C. Specific Program and Other Information

1. Introduction

Household information is used to determine who needs to apply together, whose income and resources will be used to determine eligibility and who will receive benefits. This information establishes the household size and family size for each applicant. The household group consists of every individual whose income is considered for determining each medical applicant’s eligibility. The family size consists of all members of the household group and each unborn child of any pregnant members of the household group and is used to compare to the income standards chart for the applicable program.

2. Specific program requirements

There are several medical programs under the Office of Client and Community Services. Program eligibility is determined in the following order:

- For a child applicant, the order is as follows:
  - Substitute Care (SAC)
  - MAGI Parent or Other Caretaker Relative (PCR)
  - MAGI Pregnant Woman (PWO)
  - MAGI Child (CMO)
  - MAGI Children’s Health Insurance Program (CHIP)
  - Former Foster Care Youth Medical (FFCYM)
  - Extended Medical Assistance (EXT)

- For an adult applicant, the order is as follows:
  - Substitute Care (SAC)
  - MAGI Parent or Other Caretaker Relative (PCR)
  - Extended Medical Assistance (EXT)
  - MAGI Pregnant Woman (PWO)
- Former Foster Care Youth Medical (FFCYM)
- MAGI Adult (AMO)
- Breast and Cervical Cancer Treatment Program (BCCTP)

Some of the program specifics include (but are not limited to):

- Substitute Care (SAC) medical coverage is for children under the age of 21 who live in an intermediate psychiatric care facility for which a public agency of Oregon is assuming at least partial financial responsibility; when the child is in Behavioral Rehabilitation Services; (BRS) or in Psychiatric Residential Treatment Facility (PRTF).

- MAGI Parent or Other Caretaker Relative (PCR) is for individuals with a dependent child in the home and income at or below income standard for the applicable family size.

- Extended Medical Assistance (EXT). The Extended Medical Assistance program provides medical assistance for a period of time after a family loses its eligibility for the PCR program due to an increase in their spousal support or earned income.

- MAGI Pregnant Woman (PWO) is for pregnant women or women within the two calendar months following the month in which their pregnancy ended who are at or below 185 percent of the federal poverty level.

- MAGI Child (CMO) is for children under the age of 19 with a household income at or below 133 percent of the federal poverty level or 185 percent of the federal poverty level for an infant under the age of one.

- MAGI Children’s Health Insurance Program (CHIP) is for individuals under 19 years of age who are not eligible for other programs with a household income at or below 300 percent of the federal poverty level and not covered by minimum essential coverage.

- Former Foster Care Youth Medical (FFCYM) is for individuals who were in foster care under the responsibility of the Oregon Department of Human Services or tribe and enrolled in Child Welfare Title XIX Medicaid when they turned 18 or the age when Oregon Medicaid or Oregon tribal foster care assistance ended under Title IV-E of the act. This includes children who were in Oregon Youth Authority (OYA) foster care.

- MAGI Adult (AMO) is for individuals 19 years of age or older and under age 65 with a household income at or below 133 percent of the federal poverty level.
- Breast and Cervical Cancer Treatment Program (BCCTP) for individuals in need of treatment for breast or cervical cancer, including pre-cancerous conditions (treatment).

<table>
<thead>
<tr>
<th>Rule Title</th>
<th>Rule Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Definitions Rule</td>
<td>410-200-0015</td>
</tr>
<tr>
<td>Application and Renewal Processing and Timeliness Standards Rule</td>
<td>410-200-0110</td>
</tr>
<tr>
<td>Assumed Eligibility and Continuous Eligibility for Children and Pregnant Women Rule</td>
<td>410-200-0135</td>
</tr>
<tr>
<td>Household Group – Modified Adjusted Gross Income (MAGI) based Medicaid and CHIP Rule</td>
<td>410-200-0305</td>
</tr>
<tr>
<td>Specific Requirements; Breast and Cervical Cancer Treatment Program (BCCTP) Rule</td>
<td>410-200-0400</td>
</tr>
<tr>
<td>Specific Requirements; Substitute Care Rule</td>
<td>410-200-0405</td>
</tr>
<tr>
<td>Specific Requirements; Former Foster Care Youth Medical Program Rule</td>
<td>410-200-0407</td>
</tr>
<tr>
<td>Specific Requirements; MAGI CHIP Rule</td>
<td>410-200-0410</td>
</tr>
<tr>
<td>Specific Requirements; MAGI Child Rule</td>
<td>410-200-0415</td>
</tr>
<tr>
<td>Specific Requirements; MAGI Parent or Other Caretaker Relative Rule</td>
<td>410-200-0420</td>
</tr>
<tr>
<td>Specific Requirements; MAGI Pregnant Woman Rule</td>
<td>410-200-0420</td>
</tr>
</tbody>
</table>
3. **Protected Eligibility**

Some participants have protected eligibility. This means they remain eligible through a specified period of time, regardless of most changes reported to their case, and even if the case would otherwise close due to failure to respond to renewal or RFI.

