



---

## PERMANENT ADMINISTRATIVE ORDER

### SSP 30-2026

CHAPTER 461

### DEPARTMENT OF HUMAN SERVICES SELF-SUFFICIENCY PROGRAMS

---

**FILED: 07/06/2026 8:12 AM**

ARCHIVES DIVISION SECRETARY OF STATE & LEGISLATIVE COUNSEL

FILING CAPTION: Changes to Eligibility, Pursuing Assets, Reporting Requirements and Renewals

EFFECTIVE DATE: 07/06/2026

AGENCY APPROVED DATE: 07/06/2026

CONTACT:

Jennifer Lay

541-844-6136

ruleshearings.ch461@odhsoha.oregon.gov

ODHS Self-Sufficiency Programs

500 Summer St. NE

Salem, OR 97301

Filed By:

Lay Jennifer

Rules Coordinator

---

RULES:

461-115-0050, 461-115-0430, 461-135-0880, 461-140-0210, 461-140-0220, 461-140-0242, 461-140-0250, 461-140-0296, 461-140-0300, 461-145-0254, 461-145-0455, 461-160-0620, 461-170-0011

AMEND: 461-115-0050

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-115-0050 is being updated to remove reference to the Modified Adjusted Gross Income (MAGI) medical rule OAR 410-200-0110 and to add the applicable provisions from that rule that apply to non-MAGI medical programs.

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 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) For Medicare Savings Programs (see OAR 461-001-0000) and OSIPM:¶
    - (A) The Department determines that an applicant is not eligible in the month containing the date of request and at the same time can determine one or both of the following:¶
      - (i) Anticipated changes make the applicant eligible in a subsequent month that is within 45 days from the date of request.¶
      - (ii) The applicant is eligible in a retroactive month (see OAR 461-180-0140).¶
    - (B) An individual's medical benefits were suspended because they became a resident of a public institution (see OAR 461-135-0950) and the Department learns the individual is no longer a resident of a public institution within the 12 calendar months following the date on which the change occurred.¶
  - (C) Unless the Department determines a new application is required, when an individual establishes a new date of request prior to the end of the month following the month of case closure in the following situations:¶
    - (i) For individuals receiving OSIPM under OAR 461-135-0750, when the individual's services and medical benefits closed due to failure to make a liability payment required under OAR 461-160-0610.¶
    - (ii) In the Oregon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD), when the individual's case closed due to failure to make a participant fee required under OAR 461-160-0800.¶
  - (D) An individual not receiving medical benefits is added to an existing case on which any member of the individual's filing group (see OAR 461-110-0410) is receiving medical program benefits.¶
  - (E) When redetermining or renewing an individual's eligibility and the Department has sufficient evidence to determine eligibility for a new medical program.¶
  - (F) During the 90-day reconsideration period following closure due to failure to return the renewal form or respond to a request for information sent at renewal as follows:¶
    - (i) The Department must redetermine eligibility for an individual who submits the signed renewal form or provides the requested information within 90 days of the date of closure.¶
    - (ii) A new date of request is established on the date the renewal form or requested information is submitted.¶
    - (iii) In the event the individual returns the renewal form or requested information and the subsequent redetermination generates a new request for information, an application is not required regardless of whether the new due date falls outside the 90-day reconsideration period.¶
    - (iv) If the individual is found eligible for benefits based on the completed redetermination, the effective date of medical benefits is determined in accordance with OAR 461-180-0090.¶
- (c) In the 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.¶
- (ed) In all programs except Medicare Savings Programs, OSIPM, and 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).¶

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

~~(ef)~~ 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)~~ For In all programs except 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 sus, when benefits were suspended for one month because of the level of income, and the case is reopened 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 the month following the month of suspension.¶¶

~~(hg)~~ 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 The following application is required, a new application is not required in the following situations:¶¶

~~(a)~~ For OSIPM, when the individual's case closed due to failure to make a liability payment required underments apply when adding a newborn child (see OAR 461-001-0000) to a benefit group (see OAR 461-1610-0610.750).¶¶

~~(ba)~~ In the Oregon 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 REF and TANF programs:¶¶

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

~~(aB)~~ For SNAP, an A new application is not required to add if the child to the benefit group.¶¶

~~(b)~~ For Medicare Savings Programs, OSIPM, and is not included on the application as "unborn."¶¶

~~(b)~~ In the Refugee Assistance Medical (REFM), an additional program, an application is not required to add an assumed eligible newborn (see OAR 461-135-0010) newborn child 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 if 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 If there is insufficient information, an application as "unborn." required.¶¶

~~(dc)~~ For all programs other than Medicare Savings Programs, REF, REFM, SNAP, and TANF In the SNAP and TA-DVS programs, an application is not required.¶¶

~~(54)~~ The following describes the application requirements apply to adding an individual, other than a newborn child, to a benefit group:¶¶

~~(a)~~ For Medicare Savings Programs, OSIPM, and SNAP, 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.¶¶

~~(6b)~~ In all other programs, an application is not required.¶¶

~~(5)~~ Except for an applicant for Medicare Savings Programs, OSIPM, or SNAP, 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: 461-115-0430

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-115-0430 is being updated to add provisions regarding non-Modified Adjusted Gross Income (MAGI) medical programs from OAR 410-200-0110 and to clarify renewal frequency and approval of Medicare Savings Programs when Oregon Health Plan (OHP) ends in certain situations.

#### CHANGES TO RULE:

461-115-0430

Periodic Redeterminations or Renewal; Not EA, SNAP, or TA-DVS ¶

The Department periodically reviews eligibility (see OAR 461-001-0000) of individuals receiving benefits and assigns a redetermination or renewal date by which the next review of eligibility is required. The Department selects the redetermination or renewal date based on the individual's circumstances and according to the following requirements:¶

(1) In the ~~General Assistance (GA)~~ program, the Department redetermines eligibility at least once every 12 months.¶

(2) ~~In the OSIP, For Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM), and QMB programs, the Department reviews the Department shall review eligibility at renewal, when changes are reported, and whenever an individual's eligibility becomes questionable.¶~~

(a) The Department must complete a renewal at the following intervals:¶

(A) For cases on which at least one individual is receiving OSIPM under OAR 461-135-0745 or 461-135-0750, at least every 12 months.¶

(B) For cases with all individuals only receiving benefits with continuous eligibility (see OAR 461-135-0010), the renewal date is one of the following:¶

(i) For cases with only one individual receiving benefits, the end of the continuous eligibility period.¶

(ii) When there are multiple individuals receiving medical benefits with continuous eligibility on the same case, the end of the earliest continuous eligibility end date.¶

