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CHAPTER 461

**DEPARTMENT OF HUMAN SERVICES
SELF-SUFFICIENCY PROGRAMS**

FILING CAPTION: Changes to Patient Liability and Medical Program Names

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CONTACT: Jennifer Lay
541-844-6136
jennifer.l.lay@odhs.oregon.gov

ODHS Self-Sufficiency Programs
500 Summer St. NE
Salem, OR 97301

Filed By:
Lay Jennifer
Rules Coordinator

RULES:

461-025-0315, 461-115-0050, 461-115-0071, 461-115-0610, 461-115-0704, 461-120-0510, 461-125-0830, 461-135-0708, 461-135-0730, 461-160-0610

AMEND: 461-025-0315

NOTICE FILED DATE: 01/22/2026

RULE SUMMARY: OAR 461-025-0315 is being amended to replace Qualified Medicare Beneficiaries (QMB) programs with the term "Medicare Savings Programs" to match federal terminology as well as the name all other states use. It is also being amended to remove Oregon Supplemental Income Program (OSIP) and to improve the clarity of the rule language.

CHANGES TO RULE:

461-025-0315
Expedited Hearings ¶

- (1) A claimant has the right to an expedited hearing in each of the following situations:¶
- (a) The Department denies or fails to issue a timely decision on claimant's request for:¶
 - (A) Emergency assistance (EA); or¶
 - (B) Temporary Assistance for Domestic Violence Survivors (TA-DVS) (see OAR 461-135-1235).¶
 - (b) The claimant contests the form or amount of a TA-DVS or an emergency assistance payment.¶
 - (c) The claimant has the right to a hearing over a reduction, suspension, or closure and disagrees with the Department's decision to deny the continuation of one or more of the following pending a requested hearing:¶
 - (A) Cash benefits.¶
 - (B) Supplemental Nutrition Assistance Program (SNAP) benefits.¶
 - (C) Medical benefits.¶
 - (D) Nursing Home services or home and community-based care (see OAR 461-001-0030) that have been reduced or closed as a result of a service re-assessment conducted in accordance with OAR Division 411-015.¶
 - (d) The claimant's request for expedited SNAP service or Disaster Supplemental Nutrition Assistance Program (DSNAP) is denied, or the claimant is aggrieved by an action of the Department that affects the expedited participation of the household in the SNAP program.¶
 - (e) In the JOBSob Opportunity and Basic Skills (JOBS) program, the Department denies an application for a

support service payment or a payment for a basic living expense authorized by OAR 461-190-0211, or the Department reduces or closes a support service payment authorized by 461-190-0211, or the Department does not issue a JOBS support service payment within the time frames required under 461-115-0190.¶

(f) ~~In the OSIP, OSIPM, and QMB programs~~ For Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM), when following the final order timeline in OAR 461-025-0375(1)(a) could jeopardize the individual's life, health, or ability to attain, maintain, or regain maximum function.¶

(2) Public assistance and medical assistance programs: An expedited hearing is a telephone hearing held within five working days of the Department's receipt of a properly submitted hearing request, unless the claimant requests more time. The claimant is entitled to reasonable notice of the hearing either through personal service, by overnight mail, or if the claimant agrees by electronic mail. The final order must be issued within three working days from the date the hearing closes.¶

(3) ~~Supplemental Nutrition Assistance Program~~ NAP: An expedited hearing is a telephone hearing held within five working days of the receipt of a verbal or written hearing request, unless the claimant requests more time. The claimant is entitled to reasonable notice of the hearing either through personal service, by overnight mail, or if the claimant agrees by electronic mail. Following the expedited hearing, a final order must be issued not later than the ninth working day after the hearing was requested.¶

(4) If the Office of Administrative Hearings grants a face-to-face hearing, the hearing may be postponed or continued as necessary to accommodate the claimant. However, the hearing must be held not later than 21 days following the receipt by the Department of the request for hearing if the claimant lives within 100 miles of Salem, Oregon, and not later than 35 days in all other cases.

