

Information Memorandum Transmittal Developmental Disabilities Services



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Number: DD-IM-22-047

Issue date: 5/5/2022

Topic: Developmental Disabilities

Due date:

Subject: ABLÉ Accounts to be Excluded as a Resource for Medicaid Eligibility Decisions

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All ODHS Employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Message:

The Achieving a Better Life Experience (ABLE) Act of 2014 allows individuals with disabilities who qualify to open special accounts under Section 529 of the Internal Revenue Code. The purpose of these accounts is to allow qualifying people with disabilities to save money for items that enhance their quality of life without losing needed entitlements and public benefits. These special accounts are typically referred to as ABLE Accounts.

Recently ODDS has been made aware that not all ABLE Accounts are being excluded as a resource during Medicaid determination and redetermination decisions. Per [OAR 461-145-0000](#), balances in ABLE Accounts are to be excluded for all ODHS programs, including Medicaid programs. If an ABLE Account holder receives a notice (see sample below) from the [ONE](#) eligibility system that states Medicaid has been denied due to being over resources, an eligibility worker from a local ODHS office should be contacted immediately or call 1-800-699-9075 and ask to confirm the ABLE Account was excluded as a resource.

To help reduce occurrences of a person being erroneously denied Medicaid during the initial determination or redetermination process, it is important that an ABLÉ Account holder report the ABLÉ Account to an eligibility worker and/or in the ONE system when applicable.

Sample Notice:

Medical Benefits Denied

This section of the notice lists people who have been denied benefits. We looked at all programs for everyone in your household who applied.

This section may show a denial for someone who is also approved. That is because a person may be denied for one program while being approved for another. For example, a household member is denied for Oregon Supplemental Income Program Medical (OSIPM) benefits but is approved for a Medicare Savings Program (Qualified Medicare Beneficiaries).

Note: This section does not tell you if someone's benefits are ending. If someone's benefits are ending, that information will be in a section called **Medical Benefits Ending**.

You may reapply for medical benefits at any time at <https://benefits.oregon.gov>.

Questions? Please visit <https://benefits.oregon.gov> or call 1-800-699-9075 or 711 (TTY)

Name	Age	Program
Jane Doe	50	<Specific Medicaid Program>

Benefit Denied: 4/1/2022 through Ongoing

Reason: <Will likely specify being over resources or income>

This decision is based on Oregon Administrative Rule(s): <Will reference associated OARS specific to Medicaid Program>

If the eligibility worker has questions about the ABLÉ Account, they can be referred to [OAR 461-145-0000](#) or the [Oregon Programs Eligibility Notebook](#), also known as OPEN (search for ABLÉ Act). Both resources clearly state that balances in ABLÉ Accounts are to be excluded as a resource for Medicaid and all other ODHS programs.

If a denial of services is not resolved to the person's satisfaction, a person can verbally request a hearing to challenge the denial of services. They can also request a hearing by completing and submitting form [MSC 443](#), however submitting this form is not a requirement to request a hearing. Please see the denial notice for full hearing rights details.

Because of the seriousness of this issue, please pass this information on to the people you support, especially if they are an ABLÉ Account holder. The ABLÉ Account is a powerful tool for people with disabilities to move beyond poverty and to financially thrive. Erroneously receiving denial notices due to being over resources, not only causes a lot of unnecessary anxiety, but it can also cause people to fear using their ABLÉ Account or possibly avoid opening an account if they mistakenly believe an ABLÉ Account is not excluded as a resource.

A Note About ABLÉ Account Withdrawals

Withdrawals from an ABLÉ Account could be erroneously counted as income by an eligibility worker. Please note that for Non-MAGI Medicaid programs, all withdraws from an ABLÉ Account are to be excluded as income.

For MAGI Medicaid programs, withdraws that are considered to be qualified disability expenses (QDEs) must be excluded as income. Per OAR [461-145-0000](#), the list of QDEs is expansive. In general, if the ABLÉ Account withdrawal is utilized to benefit the person's quality of life, it will likely be considered a QDE. Please contact an eligibility worker if there is a question or concern about an ABLÉ Account withdrawal not being considered a QDE.

Communication/Training:

This transmittal will be discussed during the next Monthly Transmittal Review. Please send questions in advance to ODDS.Questions@dhsosha.state.or.us.

The Monthly Transmittal Reviews are held the second Wednesday of every month at 2 pm using the Zoom platform. Please register in advance for these meetings:

<https://www.zoomgov.com/meeting/register/vJlsc-qvqD8iGURx5OQk8TAdIS6Arg9ZAf4>

After registering, you will receive a confirmation email containing an appointment and information about joining the meeting. American Sign Language (ASL) and live captioning will be provided. To request other accommodations or languages, please send an email to ODDS.Questions@dhsosha.state.or.us at least three business days prior to the meeting.

If you have any questions about this information, contact:

Contact(s): Gene Rada	
Phone: 971-707-2765	Fax:
Email: eugene.e.rada@dhsosha.state.or.us	