(b) When renewing or redetermining benefits, the Department shall, to the extent feasible, determine eligibility using information found in the individual's electronic account and electronic data accessible to the Department.¶

(c) At renewal, if the Department is unable to process an automated renewal or if the information available to the Department would result in either a reduction or termination in benefits, the Department shall provide a pre-populated renewal form, referred to as an active renewal, to the individual containing information known to the Department: a statement of any additional information needed to renew eligibility; at least once every 12 months and in accordance with OAR 410-200-0110. The redetermination or renewal provisions for "HSD Medical" programs in OAR 410-200-0110 are also the provisions for OSIP, OSIPM, and QMB programs.¶

(3) The nd the date by which the beneficiary must provide the required information in accordance with subsection (e) of this section.¶

(d) The Department shall assist individuals seeking assistance to complete the pre-populated renewal form or gather information necessary to renew eligibility.¶

(e) If the Department provides the individual with a pre-populated renewal form to complete the renewal process, the individual must do all of the following:¶

(A) Complete and sign the form in accordance with subsection (g) of this section:¶

(B) Submit the form via the internet, by telephone, via mail, in person, or through other commonly available electronic means; and¶

(C) Provide necessary information to the Department within the timeframe established in subsection (f) of this section.¶

(f) At renewal, if additional information or verification is required, the Department shall provide the individual at least 30 days from the date the renewal form was mailed to respond and provide necessary information.¶

(g) Renewal signature requirements are as follows:¶

(A) Renewal signatures accepted by the Department may be:¶

(i) Handwritten:¶

(ii) Electronic; or¶

(iii) Telephonic.¶

(B) A renewal form must be signed by one of the following:¶

(i) A member of the filing group (see OAR 461-110-0310):¶

(ii) For individuals receiving 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); or¶

(iii) The authorized representative (see OAR 461-115-0090).¶

(h) If the individual was receiving an Oregon Health Plan (OHP) level benefit and does not return the signed pre-populated renewal form or provide requested information by the due date, but the Department has sufficient information to determine that the individual is eligible for Medicare Savings Program benefits, the individual's OHP benefits will be closed but the individual will be approved for Medicare Savings Program benefits.¶

(3) The Refugee Assistance (REF) and Refugee Assistance Medical (REFM) programs are time-limited programs; therefore, no periodic redeterminations are made.¶

(4) In the SFPSSState Family Pre-SSI/SSDI (SFPSS) program, the Department redetermines eligibility at least once every 12 months. The Department redetermines program eligibility by redetermining eligibility for the Temporary Assistance for Needy Families (TANF) program.¶

(5) In the TANF program, benefits will end the last day of the certification period (see OAR 461-001-0000). The Department redetermines eligibility according to the following schedule:¶

(a) At least once every six months if the citizenship or noncitizen status requirements of OAR 461-120-0110(1) were waived for a caretaker (see OAR 461-001-0000) in the benefit group (see OAR 461-110-0750) based on a risk of further or future domestic violence (see OAR 461-001-0000).¶

(b) At least once every 12 months for all other individuals.

Statutory/Other Authority: ORS 411.060, 411.070, 411.404, 411.704, 411.706, 412.014, 412.049, 413.085, 414.619, 414.826, 414.117, 409.050

Statutes/Other Implemented: ORS 411.060, 411.070, 411.404, 411.704, 411.706, 412.014, 412.049, 413.085, 414.619, 414.826, 414.117, 409.010, 42 CFR 435.916

REPEAL: 461-135-0880

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-135-0880 is being repealed because the provisions in this rule expired once the last individual completed their unwinding medical renewal after April 1, 2023, which was the end of the Covid 19 Public Health Emergency.

CHANGES TO RULE:

~~461-135-0880~~

~~OSIPM and QMB Programs; COVID-19~~

~~The provisions in this rule apply to the OSIPM and QMB programs.~~

~~(1) Subject to subsection (5)(b) of this rule, the Department amends the following rules or rule sections regarding the OSIPM and QMB programs.~~

~~(a) OAR 461-115-0700,~~

~~(b) OAR 461-175-0704,~~

~~(c) OAR 461-180-0030, and~~

~~(d) OAR 461-180-0120(1), (2), and (3)(b).~~

~~(2) Subject to subsection (5)(b) of this rule, and notwithstanding OAR 461-180-0030 and OAR 461-180-0120(1), (2), and (3)(b), the Department shall suspend the effective date for all actions that reduce or close OSIPM or QMB program benefits, except for:~~

~~(a) Program closures when an individual:~~

~~(A) Passes away,~~

~~(B) Is confirmed to have moved out of state,~~

~~(C) Requests a voluntary closure,~~

~~(D) In the QMB programs, is no longer eligible for Medicare,~~

~~(E) Is approved for a one-time cash payment, such as a special needs payment for home repairs,~~

~~(F) Is no longer eligible for an ongoing special needs payment,~~

~~(G) Is approved for benefits due to an administrative error (see OAR 461-195-0501), or~~

~~(H) When a court determines the individual made a false or misleading statement, or misrepresented, concealed, or withheld a fact for the purpose of establishing or maintaining eligibility.~~

~~(b) Benefit reductions when an individual~~

~~(A) Requests a voluntary reduction.~~

~~(B) Is no longer eligible for the same level or amount of a special needs payment.~~

~~(c) Increases to patient liability when restoring previous liability.~~

~~(d) Benefit suspension when an individual becomes a resident of a correctional facility under OAR 461-135-0950.~~

~~(3) Subject to subsection (5)(b) of this rule, and notwithstanding OAR 461-115-0700, the Department will accept self-attestation (see OAR 461-115-0700(2)(b)) to verify all eligibility criteria, except US citizenship, US national, and non-US citizen status.~~

~~(4) Subject to subsection (5)(b) of this rule, and notwithstanding OAR 461-115-0704(10), if the Department cannot promptly verify US citizenship, US national, or qualified non-US citizen status, the Department extends the reasonable opportunity period to 180 days from the date the notice is received.~~

~~(5) In accordance with the Consolidated Appropriations Act, 2023, the provisions of this rule shall end effective April 1, 2023, as outlined in subsections below.~~

~~(a) Individuals continuously receiving benefits prior to March 31, 2023 will maintain the protections afforded under this rule until the Department initiates a renewal of benefit eligibility (see OAR 461-001-0000). The Department will begin renewals in April 2023.~~

~~(A) When a completed and signed renewal form is required, the individual will have 90 days to provide the required documents.~~

