Oregon ACCESS Coding and Program Eligibility

OHP Plus Coding – **Not** eligible for OPI			
Medical Program	OACCESS Program	OACCESS Med Program	*Case Descriptors
OHP Plus **Without** Services	A1, 1, B3, 3, D4, 4, 5	OSP	NCP or CPA; NSS or ACS
OHP Plus **With** Services	A1, 1, B3, 3, D4, 4, 5	OSP	NCP or CPA; APD, DDC, DDK, or DDG

Potentially eligible for OPI – Medicare Savings Program only (pays Medicare B and sometimes deductibles)			
Medical Program	OA Program	OACCESS Med Program	*Case Descriptors
Medicare Savings Programs QMB/SMB/SBI	P2	QMB, SMB, SMF (no OSIP)	QMB, SMB, or SMF

***Note: The case descriptors shown reflect minimum requirements and are not all inclusive.**

Program Code	**Program Title**
1 – A1	Aid to the Aged
3 – B3	Aid to the Blind
4 – D4	Aid to the Disabled (under 65)
5	Presumptive Medicaid
P2	Medicare Savings Programs – No OSIP
P2	MAGI Adult, other medical – without QMB, SMB, SMF

OSIP Program Manual (10-24-18)

Program Intent The intent of the Oregon Supplemental Income Program (OSIP) and related Oregon Supplemental Income Program Medical (OSIPM) program is to provide low-income aged and disabled Oregonians with cash and medical benefits through a state and federally funded program that offers financial, acute and long-term care. Those that qualify can expect assistance in selecting a managed care provider, and for Medicaid long-term care service recipients, a choice of care options

in the home and outside their home setting. All applicants have the right to a decision on their application and a determination on all benefits for which they are entitled within the application time frames.

Program Overview Aged and disabled individuals can qualify for the OSIP and OSIPM benefits by meeting various means-tested income and resource requirements. Other nonfinancial eligibility prerequisites such as residency and citizen/alien status must also be considered prior to granting benefits. Individuals receiving OSIP and OSIPM can also qualify for and receive Medicare Savings Program benefits under the Qualified Medicare Beneficiary program (QMB) and the Specified Low-income Medicare Beneficiary program (SMB).

In general, OSIPM is provided to three groups of individuals. The first group are those eligible for Supplemental Security Income (SSI) as provided for under Section XVI of the Social Security Act. This group is assumed financially eligible for Medicaid due to age or disability but must also meet specific nonfinancial Medicaid requirements such as residency and pursuing health care coverage and cash medical support. These individuals receive SSI cash benefits from the Social Security Administration and full Medicaid (OHP plus benefit package) from the Department. SSI recipients are not eligible for MAGI Medicaid benefits, they must receive Medicaid/OHP Plus benefits through OSIPM.

The second group are eligible for the medical coverage as an OSIPM recipient either when the individual receives home or community-based services or when the individual resides in a nursing facility or state institution. The income standard for this group is based on 300% of the SSI standard for an individual. There is also a $2,000 resource limit, though there are special resource provisions for married individuals. Those with income above the standard can be eligible by means of an income cap trust outlined in OAR 461-145-0540.

The third group consists of aged or disabled individuals who are not receiving SSI or long-term care services but who have income and resources below the applicable OSIPM standards. This can include employed individuals with disabilities with adjusted income under 250% of the FPL, individuals receiving mental health services with adjusted income below 150% of the FPL, certain individuals receiving Social Security benefits whose SSI was terminated, and those with other adjusted income (besides SSI) below the current SSI payment standard.