Statutory/Other Authority: ORS 411.060, 411.095, 411.404, 411.816, 412.049, 409.050

Statutes/Other Implemented: 411.404, 411.816, 412.049, ORS 411.060, 411.095, 411.099, 411.103, 409.010, 42 CFR 431.224, 412.072

AMEND: 461-115-0050

NOTICE FILED DATE: 01/22/2026

RULE SUMMARY: OAR 461-115-0050 is being amended to replace Qualified Medicare Beneficiaries (QMB) programs with the term "Medicare Savings Programs" to match federal terminology as well as the name all other states use. It is also being amended to remove Oregon Supplemental Income Program (OSIP) and to improve the clarity of the rule language.

CHANGES TO RULE:

461-115-0050

When an Application Must Be Filed ¶

(1) An individual must file an application, or may amend a completed application, as a prerequisite to receiving benefits as follows:¶

(a) An individual may apply for the General Assistance (GA) program by completing an application for the ~~OSIPM~~ program.¶

(b) ~~An individual may apply for the~~ Oregon Supplemental Income Program Medical (OSIPM).¶

(b) An individual may apply for the Temporary Assistance for Domestic Violence Survivors (TA-DVS) program as provided in OAR 461-135-1200.¶

(c) In all programs except the TA-DVS program:¶

(A) Except as provided otherwise in this rule, to apply for program benefits, an individual must submit a complete application on a form approved by the Department.¶

(B) An application is complete if all of the following requirements are met:¶

(i) All information necessary to determine eligibility (see OAR 461-001-0000) and benefit amount is provided on the application for each individual in the filing group (see OAR 461-110-0310).¶

(ii) The applicant, even if an individual who is experiencing homelessness, provides a valid mailing address.¶

(iii) The application is signed by the individual, the authorized representative (see OAR 461-115-0090) of the individual, or another individual applying for benefits on behalf of the individual, and received by the Department.¶

(I) An individual required but unable to sign the application may sign with a mark, witnessed by another individual.¶

(II) An individual submitting an electronic application (see OAR 461-001-0000) must submit the application with an electronic signature.¶

(2) A new application is not required in the following situations:¶

(a) In the GA program, when an individual is receiving OSIPM on the date of request (see OAR 461-115-0030) for GA.¶

(b) In the ~~SNAP program~~ Supplemental Nutrition Assistance Program (SNAP), when a single application can be used both to determine an individual is ineligible in the month of application and to determine the individual is eligible the next month. This may be done when:¶

(A) Anticipated changes make the filing group (see OAR 461-110-0370) eligible the second month; or¶

(B) The filing group provides verification between 30 and 60 days following the filing date (see OAR 461-115-0040), under OAR 461-180-0080.¶

(c) In all programs except the ~~SNAP program~~ SNAP, when a single application can be used both to determine an individual is ineligible on the filing date (see OAR 461-115-0040) or the date of request as applicable to the term used by the program, and to determine the individual is eligible when anticipated changes make the filing group eligible within 30 days from the filing date or 45 days from the date of request (as applicable to the term used by the program).¶

(d) When the case is closed and reopened during the same calendar month.¶

(e) When benefits were suspended for one month because of the level of income, and the case is reopened the month following the month of suspension.¶

(f) When reinstating medical benefits for a pregnant individual covered by OAR 461-135-0950.¶

(g) ~~In the OSIP, OSIPM, and QMB programs,~~ For Medicare Savings Programs (see OAR 461-001-0000) and OSIPM:¶

(A) When a new application is not required under section (2) or (4) of OAR 410-200-0110, except subsection (4)(b), including provisions that specify they are for "HSD Medical" programs.¶

(B) When the medical benefits of an individual are suspended because the individual lives in a public institution

(see OAR 461-135-0950), if the Department is notified within 10 calendar days of the release.¶

(h) In the Refugee Assistance (REF), TA-DVS, and Temporary Assistance for Needy Families (TANF) programs, when a single application can be used both to determine an individual is ineligible in the month of application and to determine the individual is eligible the next month. This may be done when:¶

(A) Anticipated changes make the filing group (see OAR 461-110-0330 and OAR 461-110-0430) eligible in the following month; or ¶

(B) Amending a current application if the information is sufficient to determine eligibility; otherwise a new application is required.¶

(3) When an individual establishes a new date of request prior to the end of the month following the month of case closure, unless the Department determines a new application is required, a new application is not required in the following situations:¶

(a) ~~In the OSIPM program~~For OSIPM, when the individual's case closed due to failure to make a liability payment required under OAR 461-160-0610.¶