~~(B) When additional information is required to complete the renewal, the individual will have 90 days to provide the requested information.~~

~~(C) When, during the renewal process, an individual is found ineligible for benefits, eligible for a lesser benefit, or the individual fails to complete the renewal process, the Department will send a decision notice (see OAR 461-001-0000) at least 60 days before the effective date of the closure or reduction.~~

~~(b) Once the renewal process of an individual is complete under subsection (a) of this section, the provisions of this rule no longer apply to that individual.~~

~~Statutory/Other Authority: ORS 409.050, ORS 411.060, 411.070, 411.083, 412.006, ORS 84.001 to 84.061, 412.009, 412.024, 412.049, 412.064, 412.089~~

~~Statutes/Other Implemented: ORS 411.060, 411.070, 411.083, 412.006, ORS 84.001 to 84.061, 412.009, 412.024, 412.049, 412.064, 412.089, 409.010, 411.081, 411.087, 45 CFR 206.10, 45 CFR 263.2, 45 CFR 400.155, Pub.L. 116-127, 42 CFR 435.907, 42 CFR 435.914, 42 CFR 433.400, H.R. 2617 (117th)~~

AMEND: 461-140-0210

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-140-0210 is being amended to update program names and to remove sections related to previous time periods that are no longer applicable.

#### CHANGES TO RULE:

461-140-0210

Asset Transfer; General Information and Timelines ¶¶

(1) OAR 461-140-0210 to 461-140-0300 regulate the effect of a transfer of an asset on an individual.¶¶

(2) If an asset is transferred during the periods of time listed in section (4) or (5) of this rule and if the transfer is made in whole or in part for the purpose of establishing or maintaining eligibility for benefits:¶¶

(a) In the Refugee Assistance (REF) and Refugee Assistance Medical (REFM) programs, the filing group (see OAR 461-110-0430) is disqualified if a member of the financial group (see OAR 461-110-0530) transferred the asset while that member was in the U.S. and the asset was located in the U.S.¶¶

(b) In the REF, REFM, ~~SNAP, and TANF~~ Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF) programs, the filing group is disqualified if:¶¶

(A) The asset was a resource; and¶¶

(B) A member of the financial group transferred the resource.¶¶

(c) ~~In the OSIP and OSIPM programs, an individual in a nonstandard living arrangement~~ An individual is disqualified from receiving Department-paid nursing facility services or home and community-based care (see OAR 461-001-00030) ~~is disqualified~~ if the individual or the spouse of the individual transferred the asset.¶¶

(3) In all programs, individuals in financial groups whose members transfer an asset covered under section (2) of this rule within the time periods listed in section (4) or (5) of this rule must report the transfer as soon as practicable and must provide information requested by the Department concerning the transfer.¶¶

(4) In the REF, REFM, SNAP, and TANF programs, a transfer of an asset may be disqualifying if the transfer occurs:¶¶

(a) In the REF and REFM programs, during the three years preceding the filing date (see OAR 461-115-0040), if:¶¶

(A) The member of the financial group was residing in the U.S. at the time of transfer; and¶¶

(B) The asset was a resource.¶¶

(b) In the SNAP program, during the three months preceding the filing date or during a certification period (see OAR 461-001-0000) if the asset was a resource.¶¶

(c) In the TANF program, during the three years preceding the filing date (see OAR 461-115-0040) if the asset was a resource.¶¶

(5) ~~In the OSIP and OSIPM programs, for an individual in a nonstandard living arrangement, a transfer of an asset may be disqualifying if the transfer occurs:¶¶~~

(a) ~~On or before June 30, 2006 and as described in one of the follow~~ For individuals applying for or receiving ~~Deparagraphs:¶¶~~

(A) ~~On or after the date that is 60 months prior to the date of request (see OAR 461-115-0030) for assets that are transferred without compensation equal to or greater than fair market value from a revocable trust (see OAR 461-145-0540(7)(c)).¶¶~~

(B) ~~On or after the date that is 60 months prior to the date of request for assets that are transferred without compensation equal to or greater than fair market value to an irrevocable trust (see OAR 461-145-0540(8)(a)).¶¶~~

(C) ~~On or after the date that is 60 months prior to the date of request when there is a change in circumstances that makes assets in an irrevocable trust unavailable to the individual (see OAR 461-145-0540(8)(d)).¶¶~~

(D) ~~On or after the date that is 36 months prior to the date of request for assets transferred without compensation equal to or greater than fair market value from an irrevocable trust (see OAR 461-145-0540(8)(b) and (c)).¶¶~~

(E) ~~On~~ Department-paid nursing facility services or home and community-based care, a transfer of an asset may be disqualifying if the transfer occurs on or after the date that is 360 months prior to the date of request for other asset transfers made without compensation equal to or greater than fair market value.¶¶

(b) ~~On or after:¶¶~~

(A) ~~July 1, 2006; and¶¶~~

(B) ~~The date that is 60 months prior to the date of request~~ the individual requests service.¶¶

(6) The duration of the period of disqualification or ineligibility is set out in OAR 461-140-0260 to 461-140-0300. Statutory/Other Authority: ORS 409.050, 411.060, 411.404, 411.710, 411.816, 412.049, 413.085, 414.619

Statutes/Other Implemented: 411.060, 411.404, 411.710, 411.816, 412.049, ORS 409.010

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-140-0220 is being amended to replace references to Oregon Supplemental Income Program Medical (OSIPM) with nursing facility and home and community-based services, remove references to outdated timeframes, and add an allowance in certain circumstances for transfers made by an individual who was a victim of fraud, misrepresentation, or coercion. It is also being amended to group the asset transfer provisions by program for improved readability and clarity.

