notice when:
 - (a) Benefits are calculated in accordance with OAR 414-175-0075.
 - (b) To remove an individual from the need group.
 - (13) To end benefits for an individual who has moved out of Oregon and no longer meets residency requirements under OAR 414-175-0020, the Department sends the following decision notice:
 - (a) The Department sends a timely continuing benefit decision notice to the individual who has moved out of Oregon.
 - (b) The Department sends a basic decision notice if the individual becomes eligible for benefits in another state.
 - (14) If benefits are reduced or closed to reflect cost-of-living adjustments in benefits or other mass change under a program operated by a federal agency or to reflect a mass change to payments in a program operated by the Department, the type of decision notice used is the same as otherwise applies to the reduction or closure of benefits under the rules of this division. Section 2 of this rule modifies the content requirements for a decision notice sent because of a cost-of-living adjustment or mass change that apply to other decision notices under Section 1.
 - (15) When the Department takes action on information reported on the Periodic Report form, the

Department sends a continuing benefit decision notice. The notice includes the amount of income used to determine the benefits or ineligibility.

- (a) For all changes not reported on the Periodic Report form, which result in a closure or reduction in benefits, the Department sends a timely continuing benefit decision notice.
 - (b) When the Department changes the reporting system from one reporting system to another reporting system, the Department provides a continuing benefit decision notice if the change occurs at a time other than at the start of a certification period.
- (16) The Department sends a continuing benefit decision notice to close benefits when the benefit group fails to return the reapplication form. The case is closed on the last day of the last month of the certification period.
- (17) When benefits are reduced for recovery of an overpayment (see OAR 414-175-0097 and 461-195-0551) a timely continuing benefit decision notice is sent for the first month of the reduction.
- (18) Except as provided in section (22) of this rule, when benefits will end or be reduced after a specific period of time, the Department may issue a decision notice informing the benefit group of the date benefits will end or be reduced, and no further decision notice is required.
- (19) Except as provided in section (22) of this rule, if the benefit group was informed in writing when the benefits began that the benefit group would receive benefits only for a specific period of time a basic decision notice may be used to—
- (a) Deny an application to start or continue benefits after the completion of a certification period or to approve benefits at a level lower than the prior certification period.
 - (b) Indicate that benefits have been ended or reduced when no timely application is submitted.
- (20) A basic decision notice is used when a special need allowance granted for a specific period of time is removed at the end of the specified period and the benefit group was informed of this in writing when the allowance began. A timely continuing benefit decision notice is required if stopping the special need allowance results in benefit closure.
- (21) Relating to sections (18), (19), and (20) of this rule, no additional decision notice is required when:
- (a) Notwithstanding OAR 414-175-0005, when a benefit group submits an application for a program from which they currently are receiving benefits.
 - (b) When a filing group is receiving priority processing but does not return postponed verification to the Department by the last day of the month in which the application period ends.
 - (c) A decision notice that included the eligibility begin and end dates was given for the reduced ERDC copay described in OAR 414-175-0050 and the three-month eligibility period ends.
- (22) If the caretaker, another adult member of the need group, or the authorized representative:
- (a) Makes an oral request to end or reduce benefits, a timely continuing benefit decision notice is sent.
 - (b) Makes a request, including a written or recorded verbal signature to withdraw, end, or reduce benefits, a basic decision notice is sent.
 - (c) Makes an oral request to withdraw an application for benefits, a basic decision notice is sent. The Department may reduce or terminate benefits to an individual when the individual completes a voluntary agreement on a Department form used for this purpose or with a recorded verbal signature.

Statutory/Other Authority: ORS 329A.500

Statutes/Other Implemented: ORS 329A.500

History:

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