(b) ~~In the OSIPM-EPD program~~regon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD), when the individual's case closed due to failure to make a participant fee payment required under OAR 461-160-0800.¶

(4) A new application is required to add a newborn child (see OAR 461-001-0000) to a benefit group (see OAR 461-110-0750) according to the following requirements:¶

(a) ~~In the SNAP program~~For SNAP, an application is not required to add the child to the benefit group.¶

(b) ~~In the OSIPM, QMB, and REFM programs~~For Medicare Savings Programs, OSIPM, and Refugee Assistance Medical (REFM), an additional application is not required to add an assumed eligible newborn (see OAR 461-135-0010) to a benefit group currently receiving Department medical program benefits.¶

(c) In the TANF program:¶

(A) A new application is not required if the child is listed on the application as "unborn" and there is sufficient information about the child to establish its eligibility.¶

(B) A new application is required if the child is not included on the application as "unborn."¶

(d) ~~In~~For all programs other than QMB Medicare Savings Programs, REF, REFM, SNAP, and TANF, an application is required.¶

(5) ~~A new~~The following describes the application is requiredments to add an individual, other than a newborn child, to a benefit group according to the following requirements:¶

(a) ~~In the QMB, OSIPM:~~¶

(a) For Medicare Savings Programs, OSIPM, and SNAP programs, a new application is not required.¶

(b) In the REF, REFM, and TANF programs, an individual may be added by amending a current application if the information is sufficient to determine eligibility; otherwise, a new application is required.¶

(6) Except for an applicant for the OSIPM, QMB Medicare Savings Programs, OSIPM, or SNAP program, an individual may change between programs administered by the Department using the current application if the following conditions are met:¶

(a) The individual makes an oral or written request for the change.¶

(b) The Department has sufficient evidence to determine eligibility and benefit level for the new program without a new application.¶

(c) The program change can be effectuated while the individual is eligible for the first program.

Statutory/Other Authority: 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 412.014, 412.049, 413.085, 414.025, 414.619

Statutes/Other Implemented: 411.060, 411.070, 411.404, 411.706, 411.816, 409.010, 411.447, 411.704, 412.014, 412.049, 413.085, 414.025, 414.041, 414.231, 414.619, 414.117, CFR 435.916, 412.072

AMEND: 461-115-0071

NOTICE FILED DATE: 01/22/2026

RULE SUMMARY: OAR 461-115-0071 is being amended to replace Qualified Medicare Beneficiaries (QMB) programs with the term "Medicare Savings Programs" to match federal terminology as well as the name all other states use. It is also being amended to remove Oregon Supplemental Income Program (OSIP) and to improve the clarity of the rule language.

CHANGES TO RULE:

461-115-0071

Who Must Sign the Application and Complete the Application Process ¶

- (1) In the Temporary Assistance for Needy Families (TANF) program, at least one caretaker relative (see OAR 461-001-0000) must sign the application and complete the application process.¶
- (2) In the Emergency Assistance (EA) program:¶
- (a) A caretaker relative must sign the application and complete the application process for a child (see OAR 461-001-0000). If the child is not living with a caretaker relative, another adult may act on behalf of the child.¶
 - (b) If the caretaker relative lives with a spouse (see OAR 461-001-0000), both must sign the application.¶
 - (c) A dependent child 18 years of age who applies must sign the application and complete the application process.¶
- (3) ~~In the~~For General Assistance (GA), OSIP, OSIPM, and QMB programs, Medicare Savings Programs (see OAR 461-001-0000), and Oregon Supplemental Income Program Medical (OSIPM):¶
- (a) At least one of the following individuals must sign the application and complete the application process:¶
 - (A) A member of the filing group (see OAR 461-110-0310).¶
 - (B) For individuals applying for long-term care (see OAR 461-001-0000) services, the individual's community spouse (see OAR 461-001-0030) who lives with the individual or who was living with the individual immediately prior to the continuous period of care (see OAR 461-001-0030).¶
 - (C) The authorized representative (see OAR 461-115-0090).¶
 - (D) If a signature cannot be obtained under paragraphs (A) through (C) of this subsection, anyone 18 years of age or older acting responsibly on behalf of a child under age 18 or an individual who is incapacitated.¶
- (b) If the applicant dies prior to the determination of eligibility for OSIPM, the application may be processed if the Department receives the information required to determine eligibility under OAR 461-115-0190(1).¶
- (4) In the Refugee Assistance (REF) and Refugee Assistance Medical (REFM) programs, at least one adult (see OAR 461-110-0430) member of the filing group (see OAR 461-110-0430) must sign the application.¶
- (5) In the ~~SNAP program~~supplemental Nutrition Assistance Program (SNAP), at least one of the following individuals must sign the application and complete the application process:¶
- (a) An adult (see OAR 461-110-0370) or primary person (see OAR 461-001-0015) in the filing group (see OAR 461-110-0370).¶
 - (b) An adult or primary person excluded from the filing group under OAR 461-110-0370(8)(b).¶
 - (c) The authorized representative (see OAR 461-001-0000, 461-115-0090, and 461-135-0510) of the filing group.¶
 - (6) An individual required to sign the application but unable to sign may sign with a mark, witnessed by an employee of the:¶
 - (a) Branch office (see OAR 461-001-0000); or¶
 - (b) Public institution (see OAR 461-135-0950), when the individual applying is a resident of a public institution (see OAR 461-135-0950) and is applying for benefits under the OSIPM program.
- Statutory/Other Authority: ORS 411.060, 411.070, 411.404, 411.816, 412.049
Statutes/Other Implemented: ORS 411.060, 411.070, 411.404, 411.816, 412.049, 411.081, 411.087, 411.400, 42 CFR 435.907