CHANGES TO RULE:

461-140-0220

Determining if a Transfer of an Asset is Disqualifying ¶

A transfer of an asset is not disqualifying if the requirements of OAR 461-140-0242 or one of the following sections are met:¶

- (1) The asset was excluded as personal belongings as described in OAR 461-145-0390.¶
- (2) The asset was sold or traded for compensation equal to or greater than fair market value.¶
- (3) ~~Except in the OSIPM program, the asset was transferred between members of the same financial group, including members who are ineligible noncitizens or disqualified people.¶~~
- (4) The transfer settled a legally enforceable claim against the asset or individual.¶
- (5) ~~The amount of the resource was equal to or less than the amount that was excluded at the initial month (see OAR 461-001-0000) of eligibility under OAR 461-160-0855 due to payments received under a qualified partnership policy (see OAR 461-001-0000).¶~~
- (6) ~~In all programs except the OSIP and OSIPM programs, a court ordered the transfer.¶~~
- (7) ~~In the OSIP and OSIPM programs, a court ordered the transfer and:¶~~
  - (a) ~~The transfer occurs more than 36 months or 60 months before the date of request~~Except for individuals applying for or receiving Department-based nursing facility services or home and community-based care (see OAR 461-115-001-0030), whichever is applicable under OAR 461-140-0210(5); or¶
  - (b) ~~There is an institutionalized spouse, and, after performing the calculations required in OAR 461-160-0580(2), the amount of resources allocated to a community spouse does not exceed the largest of the four amounts set forth in OAR 461-160-0580(2)(f); one of the following is true:¶~~
    - (a) ~~A court ordered the transfer;¶~~
    - (b) ~~The individual was a victim of fraud, misrepresentation, or coercion, and legal steps have been taken to recover the asset; or¶~~
    - (c) ~~In the OSIP and OSIPM programs, for an~~The asset was transferred between members of the same financial group, including members who are ineligible noncitizens or disqualified people.¶
- (6) ~~For individual in a nonstandard living arrangements applying for or receiving Department-paid nursing facility services or home and community-based care, one of the following is true:¶~~
  - (a) ~~The transfer occurred more than 60 months before the date of request (see OAR 461-001-0000), +115-0030).¶~~
  - (b) ~~The asset is an annuity purchased on or before December 31, 2005, the individual or the spouse of the individual is the annuitant, and the entire amount of principal and the annuity meets the requirements of OAR 461-145-0022(10).¶~~
  - (c) ~~The individual was a victim of fraud, misrepresentation, or coercion, and earned interest is paid in equal installments during the actuarial life expectancy of the annuitant. For purposes of this section, the actuarial life expectancy is established by the Period Life Table of the Office of the Chief Actuary of the Social Security Administration.¶~~
- (10) ~~In the OSIP and OSIPM programs, the individual one of the following is true:¶~~
  - (A) ~~Legal steps have been taken to recover the asset; or¶~~
  - (B) ~~The individual is unable to take legal action due to incapacity, there is no legal representative who can act on their behalf, and a referral has been made to Oregon Adult Protective Services.¶~~
  - (d) ~~There is an a standard living arrangement institutionalized spouse (see OAR 461-001-00030).¶~~
- (11) ~~In the OSIP and OSIPM programs, for an individual in a nonstandard liv and one of the following is true:¶~~
  - (A) ~~The transfer is made ing arrangement (see OAR 461-001-0000); ccordance with OAR 461-160-0580(3).¶~~
  - (a) ~~The asset is an annuity purchased from January 1, 2006 through June 30, 2006, the individual or was transferred to either spouse of the individual is the annuitant, and the annuity meets the requirements of OAR 461-145-0022(8).¶~~

~~(b) The asset is an annuity purchased on or after July 1, 2006, and the annuity meets the requirements of OAR 461-145-0022(10) prior to completing the calculation under OAR 461-160-0580 and remains countable for purposes of completing the calculation.~~

Statutory/Other Authority: ORS 411.070, 411.404, 411.816, 412.049, 413.085, 414.042, 414.685, ORS 409.050, 410.070, 411.060

Statutes/Other Implemented: ORS 409.010, 410.070, 411.060, 411.070, 411.404, 411.708, 411.816, 412.049, 414.02

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-140-0242 is being amended to replace references to Oregon Supplemental Income Program (OSIP) and Oregon Supplemental Income Program Medical (OSIPM) with nursing facility and home and community-based care, and to add the definition of "asset". It is also being amended to add clarification about when failure to pursue an asset qualifies as a disqualifying transfer of assets.

CHANGES TO RULE:

461-140-0242

Disqualifying Transfer of Assets Including Home; ~~OSIP and OSIPM~~ Nursing Facility and Home and Community-Based Care ¶

~~For an individual in a nonstandard living arrangement (see OAR 461-001-0000) in the Oregon Supplemental Income Program (OSIP) and Oregon Supplemental Income Program Medical (OSIPM) programs applying for or receiving Department-paid nursing facility services or home and community-based care (see OAR 461-001-0030):~~¶

(1) For the purposes of this rule:¶

(a) The definition of "child" in OAR 461-001-0000 does not apply.¶

(b) "Child" means a natural or adoptive son or daughter who is:¶

(A) Under age 21; or¶

(B) Any age and has been determined to meet the blindness criteria of OAR 461-125-0330 or the disability criteria of OAR 461-125-0370.¶

(c) "Home" is defined in OAR 461-145-0220.¶

~~(2) A transfer of an asset~~ (d) "Asset" means all income and resources of the individual and of the individual's spouse (see OAR 461-001-0000). This includes income or resources to which the individual or spouse is entitled but does not receive because of any action by:¶

(A) The individual or their spouse;¶

(B) A person, including a court or administrative body, with legal authority to act in place of or on behalf of the individual or their spouse; or¶

(C) Any person, including a court or administrative body, acting at the direction or upon the request of the individual or their spouse.¶

(2) A transfer of an asset (see section (1) of this rule), including a home (see section (1) of this rule), by an individual or the spouse of the individual is a disqualifying transfer unless the requirements of at least one of the following subsections are met:¶

(a) The transfer was made exclusively for purposes other than establishing eligibility or maintaining benefits.¶

(b) The title to the asset was transferred to the person's spouse, the person's child (see section (1) of this rule) who is blind or has a disability under the criteria of the Social Security Administration, or another for the sole benefit of the spouse or a child who is blind or has a disability under the criteria of the Social Security Administration, provided that the transfer is arranged in such a way that no individual or entity except this spouse or child can benefit from the asset transferred in any way, whether at the time of transfer or any time in the future. A direct transfer, transfer instrument, or trust that provides for funds or property to pass to a beneficiary who is not the spouse or child who is blind or has a disability under the criteria of the Social Security Administration is not considered to be established for the benefit of one of those individuals. In order for a transfer or a trust to be considered for the sole benefit of one of these individuals, the instrument or document must provide for the spending of the funds involved for the benefit of the individual based on the life expectancy of the individual.¶

(c) The transfer was made to a trust described in OAR 461-145-0540(9), except that a transfer to a trust under OAR 461-145-0540(9)(a) is disqualifying if the individual is age 65 or older.¶

(d) The transfer was made to a trust described in OAR 461-145-0540(10) established solely for the benefit of an individual under 65 years of age who has a disability that meets the criteria of the Social Security Administration, except that a transfer to a trust under OAR 461-145-0540(10) is disqualifying if the individual is age 65 or older. This subsection applies to all transfers made on or after July 1, 2006.¶

