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NOTICE OF PROPOSED RULEMAKING

INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 461
DEPARTMENT OF HUMAN SERVICES
SELF-SUFFICIENCY PROGRAMS

FILED: 07/31/2026 9:20 AM
ARCHIVES DIVISION SECRETARY OF STATE

FILING CAPTION: Changes to Noncitizen Eligibility, Notice Periods, Effective Dates, Hearings, and Tax-Favored Plans

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 08/25/2026 5:00 PM
The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Lay Jennifer
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HEARING(S)
Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 08/25/2026
TIME: 11:00 AM - 12:00 PM
OFFICER: Jennifer Lay

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 669-254-5252
CONFERENCE ID: 1652340091
SPECIAL INSTRUCTIONS:
Passcode: 567237

NEED FOR THE RULE(S):

OAR 461-025-0310 about Hearing Requests needs to be amended to add hearing rights for specific actions and to remove hearing rights for child-care programs no longer governed under chapter 461 rules. Currently, the rule does not

expressly provide hearing rights for General Assistance (GA) or State Family Pre-SSI/SSDI (SFPSS) recipients when the Department seeks recovery from an individual's Supplemental Security Income (SSI). The addition of subsection (1)(p) addresses this gap. In addition, the current rule references the hearing provisions in OAR chapter 410 for all medical assistance programs. However, OAR chapter 410 specifies that those provisions apply only to Health Systems Division (HSD) medical programs. As a result, the current rule does not clearly provide hearing rights for medical assistance programs outside of HSD medical programs, despite those hearing rights existing in practice. These amendments ensure that hearing rights for non-HSD medical assistance programs are appropriately addressed in rule and clarify and support the Department's current and longstanding practices. Finally, the rule needs to be amended to remove hearing rights for new child-care program determinations because authority over those programs transferred to OAR chapter 414 when child-care programs moved from the Oregon Department of Human Services to the Department of Early Learning and Care (DELC) in 2023.

OAR 461-115-0704 about Required Verification of Citizenship and Noncitizen Status; Medicare Savings Programs and OSIPM, 461-120-0125 about Noncitizen Status Requirements, and 461-135-0010 about Assumed, Continuous, and Protected Eligibility; Medicare Savings Programs, OSIPM need to be amended, and OAR 461-120-0112 needs to be adopted to align chapter 461 medical program rules with Public Law 119-21 (2025), also known as HR1. Section 71109 of HR1 changed eligibility for certain noncitizen statuses. This will affect adults with the following immigration statuses: Refugee, Asylee, Amerasian (born in Asia during Korean/Vietnam wars whose father is a US Citizen), Humanitarian parolees, including from Afghanistan and Ukraine, and Survivors of domestic violence and human trafficking.

OAR 461-120-0110 about Citizenship and Noncitizen Status Requirements needs to be amended because, effective October 1, 2026, the Oregon Supplemental Income Program Medical (OSIPM) and Medicare Savings Programs (MSP) noncitizen eligibility provisions will be relocated from OAR 461-120-0125 to new OAR 461-120-0112. Subsection (1)(b) currently references only OAR 461-120-0125. Without this amendment, the rule will not accurately direct readers to the applicable noncitizen eligibility requirements for OSIPM and MSP.

OAR 461-135-1080 about Specific Requirements; OSIPM-Healthier Oregon needs to be amended to remove provisions in section (3) about transitioning into the Healthier Oregon program. This provision is no longer needed because all individuals who are eligible for Healthier Oregon have been transitioned into the program.

OAR 461-140-0040 about Determining Availability of Income needs to be amended to clarify that income exclusions established elsewhere in chapter 461 apply when determining the amount of income considered available. Currently, the rule treats all flexible spending account funds as available income in the Medicare Savings Programs and Oregon Supplemental Income Program Medical and is out of alignment with federal policy. The rule amendment supports the accurate treatment of flexible spending account funds under OAR 461-145-0528 for the Oregon Supplemental Income Program Medical (OSIPM) and Medicare Savings programs and aligns with existing policy and practice.

OAR 461-140-0296 about Length of Disqualification Due to an Asset Transfer; Nursing Facility Services or Home and Community-Based Care needs to be amended because the average monthly cost of a semi-private room in a nursing facility in Oregon, which is used as a divisor in rule, was recently updated due to cost of living adjustment (COLA) changes. This permanent amendment keeps Oregon aligned with current federal guidance as described in federal statute 42 USC Chapter7 Subchapter XIX Sec 1396p(c)(E)(i)(II).

OAR 461-145-0120 about Earned Income; Defined needs to be amended to clarify the treatment of funds in flexible spending accounts for purposes of determining eligibility for the Medicare Savings Programs and Oregon Supplemental Income Program Medical. The current rule treats those funds as earned income, which is not consistent with federal policy or Department practice. Clarification is needed to ensure the rule accurately reflects applicable federal

requirements and current Department practice.

OAR 461-145-0528 needs to be adopted because rules in chapter 461 do not currently provide clear guidance regarding the treatment of funds in tax-favored health plans for purposes of determining eligibility for the Medicare Savings Programs and Oregon Supplemental Income Program Medical. It is necessary to provide clarity and ensure consistency with applicable federal requirements. This rule does not change existing Department practice.

OAR 461-175-0050 about Notice Period needs to be amended to restore the notice period to a minimum of 10 days. This rule was changed recently to align the timely notice period for services with that of medical benefits, which reflects that the notice must be mailed the first business day following the 15th of the month. That change was made to align the rule with how the ONE system functioned; however, the Department has determined that it does not work for services. This is because services are not administered in ONE or by the same staff who manage medical benefits, and case managers are not always able to track such an arbitrary date. This often results in the need to manually extend medical benefits in order to allow proper timely notice for closing services. Also, when in-home services are being reduced or closed due to reasons unrelated to medical benefits ending, the effective date must be at the end of a bi-weekly provider pay period in order to avoid the need for the case manager to pro-rate hours, and trying to align that with the 15th of a given month was unwieldly and confusing in practice. Restoring the notice period to a minimum of 10 days allows service case managers more flexibility in sending notices in time to coincide with either the medical benefit ending, or for in-home services at the end of a pay period.

OAR 461-180-0040 about Effective Dates; Special Needs and Services needs to be changed to establish specific effective dates for closing services. Currently, this rule references the notice period rule rather than clearly stating when the services will end. It also does not account for how the effective dates differ depending on the reason for the adverse action or the service type. This rule change provides much-needed clarity for staff by establishing specific effective dates to support current practices.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

For OAR 461-140-0296:
The dollar amount which is used as a divisor in the calculation is obtained from the website below which is updated biennially:
https://www.genworth.com/aging-and-you/finances/cost-of-care. Note: It has now partnered with CareScout.

For OAR 461-115-0704, 461-120-0112, 461-120-0125, 461-135-0010:
Implementation of Section 71109 “Alien Medicaid Eligibility” of the Working Families Tax Cut Legislation (Public Law 119-21) - https://www.medicaid.gov/federal-policy-guidance/downloads/sho26001.pdf

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STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE:

According to a 2024 report, 10.0% of the state’s 4.2 million people are foreign born. 51.1% are naturalized citizens, 21% are legal permanent residents (as of 2023), and 28% are temporary visa holders or undocumented immigrants. These 28% will be negatively affected by the changes to OAR 461-115-0704, 461-120-0125, 461-135-0010 and the adoption of OAR 461-120-0112.

The countries of origin for Oregon’s immigrant population are:

- Latin America – 44.1%
- Mexico (33.3%)
- Asia – 29.7%

- South Central Asia (8.3%)
- China/Taiwan (5.6%)
- India (4.7%)
- Vietnam (4%)
- Europe – 14.2%
- Eastern Europe (6.8%)
- Africa – 4.6%
- Eastern Africa (2.2%)
- Canada – 3.0%
- Middle East – 2.7%
- Oceania – 1.7%

Based on this information, Hispanic immigrants will be disproportionately affected by the changes to noncitizen eligibility in OAR 461-115-0704, 461-120-0125, 461-135-0010 and 461-120-0112.

The Department estimates all other rule changes in this filing will have no impact to racial equity in Oregon.

FISCAL AND ECONOMIC IMPACT:

The Department estimates amendments to OAR 461-115-0704, 461-120-0125, 461-135-0010 and the adoption of OAR 461-120-0112 will have a negative fiscal impact on the Oregon Department of Human Services (ODHS). The current Federal Medical Assistance Percentage (FMAP) is 57.75% and the State's percentage is 42.25%. Approximately 7,000 Modified Adjusted Gross Income (MAGI) and Non-MAGI Medicaid recipients will no longer meet noncitizen eligibility requirements and will be moved to the Healthier Oregon program or have their Medicare Savings Program (MSP) closed. The Department fully funds the Healthier Oregon program for individuals who do not meet the noncitizen eligibility requirements for its other full Medicaid programs and will lose federal funding for these individuals. This will be slightly offset by savings from the 197 individuals who will have their MSP closed. The Department does not anticipate a fiscal impact on individuals transitioning to the Healthier Oregon program. However, individuals who lose MSP eligibility will be responsible for paying their Medicare premiums beginning October 1, while continuing to receive Medicare through December 31, 2026. The Department estimates no impact to other state agencies, local government, and business including small business. There is no cost of compliance for small business.

The Department estimates that amendments to all other rules in this filing will have no fiscal impact on those applying for or receiving benefits or services, the Department, other state agencies, local government, and business including small business. There is no cost of compliance for small business.

COST OF COMPLIANCE:
(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

See fiscal impact.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of these rule changes but are invited to provide comment during the public comment period.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

Proposed rule changes in this filing were shared with Rules Advisory Committee invitees unless exempted from the RAC process due to amendments that do not change eligibility or processes or contain changes that implement federal legislation without room for interpretation of the text.

RULES PROPOSED:
461-025-0310, 461-115-0704, 461-120-0110, 461-120-0112, 461-120-0125, 461-135-0010, 461-135-1080, 461-140-0040, 461-140-0296, 461-145-0120, 461-145-0528, 461-175-0050, 461-180-0040

AMEND: 461-025-0310

RULE SUMMARY: OAR 461-025-0310 is being amended to (1) explicitly provide hearing rights for individuals who contest the Department's recovery of General Assistance (GA) and State Family Pre-SSI/SSDI (SFPSS) benefits from Supplemental Security Income (SSI); (2) remove references to OAR chapter 410 for medical assistance programs not governed by OAR chapter 410 rules and to instead specify the applicable hearing request requirements directly in this rule for all other medical assistance programs; and (3) remove hearing rights related to child-care benefits authorized under OAR chapter 461, division 160 or 165, because authority over those programs transferred to OAR chapter 414 when child-care programs moved from the Oregon Department of Human Services (ODHS) to the Department of Early Learning and Care (DELC) in 2023.

CHANGES TO RULE:

461-025-0310
Hearing Requests ¶

(1) A claimant (see OAR 461-025-0305) has the right to a contested case hearing in the following situations upon the timely completion of a request for hearing:¶
(a) Except as provided in subsection (o) of this section, the Department has not approved or denied a request or application for public assistance or medical assistance within 45 days of the application.¶
(b) The Department has not acted timely on an application as follows:¶
(A) An application for S~~NAP program~~upplemental Nutrition Assistance Program (SNAP) benefits, within 30 days of the filing date.¶
(B) An application for a Job Opportunity and Basic Skills (JOBS) support service payment, within the time frames established in OAR 461-115-0190(3).¶
(c) The Department acts to deny, reduce, close, or suspend SNAP program benefits, a grant of public assistance, a grant of aid, a support service payment authorized in the JOBS program by OAR 461-190-0211~~,~~ or medical assistance~~, or child care benefits authorized under Division 160 or 165 of this chapter of rules in the ERDC or TANF child care programs~~. When used in this subsection, grant of public assistance and grant of aid mean the grant of cash assistance calculated according to the claimant's need.¶
(d) The Department has sent a decision notice (see OAR 461-001-0000) that the claimant is liable for an overpayment (see OAR 461-195-0501).¶
(e) The Department modifies a grant of public assistance or a grant of aid; or the claimant claims that the Department previously underissued public assistance, medical assistance, or SNAP program benefits and the Department denies, or denies in part, that claim.¶
(f) The household disputes its current level of SNAP program benefits.¶
(g) The filing group (see OAR 461-110-0370) is aggrieved by any action of the Department that affects the participation of the filing group in the SNAP program.¶
(h) The claimant asks for a hearing to determine if the waiver of an Intentional Program Violation hearing was signed under duress.¶
(i) A child care provider is disputing an allegation of an overpayment of child care provided under Chapter 461 or "a finding of suspended" established under Chapter 461.¶
(j) In the Pre-Temporary Assistance for Needy Families (TANF) program, the Department denies payment for a basic living expense (see OAR 461-135-0475) or other support service payment in the JOBS program (see subsection (c) of this section).¶