AMEND: 461-115-0610

NOTICE FILED DATE: 01/22/2026

RULE SUMMARY: OAR 461-115-0610 is being amended to replace Qualified Medicare Beneficiaries (QMB) programs with the term "Medicare Savings Programs" to match federal terminology as well as the name all other states use. It is also being amended to remove Oregon Supplemental Income Program (OSIP) and to improve the clarity of the rule language.

CHANGES TO RULE:

461-115-0610

Verification; General ¶

(1) To be eligible for benefits, individuals must provide verification when the Department requests verification. The Department will notify an individual when verification, or additional verification, of any factor affecting eligibility or benefit level is required.¶

(2) Verification provided for one program is considered for all programs in which the individual participates. The Department will notify an individual when a particular method of verification is required. More information about what methods are accepted is in the following Oregon Administrative Rules:¶

(a) ~~In the~~ For General Assistance (GA), OSIP, OSIPM, and QMB programs Medicare Savings Programs (see OAR 461001-0000), and Oregon Supplemental Income Program Medical (OSIPM), see OAR 461-115-0700 and 461-115-0704.¶

(b) ~~In the~~ SNAP program supplemental Nutrition Assistance Program (SNAP), see OAR 461-115-0651 and 461-115-0690.¶

(3) The three methods of receiving verification are:¶

(a) Self-attestation. Information provided orally or in writing by or on behalf of an individual.¶

(b) Electronic. Information available and provided to the Department from an electronic source, including but not limited to:¶

(A) The State Wage Information Collection Agency.¶

(B) The Internal Revenue Service.¶

(C) The Social Security Administration.¶

(D) The State Unemployment Compensation Agency.¶

(E) State agencies administering programs under Title 1, 10, 14, or 16 of the Social Security Act.¶

(F) SNAP agencies.¶

(G) Other insurance affordability programs.¶

(H) The Department of Treasury.¶

(I) The Department of Homeland Security.¶

(c) Documentary. Evidence which is provided by or on behalf of an individual, or obtained by the Department from a third party. ¶

(A) Documentary evidence can be received in many ways, including:¶

(i) A paper or electronic copy of a document.¶

(ii) An oral or written collateral statement from someone outside the filing group.¶

(iii) Viewing a document during a home visit.¶

(B) In the Refugee Assistance (REF) and Refugee Assistance Medical (REFM) programs, the immigration status of an individual must be verified using documentary evidence from a federal agency that holds authority to grant legal immigration status.¶

(4) Verification of the occurrence of an act of domestic violence (see OAR 461-001-0000) is not required for any program.

Statutory/Other Authority: 411.060, 411.816, 414.042, 418.100, ORS 409.050, 411.402, 411.404, 412.014, 412.049, 413.085, 414.685

Statutes/Other Implemented: 411.060, 411.117, 411.087, 411.816, ORS 409.010, 411.402, 412.014, 412.049

AMEND: 461-115-0704

NOTICE FILED DATE: 01/22/2026

RULE SUMMARY: OAR 461-115-0704 is being amended to replace Qualified Medicare Beneficiaries (QMB) programs with the term "Medicare Savings Programs" to match federal terminology as well as the name all other states use. It is also being amended to remove Oregon Supplemental Income Program (OSIP) and to improve the clarity of the rule language.