(e) The transfer is a transfer described in OAR 461-160-0580(3).¶

(f) The resource is transferred by the community spouse (see OAR 461-001-0030) after the Department has determined the community spouse's resource allowance in accordance with OAR 461-160-0580 and the resource has not been attributed to the institutionalized spouse (see OAR 461-001-0030). Notwithstanding this subsection,

a transfer of a resource by a community spouse who is receiving or applying for benefits remains subject to all rules regarding the transfer of an asset by an individual.¶

(3) Actions taken to avoid receiving an asset an individual or spouse is entitled to are considered a disqualifying transfer of an asset. Actions that would cause an asset to not be received include but are not limited to the following:¶

(a) Irrevocably waiving pension income.¶

(b) Waiving the right to receive an inheritance.¶

(c) Failing to pursue an elective share as described in Oregon Revised Statutes (ORS) 114.600 to 114.725.¶

(d) Not accepting or accessing injury settlements.¶

(e) Refusal to take legal action to obtain a court-ordered payment that is not being paid, such as child support or alimony.¶

(f) Refusal to pursue an equitable division of marital property during a proceeding of dissolution of marriage.¶

(4) Notwithstanding section (2)(a) of this rule, a transfer of a home by an individual or the spouse of the individual is a disqualifying transfer unless the title was transferred to the individual's;¶

(a) Child;¶

(b) Sibling who has equity interest in the home and was residing in the home for at least one year immediately before the individual's admission to long-term care (see OAR 461-001-0000); or¶

(c) Natural or adoptive son or daughter who meets the requirements of each of the following paragraphs:¶

(A) The son or daughter resided with the individual in the individual's home continuously for at least two years immediately prior to the individual's admission to long-term care other than an absence from the home that is not intended to, and does not, exceed 30 days.¶

(B) The son or daughter provides convincing evidence that he or she provided services that permitted the individual to reside at home for at least two years rather than in an institution or long-term care facility.¶

(C) Without receiving payment from the Department, the son or daughter must have directly provided the services required by paragraph (B) of this subsection as described in both of the following subparagraphs for a total of at least 20 hours per week.¶

(i) On a daily basis, one or a combination of any of the following activities of daily living, as each sub-subparagraph is further defined at OAR 411-015-0006:¶

(I) Eating.¶

(II) Dressing/Grooming.¶

(III) Bathing/Personal Hygiene.¶

(IV) Mobility.¶

(V) Elimination.¶

(VI) Cognition/Behavior.¶

(ii) One or a combination of any of the following instrumental activities of daily living, as each sub-subparagraph is further defined at OAR 411-015-0007:¶

(I) Housekeeping.¶

(II) Laundry.¶

(III) Meal Preparation.¶

(IV) Medication Management.¶

(V) Shopping.¶

(VI) Transportation.¶

(45) Except for a transfer permitted under section (34) of this rule, each of the following subsections applies in determining whether an asset is considered transferred for fair market value (see OAR 461-001-0000):¶

(a) The compensation received for the asset must be in a tangible form with intrinsic value.¶

(b) The Department presumes that services provided for free at the time were intended to be provided without compensation, and that a transfer to an individual for services provided for free in the past is a disqualifying transfer of an assets. This presumption is rebuttable with convincing evidence. This evidence must also show that there was an express agreement to provide services for compensation at the time the services were provided.¶

(c) Compensation for services is valued at the average market rate at the time the services were provided, unless the express agreement provides a lower rate.¶

(5d) When evaluating whether an action causing an asset not to be received under section (3) results in a transfer for less than fair market value, the Department will consider the following:¶

(A) Whether the individual or their spouse is able to afford to take the necessary action to obtain the asset.¶

(B) Whether the cost of obtaining the asset is greater than what the asset is worth.¶

(6) If a transfer is made for less than fair market value and is not exempt from disqualification under this rule, there is a rebuttable presumption that the asset was transferred for the purpose of establishing or maintaining eligibility and is not exempt under subsection (2)(a) of this rule.¶

(6Z) To rebut the presumption in section (56) of this rule, the individual must present evidence other than this or

her own statement and must provide to the Department the information it requests for the purpose of evaluating the purpose of the transfer. To meet the burden, it is sufficient for the individual to show one of the following:¶¶

(a) The decision to make the transfer was not within the individual's control;¶¶

(b) At the time of transfer, the individual could not reasonably have anticipated applying for medical assistance;¶¶

(c) Unexpected loss of resources or income occurred between the time of transfer and the application for medical assistance; or¶¶

(d) Because of other, similarly convincing, circumstances, it appears more likely than not that the transfer was not made, in whole or in part, for the purpose of establishing or maintaining eligibility for benefits.¶¶

~~(78)~~ The fact that a recipient was already eligible for benefits is not sufficient to rebut the presumption in section ~~(56)~~ of this rule because the asset may not always be excluded and if the individual had received full compensation for the asset, the compensation received would have been used to determine future eligibility.

Statutory/Other Authority: ORS 411.060, 411.710

Statutes/Other Implemented: ORS 411.060, 411.710, 414.042

AMEND: 461-140-0250

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-140-0250 is being amended to replace Oregon Supplemental Income Program (OSIP) and Oregon Supplemental Income Program Medical (OSIPM) with nursing facility and home and community-based services and to clarify counting of assets and deducting costs and encumbrances from their total value.

#### CHANGES TO RULE:

461-140-0250

Determining The Uncompensated Value of a Transferred Asset ¶¶

~~Retroactively effective July 6, 2020:¶¶~~

(1) The uncompensated value of a disqualifying transfer of an asset is used in OAR 461-140-0260 to 461-140-0300 to calculate the ineligibility period of the financial group (see OAR 461-110-0530).¶¶

(2) To determine uncompensated value:¶¶

(a) ~~In the OSIP and OSIPM programs~~ For individuals applying for or receiving Department-paid nursing facility services or home and community-based care (see OAR 461-001-0000):¶¶

(A) The value of the compensation received for the asset is subtracted from the fair market value (see OAR 461-001-0000) of the asset. ¶¶

(i) For transfers made on or after the ~~date of request for long-term care (see OAR 461-001-0000)~~ nursing facility services or home and community-based care (see OAR 461-001-0030), this result is the uncompensated value.¶¶