(k) In the Temporary Assistance for Domestice Violence Survivors (TA-DVS) program, when OAR 461-135-1235 provides a right to a hearing.¶
(l) A service re-assessment of a claimant conducted in accordance with OAR Division 411-015 has resulted in a reduction or termination of nursing facility services or home and community-based care (see OAR 461-001-0030).¶
(m) The claimant's benefits are changed to vendor, protective, or two-party payments.¶
(n) Department has issued a notice seeking repayment under ORS 411.892 to an employer participating in the JOBS program.¶
(o) In the O~~SIP and~~regon Supplemental Income Program (OSIP) and Oregon Supplemental Income Program Medical (OSIPM) programs, when the Department has not approved or denied an application within the time frames established in OAR 461-115-0190.¶
(p) The benefit group disputes the Department's collection against the individual's Supplemental Security Income (SSI) as specified in the Interim Assistance Agreement signed for the General Assistance (GA) or State Family Pre-SSI/SSDI (SFPSS) program.¶
(q) The right to a hearing is otherwise provided by statute or rule.¶
(~~q~~r) To resolve a grievance under 45 CFR 261.70 against an employer. A hearing request under this subsection must be in writing with the claimant's name, address, and daytime phone number (if available). The hearing request must be received by the Department within 45 days of the alleged violation or within 30 days after completion of an employer grievance process.¶
(~~r~~s) In the Summer EBT (SEBT) program:¶
(A) The Summer EBT agency (see OAR 461-196-0020) acts to deny an SEBT application.¶
(B) The claimant disputes a Summer EBT agency verification requirement.¶
(C) Any adverse action taken against the filing group (see OAR 461-196-0020) by the Summer EBT agency.¶
(2) A claimant is not entitled to a hearing on the question of the contents of a case plan (defined in OAR 461-190-0151) unless the right to hearing is specifically authorized by the Department's rules. For a dispute about an activity in the JOBS program, the claimant is entitled to use the Department's re-engagement process (see OAR 461-190-0231). In the TA-DVS program, a dispute about the contents of a TA-DVS case plan is resolved through re-engagement if there is no right to a hearing under OAR 461-135-1235.¶
(3) A request for hearing is complete:¶
(a) In public assistance, SNAP, and SEBT programs when the Department's Administrative Hearing Request form (form DHS 443) is:¶
(A) Completed;¶
(B) Signed by the claimant, the claimant's attorney, or the claimant's authorized representative (see OAR 461-115-0090); and¶
(C) Received by the Department. OAR 137-003-0528(1)(a) (which allows hearing requests to be treated as timely based on the date of the postmark) does not apply to hearing requests contesting a decision notice (see OAR 461-001-0000). The Department has adopted the exception to the Attorney General's model rules set out in this paragraph due to operational conflicts.¶
(b) In the SNAP program, when the Department receives an oral or written statement from the claimant, the claimant's attorney, or the claimant's authorized representative that the claimant wishes to appeal a decision affecting the claimant's SNAP program benefits to a higher authority.¶
(c) In the case of a provider of child care, when a written request for hearing from the provider about an action or decision taken under Chapter 461 is received by the Department.¶
(d) For medical assistance:¶
(A) For medical programs described in OAR chapter 410 division 200, when a hearing request is made ~~in a manner permitted under OAR 410-200-0145 or this se~~as defined in OAR 410-200-0015.¶
(B) For all other medical assistance, when the Department receives a clear expression, oral or written, from a claimant or a claimant's representative, that the claimant wishes to appeal a Department decision or action.¶
(e) In the SEBT program, when the Department receives an oral or written statement from the claimant, the claimant's attorney, or the claimant's authorized representative that the claimant wishes to appeal a decision affecting the claimant's SEBT program benefits to a higher authority.¶
(4) In the event a request for hearing is not timely, the Department may issue an order of dismissal if there is no factual dispute about whether sections (7) and (10) of this rule provide a right to a hearing. The Department may refer an untimely request to the Office of Administrative Hearings for a hearing on the question of timeliness.¶
(5) In the event the claimant has no right to a contested case hearing on an issue, the Department may enter an order accordingly. The Department may refer a hearing request to the Office of Administrative Hearings for a hearing on the question of whether the claimant has the right to a contested case hearing.¶
(6) ~~For medical assistance, to be timely, a hearing request must be received by the Department or the OHP Customer Service in the time frame set out in OAR 410-200-0015 and 410-200-0145. In other programs, t~~To be

timely, a completed hearing request must be received by the Department not later than:¶
(a) Except as provided in subsection (b) of this section, the 45th day following the date of the decision notice (see OAR 461-001-0000) in public assistance programs.¶
(b) The 90th day following the effective date of the reduction or termination of benefits in a public assistance program if the reduction or termination of aid is a result of a JOBS disqualification (see OAR 461-130-0330) or a penalty for failure to seek treatment for substance abuse or mental health (see OAR 461-135-0085).¶
(c) The 90th day following the date of the decision notice in the SNAP program, except:¶
(A) A filing group may submit a hearing request at any time within a certification period (see OAR 461-001-0000) to dispute its current level of benefits.¶
(B) A filing group may submit a hearing request within 90 days of the denial of a request for restoration of benefits if not more than twelve months has expired since the loss of benefits.¶
(d) The 30th day following the date of notice from the Oregon Department of Revenue in cases covered by ORS 293.250.¶
(e) In a case described in subsection (1)(h) of this rule, the request must be made within 90 days of the date the waiver was signed.¶
(f) For the SEBT program, the filing group must submit an appeal by the 90th day after the end of the summer operational period (see OAR 461-196-0020 and 461-196-0060). ¶
(g) For medical programs described in OAR chapter 410 division 200, the time frame set out in OAR 410-200-0145.¶
(h) For all other medical assistance, 90 days from the date the decision notice was received. The notice is considered to be received on the fifth day after the notice is sent, unless the claimant shows the notice was received later or not received. ¶
(7) When the Department receives a completed hearing request that is not filed within the timeframe required by section (6) of this rule but is filed no later than 120 days after a decision notice became a final order:¶
(a) The Department refers the hearing request to the Office of Administrative Hearings for a contested case hearing on the merits of the Department's action described in the notice:¶
(A) If the Department finds that the claimant and claimant's representative did not receive the decision notice and did not have actual knowledge of the notice; or¶
(B) If the Department finds that the claimant did not meet the timeframe required by section (6) of this rule due to excusable mistake, surprise, excusable neglect (which may include neglect due to significant cognitive or health issues), good cause (see OAR 461-025-0305), reasonable reliance on the statement of a Department employee relating to procedural requirements, or due to fraud, misrepresentation, or other misconduct of the Department.¶
(b) The Department refers the request for a hearing to the Office of Administrative Hearings for a contested case proceeding to determine whether the claimant is entitled to a hearing on the merits if there is a dispute between the claimant and the Department about either of the following paragraphs.¶
(A) The claimant or claimant's representative received the decision notice or had actual knowledge of the decision notice. At the hearing, the Department must show that the claimant or claimant's representative had actual knowledge of the notice or that the Department mailed or electronically mailed the notice to the correct address of the claimant or claimant's representative, as provided to the Department.¶
(B) The claimant qualifies for a contested case hearing on the merits under paragraph (a)(B) of this section.¶
(c) The Department may only dismiss such a request for hearing as untimely without a referral to the Office of Administrative Hearings if the following requirements are met:¶
(A) The undisputed facts show that the claimant does not qualify for a hearing under this section; and¶
(B) The decision notice was served personally or by registered or certified mail.¶
(8) In computing the time periods provided by this rule, see OAR 461-025-0300(1).¶
(9) In the REF and REFM programs, a claimant is not eligible for a contested case hearing when assistance is terminated because the eligibility time period imposed by OAR 461-135-0900 has been reached. If the issue is the date of entry into the United States the Department provides for prompt resolution of the issue by inspection of the individual's documentation issued by the US Citizenship and Immigration Services (USCIS) or by information obtained from USCIS, rather than by contested case hearing.¶
(10) If the Department receives a hearing request more than 120 days after an overpayment notice became a final order by default:¶
(a) The Department verifies whether its records indicate that the liable adult requesting the hearing was sent the overpayment notice.¶
(b) If no overpayment notice was sent to that liable adult, the overpayment hearing request is timely. The Department will send the claimant a decision notice or a contested case notice.¶
(c) If the Department determines that an overpayment notice was sent to the liable adult, there is no hearing right based on the issue of whether or not the overpayment notice was received.¶
(d) Any hearing request is treated as timely when required under the Servicemembers Civil Relief Act.¶

(e) The Department may dismiss a request for hearing as untimely if the claimant does not qualify for a hearing under this section.¶
(11) If the Department receives a hearing request more than 120 days after a decision notice (other than an overpayment notice) became a final order by default:¶
(a) Any hearing request is treated as timely when required under the Servicemembers Civil Relief Act.¶
(b) The Department may dismiss a request for hearing as untimely if the claimant does not qualify for a hearing under subsection (a) of this section.¶
(12) Notwithstanding sections (7), (10), and (11) of this rule, for medical assistance, the time frame is ~~the same as the one in OAR 410-200-0146~~as follows:¶
(a) For medical programs described in OAR chapter 410 division 200, the time frame as described in OAR 410-200-0146 instead of 120 days.¶
(b) For all other medical assistance, the time frame described in sections (7), (10), and (11) of this rule is 75 days instead of 120 days.¶
[ED. NOTE: Forms referenced are available from the agency.]
Statutory/Other Authority: ORS 411.060, 411.095, 411.404, 411.408, 411.816, 411.892, 412.014, 412.049
Statutes/Other Implemented: ORS 411.060, 411.095, 411.404, 411.408, 411.816, 411.892, 412.014, 412.049, 411.103, 412.009, 412.069, 412.072, 42 CFR 431.220, 42 CFR 431.221, 42 CFR 431.231

AMEND: 461-115-0704

RULE SUMMARY: OAR 461-115-0704 is being amended to require noncitizens who receive Supplemental Security Income (SSI) to provide verification of their noncitizen status because their status can no longer be considered verified based solely on receipt of SSI. Public Law 119-21 (2025) does not change the noncitizen eligibility for SSI, so those receiving SSI may not meet the non-citizen eligibility for Medicaid.

CHANGES TO RULE:

461-115-0704
Required Verification of Citizenship and Noncitizen Status; Medicare Savings Programs and OSIPM
This rule describes the requirements for verifying citizenship and noncitizen status for Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM).¶
(1) The Department must verify an individual's declaration of citizenship or qualified noncitizen status (see OAR 461-120-0130):¶
(a) At initial application; ¶
(b) When a change is reported; and ¶
(c) When the Department has received reliable information indicating a potential change in the individual's citizenship or qualified noncitizen status.¶
(2) The Department must verify citizenship through one of the following:¶
(a) A U.S. passport, including a U.S. Passport Card issued by the Department of State, without regard to any expiration date as long as such passport or card was issued without limitation.¶
(b) A Certificate of Naturalization.¶
(c) A Certificate of U.S. Citizenship.¶
(d) A valid state-issued driver's license if the state issuing the license requires proof of U.S. citizenship, or obtains and verifies a Social Security Number (SSN) from the applicant who is a citizen before issuing such license.¶
(e) Documentary evidence issued by a federally-recognized American Indian or Alaska Native tribe identified in the Federal Register by the Bureau of Indian Affairs within the U.S. Department of the Interior, and including tribes located in a state that has an international border, which:¶
(A) Identifies the federally recognized American Indian or Alaska Native tribe that issued the document;¶
(B) Identifies the individual by name; and¶
(C) Confirms the individual's membership, enrollment, or affiliation with the tribe.¶
(f) Documents described in subsection (e) of this section include, but are not limited to:¶
(A) A tribal enrollment card.¶
(B) A "Certificate of Degree of Indian or Alaska Native Blood."¶
(C) A tribal census document.¶
(D) Documents on tribal letterhead, issued under the signature of the appropriate tribal official, that meet the requirements of subsection (e) of this section.¶
(g) A data match with the Social Security Administration.¶
(3) If an individual does not provide documentary evidence from the list in section (2) of this rule, the following must be accepted as satisfactory evidence to establish citizenship if also accompanied by an identity document listed OAR 461-115-0700(6):¶
(a) A U.S. public birth certificate showing birth in one of the 50 states, the District of Columbia, Guam, American Samoa, Swain's Island, Puerto Rico (if born on or after January 13, 1941), the Virgin Islands of the U.S. or the Commonwealth of the Northern Mariana Islands (CNMI) (if born after November 4, 1986 (CNMI local time)). The birth record document may be issued by a state, commonwealth, territory, or local jurisdiction. If the document shows the individual was born in Puerto Rico or the Northern Mariana Islands before the applicable date referenced in this paragraph, the individual may be a collectively naturalized citizen. The following will establish U.S. citizenship for collectively naturalized individuals:¶
(A) Puerto Rico: Evidence of birth in Puerto Rico and the applicant's statement that the applicant was residing in the U.S., a U.S. possession, or Puerto Rico on January 13, 1941.¶
(B) Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):¶
(i) Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that the applicant did not owe allegiance to a foreign State on November 4, 1986 (NMI local time).¶
(ii) Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration before January 1, 1975, and the applicant's statement that the applicant did not owe allegiance