CHANGES TO RULE:

461-115-0704

Required Verification of Citizenship and Noncitizen Status; Medicare Savings Programs and OSIPM, QMB In the OSIP, OSIPM, and QMB programs: 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) For purposes of verifying the veteran and active duty exemption from the five-year waiting period (see OAR 461-120-0125), 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

AMEND: 461-120-0510

NOTICE FILED DATE: 01/22/2026

RULE SUMMARY: OAR 461-120-0510 is being amended to update the names of medical programs to match federal terminology and to improve the clarity of the rule language.

CHANGES TO RULE:

461-120-0510

Age Requirements for Individuals to Receive Benefits ¶

- (1) If the year of an individual's birth is known but the month is unknown, the month of birth is presumed to be July. If the date of birth is unknown, the date of birth is presumed to be the first of the month.¶
- (2) To be eligible for the Temporary Assistance for Needy Families (TANF) program:¶
- (a) A dependent child (see OAR 461-001-0000) --¶
- (A) May not be legally married (see OAR 461-001-0000), legally married and separated, or legally emancipated; and¶
- (B) Must be under 18 years of age; or under 19 years of age and regularly attending school (see subsection (c) of this section) full time, as determined by the school.¶
- (b) A caretaker relative (see OAR 461-001-0000) may be any age.¶
- (c) "Regularly attending school" means enrolled in and attending any of the following:¶
- (A) A school in grade 12 or below, including home schooling approved by the local school district.¶
- (B) GED classes in lieu of high school.¶
- (C) A course of vocational or technical training, including Job Corps, in lieu of high school.¶
- (D) The Oregon School for the Deaf.¶
- (d) The student's full-time status is defined by the school.¶
- (e) Regular attendance continues when a student misses school because of an illness, family emergency, or vacation, as long as the student intends to return to school. Students are considered to be in attendance for the full month in which they complete or discontinue school or training.¶
- (3) To be eligible for the Oregon Supplemental Income Program Medical-Aid to the Blind (OSIPM-AB), ~~Qualified Medicare Beneficiaries Basic (QMB-BAS), Qualified Medicare Beneficiaries-Specified Low Income Medicare Beneficiary (QMB-SI Individual (QI),~~ Qualified Medicare Beneficiary (QMB), Refugee Assistance (REF), Refugee Assistance Medical (REFM), ~~Specified Low-Income Medicare Beneficiary (SLMB),~~ or the Supplemental Nutrition Assistance Program (SNAP), an individual may be any age.¶
- (4) To be eligible for the Oregon Supplemental Income Program Medical-Aid to the Disabled (OSIPM-AD) ~~(except Oregon Supplemental Income Program Employed Persons with Disabilities) (OSIPM-EPD), and Qualified Medicare Beneficiaries Disabled Worker (QMB and Qualified Disabled and Working Individual (QDWI)~~ programs, an individual must be under 65 years of age.¶
- (5) To be eligible for the Oregon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD) program, the individual must be 18 years of age or older.¶
- (6) To be eligible for the Oregon Supplemental Income Program Medical-Old Age Assistance (OSIPM-OAA) program, an individual must be 65 years of age or older.¶
- (7) To be eligible for ~~Oregon Supplemental Income Program Medical (OSIPM)~~ SIPM-Behavioral Health under OAR 461-135-0755, an individual must be age 21 or older.
- Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.816, 412.049, 413.085, 414.619
Statutes/Other Implemented: 411.060, 411.070, 411.404, 411.816, 412.049, ORS 409.010, 42 USC 1396a, 45 CFR 98.20, 45 CFR 400

AMEND: 461-125-0830

NOTICE FILED DATE: 01/22/2026

RULE SUMMARY: OAR 461-125-0830 is being amended to replace Qualified Medicare Beneficiaries (QMB) programs with the term "Medicare Savings Programs" to match federal terminology as well as the name all other states use. It is also being amended to remove Oregon Supplemental Income Program (OSIP).