(ii) For transfers made before the date of request for ~~long-term care (see OAR 461-001-0000)~~ nursing facility services or home and community-based care (see OAR 461-001-0030), this result is the uncompensated value unless the financial group had countable (see OAR 461-001-0000) resources of less than the resource limit at the time of the first transfer. If the financial group had countable resources of less than the resource limit in OAR 461-160-0015 at the time of the first transfer, ~~in that event,~~ the remainder (the resource limit minus the countable resources) is then credited by adding it to the other compensation received for the asset. ¶¶

(B) For an annuity, unless the individual verifies a lesser amount, the fair market value is equal to the amount of money used to establish the annuity, plus any additional payments used to fund the annuity, plus any earnings, minus any regular monthly payments already received, minus early withdrawals, and minus any surrender fees.¶¶

(C) The value of the compensation received for an asset to which an individual is entitled and chooses to pursue (see OAR 461-140-0242) includes the amount received plus the costs associated with obtaining the asset, such as a personal injury attorney's contingency fee.¶¶

(b) In all other programs, the value of the compensation received for the resource is subtracted from the fair market value of the resource. The remainder is added to the other countable resources at the time of the transfer. The amount by which the sum exceeds the resource limit is the uncompensated value.¶¶

(c) The compensation received for a transferred asset includes all of the following:¶¶

(A) Encumbrances assumed by the buyer or otherwise discharged as a result of the transfer:¶¶

(B) Any costs associated with the transfer, including but not limited to negotiated closing costs, escrow fees, and title fees; and¶¶

(B)(C) Goods or services provided to the individual, limited to their true value, if there was a prior agreement to exchange the asset for the goods or services.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 412.049, 413.085, 414.685

Statutes/Other Implemented: ORS 409.010, 409.050, 410.020, 411.060, 411.070, 411.404, 411.632, 411.706, 411.816, 412.049, 413.085, 414.685, 414.839

RULE SUMMARY: OAR 461-140-0296 is being amended to remove the lookback periods that are no longer relevant.

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.¶

(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 an individual or the spouse of an individual purchases an annuity on or before December 31, 2005 or 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: 461-140-0300

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-140-0300 is being amended to replace Oregon Supplemental Income Program Medical (OSIPM) with nursing facility and home and community-based services, in accordance with federal policy.

CHANGES TO RULE:

461-140-0300

Adjustments to the Disqualification for Asset Transfer ¶¶

(1) The disqualification imposed under OAR 461-140-0260 is not adjusted once applied in the Supplemental Nutrition Assistance Program (SNAP).¶

(2) In all other programs, the disqualification is voided if the transfer that caused the disqualification is rescinded. The duration of the disqualification is recalculated if the terms of the transfer are modified. Returned assets are included in the eligibility determination for any previous period during which benefits were denied.¶

(3) ~~In the Oregon Supplemental Income Program (OSIP), Oregon Supplemental Income Program Medical (OSIPM), and Refugee Assistance Medical (REFM) programs,~~ For nursing facility services, home and community-based care (OSIPM, see OAR 461-001-0030), and Refugee Assistance Medical (REFM) programs, the Department may waive the disqualification if the disqualification would create an undue hardship on the individual. For purposes of this section, the disqualification would create an undue hardship if the requirements of subsections (a) and (b) of this section are met:¶

(a) The individual has no other means for meeting their needs. The individual has the burden of proving that no other means exist by:¶

(A) Exploring and pursuing all reasonable means to recover the assets to the satisfaction of the Department, including legal remedies and consultation with an attorney; and¶

(B) Cooperating with the Department to take action to recover the assets.¶

(b) The disqualification would deprive the individual of:¶

(A) Medical care such that the individual's health or life would be endangered; or¶

(B) Food, clothing, shelter, or other necessities of life without which the health or life of the individual would be endangered.¶

(4) As authorized by ORS 411.620, the Department retains the authority to bring a civil suit or action to set aside a transfer of assets for less than fair market value and may seek recovery of all costs associated with such an action.¶

(5) Notwithstanding the granting of an undue hardship waiver under section (3) of this rule, the Department is not precluded from recovering public assistance or medical assistance from any assets in which the individual held an interest, or in which the individual previously held an interest, at the time the undue hardship waiver was granted.

Statutory/Other Authority: ORS 409.050, 411.060, 411.404, 411.816, 412.014, 412.049

Statutes/Other Implemented: ORS 409.010, 411.060, 411.404, 411.632, 411.816, 412.014, 412.049

AMEND: 461-145-0254

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-145-0254 is being amended to add the Targeted Housing Assistance Program (THAP) and to specify how a payment from this program is treated when determining eligibility for programs in OAR chapter 461.

CHANGES TO RULE:

461-145-0254

Youth Experiencing Homelessness Program; Direct Cash Transfer Payments, Targeted Housing Assistance Program

(1) Youth Experiencing Homelessness Program (YEHP) Direct Cash Transfer (DCT) payments are provided to eligible youth 18 to 24 years of age. The payments help youth who are experiencing homelessness to establish housing stability and support successful independent living.¶

(2) ~~In all programs except SNAP, the~~ The Targeted Housing Assistance Program (THAP) is a direct cash program, provided in collaboration with Child Welfare, supporting youth at risk of homelessness between 18 and 24 years of age. A one-time payment is paired with case management and goal setting to stabilize housing and lead to self-sufficiency. The payment is a flexible amount depending on the individualized needs of youth.¶

(3) In all programs except the Supplemental Nutrition Assistance Program (SNAP), DCT and THAP payments are excluded to determine countable (see OAR 461-001-0000) assets (see OAR 461-001-0000).¶

~~(34) In the SNAP program, the:~~¶

(a) DCT payments are countable unearned income.¶

(b) A THAP payment is treated as lump sum income (see OAR 461-001-0000) under OAR 461-140-0120. This is a countable resource included in the month the lump sum is received.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 413.085, 414.619

Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.706, 411.816, 413.085, 414.619, 417.799

AMEND: 461-145-0455

REPEAL: Temporary 461-145-0455 from SSP 16-2026

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-145-0455 is being amended to add a description of Program of Initial Resettlement (PIR) grants and to revise the language to treat PIR grants and R&P grants in the same manner by all programs. It is also being amended to correct the title of the rule to match the programs addressed in the rule and to replace Qualified Medicare Beneficiaries (QMB) with "Medicare Savings Programs" to match federal terminology.