to a foreign State on November 4, 1986 (NMI local time).¶
(iii) Evidence of continuous domicile in the NMI since before January 1, 1974, and the applicant's statement that the applicant did not owe allegiance to a foreign State on November 4, 1986 (NMI local time). Note: If an individual entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen.¶
(b) At state option, a cross match with a state vital statistics agency documenting a record of birth.¶
(c) A Certification of Report of Birth, issued to U.S. citizens who were born outside the U.S.¶
(d) A Report of Birth Abroad of a U.S. Citizen.¶
(e) A Certification of Birth in the United States.¶
(f) A U.S. Citizen I.D. card.¶
(g) A Northern Marianas Identification Card issued by the U.S. Department of Homeland Security (or predecessor agency).¶
(h) A final adoption decree showing the child's name and U.S. place of birth, or if an adoption is not final, a statement from a state-approved adoption agency that shows the child's name and U.S. place of birth.¶
(i) Evidence of U.S. Civil Service employment before June 1, 1976.¶
(j) U.S. Military Record showing a U.S. place of birth.¶
(k) A data match with the Department of Homeland Security's SAVE Program or any other process established by the Department of Homeland Security to verify that an individual is a citizen.¶
(l) Documentation that a child meets the requirements of section 101 of the Child Citizenship Act of 2000 as amended (8 U.S.C. 1431).¶
(m) Medical records, including, but not limited to, hospital, clinic, or doctor records or admission papers from a nursing facility, skilled care facility, or other institution that indicate a U.S. place of birth.¶
(n) Life, health, or other insurance record that indicates a U.S. place of birth.¶
(o) Official religious record recorded in the U.S. showing that the birth occurred in the U.S.¶
(p) School records, including pre-school, Head Start and daycare, showing the child's name and U.S. place of birth.¶
(q) Federal or state census record showing U.S. citizenship or a U.S. place of birth.¶
(r) If the applicant does not have one of the documents listed in section (2) of this rule subsections (a) through (q) of this section, the applicant may submit an affidavit signed by another individual under penalty of perjury who can reasonably attest to the applicant's citizenship, and that contains the applicant's name, date of birth, and place of U.S. birth. The affidavit does not have to be notarized.¶
(4) The following individuals who make a declaration of citizenship are exempt from the requirement to provide documentary evidence of citizenship:¶
(a) Individuals receiving Supplemental Security Income (SSI).¶
(b) Individuals entitled to or enrolled in any part of Medicare.¶
(c) Individuals receiving Social Security Disability Insurance (SSDI).¶
(d) Individuals who are in foster care and who are assisted under Title IV-B of the Act, and individuals who are beneficiaries of foster care maintenance or adoption assistance payments under Title IV-E of the Act.¶
(e) Newborns of an assumed eligible individual (see OAR 461-135-0010).¶
(5) The Department must attempt to verify a declaration by or on behalf of an individual of qualified noncitizen status using an electronic service.¶
(a) ~~Individuals who make a declaration of qualified noncitizen status are exempt from the requirement to provide documentary evidence if they are receiving SSI.¶~~
~~(b)~~ The Department must promptly resolve all discrepancies between the electronic information and information provided by the or on behalf of the individual and resubmit corrected information through the electronic service.¶
(~~c~~b) For purposes of verifying the veteran and active duty exemption from the five-year waiting period (see OAR 461-120-011~~2~~5~~)~~), the Department must verify that:¶
(A) The individual is an honorably discharged veteran.¶
(B) The individual is in active military duty status.¶
(C) The individual is a spouse (see OAR 461-001-0000), unmarried dependent child, or an un-remarried surviving spouse of an individual qualifying for this waiting period exemption.¶
(D) If the Department is unable to verify such status, the Department may accept self-attestation (see OAR 461-115-0700).¶
(6) Individuals who declare non-qualified or undocumented noncitizen status and who meet the criteria of OAR 461-135-1070 are not required to present an SSN or verify noncitizen status.¶
(7) The Department must retain a record of having verified citizenship or noncitizen status according to the applicable retention period.¶
(8) Unless a change in citizenship has been reported, the Department may not re-verify or require the individual to re-verify at redetermination or upon a subsequent application following a break in coverage.¶
(9) If the Department cannot promptly verify citizenship or qualified noncitizen status:¶

(a) The Department must provide a reasonable opportunity period (see section (10) of this rule); and may not delay, deny, reduce, or terminate benefits for an individual who is otherwise eligible during the reasonable opportunity period.¶
(b) If a reasonable opportunity period is provided and the individual is otherwise eligible, the Department may approve benefits effective the month of in which the date of request falls.¶
(10) Reasonable opportunity period.¶
(a) The Department must provide a reasonable opportunity period to individuals who declare citizenship or qualified noncitizen status which the Department cannot independently verify.¶
(b) During this period, the Department must continue efforts to verify the individual's citizenship or qualified noncitizen status.¶
(c) Notice of the reasonable opportunity period must be sent that is accessible to those with limited English proficiency and individuals with disabilities.¶
(d) The Department must assist individuals declaring citizenship who do not have an SSN with obtaining an SSN and attempt to verify citizenship once it is obtained.¶
(e) The Department must provide the individual with information about how to contact the electronic data source so that the individual can try to resolve inconsistencies that prevented electronic verification and then pursue electronic verification once the individual reports the inconsistencies have been resolved.¶
(f) The reasonable opportunity period begins on the date the reasonable opportunity period notice is received by the individual, which is considered to be five days after the date of the notice, unless the individual can show that the individual did not receive the notice within the five-day period.¶
(g) The reasonable opportunity period ends either when the Department verifies citizenship or qualified noncitizen status, or 90 days from the date the notice is received, whichever is earlier. For individuals who declare qualified noncitizen status, the reasonable opportunity period may be extended if the individual is making a good faith effort or the Department needs more time.¶
(h) If the reasonable opportunity period ends and the verification has not been received, the Department must take action within 30 days to terminate eligibility.
Statutory/Other Authority: ORS 409.050, 411.060, 411.402, 411.404, 411.706, 413.085, 414.685
Statutes/Other Implemented: ORS 409.010, 411.060, 411.402, 411.404, 411.706, 413.085, 414.685, 414.839, 42 CFR 435.956, Pub. L. No. 119-21 (2025)

AMEND: 461-120-0110

RULE SUMMARY: OAR 461-120-0110 is being amended to update the rule referenced for noncitizen status requirements for Oregon Supplemental Income Program Medical (OSIPM) and Medicare Savings Programs (MSP) to the newly created rule, 461-120-0112.

CHANGES TO RULE:

461-120-0110
Citizenship and Noncitizen Status Requirements ¶

(1) Except as provided in sections (4) and (5) of this rule, in all programs except the O~~SIPM-Healthier Oregon,~~ regon Supplemental Income Program Medical (OSIPM)-Healthier Oregon, Refugee Assistance (REF), and Refugee Assistance Medical (REFM) programs, to be a member of a benefit group (see OAR 461-110-0750) an individual must meet the requirements of at least one of the following subsections:¶
(a) Be a citizen of the United States. Members or citizens of federally-recognized, sovereign American Indian and Alaska Native nations or tribes as defined in section (4)(e) of the Indian Self-Determination and Education Act (25 U.S.C. 450b(e)), are members or citizens of their sovereign nation or tribe and citizens of the United States.¶
(b) Meet the noncitizen status requirements in OAR 461-120-0125 or 461-120-0112.¶
(c) Be a citizen of Puerto Rico, Guam, the Virgin Islands or Saipan, Tinian, Rota or Pagan of the Northern Mariana Islands.¶
(d) Be a national from American Samoa or Swains Islands.¶
(2) In OSIPM-Healthier Oregon, to be a member of the benefit group an individual must meet the eligibility requirements of OAR 461-135-1080.¶
(3) In the REF and REFM programs, to be a member of the need group and the benefit group an individual must meet the noncitizen status requirements of OAR 461-120-0125.¶
(4) In the Temporary Assistance for Domestic Violence Survivors (TA-DVS) program, a survivor of domestic violence (see OAR 461-001-0000) is not subject to section (1) of this rule when OAR 461-135-1200 applies.¶
(5) In the Temporary Assistance for Needy Families (TANF) program, a survivor of domestic violence is not subject to section (1) of this rule when the individual is at risk of further or future domestic violence.
Statutory/Other Authority: ORS 411.060, 411.070, 411.404, 411.706, 411.816, 412.006, 412.014, 412.049, 412.124
Statutes/Other Implemented: ORS 411.060, 411.070, 411.404, 411.706, 411.816, 412.006, 412.014, 412.049, 412.124, 409.050, 414.231, 412.072

ADOPT: 461-120-0112

RULE SUMMARY: OAR 461-120-0112 is being adopted to identify immigration statuses that are eligible for Oregon Supplemental Income Program Medical (OSIPM) and Medicare Savings Programs and aligns with those listed as eligible for Medicaid in Public Law 119-21 (2025). Eligibility is removed for Refugees, Asylees, Amerasians, Humanitarian Parolees, and domestic violence or human trafficking survivors. Eligibility is now limited to citizens of a Compact of Free Association nation, Cuban/Haitian Entrants, lawfully present children, and Lawful Permanent Residents who meet the 5-year bar or have an exception to the 5-year bar.

CHANGES TO RULE:

461-120-0112
Noncitizen Status Requirements; Medicare Savings Programs and OSIPM
An individual who must meet noncitizen status requirements under OAR 461-120-0110 for Medicare Savings Programs and Oregon Supplemental Income Program Medical (OSIPM), must meet the noncitizen status requirements listed in section (2) of this rule.¶
(1) An individual is a "qualified noncitizen" if the individual is any of the following:¶
(a) An individual who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA) (8 U.S.C. 1101 et seq). ¶
(b) An Iraqi or Afghan individual granted special immigrant visa status (SIV) under section 101(a)(27) of the INA. These individuals are lawfully admitted for permanent residence under the INA.¶
(c) An individual who is an "Amerasian" who is granted immigration status under section 584 of Public Law 100-202; the Foreign Operations, Export Financing, and Related Program Appropriations Act of 1988; as amended by Public Law 100-461. These individuals are lawfully admitted for permanent residence under the INA.¶
(d) An individual who is admitted to the United States as a refugee under section 207 of the INA (8 U.S.C. 1157).¶
(e) An individual who is granted asylum under section 208 of the INA (8 U.S.C. 1158).¶
(f) An individual who is a "Cuban or Haitian entrant" (as defined in section 501(3) of the Refugee Education Assistance Act of 1980).¶
(g) An individual who is a "victim of a severe form of trafficking in persons" certified under the Victims of Trafficking and Violence Protection Act of 2000 (22 U.S.C. 7101 to 7112).¶
(h) An individual who is a family member of a "victim of a severe form of trafficking in persons" who holds a visa for family members authorized by the Trafficking Victims Protection Reauthorization Act of 2003 (22 U.S.C. 7101 to 7112).¶
(i) An individual whose deportation is being withheld under section 243(h) of the INA (8 U.S.C. 1253(h)) (as in effect immediately before April 1, 1997) or section 241(b)(3) of the INA (8 U.S.C. 1231(b)(3)) (as amended by section 305(a) of division C of the Omnibus Consolidated Appropriations Act of 1997, Pub. L. No. 104-208, 110 Stat. 3009-597 (1996)).¶
(j) An individual who is paroled into the United States under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) for a period of at least one year.¶
(k) An individual who is granted conditional entry pursuant to section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) as in effect prior to April 1, 1980.¶
(l) An individual who is a battered spouse or dependent child who meets the requirements of 8 U.S.C. 1641(c), as determined by the U.S. Citizenship and Immigration Services (USCIS).¶
(m) Certain Afghan parolees, in accordance with Section 2502 of Public Law 117-43; as amended by Section 1501 of Title V of Division M of the Consolidated Appropriations Act (CAA), 2023, (P.L. 117-328).¶
(n) Certain Ukrainian parolees, in accordance with Section 401 of Public Law 117-128; as amended by Section 301 of the Ukraine Security Supplemental Appropriations Act, 2024, (P.L. 118-50).¶
(o) An individual from the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau who lawfully reside in the United States in accordance with the Compacts of Free Association. The provisions in this subsection are retroactively effective December 28, 2020.¶
(2) An individual meets the noncitizen status requirements if the individual meets any of the following:¶
(a) The individual has been granted an immigration status listed under paragraphs (1)(b), (1)(f) or (1)(o) of this rule. ¶
(b) An individual who is 19 or older, and is described in section (1)(a) of this rule and who meets at least one of the following:¶
(A) Was a qualified noncitizen prior to August 22, 1996;¶