- Assumed Eligibility (AEN) is for children born to a mother who is eligible for and receiving Medicaid/CHIP. The newborn is eligible for the MAGI Child program until the end of the month in which they turn one.
- A pregnant woman is eligible through the two calendar months following the month in which the pregnancy ends,

Protected eligibility can end in the following circumstances:

- The participant is no longer an Oregon resident
- The participant becomes deceased or is incarcerated
- When an adult in the household group requests the benefits be closed

4. **Continuous Eligibility**

Children who are receiving medical assistance under any HSD Medicaid or CHIP program who lose eligibility for all Medicaid or CHIP programs prior to the 12-month renewal date will remain continuously eligible until the end of the renewal month, except for the following circumstances:

- They are no longer an Oregon resident
- Death
- They become incarcerated
- They turn 19
- For children receiving CHIP, they start receiving minimum essential coverage; or
5. **Hospital Presumptive Eligibility**

OHA approves and trains certain qualified hospitals to determine presumed eligibility for HSD Medical Programs based on a screening of basic eligibility information attested by the applicant. Hospitals document their determinations on an HPE Application (form OHP 7260) and provide the applicant with a decision notice of approval or denial (forms OHP 3263A and OHP 3263B). They are then required to submit copies of both OHP 7260 and OHP 3263 (A or B) to DHS within five days of their determination so that applicants’ eligibility can be entered in the system. There is no verification process with HPE. DHS will honor the hospitals’ presumptive determinations. If eligible, the participant is then required to submit an application to the agency no later than the last day of the month following the month in which the HPE was approved.

6. **Blind/Disabled/Unfit for work**

All participants requesting medical benefits or whose eligibility is being redetermined/renewed must be evaluated for all medical programs for which they could be eligible for. The Oregon Eligibility (ONE) system does not determine eligibility for APD medical programs, i.e., OSIPM and QMB. If, based on the participant’s age or other information captured about the participant’s circumstances and needs, ONE determines the participant could potentially be eligible for an APD medical program, the ‘Non-MAGI Referral – APD Aged Blind Disabled’ task is generated.

When the ‘Non-MAGI Referral – APD Aged Blind Disabled’ task is generated, the OHP Statewide Processing Center staff researches the circumstances leading to the task generation and coordinates with the participant’s local APD/AAA office to gain a final APD program determination.
7. Former Foster Care Youth Medical Program (FFCYM)

Individuals who were enrolled in foster care under the responsibility of the Oregon Department of Human Services, a tribe, or the Oregon Youth Authority and enrolled in Child Welfare Title XIX Medicaid upon attaining age 18 are potentially eligible for the Former Foster Care Youth Medical Program (FFCYM) up to the age of 26.

8. Pregnancy

For HSD Medical purposes, a pregnant woman is a woman currently pregnant or within the postpartum period which begins the day after the pregnancy ends and extends to the end of the second calendar month following the month in which the pregnancy ends.
9. **Extended Medical Assistance (EXT)**

All participants requesting medical benefits or whose medical eligibility is being redetermined/renewed must be evaluated for all medical programs for which they could be eligible. The Oregon Eligibility (ONE) system does not determine eligibility for the Extended Medical Assistance (EXT) medical program. When a participant receiving MAGI Parent or Caretaker Relative (PCR) benefit experiences an income change resulting in being over income for PCR and ONE determines the participant is not eligible for any other program, the ‘Non-MAGI Referral – OHA Extended’ task will be generated for a manual EXT program eligibility determination. If the participant is receiving PCR benefits outside of the ONE system and ONE determines the participant is not eligible for any medical programs in ONE due to being over income, the ‘Non-MAGI Referral – OHA Extended’ task will not be generated, however, the participant must still be reviewed for potential EXT eligibility.

If determined EXT eligible, the participant will receive EXT benefits for either four or twelve months. The EXT eligibility must be coded in the CM-System with the appropriate EXT end date coded.

✅ **More Information – EXT**
10. **Substitute Care**

To be eligible for Substitute Care, a participant must be under the age of 21 and live in an intermediate psychiatric care facility and a public agency of Oregon must be assuming at least partial financial responsibility. This includes those individuals who are placed in an intermediate psychiatric care facility by the Oregon Youth Authority.

---

11. **Breast and Cervical Cancer Treatment Program (BCCTP)**

Eligibility for BCCTP is initially determined presumptively, based on some basic eligibility screening questions, by any licensed health care provider who is able to screen for and diagnose cancer. The program is designed to provide quick access to treatment for breast or cervical cancer (including some precancerous conditions) for individuals who are low-income and without insurance that covers such treatment. Once determined presumptively eligible, participants are required to complete a full application to be considered for all Medicaid/CHIP programs. If they are found ineligible for all Medicaid/CHIP programs listed in 42 U.S.C. §1396a(a)(10)(A)(i) (mandatory Medicaid eligibility groups), they shall be reviewed for continued BCCTP coverage.
12. **Shared Custody**

When custody of a child is shared between two parents, the parent that the child spends the most nights with is considered the custodial parent. If a child does not live with either parent, then the parent who claims the child as a tax dependent is treated as the custodial parent.

| ✓ | More Information – Custody |

<table>
<thead>
<tr>
<th>General Definitions Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>410-200-0015 — General Definitions</td>
</tr>
</tbody>
</table>