CHANGES TO RULE:

461-145-0455

~~Resettlement~~ Program of Initial Resettlement (PIR), Reception and Placement (R&P) and Welcome Corps Grants ¶

(1) A Reception and Placement (R&P) grant is a payment made by the United States Department of State through a national refugee resettlement agency to a local resettlement agency, refugee sponsor, or refugee. An R&P grant is provided to the resettlement agency to help with the costs of initial resettlement of a refugee in the United States. The resettlement agency provides a part of this grant to the refugee, usually in the refugee's first three months after arrival, for the refugee's initial resettlement needs and not for ongoing living expenses.¶

(2) The Welcome Corps is an equivalent program to R&P. A Welcome Corps grant is money raised by a private sponsor group on behalf of a refugee. A Welcome Corps grant is used to help with the costs of initial resettlement of a refugee in the United States. The private sponsor group provides a part of this grant to the refugee, usually in the refugee's first three months after arrival, for the refugee's initial resettlement needs and not for ongoing living expenses.¶

(3) Program of Initial Resettlement (PIR) is an equivalent program of R&P. PIR replaced R&P on January 1, 2026. A PIR grant is a payment made by the Office of Refugee Resettlement (ORR) through a national refugee resettlement agency to a local resettlement agency, refugee sponsor, or refugee. A PIR grant is provided to the resettlement agency to help with the costs of initial resettlement of a refugee in the United States. The resettlement agency provides a part of this grant to the refugee, usually in the refugee's first three months after arrival, for the refugee's initial resettlement needs and not for ongoing living expenses.¶

(4) In the Refugee Assistance (REF), Refugee Assistance Medical (REFM), and Temporary Assistance for Needy Families (TANF) programs, an R&P, PIR or Welcome Corps grant is excluded from consideration as income or a resource for purposes of determining program eligibility or benefit levels, except as provided in OAR 461-140-0070.¶

(45) In the Supplemental Nutrition Assistance Program (SNAP), any amount paid directly to a SNAP household from an R&P, PIR or Welcome Corps grant is counted as unearned income. For an in-kind payment made directly to a provider by the resettlement agency, see OAR 461-145-0280.¶

(56) ~~In the Oregon Supplemental Income Program Medical (OSIPM), and Qualified Medicare Beneficiaries (QMB) programs, an R&P~~ For Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM), an R&P, PIR or Welcome Corps grant determined to be available to the refugee is considered unearned income.

Statutory/Other Authority: ORS 411.060, 411.116, 411.404, 411.816, 412.049

Statutes/Other Implemented: ORS 411.060, 411.116, 411.404, 411.816, 412.049, 411.070, 412.006, 45 CFR 400

AMEND: 461-160-0620

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-160-0620 is being amended to reflect federal cost of living adjustments.

CHANGES TO RULE:

461-160-0620

Income Deductions and Patient Liability; Long-Term Care Services or Home and Community-Based Care; OSIPM ¶

In the Oregon Supplemental Income Program Medical (OSIPM):¶

(1) Deductions from income are made for an individual residing in or entering a long-term care facility or receiving home and community-based care (see OAR 461-001-0030) as explained in subsections (3)(a) to (3)(h) of this rule.¶

(2) The liability of an individual is determined according to subsection (3)(i) of this rule, except as provided otherwise in OAR 461-160-0610.¶

(3) Deductions are made in the following order:¶

(a) One standard earned income deduction of \$65 is made from the earned income in the OSIPM program.¶

(b) The deductions under the plan for self-support as allowed by OAR 461-145-0405.¶

(c) One of the following need standards:¶

(A) A \$81.28 personal needs allowance for an individual receiving long-term care services.¶

(B) A \$90 personal needs allowance for an individual receiving long-term care services who is eligible for Veterans Administration (VA) benefits based on unreimbursed medical expenses. The \$90 allowance is allowed only when the VA benefit has been reduced to \$90.¶

(C) For an individual who receives home and community-based care:¶

(i) Except as provided in subparagraph (ii) of this paragraph, the OSIPM maintenance standard.¶

(ii) For an individual who receives in-home services, the OSIPM maintenance standard plus \$500.¶

(d) A community spouse (see OAR 461-001-0030) monthly income allowance is deducted from the income of the institutionalized spouse (see OAR 461-001-0030) to the extent that the income is made available to or for the benefit of the community spouse, using the following calculation.¶

(A) Step 1--Determine the maintenance needs allowance. ~~\$2,643.75~~\$2,643.75 is added to the amount over ~~\$793.13~~\$793.13 that is needed to pay monthly shelter expenses for the principal residence of the couple. This sum or \$4,066.50, whichever is less, is the maintenance needs allowance. For the purpose of this calculation, shelter expenses are the rent or home mortgage payment (principal and interest), taxes, insurance, required maintenance charges for a condominium or cooperative, and the full standard utility allowance for the Supplemental Nutrition Assistance Program (SNAP) (see OAR 461-160-0420). If an all-inclusive rate covers items that are not allowable shelter expenses, including meals or housekeeping in an assisted living facility, or the rate includes utilities, to the extent they can be distinguished, these items must be deducted from the all-inclusive rate to determine allowable shelter expenses.¶

(B) Step 2--Compare maintenance needs allowance with community spouse's countable income. The countable (see OAR 461-001-0000) income of the community spouse is subtracted from the maintenance needs allowance determined in step 1. The difference is the income allowance unless the allowance described in step 3 is greater.¶

(C) Step 3--If a spousal support order or exceptional circumstances resulting in significant financial distress require a greater income allowance than that calculated in step 2, the greater amount is the allowance.¶

(e) A dependent income allowance for an eligible dependent (see OAR 461-001-0030) as follows:¶

(A) For a case with a community spouse, a deduction is permitted only if the monthly income of the eligible dependent is below ~~\$2,643.75~~\$2,643.75. To determine the income allowance of each eligible dependent:¶

(i) The monthly income of the eligible dependent is deducted from ~~\$2,643.75~~\$2,643.75.¶

(ii) One-third of the amount remaining after the subtraction in paragraph (A) of this subsection is the income allowance of the eligible dependent.¶

(B) For a case with no community spouse:¶

(i) The allowance is the Temporary Assistance for Needy Families (TANF) adjusted income standard (see OAR 461-155-0030) for the individual and eligible dependents.¶

(ii) The TANF standard is not reduced by the income of the dependent.¶

(f) Costs for maintaining a home if the individual meets the criteria in OAR 461-160-0630.¶

(g) Medical deductions allowed by OAR 461-160-0030 and 461-160-0055 are made for costs not covered under the state plan.¶

(h) After taking all the deductions allowed by this rule, the remaining balance is the adjusted income (see OAR 461-001-0000).¶

(i) The individual's liability is determined as follows:¶¶

(A) For an individual receiving home and community-based care (except individuals identified in section (2) of this rule), the liability is the actual cost of the home and community-based care or the adjusted income of the individual, whichever is less. This amount must be paid to the Department or the home and community-based care facility each month as a condition of being eligible for home and community-based care.¶¶

(B) For an individual who resides in a nursing facility, the liability is the actual cost of services or the adjusted income of the individual, whichever is less. This amount must be paid to the facility each month as a condition of being eligible for nursing facility services.