(B) Obtained the status described in section (1)(a) of this rule at least five (5) years before the request for benefits;¶
(C) Physically entered the United States before August 22, 1996 and was continuously present in the United States between August 22, 1996 and the date qualified non-citizen status was obtained. An individual is not continuously present in the United States if the individual is absent from the United States for more than thirty (30) consecutive days or a total of more than ninety (90) days between August 22, 1996, and the date qualified non-citizen status was obtained;¶
(D) Is a member of the United States Armed Forces on active duty (other than active duty for training);¶
(E) Is a veteran of the United States Armed Forces who was honorably discharged for reasons other than noncitizen status and who fulfilled the minimum active-duty service requirements described in 38 USC 5303A(d);¶
(F) Is the child or spouse, including an un-remarried surviving spouse, of an individual described in section (2)(d)(D) or (2)(d)(E) of this subsection; or¶
(G) Previously held a status as described in (1)(b) through (1)(i), or (1)(m) through (1)(o)(H), or of American Indian born in Canada per section 289 of the INA (8 U.S.C. 1359).¶
(c) The individual is under the age of 19 and is one of the following:¶
(A) A qualified noncitizen.¶
(B) An individual described in 8 CFR section 103.12(a)(4) who belongs to one of the following classes of noncitizens permitted to remain in the United States because the Attorney General has decided for humanitarian or other public policy reasons not to initiate deportation or exclusion proceedings or enforce departure:¶
(i) An individual currently in temporary resident status pursuant to section 210 or 245A of the INA (8 USC 1160 and 1255a);¶
(ii) An individual currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 USC 1229b);¶
(iii) An individual who is a "Cuban or Haitian entrant," as defined in section 202(b) Pub. L. 99-603 (8 USC 1255a), as amended;¶
(iv) Family Unity beneficiaries pursuant to section 301 of Pub. L. 101-649 (8 USC 1255a), as amended;¶
(v) An individual currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;¶
(vi) An individual currently in deferred action status pursuant to Department of Homeland Security Operating Instruction OI 242.1(a)(22); or¶
(vii) An individual who is the spouse or child of a United States citizen whose visa petition has been approved and who has a pending application for adjustment of status.¶
(C) An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including those individuals as specified in section 101(a)(15) of the INA (8 USC 1101).¶
(D) An American Indian born in Canada per section 289 of the INA (8 U.S.C. 1359).
Statutory/Other Authority: ORS 409.050, 411.060, 411.404, 411.704, 411.706, 411.816, 412.014, 412.049, 413.085, 414.231, 414.649
Statutes/Other Implemented: 411.060, 411.404, 411.704, 411.706, 411.816, 412.014, 412.049, 414.231, 409.010, 411.070, 414.025, H.R. 133- 116th Cong. (2019-2020), Public Law 117-43, H.R. 7691, 117th Cong. (2021-2022), H.R. 8035 - 118th Congress (2023-2024), Pub. L. No. 119-21 (2025)

AMEND: 461-120-0125

RULE SUMMARY: OAR 461-120-0125 is being amended to remove the noncitizen status requirements for Oregon Supplemental Income Program Medical (OSIPM) and Medicare Savings Program (MSP). Rule provisions for these programs are moving into their own rule, 461-120-0112. The remaining provisions in this rule are being reorganized and reworded accordingly.

CHANGES TO RULE:

461-120-0125
Noncitizen Status Requirements; REF, REFM, SNAP, and TANF ¶

An individual who must meet noncitizen status requirements under OAR 461-120-0110, must meet the noncitizen status requirements of the program for which they are applying. The requirements are listed in sections (2) through (~~6~~4) of this rule.¶
(1) ~~For purposes of this chapter of rules,~~¶
~~(a) In all programs except the Supplemental Nutrition Assistance Program (SNAP),~~In the Refugee Assistance (REF), Refugee Assistance Medical (REFM), and Temporary Assistance for Needy Families (TANF) programs an individual is a "qualified noncitizen" if the individual is any of the following:¶
(~~A~~a) An individual who is lawfully admitted for permanent residence under the Immigration and Nationality Act (INA) (8 U.S.C. 1101 et seq).¶
(~~B~~b) An Iraqi or Afghan individual granted special immigrant visa status (SIV) under section 101(a)(27) of the INA. These individuals are lawfully admitted for permanent residence under the INA.¶
(~~C~~c) An individual who is an "Amerasian" who is granted immigration status under section 584 of Public Law 100-202; the Foreign Operations, Export Financing, and Related Program Appropriations Act of 1988; as amended by Public Law 100-461. These individuals are lawfully admitted for permanent residence under the INA.¶
(~~D~~d) An individual who is admitted to the United States as a refugee under section 207 of the INA (8 U.S.C. 1157).¶
(~~E~~e) An individual who is granted asylum under section 208 of the INA (8 U.S.C. 1158).¶
(~~F~~f) An individual who is a "Cuban or Haitian entrant" (as defined in section 501(3) of the Refugee Education Assistance Act of 1980).¶
(~~G~~g) An individual who is a "victim of a severe form of trafficking in persons" certified under the Victims of Trafficking and Violence Protection Act of 2000 (22 U.S.C. 7101 to 7112).¶
(~~H~~h) An individual who is a family member of a "victim of a severe form of trafficking in persons" who holds a visa for family members authorized by the Trafficking Victims Protection Reauthorization Act of 2003 (22 U.S.C. 7101 to 7112).¶
(~~I~~i) An individual whose deportation is being withheld under section 243(h) of the INA (8 U.S.C. 1253(h)) (as in effect immediately before April 1, 1997) or section 241(b)(3) of the INA (8 U.S.C. 1231(b)(3)) (as amended by section 305(a) of division C of the Omnibus Consolidated Appropriations Act of 1997, Pub. L. No. 104-208, 110 Stat. 3009-597 (1996)).¶
(~~J~~j) An individual who is paroled into the United States under section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) for a period of at least one year.¶
(~~K~~k) An individual who is granted conditional entry pursuant to section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) as in effect prior to April 1, 1980.¶
(~~L~~l) An individual who is a battered spouse or dependent child who meets the requirements of 8 U.S.C. 1641(c), as determined by the U.S. Citizenship and Immigration Services (USCIS).¶
(~~b~~m) In the ~~Oregon Supplemental Income Program Medical (OSIPM) and Qualified Medicare Beneficiaries (QMB) programs~~TANF program, in addition to subsections (a) ~~of this section, an individual is a "qualified noncitizen" if the individual is from the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau who lawfully reside in the United States in accordance with the Compacts of Free Association. The provisions in this subsection are retroactively effective December 28, 2020.¶~~
~~(c) In the Temporary Assistance for Needy Families (TANF) program, in addition to subsection (a~~through (l) of this section, an individual is a "qualified noncitizen" if the individual is a citizen of the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau who lawfully resides in the United States in accordance with the Compacts of Free Association. The provisions in this subsection are retroactively effective March 9, 2024.¶
(2) In ~~all programs except the Refugee Assistance (REF), Refugee Assistance Medical (REFM), and SNAP~~the TANF programs, an individual meets the noncitizen status requirements if the individual is one of the following:¶

(a) An Indigenous, First Nation, Inuit, M□tis, or Aboriginal individual who is born in Canada to whom the provisions of section 289 of the INA (8 U.S.C. 1359) apply.¶
(b) A qualified noncitizen (see section (1) of this rule) who is any of the following:¶
(A) A veteran of the United States Armed Forces who was honorably discharged for reasons other than noncitizen status and who fulfilled the minimum active-duty service requirements described in 38 U.S.C. 5303A(d).¶
(B) A member of the United States Armed Forces on active duty (other than active duty for training).¶
(C) The spouse, the un-remarried surviving spouse, or an unmarried dependent child, of an individual described in paragraphs (A) or (B) of this subsection.¶
(~~3) In the TANF program, an individual meets the noncitizen status requirements if the individual is one of the following:¶~~
~~(a) An individual who is a qualified noncitizen (see subsections (1)(a) and (1)(c) of this rule)~~c) An individual who is a qualified noncitizen.¶
(~~b~~d) An individual who is a noncitizen who is currently experiencing domestic violence (see OAR 461-001-0000) or who has a safety concern related to domestic violence.¶
(~~c~~e) Effective October 1, 2021 until March 31, 2023, or through the end of their parole, whichever is later:¶
(A) An individual who is a citizen or national of Afghanistan paroled into the U.S. between July 31, 2021 through September 30, 2023.¶
(B) An unmarried child under the age of 21 or spouse of an individual listed in paragraph (A) of this subsection, who is paroled into the U.S. after September 30, 2022.¶
(C) A parent or legal guardian of an individual listed in paragraph (A) of this subsection, who is determined to be an unaccompanied child as defined by 6 U.S.C. § 279(g)(2), who is paroled into the U.S. after September 30, 2022.¶
(~~d~~f) Effective October 1, 2021:¶
(A) An individual who is a citizen or national of Afghanistan who was granted Special Immigrant Conditional Permanent Resident status on or after July 31, 2021.¶
(B) An individual who is a citizen or national of Afghanistan who was granted Special Immigrant SQ/SI Parole status on or after July 31, 2021.¶
(C) An unmarried child under the age of 21 or spouse of an individual listed in paragraph (A) or (B) of this subsection.¶
(D) A parent or legal guardian of an individual listed in paragraph (A) or (B) of this subsection who is determined to be an unaccompanied child as defined by 6 U.S.C. § 279(g)(2).¶
(~~e~~g) Effective May 21, 2022, through the end of their parole:¶
(A) An individual who was paroled into the U.S. between February 24, 2022, and September 30, 2023, and meets one of the following:¶
(i) Is a citizen or national of Ukraine.¶
(ii) Last habitually resided in Ukraine.¶
(B) An individual who was paroled after September 30, 2023, and who is one of the following:¶
(i) An unmarried child under the age of 21 of an individual listed in paragraph (~~3~~2)(~~e~~g)(A) or subsection (~~3~~2)(~~f~~h) of this rule. An unmarried child is an individual as defined in section 101(b) of the Immigration and Nationality Act (INA) (8 U.S.C. § 1101(b)).¶
(ii) The spouse of an individual listed in paragraph (~~3~~2)(~~e~~g)(A) or subsection (~~3~~2)(~~f~~h) of this rule.¶
(C) An individual who was paroled into the U.S. after September 30, 2023, and is the parent, legal guardian, or primary caregiver of one of the following:¶
(i) An individual listed in paragraph (~~3~~2)(~~e~~g)(A) or subsection (~~3~~2)(~~f~~h) of this rule who is an unaccompanied refugee minor, as defined in section 412(d)(2)(B) of the INA (8 U.S.C. § 1522(d)(2)(B)).¶
(ii) An individual listed in paragraph (~~3~~2)(~~e~~g)(A) or subsection (~~3~~2)(~~f~~h) of this rule who is an unaccompanied child, as defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. § 279(g)(2)).¶
(~~f~~h) Effective April 24, 2024, through the end of their parole, an individual who was paroled into the U.S. from October 1, 2023, through September 30, 2024, and is a citizen or national of Ukraine or last habitually resided in Ukraine.¶
(~~4~~3) In the ~~OSIPM~~REF and ~~QMB~~REFM programs, an individual meets the noncitizen status requirements if the individual ~~meets any of the following:¶~~
~~(a) The individual has been granted a USCIS status listed under paragraphs (1)(a)(B) through (1)(a)(I) or paragraph (1)(b) of this rule.¶~~
~~(b) Effective October 1, 2009, the individual is a qualified noncitizen and is under 19 years of age.¶~~
~~(c) The individual was a qualified noncitizen before August 22, 1996.¶~~
~~(d) The individual has been granted a USCIS status listed under paragraphs (1)(a)(A), and (1)(a)(J) through (1)(a)(L) and meets one of the following:¶~~
~~(A) Physically entered the United States or was granted the USCIS status on or after August 22, 1996; and has been in the U.S. for five years beginning on the date the USCIS status was granted.¶~~