CHANGES TO RULE:

461-125-0830

Medical Documentation, Disability and Other Determinations ¶

(1) Medical documentation must be written and must contain all the following:¶

(a) A diagnosis in medical terminology, including an explanation of whether the impairment limits the individual's ability to perform normal functions and, if so, how.¶

(b) A prognosis, including an expected recovery time frame.¶

(c) Clinical findings from physical examination, psychiatric evaluation, X-rays, or a laboratory procedure, including specific data supporting diagnosis of a condition that causes disability, either on a medical or psychiatric basis.¶

(2) Except as provided otherwise in section (3) of this rule:¶

(a) To determine eligibility, the Department will accept evaluations from the following medical sources: medical evaluations only from licensed physicians, including psychiatrists, osteopaths, and ophthalmologists; mental evaluations only from psychiatrists and licensed or certified psychologists; and measurement of visual acuity and visual fields only from ophthalmologists and licensed optometrists.¶

(b) The Department will accept supplemental medical and vocational information to augment evaluations from acceptable medical sources, from a licensed social worker, licensed physical or occupational therapist, or licensed nurse practitioner.¶

(3) Except for eligibility determinations in the OSIP, OSIPM, QMB, and SFPSS for Medicare Savings Programs (see OAR 461-001-0000), Oregon Supplemental Income Program Medical (OSIPM), and the State Family Pre-SSI/SSDI (SFPSS) programs, the Department will also accept medical evaluations from licensed nurse practitioners and physician assistants; and mental evaluations from psychiatric mental health nurse practitioners.¶

(4) The client/individual must provide or cooperate in obtaining sufficient medical documentation for the Department to determine eligibility.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.710, 412.006, 412.009, 412.014, 412.049

Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.710, 412.006, 412.009, 412.014, 412.049

AMEND: 461-135-0708

NOTICE FILED DATE: 01/22/2026

RULE SUMMARY: OAR 461-135-0708 is being amended to replace Qualified Medicare Beneficiaries (QMB) programs with the term "Medicare Savings Programs" to match federal terminology as well as the name all other states use. It is also being amended to remove Oregon Supplemental Income Program (OSIP), clarify terms, and to use more equity centered language throughout the rule.

CHANGES TO RULE:

461-135-0708

Criteria for Developing a Plan for Self-support; ~~OSIP, OSIPM, and QMB~~ Medicare Savings Programs and OSIPM ¶

(1) ~~A client~~ an individual and the Department may develop a plan for self-support ~~in the OSIP, OSIPM, and QMB programs for a client who~~ for Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM) for an individual who meets both of the following: ¶

(a) Meets the applicable disability or impairment criteria; ~~and.~~ ¶

(b) Is not eligible for ~~SSI~~ Supplemental Security Income (SSI). ¶

(2) A plan for self-support allows ~~a client~~ an individual to retain a portion of ~~his or their~~ non-excluded assets for a specific period of time to meet a specific occupational goal. The plan may provide for specialized or advanced education or training for ~~client~~ individuals with a severe disability. ¶

(3) To be approved, a plan for self-support must meet all of the following criteria: ¶

(a) The plan must be in writing and approved by the Department. ¶

(b) The plan must identify a realistic occupational goal, considering the ~~client~~ individual's physical limitations and capabilities. ¶

(c) The goal of the plan must be to provide the ~~client~~ individual with income necessary to meet his or her needs, not just for improving potential earning capability or increasing self-sufficiency within the home. ¶

(d) Resources designated to support the plan must be kept in a separate bank account with a specific savings or planned disbursement goal for using the resources. Previously commingled funds must be put in a separate bank account in order for them to be considered designated for the plan. ¶

(e) The duration of the plan must be limited to the time necessary to complete the plan but cannot exceed ~~thirty-six~~ 36 months plus an additional 12 months if necessary for completion of education or training. ¶

(4) ~~A client~~ an individual must do all of the following to comply with a plan for self-support: ¶

(a) Report any changes in circumstances that require a change to the current plan. ¶

(b) Follow through with the plan without any break in excess of the following: ¶

(A) Normal vacations from school or training. ¶

(B) Three months, unless the reasons are beyond ~~his or her~~ their control. ¶

(5) If ~~a client~~ an individual fails to comply with the requirements of section (4) of this rule, program eligibility is redetermined without the resource exclusions allowed by OAR 461-145-0405. ¶

(6) The ~~client~~ individual and the Department may revise a plan for self-support or may agree to a new plan. To be new, the plan must not have any relationship to the old plan. When a plan is revised or a new plan established: ¶

(a) Resources designated to support the old plan may become a part of the revised or new plan. ¶

(b) If changes are made ~~to~~ to the amount of resources to support the plan, eligibility and the payment amount for program benefits are redetermined. ¶

(c) If the duration of the revised plan in addition to the months the old plan was in effect exceeds the time limits in subsection (3)(e) of this rule, approval is limited to the remainder of the maximum period only.