~~(B) Physically entered the United States before August 22, 1996 and was continuously present in the United States between August 22, 1996, and the date the USCIS status was granted. An individual is not continuously present in the United States if the individual is absent from the United States for more than 30 consecutive days or a total of more than 90 days between August 22, 1996 and the date the USCIS status was granted.¶~~
~~(e) The individual is under the age of 19 and is one of the following:¶~~
~~(A) An individual described in 8 CFR section 103.12(a)(4) who belongs to one of the following classes of noncitizens permitted to remain in the United States because the Attorney General has decided for humanitarian or other public policy reasons not to initiate deportation or exclusion proceedings or enforce departure:¶~~
~~(i) An individual currently in temporary resident status pursuant to section 210 or 245A of the INA (8 USC 1160 and 1255a);¶~~
~~(ii) An individual currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 USC 1229b);¶~~
~~(iii) An individual who is a "Cuban or Haitian entrant," as defined in section 202(b) Pub. L. 99-603 (8 USC 1255a), as amended;¶~~
~~(iv) Family Unity beneficiaries pursuant to section 301 of Pub. L. 101-649 (8 USC 1255a), as amended;¶~~
~~(v) An individual currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;¶~~
~~(vi) An individual currently in deferred action status pursuant to Department of Homeland Security Operating Instruction OI 242.1(a)(22); or¶~~
~~(vii) An individual who is the spouse or child of a United States citizen whose visa petition has been approved and who has a pending application for adjustment of status.¶~~
~~(B) An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including those individuals as specified in section 101(a)(15) of the INA (8 USC 1101).¶~~
~~(f) In the OSIPM program, is receiving Supplemental Security Income (SSI) benefits.¶~~
~~(g) In the QMB program, is receiving SSI and Medicare Part A benefits.¶~~
~~(h) Effective July 31, 2021 until March 31, 2023, or through the end of their parole, whichever is later:¶~~
~~(A) An individual who is a citizen or national of Afghanistan paroled into the U.S. between July 31, 2021 through September 30, 2023.¶~~
~~(B) An unmarried child under the age of 21 or spouse of an individual listed in paragraph (A) of this subsection, who is paroled into the U.S. after September 30, 2022.¶~~
~~(C) A parent or legal guardian of an individual listed in paragraph (A) of this subsection, who is determined to be an unaccompanied child as defined by 6 U.S.C. § 279(g)(2), who is paroled into the U.S. after September 30, 2022.¶~~
~~(i) Effective July 31, 2021:¶~~
~~(A) An individual who is a citizen or national of Afghanistan who was granted Special Immigrant Conditional Permanent Resident status on or after July 31, 2021.¶~~
~~(B) An individual who is a citizen or national of Afghanistan who was granted Special Immigrant SQ/SI Parole status on or after July 31, 2021.¶~~
~~(C) An unmarried child under the age of 21 or spouse of an individual listed in paragraph (A) or (B) of this subsection.¶~~
~~(D) A parent or legal guardian of an individual listed in paragraph (A) or (B) of this subsection who is determined to be an unaccompanied child as defined by 6 U.S.C. § 279(g)(2).¶~~
~~(j) Effective February 24, 2022, through the end of their parole:¶~~
~~(A) An individual who was paroled into the U.S. from February 24, 2022, through September 30, 2024, and meets one of the following:¶~~
~~(i) Is a citizen or national of Ukraine.¶~~
~~(ii) Last habitually resided in Ukraine.¶~~
~~(B) An individual who was paroled after September 30, 2023, and who is one of the following:¶~~
~~(i) An unmarried child under the age of 21 of an individual listed in paragraph (4)(j)(A) of this rule.¶~~
~~(ii) The spouse of an individual listed in paragraph (4)(j)(A) of this rule.¶~~
~~(iii) The parent, legal guardian, or primary caregiver of an individual listed in paragraph (4)(j)(A) of this rule who is also determined to be either an unaccompanied child under section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. § 279(g)(2)) or an unaccompanied refugee minor under section 412(d)(2)(B) of the Immigration and Nationality Act (8 U.S.C. 1522(d)(2)(B)).¶~~
~~(5) In the REF and REFM programs, an individual meets the noncitizen status requirements if the individual is admitted lawfully under any of the following provisions of law:¶~~
~~(a) The individual has been granted a USCIS status listed under paragraphs (1)(a)(B) through (1)(a)(H)~~is admitted lawfully under any of the following provisions of law:¶
(a) The individual has been granted a USCIS status listed under subsections (1)(b) through (1)(h) of this rule.¶
(b) The individual has been paroled as a refugee or asylee under section 212(d)(5) of the Immigration and

Nationality Act (INA) (8 USC 1182(d)(5)).¶
(c) Effective October 1, 2021 until March 31, 2023, or through the end of their parole, whichever is later:¶
(A) An individual who is a citizen or national of Afghanistan paroled into the U.S. between July 31, 2021 through September 30, 2023.¶
(B) An unmarried child under the age of 21 or spouse of an individual listed in paragraph (A) of this subsection, who is paroled into the U.S. after September 30, 2023.¶
(C) A parent or legal guardian of an individual listed in paragraph (A) of this subsection, who is determined to be an unaccompanied child as defined by 6 U.S.C. § 279(g)(2), who is paroled into the U.S. after September 30, 2023.¶
(d) Effective October 1, 2021:¶
(A) An individual who is a citizen or national of Afghanistan who was granted Special Immigrant Conditional Permanent Resident status on or after July 31, 2021.¶
(B) An individual who is a citizen or national of Afghanistan who was granted Special Immigrant SQ/SI Parole status on or after July 31, 2021.¶
(C) An unmarried child under the age of 21 or spouse of an individual listed in paragraph (A) or (B) of this subsection.¶
(D) A parent or legal guardian of an individual listed in paragraph (A) or (B) of this subsection who is determined to be an unaccompanied child as defined by 6 U.S.C. § 279(g)(2).¶
(e) Effective May 21, 2022, through the end of their parole:¶
(A) An individual who was paroled into the U.S. from February 24, 2022, through September 30, 2023, and meets one of the following:¶
(i) Is a citizen or national of Ukraine.¶
(ii) Last habitually resided in Ukraine.¶
(B) An individual who was paroled after September 30, 2023, and who is one of the following:¶
(i) An unmarried child under the age of 21 of an individual listed in paragraph (~~5~~3)(e)(A) or subsection (~~5~~3)(f) of this rule. An unmarried child is an individual defined in section 101(b) of the Immigration and Nationality Act (INA) (8 U.S.C. § 1101(b)).¶
(ii) The spouse of an individual listed in paragraph (~~5~~3)(e)(A) or subsection (~~5~~3)(f) of this rule.¶
(C) An individual who was paroled into the U.S. after September 30, 2023, and is the parent, legal guardian, or primary caregiver of one of the following:¶
(i) An individual listed in paragraph (~~5~~3)(e)(A) or subsection (~~5~~3)(f) of this rule who is an unaccompanied refugee minor, as defined in section 412(d)(2)(B) of the INA (8 U.S.C. § 1522(d)(2)(B)).¶
(ii) An individual listed in paragraph (~~5~~3)(e)(A) or subsection (~~5~~3)(f) of this rule who is an unaccompanied child, as defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. § 279(g)(2)).¶
(f) Effective April 24, 2024, through the end of their parole, an individual who was paroled into the U.S. from October 1, 2023, through September 30, 2024, and is a citizen or national of Ukraine or last habitually resided in Ukraine.¶
(~~6~~4) In the SNAP program, an individual meets the noncitizen status requirements if the individual meets any of the following:¶
(a) A non-citizen national of the United States. ¶
(b) An individual who is a "Cuban or Haitian Entrant", as defined in section 202(b) Pub. L. 99-603 (8 USC 1255a), as amended. ¶
(c) An individual who is a citizen of the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau who lawfully resides in the United States in accordance with the Compacts of Free Association (COFA). ¶
(d) An individual who is an "Amerasian" who is granted immigration status under section 584 of Public Law 100-202; the Foreign Operations, Export Financing, and Related Program Appropriations Act of 1988; as amended by Public Law 100-461. These individuals are lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).¶
(e) An individual who is an Iraqi or Afghan individual granted special immigrant visa status (SIV) under section 101(a)(27) of the INA. These individuals are lawfully admitted for permanent residence under the INA.¶
(f) A non-citizen lawfully admitted for permanent residence as defined by section 101(a)(20) of the INA who also meets one of the following: ¶
(A) The individual has been residing in the United States with a qualified status provided in subsection (~~6~~4)(a) through (~~6~~4)(f) of this rule for at least five years. ¶
(B) The individual is under 18 years old.¶
(C) The individual is receiving benefits or assistance due to being disabled (see OAR 461-001-0015).¶
(D) The individual was lawfully residing in the U.S. and was 65 years old or older on August 22, 1996.¶
(E) The individual has worked 40 qualifying quarters of coverage as defined under title II of the Social Security Act, or can be credited with 40 qualifying quarters as provided under 8 U.S.C. 1645, subject to the following provisions:

¶
(i) Beginning January 1, 1997, if the individual received any federal, means-tested benefit during a quarter, the quarter is not included. Federal means tested benefits include SNAP, TANF, and Medicaid (except emergency medical). ¶
(ii) An individual is credited with all of the qualifying quarters worked by a parent of the individual while the individual was under the age of 18, including quarters preceding the birth of the individual. An individual is credited with all of the qualifying quarters worked by their spouse during their marriage. To be credited with quarters from a spouse, the couple must still be married, or the spouse must be deceased.¶
(iii) A lawful permanent resident who would meet the noncitizen status requirements, except for a determination by the Social Security Administration (SSA) that the individual has fewer than 40 quarters of coverage, may be provisionally certified for SNAP program benefits while SSA investigates the number of quarters creditable to the individual. An individual provisionally certified under this subsection who is found by SSA, in its final administrative decision after investigation, not to have 40 qualifying quarters, is not eligible for SNAP program benefits received while provisionally certified. The provisional certification is effective according to the rule on effective dates for opening benefits, OAR 461-180-0080. The provisional certification cannot run more than six months from the date of original determination by SSA that the individual does not have sufficient quarters.¶
(F) The individual has one of the following military connections:¶
(i) A veteran of the United States Armed Forces who was honorably discharged for reasons other than noncitizen status and who fulfilled the minimum active-duty service requirements described in 38 U.S.C. 5303A(d).¶
(ii) A member of the United States Armed Forces on active duty (other than active duty for training).¶
(iii) The spouse or unmarried dependent child of an individual described in (~~6~~4)(f)(F)(i) or (~~6~~4)(f)(F)(ii) of this rule, including the spouse of a deceased veteran, provided the marriage fulfilled the requirements of 38 U.S.C. 1304, and the spouse has not remarried. For purposes of this subparagraph, a dependent child means the legally adopted or biological child of an individual described in (~~6~~4)(f)(F)(i) or (~~6~~4)(f)(F)(ii) of this rule who is under the age of 18 or, if a full-time student, under the age of 22; or such unmarried dependent child of a deceased veteran provided such child was dependent upon the veteran at the time of the veteran's death; or an unmarried disabled child age 18 or older if the child was disabled and dependent on the veteran prior to the child's 18th birthday.¶
(g) A Lawful Permanent Resident (LPR) as defined by section 101(a)(20) of the INA who previously held an immigration status identified in this subsection:¶
(A) American Indian born in Canada who possesses at least 50 per centum of blood of the American Indian race to whom the provisions of section 289 of the Immigration and Nationality Act (INA) (8 U.S.C. 1359) apply.¶
(B) A member of an Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(e)) which is recognized as eligible for the special programs and services provided by the U.S. to Indians because of their status as Indians.¶
(C) A member of a Hmong or Highland Laotian Tribe at the time that the Tribe rendered assistance to United States personnel by taking part in a military or rescue operation during the Vietnam era (as defined in 38 U.S.C. 101) and is a noncitizen who is lawfully residing in the United States. This category includes the spouse (or un-remarried surviving spouse) or unmarried dependent children of these individuals.¶
(D) Admitted to the United States as a refugee under section 207 of the INA (8 U.S.C. 1157).¶
(E) Deportation being withheld under section 243(h) of the INA (8 U.S.C. 1253(h)) (as in effect immediately before April 1, 1997) or section 241(b)(3) of the INA (8 U.S.C. 1231(b)(3)) (as amended by section 305(a) of division C of the Omnibus Consolidated Appropriations Act of 1997, Pub. L. No. 104-208, 110 Stat. 3009-597 (1996)).¶
(F) Granted Asylum under section 208 of the INA (8 U.S.C. 1158).¶
(G) Citizen or National of Afghanistan paroled into the United States from July 31, 2021, through September 30, 2023¶
(H) Citizen or National of Ukraine paroled into the United States from February 24, 2022, through September 30, 2024.¶
(I) "Victim of a severe form of trafficking in persons" certified under the Victims of Trafficking and Violence Protection Act of 2000 (22 U.S.C. 7101 to 7112).¶
(J) An immigration status described in subsections (~~6~~4)(b) through (~~6~~4)(d) of this rule¶
(~~7~~5) SNAP eligibility provisions in section (~~6~~4) of this rule implement section 10108 of Pub. L. 119-21, 139 Stat. 72 (2025) and is applied to existing SNAP cases as follows:¶
(a) For a benefit group (see OAR 461-110-0750) whose SNAP eligibility is based on an application with a filing date (see OAR 461-115-0040) of July 4, 2025, or after, the Department shall redetermine SNAP eligibility to apply the provisions of this rule.¶
(b) For a benefit group whose SNAP eligibility is based on an application with a filing date before July 4, 2025, the Department shall apply the provisions of this rule when SNAP eligibility is redetermined for any reason. ¶
(~~8~~6) See former OAR 461-135-0665 for SNAP eligibility provisions and effective dates that implement Pub. L. 119-21, 139 Stat. 72 (2025) in this rule for the time period October 1, 2025, through March 18, 2026.

Statutory/Other Authority: 409.050, 411.060, 411.404, 411.704, 411.706, 411.816, 412.014, 412.049, 413.085, 414.231, 414.619
Statutes/Other Implemented: 411.060, 411.404, 411.704, 411.706, 411.816, 412.014, 412.049, 414.231, 409.010, 411.070, 414.025, H.R. 133, 116th Cong. (2019-2020), Public Law 117-43, H.R. 7691, 117th Cong. (2021-2022), 45 CFR 400, H.R. 8035 - 118th Congress (2022-2023), Pub. L. No. 119-21 (2025)

AMEND: 461-135-0010

RULE SUMMARY: OAR 461-135-0010 is being amended to require noncitizens who receive Supplemental Security Income (SSI) to meet citizenship and noncitizen requirements. Public Law 119-21 (2025) does not change the noncitizen eligibility for SSI, so those receiving SSI may not meet the non-citizen eligibility for Medicaid.

CHANGES TO RULE:

461-135-0010
Assumed, Continuous, and Protected Eligibility; Medicare Savings Programs, OSIPM ¶

(1) This rule sets out when medical program eligibility (see OAR 461-001-0000) of an individual is assumed, continuous, or protected. An individual may be granted any combination of assumed, continuous, or protected eligibility at the same time.¶
(2) Assumed eligibility. Assumed eligibility means an individual is assumed eligible for certain medical programs because the individual receives or is deemed to receive benefits of another program.¶
(a) ~~An individual described in paragraphs (A) or (B) of this subsection who meets the r~~To be assumed eligible for a medical program, an individual must meet:¶
(A) Residency requirements in OAR 461-120-0010~~, the~~;¶
(B) Child Support Program cooperation requirements in section (1) of OAR 461-120-0345~~, and the m~~;¶
(C) Medical assignment requirements in OAR 461-120-0315~~,~~; and¶
(D) Citizenship requirements in OAR 461-120-0110 or noncitizen status requirements in OAR 461-120-0112.¶
(b) An individual described in paragraphs (A) or (B) of this subsection who meets the requirements in subsection subsection (2)(a) of this rule is assumed eligible for Oregon Supplemental Income Program Medical (OSIPM).¶
(A) A recipient of Supplemental Security Income (SSI) benefits.¶
(B) An individual deemed eligible for SSI under Sections 1619(a) or (b) of the Social Security Act (42 U.S.C. 1382h(a) or (b), which cover individuals with disabilities whose impairments have not changed but who have become gainfully employed and have continuing need for OSIPM.¶
(~~b~~c) An individual who receives benefits under both Part A of Medicare and SSI and who meets the requirements in subsection (2)(a) of this rule is assumed eligible for the Qualified Medicare Beneficiary (QMB) program~~ unless the individual does not meet the residency requirements in OAR 461-120-0010, the requirements in section (1) of OAR 461-120-0345, and the medical assignment requirements in OAR 461-120-0315~~.¶
(3) Continuous eligibility. The provisions in this section are effective July 1, 2023. Continuous eligibility (CE) means a period during which medical benefits are not reduced or closed, except for as provided in paragraphs (c)(F) and (c)(G) of this section. The period during which medical benefits are not reduced or closed is called a CE period. Eligibility for a CE period and exceptions to CE are covered in this section.¶
(a) Children under 6 years are granted a CE period beginning the first day of the month of the medical benefit effective date (see OARs 461-180-0090, 461-180-0100, and 461-180-0085) and ending on the last day of the month the child turns 6 years or 24 months from the CE period beginning date, whichever is later, when one of the following is met:¶
(A) Medical benefits with a date of request (see OAR 461-115-0030) of July 1, 2023, or later are approved for an initial month, a renewal, or a redetermination; and there is no outstanding request for information.¶
(B) Medical benefits with a date of request of April 1, 2023, or later were approved for an initial month, a renewal, or a redetermination; there is no outstanding request for information; and the medical benefits are ongoing on July 1, 2023.¶
(b) Individuals 6 years or older are granted a 24-month CE period beginning the first day of the month of the medical benefit effective date (see OARs 461-180-0090, 461-180-0100, and 461-180-0085) when one of the following is met:¶
(A) Medical benefits with a date of request of July 1, 2023, or later are approved for an initial month, a renewal, or a redetermination; and there is no outstanding request for information.¶
(B) Medical benefits with a date of request of April 1, 2023, or later were approved for an initial month, a renewal, or a redetermination; there is no outstanding request for information; and the medical benefits are ongoing on July 1, 2023.¶
(c) CE special situations and exceptions. Notwithstanding other provisions of this rule section --¶
(A) Prior to July 1, 2023, there is no CE for Medicare Savings Programs (see OAR 461-001-0000).¶
(B) There is no CE for individuals receiving OSIPM-Acute Care (see OARs 461-101-0010 and 461-135-0745) or OSIPM under OAR 461-135-0750.¶

(C) Prior to April 1, 2023, in the OSIPM program, individuals 18 years or younger are eligible for a CE period as provided under previous OAR 461-135-0010 on the date medical program eligibility was determined.¶
(D) For individuals 19 years or older:¶
(i) There is no CE for medical eligibility determined from a date of request (see OAR 461-115-0030) before April 1, 2023.¶
(ii) There is no CE when medical benefit redetermination or renewal -¶
(I) Is based on a date of request on or after April 1, 2023; and¶
(II) Results in a medical benefit approval, but the approval is only to allow the individual the required 60-day advance notice of closure or reduction required under OAR 461-135-0880.¶
(iii) There is no CE for medical benefits restored solely due to the October 11, 2023, Oregon Eligibility Partnership transmittal OEP-AR-23-054 as the administrative restoration was not a result of a determination of financial and non-financial medical program eligibility.¶
(E) When an individual is eligible for retroactive medical benefits (see OAR 461-180-0140), the CE period does not begin on the date of retroactive eligibility. For example, if an applicant with a November 28 date of request is eligible for initial month benefits, as well as retroactive medical for the month of September, the CE period begin date is November 1.¶
(F) When an individual becomes a resident of a public institution (see OAR 461-135-0950), the Department shall suspend medical benefits as required under rule, and the CE period remains unchanged.¶
(G) When any of subparagraphs (i) through (v) occur, medical benefits shall be closed as required under rule and the CE period is lost. The CE period may only be restored under paragraph (H) of this subsection.¶
(i) The individual is no longer an Oregon resident.¶
(ii) The death of the individual.¶
(iii) The individual or someone authorized to act on their behalf voluntarily closes medical benefits.¶
(iv) Benefits were approved in error at the most recent determination or renewal of eligibility because of administrative error, or because of fraud, abuse, or perjury attributed to the individual or someone authorized to act on their behalf.¶
(v) In the Medicare Savings Programs, the individual becomes disenrolled in Medicare Part A.¶
(H) The CE period is restored when all of the following happen:¶
(i) The reason the individual's CE ended no longer exists.¶
(ii) The individual establishes a date of request for medical benefits on or before the last day of the month following the month the medical program closed.¶
(iii) The individual is not eligible for medical benefits based on the new application.¶
(d) Department administration of CE. In the OSIPM programs, the Department may change the medical program of the individual as long as the benefit package is not reduced.¶
(A) When an individual no longer meets the OSIPM program financial requirements, but still meets non-financial requirements, the individual shall be eligible for the OSIPM program with the uppermost income limit for which they meet non-financial requirements.¶
(B) When both of the following are true, an individual shall receive medical benefits through the Parent or Caretaker Relative program (see OAR 410-200-0420):¶
(i) The individual no longer meet the OSIPM basis of need (see OAR 461-120-0310), and¶
(ii) The individual does not meet the non-financial eligibility requirements for HSD Medical Programs of the same or better benefit.¶
(4) Protected eligibility. Protected eligibility means an individual determined eligible for an Oregon Health Plan (OHP) Plus benefit shall have that eligibility protected, despite changes in circumstance that would otherwise close or reduce benefits. Protected eligibility and exceptions to protected eligibility are covered in this section.¶
(a) ~~In the OSIPM programs, a~~An individual who is eligible for and receiving OSIPM for any portion of their pregnancy is entitled to protected eligibility for the duration of the pregnancy and the postpartum eligibility period.¶
(b) The postpartum eligibility period is 12 calendar months following the month in which the pregnancy ends.¶
(c) Benefits may not be closed or reduced during a period of protected eligibility unless one of the following occurs:¶
(A) The individual is no longer an Oregon resident.¶
(B) The death of the individual.¶
(C) The individual or someone authorized to act on their behalf voluntarily closes medical benefits.¶
(D) Benefits were approved in error at the most recent determination or renewal of eligibility because of administrative error, or because of fraud, abuse, or perjury attributed to the individual or someone authorized to act on their behalf.
Statutory/Other Authority: ORS 409.050, ORS 411.060, 411.070, 411.404, 413.085, 414.685, 42 CFR 435.926
Statutes/Other Implemented: ORS 411.060, 411.070, 411.404, ORS 409.010, 42 CFR 435.926, 42 CFR 435.120,

42 CFR 435.123, 42 CFR 435.170, American Rescue Plan Act of 2021 (PL 117-2), Consolidated Appropriations Act, 2023 (H.R. 2617), Pub. L. No. 119-21 (2025)

AMEND: 461-135-1080

RULE SUMMARY: OAR 461-135-1080 is being amended to remove the section that describes how individuals will be transitioned into the Healthier Oregon Program. All individuals who were eligible for Healthier Oregon as described in this rule section have been transitioned to the program.

CHANGES TO RULE:

461-135-1080
Specific Requirements; OSIPM-Healthier Oregon
(1) To be eligible for benefits under Oregon Supplemental Income Program Medical (OSIPM)-Healthier Oregon, an individual must meet all financial and non-financial eligibility (see OAR 461-001-0000) requirements for OSIPM programs except citizenship and noncitizen status requirements (see OAR 461-120-0110).¶
(2) Healthier Oregon provides a medical assistance benefit package equal to the Oregon Health Plan Plus benefit package (see OAR 410-120-1210).¶
~~(3) Individuals ages 26 through 54 who would continue to be eligible for Citizenship Waived Medical after June 30, 2023, if not for the expansion of Healthier Oregon, shall be automatically transitioned to Healthier Oregon effective July 1, 2023. Due to ORS 414.231, Citizenship Waived Medical ended on June 30, 2023.~~
Statutory/Other Authority: ORS 409.050, 411.404, 414.231
Statutes/Other Implemented: ORS 411.060, 411.404, 414.231

AMEND: 461-140-0040

RULE SUMMARY: OAR 461-140-0040 is being amended to clarify that income exclusions established elsewhere in chapter 461 rules apply when determining the amount of income considered available.