Statutory/Other Authority: ORS 411.060

Statutes/Other Implemented: ORS 411.060

AMEND: 461-135-0730

NOTICE FILED DATE: 01/22/2026

RULE SUMMARY: OAR 461-135-0730 is being amended to update medical program names to match federal terminology. It is also being amended to improve clarity of the rule language and its structure.

CHANGES TO RULE:

461-135-0730

Specific Requirements; QMB-DWI, QI, SQMB, SMF LMB ¶

~~(1) The following requirements apply to QMB-BAS:¶~~

~~(a) To qualify for QMB-BAS, an individual must be receiving Medicare hospital insurance under Part A. This includes an individual who must pay a monthly premium to receive coverage.¶~~

~~(b) A client who qualifies for QMB-BAS is not eligible to receive the full range of the Department's medical services. QMB-BAS benefits are limited to payments toward Medicare cost-sharing expenses. These expenses are:¶~~

~~(A) Medicare Part A and Part B premiums; and¶~~

~~(B) Medicare Part A and Part B deductibles and coinsurance up to the Department's fee schedule.¶~~

~~(2) The following requirements apply to QMB-DWthe Qualified and Disabled Individual (QDWI) program:¶~~

~~(a) To qualify for the QMB-DW programQDWI, an individual must be eligible for Part A of Medicare as a qualified worker with a disability under Section 1818A of the Social Security Act (42 USC 1395i-2a). This is an individual under age 65 who has lost eligibility for Social Security ~~¶Disability Insurance (SSDI) benefits because the individual has become substantially gainfully employed; but can continue to receive Part A of Medicare by paying a premium.¶~~~~

~~(b) A QMB-DW ~~¶~~QDWI recipient is eligible only for payment of premiums for Part A of Medicare. If the ~~¶~~clientindividual is eligible for any other medical assistance program the ~~¶~~clientindividual is not eligible for QMB-DWI.¶~~

~~(3) The following requirements apply to QMB-SMBthe Qualifying Individual (QI) program:¶~~

~~(a) To qualify for QMB-SMB, an individual must be receiving Medicare hospital insurance under Part A. This includes an individual who must pay a monthly premium to receive coverage.¶~~

~~(b) A client who qualifies for QMB-SMB is not eligible to receive the full range of the Department's medical services. QMB-SMBn individual who is otherwise eligible for another Medicaid program offered by the Department or the Oregon Health Authority is not eligible for QI.¶~~

~~(c) The QI program benefits are is limited to payment of for Medicare Part B premiums.¶~~

~~(4) The following requirements apply to QMB-SMFd) The QI program is subject to an enrollment cap based on the federal allocation. If the enrollment in this program exceeds the federal allocation, the program may be closed.¶~~

~~(3) The following requirements apply to the Qualified Medicare Beneficiary (QMB) program:¶~~

~~(a) To qualify for QMB-SMF, an individual must be receiving Medicare hospital insurance under Part A. This includes an individual who must pay a monthly premium to receive coverage.¶~~

~~(b) A client who is otherwisThe QMB program benefits are eligible for another Medicaid program offered by the Department or the Oregon Health Authority is not eligible for QMB-SMFimited to payments toward Medicare cost-sharing expenses. These expenses include the following:¶~~

~~(A) Medicare Part A and Part B premiums.¶~~

~~(eB) A client who qualifies for QMB-SMF is not eligible to receive the full Medicare Part A and Part B deductibles, co-pays, and coinsurance up to the Department's medical services. QMB-SMF benefits are limited to payment for fee schedule.¶~~

~~(4) The following requirements apply to the Specified Low-Income Medicare Part B-premiums-Beneficiary (SLMB) program:¶~~