CHANGES TO RULE:

461-140-0040
Determining Availability of Income ¶

(1) This rule describes the date income is considered available, what amount of income is considered available, and situations in which income is considered unavailable.¶
(2) Income is considered available the date it is received or the date a member of the financial group (see OAR 461-110-0530) has a legal right to the payment and the legal ability to make it available, whichever is earlier, except as follows:¶
(a) Income usually paid monthly or on some other regular payment schedule is considered available on the regular payment date if the date of payment is changed because of a holiday or weekend.¶
(b) Income withheld or diverted at the request of an individual is considered available on the date the income would have been paid without the withholding or diversion.¶
(c) An advance or draw of earned income is considered available on the date it is received.¶
(d) Income that is averaged, annualized, converted, or prorated is considered available throughout the period for which the calculation applies.¶
(e) A payment due to a member of the financial group, but paid to a third party for a household expense, is considered available when the third party receives the payment.¶
(f) In prospective budgeting, income is considered available in the month the income is expected to be received (see OAR 461-150-0020).¶
(g) For Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM), except for self-employment (see OAR 461-145-0915), wages that are earned in one period of time but paid in another are considered available when they are received, such as a teacher who works for nine months but is paid over twelve.¶
(3) The following income is considered available even if not received:¶
(a) Deemed income.¶
(b) In the Refugee Assistance (REF), Refugee Assistance Medical (REFM), and Temporary Assistance for Needy Families (TANF) programs, the portion of a payment from an assistance program, such as public assistance, unemployment compensation, or Social Security, withheld to repay an overpayment.¶
(c) For Medicare Savings Programs and OSIPM, the portion of a payment from an assistance program (such as public assistance, unemployment compensation, or Social Security) withheld to repay an overpayment of the same source:¶
(A) If withheld prior to July 1, 2014.¶
(B) If withheld on or after July 1, 2014 and:¶
(i) No member of the financial group was receiving Medicare Savings Programs or OSIPM during the period the benefit was overpaid; or¶
(ii) The withheld amount is not excluded under paragraph (5)(e)(A) of this rule.¶
(d) In the Supplemental Nutrition Assistance Program (SNAP), the portion of a payment from the TANF program counted as disqualifying income under OAR 461-145-0105.¶
(4) ~~T~~Unless exclusions under another rule in chapter 461 apply, the amount of income considered available is the gross before deductions, such as garnishments, taxes, or other payroll deductions including flexible spending accounts.¶
(5) The following income is not considered available:¶
(a) Wages withheld by an employer in violation of the law.¶
(b) Income received by another individual who does not pay the benefit applicant or recipient their share.¶
(c) Income received by a member of the financial group after the individual has left the household.¶
(d) Moneys withheld from or returned to the source of the income to repay an overpayment from that source unless the repayment is countable (see OAR 461-001-0000):¶
(A) In the SNAP program, under OAR 461-145-0105.¶
(B) In the REF, REFM, and TANF programs, under subsection (3)(b) of this rule.¶
(e) For Medicare Savings Programs and OSIPM:¶
(A) The portion of a payment from an assistance program, such as public assistance, unemployment compensation, or Social Security withheld on or after July 1, 2014 to repay an overpayment from the same source if at least one

member of the financial group was receiving Medicare Savings Programs or OSIPM during the period the benefit was overpaid. The amount considered unavailable cannot exceed the amount of the overpaid benefit previously counted in determining eligibility (see OAR 461-001-0000) for Medicare Savings Programs or OSIPM.¶
(B) Monies withheld from or returned to a source of income, when the source is not an assistance program, to repay an overpayment of the same source.¶
(C) Unearned income not received because a payment was reduced to cover expenses incurred by a member of the financial group to secure the payment. (For example, if a retroactive check is received from a benefit program other than Supplemental Security Income (SSI), legal fees connected with the claim are subtracted to determine available income. Or, if payment is received for damages received as a result of an accident the amount of legal, medical, or other expenses incurred by a member of the financial group to secure the payment are subtracted to determine available income.)¶
(D) For an individual determined eligible for community-based care (see OAR 461-155-0630) or nursing facility services:¶
(i) Income that cannot be accessed due to incapacity shall be considered unavailable for up to three months while a legal or financial representative is being established, if necessary to secure placement. ¶
(ii) Unavailability may be extended past the initial three months if additional time is needed to establish a legal or financial representative.¶
(iii) Unavailability of income under this paragraph is subject to approval by the APD Medicaid Financial Eligibility policy unit at initial request and for any extension.¶
(f) For an individual who is not self-employed, income required to be expended on an ongoing, monthly basis on an expense necessary to produce the income, such as supplies or rental of work space.¶
(g) Income received by the financial group but intended and used for the care of an individual not in the financial group as follows:¶
(A) If the income is intended both for an individual in the financial group and an individual not in the financial group, the portion of the income intended for the care of the individual not in the financial group is considered unavailable.¶
(B) If the income is intended only for an individual not in the financial group, the portion of the income used for the care of the individual not in the financial group is considered unavailable.¶
(C) If the income is intended both for an individual in the financial group and an individual not in the financial group and the portion intended for the care of the individual not in the financial group cannot readily be identified, the income is prorated evenly among the individuals for whom the income is intended. The prorated share intended for the care of the individual not in the financial group is then considered unavailable.¶
(h) In the REF, REFM, SNAP, and TANF programs, income controlled by the individual's abuser if the individual is a survivor of domestic violence (see OAR 461-001-0000), the individual's abuser controls the income and will not make the money available to the filing group (see OAR 461-110-0310), and the abuser is not in the individual's filing group.¶
(6) The availability of lump-sum income (see OAR 461-001-0000) is covered in OAR 461-140-0120.
Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.816, 412.049, 413.085, 414.619
Statutes/Other Implemented: ORS 409.050, 411.060, 411.070, 411.404, 411.816, 412.049, 413.085, 414.619, ORS 409.010, 411.706, 414.117, 412.072

AMEND: 461-140-0296

RULE SUMMARY: OAR 461-140-0296 is being amended to update the dollar amount (divisor) used when calculating the length of disqualification for individuals requesting or receiving nursing facility services or home and community-based care who have made a disqualifying transfer. The new divisor takes in consideration cost of living adjustment (COLA) changes. This permanent amendment keeps Oregon aligned with current federal guidance as described in federal statute 42 USC Chapter7 Subchapter XIX Sec 1396p(c)(E)(i)(II).

CHANGES TO RULE:

461-140-0296
Length of Disqualification Due to an Asset Transfer; Nursing Facility Services or Home and Community-Based Care ¶

(1) This rule applies to individuals applying for or receiving Department-paid nursing facility services or home and community-based care (see OAR 461-001-0030).¶
(2) An individual who completes a disqualifying transfer of an asset in accordance with OARs 461-140-0210, 461-140-0220, 461-140-0242, and 461-140-0250 is disqualified from receiving Department-paid nursing facility services or home and community-based care. The length of a disqualification period resulting from the transfer is the number of months equal to the uncompensated value (see OAR 461-140-0250) for the transfer divided by the following dollar amount:¶
(a) If the initial month (see OAR 461-001-0000) is prior to October 1, 1998-$2,595.¶
(b) If the initial month is on or after October 1, 1998 and prior to October 1, 2000-$3,320.¶
(c) If the initial month is on or after October 1, 2000 and prior to October 1, 2002-$3,750.¶
(d) If the initial month is on or after October 1, 2002 and prior to October 1, 2004-$4,300.¶
(e) If the initial month is on or after October 1, 2004 and prior to October 1, 2006-$4,700.¶
(f) If the initial month is on or after October 1, 2006 and prior to October 1, 2008-$5,360.¶
(g) If the initial month is on or after October 1, 2008 and prior to October 1, 2010-$6,494.¶
(h) If the initial month is on or after October 1, 2010 and prior to October 1, 2016-$7,663.¶
(i) If the initial month is on or after October 1, 2016 and prior to October 1, 2018--$8,425.¶
(j) If the initial month is on or after October 1, 2018 and prior to October 1, 2020 ---$8,784.¶
(k) If the initial month is on or after October 1, 2020 and prior to October 1, 2022---$9,551.¶
(l) If the initial month is on or after October 1, 2022 and prior to October 1, 2024--- $10,342.¶
(m) If the initial month is on or after October 1, 2024~~--- $14,585~~ and prior to October 1, 2026--- $14,585.¶
(n) If the initial month is on or after October 1, 2026--- $16,760.¶
(3) For transfers by an individual and the spouse (see OAR 461-001-0000) of an individual:¶
(a) If there are multiple transfers by the individual and the spouse of the individual, including any transfer less than the applicable dollar amount identified in subsections (2)(a) to (2)(m) of this rule, the value of all transfers are added together before dividing by the applicable dollar amount identified in subsections (2)(a) to (2)(m) of this rule.¶
(b) The quotient resulting from the calculation in section (2) of this rule is not rounded. The whole number of the quotient is the number of full months the financial group is disqualified. This number might be zero full months. The remaining decimal or fraction of the quotient is used to calculate a partial month disqualification, which may be in addition to one or more full months. This remaining decimal or fraction is converted to a number of days by multiplying the decimal or fraction by the number of days in the month following the last full month of the disqualification period, if any. If this calculation results in a fraction of a day, the fraction of a day is rounded down.¶
(c) The date the disqualification begins is:¶
(A) For an individual who either transfers an asset while they are already receiving Department-paid nursing facility services or home and community-based care, or transfers an asset on or after the date that is 60 months prior to the date of request (see OAR 461-115-0030) but fails to report the transfer at initial application, the first of the month following the date the Department learns the asset was transferred and the timely continuing benefit decision notice period ends (see OAR 461-175-0050), except that if disqualification periods calculated in accordance with this rule overlap, the periods are applied sequentially so that no two penalty periods overlap.¶
(B) For an individual who transfers an asset prior to submitting an application for services and being determined eligible who reports the transfer at application, the date of request for nursing facility services or home and community-based care as long as the applicant or individual would otherwise be eligible but for this disqualification period. If the applicant or individual is not otherwise eligible on the date of request, the disqualification begins the first date following the date of request that the applicant or individual would be otherwise eligible but for the disqualification period.¶

(d) If both spouses of a couple are applying for or receiving Department-paid nursing facility services or home and community-based care, part of the disqualification is apportioned to each of them. If one member of the couple is serving a disqualification when the other member of the couple applies for or starts receiving Department-paid nursing facility services or home and community-based care, any remaining disqualification is apportioned equally to each member of the couple. If one spouse is unable to serve the resulting disqualification period for any reason, the remaining disqualification applicable to both spouses must be served by the remaining spouse.¶
(4) If an asset is owned by more than one person, by joint tenancy, tenancy in common, or similar arrangement, the share of the asset owned by the individual is considered transferred when any action is taken either by the individual or any other person that reduces or eliminates the individual's control or ownership in the individual's share of the asset.¶
(5) For an annuity that is a disqualifying transfer under section (11) of OAR 461-145-0022, the disqualification period is calculated based on the uncompensated value as calculated under OAR 461-140-0250, unless the only requirement that is not met is that the annuity pays beyond the actuarial life expectancy of the annuitant. If the annuity pays beyond the actuarial life expectancy of the annuitant, the disqualification is calculated according to section (6) of this rule.¶
(6) If there is a potential disqualifying transfer under section (11) of OAR 461-145-0022, and the only requirement that is not met is that the annuity pays benefits beyond the actuarial life expectancy of the annuitant, as determined by the Period Life Table of the Office of the Chief Actuary of the Social Security Administration, a disqualification period is assessed for the value of the annuity beyond the actuarial life expectancy of the annuitant.¶
(7) Effective January 1, 2023, the Department ends the disqualifications previously established under this rule based on an income cap trust.
Statutory/Other Authority: ORS 413.085, 414.685, ORS 409.050, 411.060, 411.704, 411.706
Statutes/Other Implemented: 42 USC 1396p, ORS 409.010, 411.060, 411.704, 411.706

AMEND: 461-145-0120

RULE SUMMARY: OAR 461-145-0120 is being amended to clarify that flexible spending account funds are not considered earned income for the Medicare Savings Programs and Oregon Supplemental Income Program Medical. This change matches current Department practice as well as federal policy.

CHANGES TO RULE:

461-145-0120
Earned Income; Defined ¶

Earned income is income received in exchange for an individual's physical or mental labor. Earned income includes all of the following:¶
(1) Compensation for services performed, including wages, salaries, commissions, tips, sick leave, vacation pay, draws, or the sale of blood or plasma.¶
(2) Income from on-the-job-training, paid job experience, JOBS Plus work experience, or Welfare-to-Work work experience.¶
(3) In-kind income, when an individual is an employee of the person providing the in-kind income and the income is in exchange for work performed by the individual, or when received as compensation from self-employment.¶
(4) For self-employment, gross receipts and sales, including mileage reimbursements, before costs.¶
(5) In:¶
(a) The Supplemental Nutrition Assistance Program (SNAP), cafeteria plan (see OAR 461-001-0000) benefits, and funds placed in a flexible spending account.¶
(b) ~~All programs except the~~The Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM), cafeteria plan benefits that an employee takes as cash. Funds placed in a flexible spending account are treated in accordance with OAR 461-145-0528.¶
(c) All programs except the Medicare Savings Programs, OSIPM, and SNAP program, cafeteria plan benefits that an employee takes as cash, and funds placed in a flexible spending account.¶
(6) Income from work-study.¶
(7) Income from profit sharing that the individual receives monthly or periodically, except as provided in OAR 461-145-0089 for Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM).¶
(8) The fee for acting as an individual's representative payee, when that individual is not included in the filing group (see OAR 461-110-0310).¶
(9) In the SNAP program, expenditure by a business entity that substantially benefits a principal (see OAR 461-145-0088).¶
(10) The income a principal (see OAR 461-145-0089) earns working for a corporation, unless the individual can be considered self-employed under OAR 461-145-0910 or OAR 461-145-0915.¶
(11) For Medicare Savings Programs and OSIPM, a non-business expenditure - including, but not limited to, a personal car or housing payment - paid by an individual's corporation or business entity (see OAR 461-145-0089) that benefits the individual.
Statutory/Other Authority: ORS 329A.500, 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 412.049, 413.085, 414.685
Statutes/Other Implemented: ORS 329A.500, ORS 409.010, 411.060, 411.070, 411.404, 411.706, 411.816, 412.049, 413.085, 414.685, 414.839

ADOPT: 461-145-0528

RULE SUMMARY: OAR 461-145-0528 is being adopted to match existing Department practice and to align with applicable federal requirements regarding the treatment of tax-favored health plans in the Medicare Savings Programs and Oregon Supplemental Income Program Medical. The rule clarifies how funds held in tax-favored health plans are treated for purposes of determining financial eligibility.

CHANGES TO RULE:

461-145-0528
Tax-Favored Health Plans; Medicare Savings Programs and OSIPM
(1) As used in this rule:¶
(a) "Qualified medical expenses" means medical and dental expenses paid by the plan owner for the individual, spouse, or tax dependent to the extent amounts are not compensated by insurance or otherwise. Expenses are authorized by Internal Revenue Code 26 USC 213.¶
(b) "Tax-favored health plan" means a health account or arrangement designed to give individuals tax advantages to offset their health care costs and pay for qualified medical expenses (see subsection (1)(a) of this rule). The following are tax-favored health plans:¶
(A) "Flexible Spending Arrangement" or "Flexible Spending Account" or "FSA" means an employer-established benefit plan used to reimburse individuals for qualified medical expenses. Funding for FSAs is usually through an employee's voluntary wage reduction agreement with the employer. The employer may also contribute to the FSA. ¶
(B) "Health Reimbursement Arrangement" or "Health Reimbursement Account" or "HRA" means an employer-established benefit plan used to reimburse individuals for qualified medical expenses. HRAs are funded solely by the employer. An HRA can be a Group Health Plan HRA, Qualified Small Employer HRA, or Individual Coverage HRA.¶
(i) Group Health Plan HRA is offered by the employer or a union and paired with a group health plan.¶
(ii) Qualified Small Employer HRA is offered by small employers and paired with minimum essential coverage.¶
(iii) Individual Coverage HRA is purchased by an individual or family and paired with individual coverage.¶
(C) "Health Savings Account" or "HSA" means a tax-exempt trust or custodial account with a U.S. financial institution (see OAR 461-001- 0000) into which an individual or their employer deposit money that may be used to pay for qualified medical expenses. The trustee or custodian may be a bank, insurance company, or anyone approved by the IRS to be a trustee of Individual Retirement Arrangements (IRAs) or Archer MSAs. ¶
(D) "Medical Savings Account" or "MSA" means a tax-exempt trust or custodial account with a U.S. financial institution (see OAR 461-001- 0000) into which an individual or their employer deposit money that may be used to pay for qualified medical expenses. The trustee or custodian may be a bank, insurance company, or anyone approved by the IRS to be a trustee of Individual Retirement Arrangements (IRAs) or Archer MSAs. ¶
(E) "Archer Medical Savings Account" or "Archer MSA" is a type of MSA for the sole use of qualified medical expenses. "Medicare Advantage MSA" is an Archer MSA in which the Medicare program deposits money for the sole use of qualified medical expenses of an individual enrolled in Medicare and who has a high-deductible health plan that meets Medicare guidelines.¶
(2) For the Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM), contributions to a tax-favored health plan (see subsection (1)(b) of this rule) are treated as follows:¶
(a) Contributions made by the employer towards an HRA (see paragraph (1)(b)(B) of this rule) or FSA (see paragraph (1)(b)(A) of this rule) plan are pre-tax to the individual and are:¶
(A) Excluded as income.¶
(B) Excluded as a resource for the OSIPM and the Qualified Disabled and Working Individual (QDWI) program. This includes the accumulated balance of the account.¶
(b) Contributions made by the employer towards an HSA (see paragraph (1)(b)(C) of this rule) or MSA (see paragraph (1)(b)(D) of this rule) plan are pre-tax to the individual and:¶
(A) Are excluded as income.¶
(B) For OSIPM and QDWI:¶
(i) If the funds can be used for anything other than qualified medical, the equity value of an HSA or MSA is a countable resource. For purposes of this rule, the equity value is the amount available for withdrawal, minus early withdrawal penalties. Tax penalties may not be used to reduce the equity value.¶
(ii) An HSA or MSA that can only be used for qualified medical expenses is excluded as a resource. This includes the accumulated balance of the account.¶

(c) Contributions made by either the employed individual or another individual that is not the employer, towards an HSA or MSA plan are included in their wages and counted as earned income (see OAR 461-145-0130). These contributions are post-tax.¶
(3) For the Medicare Savings Programs and OSIPM, distributions from a tax-favored health plan are treated as follows:¶
(a) Distributions from an HSA, or MSA plan are:¶
(A) Excluded as income.¶
(B) Excluded as a resource for OSIPM and QDWI program if the distributions can only be used for qualified medical expenses.¶
(C) Considered conversion or sale of a resource (see OAR 461-145-0460) for OSIPM and QDWI if the distributions can be used for anything other than qualified medical expenses.¶
(b) Distributions from an FSA or HRA plan are:¶
(A) Excluded as income.¶
(B) Excluded as a resource for OSIPM and QDWI.
Statutory/Other Authority: ORS 409.050, 411.060, 411.404
Statutes/Other Implemented: ORS 409.050, 411.060, 411.404, 411.700

AMEND: 461-175-0050

RULE SUMMARY: OAR 461-175-0050 is being amended to restore the timely notice period for long-term care services to at least 10 days. This does not apply to services provided under the Program for All-Inclusive Care for the Elderly (PACE).

CHANGES TO RULE:

461-175-0050
Notice Period ¶

The notice period is used to determine the effective date for taking action when a decision notice (see OAR 461-001-0000) is sent to the filing group (see OAR 461-110-0310):¶
(1) For a basic decision notice (see OAR 461-001-0000), the notice period is the month in which the notice is mailed.¶
(2) For a continuing benefit decision notice (see OAR 461-001-0000), the notice period is the budget month from which information is used to initiate the decision notice.¶
(3) For a timely continuing benefit decision notice (see OAR 461-001-0000), the notice period is the month in which the mailing requirement ends.¶
(4) Except as provided under section~~s~~ (5) of this rule, the timely continuing benefit decision notice mailing requirement is:¶
(a) No later than the first business day following the 15th day of the month:¶
(A) For cases maintained in the ONE system.¶
(B) For General Assistance (GA), Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM).¶
(~~C) For~~b) At least fifteen calendar days for individuals in the Address Confidentiality Program (see OAR 461-001-0000) whose cases are maintained in the ODHS mainframe system.¶
(c) At least ten calendar days for the following:¶
(A) All other cases maintained in the ODHS mainframe system.¶
(B) State Plan Personal Care Services provided under OAR division 411-034.¶
(~~D) For~~C) Nursing Facility or Medicaid Home and Community-Based Services received for individuals determined eligible under OAR division 411-015.¶
(~~b~~D) ~~At least fifteen calendar days for individuals in the Address Confidentiality Program (see OAR 461-001-0000) whose cases are maintained in the ODHS mainframe system.¶~~
~~(c) At least ten calendar days for all other cases maintained in the ODHS mainframe system~~Oregon Project Independence Medicaid services provided under OAR division 411-016.¶
(d) At least 30 calendar days for services provided under the Program of All-Inclusive Care for the Elderly (PACE) under OAR division 411-045. ¶
(5) In all programs except the Supplemental Nutrition Assistance Program (SNAP):¶
(a) If the basis for a decision to reduce, suspend, or close a grant of public assistance or medical assistance 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 (see OAR 461-001-0000) 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.¶
(b) 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.
Statutory/Other Authority: ORS 411.730, 411.816, 412.049, ORS 411.060, 409.050, 411.404, 412.014, 412.049
Statutes/Other Implemented: ORS 411.060, 411.730, 411.816, 412.049, 411.404, 412.014, 412.049, 192.856, 409.010, 411.095

AMEND: 461-180-0040

RULE SUMMARY: OAR 461-180-0040 is being amended to specify that different effective dates apply for adverse action on services depending on the care setting and the reason for the closure.

CHANGES TO RULE:

461-180-0040
Effective Dates; Special and Service Needs ¶

(1) The effective date for a special need payment is the later of the following:¶
(a) The date of request (see OAR 461-115-0030) for the special need item; or¶
(b) The effective date for O~~SIPM~~regon Supplemental Income Program Medical (OSIPM).¶
(2) The effective date for in-home services (see OAR 411-030-0020) and independent choices program (ICP) benefits (see OAR 411-030-0020) is determined as follows:¶
(a) For individuals currently receiving Medicaid Oregon Health Plan (OHP) Plus benefits, the effective date is the later of the following:¶
(A) The date of request for in-home services or ICP.¶
(B) The date the individual meets all eligibility requirements for in-home services or ICP in accordance with OAR 411-030-0040.¶
(C) The expiration date of a disqualification period resulting from a transfer of assets (see OAR 461-140-0296).¶
(b) For individuals not already receiving Medicaid OHP Plus benefits, the effective date is the later of the following:¶
(A) The effective date of the Medicaid OHP Plus benefit package (see OAR 411-015-0015).¶
(B) The date of the initial assessment.¶
(C) The date the individual meets all eligibility requirements for in-home services or ICP in accordance with OAR 411-030-0040.¶
(D) The expiration date of a disqualification period resulting from a transfer of assets (see OAR 461-140-0296).¶
(3) The effective date for Title XIX services in a licensed community-based setting or Medicaid-certified nursing facility is the later of the following:¶
(a) The date of request for services.¶
(b) The date the individual begins residing in the community-based setting or nursing facility.¶
(c) The effective date of the Medicaid OHP Plus benefit package (see OAR 411-015-0015).¶
(d) The expiration date of a disqualification period resulting from a transfer of assets (see OAR 461-140-0296).¶
(4) The effective date for a ~~reduction or termination in services is the later of~~termination of services when the individual no longer meets level of care requirements as set forth in OAR division 411-015 is as follows:¶
(a) The end of the earliest homecare worker pay period that allows for timely notice under OAR 461-175-0050 for the following service types:¶
(A) Except for Independent Choices Program services, in-home services provided under OAR division 411-030.¶
(B) State Plan Personal Care Services provided under OAR division 411-034.¶
(C) Oregon Project Independence Medicaid services provided under OAR division 411-016.¶
(b) The end of the month subject to timely notice requirements under OAR 461-175-0050 for the following:¶
(~~a~~A) T~~he end of the timely continuing benefit decision notice (see OAR 461-001-0000) notice period under OAR 461-175-0050; and~~itle XIX services provided in a licensed community-based setting or Medicaid-certified nursing facility.¶
(B) Services provided under the Program of All-Inclusive Care for the Elderly (PACE) under OAR division 411-045.¶
(C) In-home services provided under the Independent Choices Program under OAR 411-030-0100.¶
(5) The effective date for closing all service types when the sole reason for closure is that the individual is no longer eligible for OHP is the effective date of the medical closure subject to timely notice requirements under OAR 461-175-0050.¶
(6) The effective date for closing services when a service recipient is disqualified for a transfer of assets (see OAR 461-140-0296) is the first day of the disqualification period subject to timely notice requirements under OAR 461-175-0050.¶
(7) The effective date for a reduction in the level of services is the following:¶
(a) The end of the earliest homecare worker pay period that allows for timely notice under OAR 461-175-0050 for the following service types:¶
(~~b~~A) ~~The termination date of a~~Except for Independent Choices Program services, in-home services provided under OAR division 411-030.¶

(B) State Plan Personal Care Services provided under OAR division 411-034.¶
(C) Oregon Project Independence Medicaid services provided under OAR division 411-016.¶
(b) The end of the month subject to timely notice requirements under OAR 461-175-0050 for home services plan~~r~~ovided under the Independent Choices Program under OAR 411-030-0100.¶
(~~5~~8) The effective date for a reduction or termination of an on-going special need is the end of the timely continuing benefit decision notice, notice period under OAR 461-175-0050.
Statutory/Other Authority: ORS 411.060, 409.050, 411.404, 413.085, 414.685
Statutes/Other Implemented: ORS 411.060, 409.010, 411.404