~~(da) The QMB-SMF program is subject to an enrollment cap based on the federal allocation. If the enrollment in this program exeeo qualify for SLMB, an individual must be receiving Medicare hospital insurance under Part A. This includes an individual who must pay a monthly premium to receive coverage.¶~~

~~(b) The SLMB program benefit is limiteds the federal allocation, the program may be closedo payment of Medicare Part B premiums.~~

Statutory/Other Authority: ORS 411.060

Statutes/Other Implemented: ORS 411.060

AMEND: 461-160-0610

REPEAL: Temporary 461-160-0610 from SSP 28-2025

NOTICE FILED DATE: 01/22/2026

RULE SUMMARY: OAR 461-160-0610 is being amended to restore the requirement for Program All Inclusive Care for the Elderly (PACE) participants to pay a patient liability, with the exception of individuals receiving PACE in home services. It is also being amended to add individuals receiving Oregon Project Independence-Medicaid (OPI-M) and State Plan Personal Care (SPPC) services under the liability exception section.

CHANGES TO RULE:

461-160-0610

Patient Liability; OSIPM (except OSIPM-EPD) ¶

(1) An individual in the ~~OSIPM (except Oregon Supplemental Income Program Medical (OSIPM) (except Oregon Supplemental Income Program Medical - Employed Persons with Disabilities (OSIPM-EPD))~~ program who receives long-term care (see OAR 461-001-0000) services must, in order to remain eligible, make the payment required by this rule, except as provided in sections ~~(23) through~~ (76) of this rule. Individuals must apply their adjusted income to the cost of the care or service in the amount, if any, determined by the Department. This amount is the patient liability. If the individual's adjusted income exceeds the cost of care or service, the individual must pay the full cost of care but has no additional liability.¶

(2) Effective January 1, 2026, individuals enrolled in Program of All-Inclusive Care for the Elderly (PACE) who are residing in alternate service settings (see OAR 411-045-0010) are required to pay a patient liability under this rule.¶

(3) An individual who receives Supplemental Security Income (SSI), or is deemed to receive SSI under section 1619(b) of the Social Security Act (42 U.S.C. § 1382h(b)), is eligible for OSIPM program benefits without having to make a payment.¶

~~(34) The following eind on December 31, 2021:¶~~

~~(a) Individuals do not pay a patient liability for i:¶~~

~~(a) Individuals receiving home and community-based care in-home services (see OAR 461-001-0030 and OAR Chapter 411, Division 030),¶~~

~~(b) Independent Choices Program (ICP) patient liability for i including individuals receiving in-home services under PACE (see OAR Chapter 411 Division 045).¶~~

~~(b) Individuals in OSIPM receiving Independent Choices Program (ICP) (see OAR Chapter 411, Division 030),- and¶~~

~~(c) Liability or contribution to the cost of services for Program of All Inclusive Care for the Elderly (PACE) participant.¶~~

~~(c) Individuals receiving Oregon Project Independence-Medicaid (OPI-M) (see OAR Chapter 411 Division 014).¶~~

~~(d) Individuals receiving State Plan Personal Care Services (see OAR Chapter 411 Division 0345).¶~~

(4) The following individuals, if they receive the services described in section (5) of this rule, are exempt from payments required by this rule) Individuals receiving OSIPM under the following categories if they receive home and community-based care:¶

~~(aA) An adult child with a disability under OAR 461-135-0830.¶~~

~~(bB) A widow or widower under OAR 461-135-0820.¶~~

~~(cC) A Pickle amendment individual under OAR 461-135-0780.¶~~

(5) An individual identified in section (4) of this rule is exempt from payments required by this rule if the individual receives home and community based care.¶

(6) In the initial month of placement, an individual may be exempt from payments required under this rule if the Department determines that the individual's income has been exhausted prior to placement. If any income remains, the individual must contribute to the cost of care or service.¶

(76) An individual residing in an acute care hospital or mental health residential treatment facility is exempt from payments required by this rule while residing in the acute care hospital or mental health residential treatment facility. If a service benefit was received prior to admission to the acute care hospital, payment must be made for that service. For purposes of this rule, only the following types of treatment centers qualify as a mental health residential treatment facility:¶

(a) A mental health adult foster home.¶

(b) A mental health residential treatment home. ¶

(c) A mental health residential treatment facility.¶

(d) A mental health secure residential treatment facility.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.706, 413.085, 414.685

Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.706