Statutory/Other Authority: ORS 409.050, 413.085, 411.060, 411.070, 411.404, 414.065, 414.685, 411.706

Statutes/Other Implemented: ORS 409.010, 413.085, 411.060, 411.070, 411.404, 414.065, 414.685, 42 USC 1396r-5, 411.706, 42 CFR 435.725 - 435.735

AMEND: 461-170-0011

REPEAL: Temporary 461-170-0011 from SSP 5-2026

NOTICE FILED DATE: 04/29/2026

RULE SUMMARY: OAR 461-170-0011 is being amended to align Able-Bodied Adults Without Dependents (ABAWD) policy with Supplemental Nutrition Assistance Program (SNAP) reporting requirements, based on the reporting system to which an individual is assigned. It is also being amended to remove Oregon Supplemental Income Program (OSIP), and to replace Qualified Medicare Beneficiaries (QMB) with "Medicare Savings Programs" to match federal terminology.

#### CHANGES TO RULE:

461-170-0011

#### Changes That Must Be Reported ¶¶

(1) A change in employment status is considered to occur as follows:¶¶

(a) For a new job, the change occurs the first day of the new job.¶¶

(b) For a job separation, the change occurs on the last day of employment.¶¶

(2) A change in source of income is considered to occur as follows:¶¶

(a) For earned income, the change occurs upon the receipt by the individual of the first paycheck from a new job or the first paycheck reflecting a new rate of pay.¶¶

(b) For unearned income, the change occurs the day the individual receives the new or changed payment.¶¶

(3) An individual must report, orally or in writing, the following changes:¶¶

(a) In the Supplemental Nutrition Assistance Program (SNAP):¶¶

~~(A) An individual with Able-Bodied Adult Without Dependents (ABAWD) status residing in one of the SNAP time limit areas (see OAR 461-135-0520), who is working, paid or unpaid, and participating in the Change Report System (CRS), Simplified Report System (SRS), or Transitional Benefit Alternative (TBA) rparticipating in the Change Reporting sSystem must report a change in work hours when work hours fall below 20 hours per week. This change must be reported within 10 days of occurrence.¶¶~~

~~(B) An individual participating in [CRS] must report any of the following changes within 10 days of occurrence:¶¶~~

~~(i) Effective October 1, 2021, a change in earned income of more than \$125.¶¶~~

~~(ii) Effective October 1, 2021, a change in unearned income of more than \$125.¶¶~~

~~(iii) An individual with an Able-Bodied Adults Without Dependents (ABAWD) status residing in one of the SNAP time limit areas (see OAR 461-135-0520) who is working, paid or unpaid, must report a change in work hours when work hours fall below 20 hours per week.¶¶~~

~~(iv) A change in source of income.¶¶~~

~~(iv) A change in membership of the filing group (see OAR 461-110-0370) and any resulting change in income.¶¶~~

~~(vi) A change in residence and the shelter costs in the new residence.¶¶~~

~~(vii) A change in the legal obligation to pay child support.¶¶~~

~~(viii) When the sum of cash on hand, stocks, bonds, and money in a bank or savings institution account reaches or exceeds program resource limits.¶¶~~

~~(viii) Acquisition or change in ownership of a non-excluded vehicle.¶¶~~

~~(C) An individual participating in SRS the Simplified Reporting System (SRS) must report by the tenth day of the month following the month of occurrence when:¶¶~~

~~(i) The monthly income of the filing group exceeds the SNAP countable (see OAR 461-001-0000) income limit.¶¶~~

~~(ii) A member of the financial group (see OAR 461-110-0530) has lottery or gambling winnings equal to or in excess of the amount listed as the resource limit in OAR 461-160-0015(6)(a).¶¶~~

~~(D)iii) An individual participating in TBA is not required to report any changes except for the requirement set out in paragraph (3)(a)(A) with an ABAWD status residing in one of the SNAP time limit areas who is working, paid or unpaid, has a change in work hours that fall below 20 hours per week.¶¶~~

~~(C) An individual participating in Transitional Benefit Alternative (TBA) is not required to report any changes.¶¶~~

(b) For Employment Payments (see OAR 461-135-1270) an individual must report changes that may affect eligibility (see OAR 461-001-000) within 10 days of occurrence, including:¶¶

(A) A loss of unsubsidized paid employment.¶¶

(B) All dependent children (see OAR 461-001-0000) are out of the household.¶¶

(c) ~~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), an individual must report all

changes that may affect eligibility or benefit level within 10 days of occurrence, including any of the following changes:¶¶

- (A) A change in employment status.¶¶
- (B) A change in health care coverage.¶¶
- (C) A change in membership of the household group (see OAR 461-110-0210).¶¶
- (D) A change in marital status.¶¶
- (E) A change in residence.¶¶
- (F) A change in resources.¶¶
- (G) A change in source or amount of income.¶¶
- (H) Except for the QMB and Medicare Savings Programs, out-of-pocket medical expenses.¶¶

(d) In the Refugee Assistance (REF) program, an individual participating in CRS must report any of the following changes within 10 days of occurrence:¶¶

- (A) Acquisition or change in ownership of a non-excluded vehicle.¶¶
- (B) A change in earned income more than \$100.¶¶
- (C) A change in employment status (see section 1 of this rule).¶¶
- (D) A change in marital status or other changes in membership of the filing group (see OAR 461-110-0430).¶¶
- (E) A change in immigration or citizenship status for any member of the filing group.¶¶
- (F) A change in mailing address or residence.¶¶
- (G) A change in pregnancy status of any member of the filing group.¶¶
- (H) A change in source of income.¶¶

(I) A change in unearned income more than \$50.¶¶

(J) A change in who pays the shelter costs if the costs will be paid by a non-custodial parent.¶¶

(K) Sale or receipt of a resource that causes total resources to exceed program resource limits.¶¶

(e) In the Refugee Assistance Medical (REFM) program, an individual must report the following changes within 10 days of occurrence:¶¶

- (A) A change in membership of the household group.¶¶
- (B) A change in residence.¶¶
- (C) A change in pregnancy status of any member of the filing group (see OAR 461-110-0430).¶¶
- (D) A change in immigration status for any member of the filing group.¶¶

(f) In the State Family Pre-SSI/SSDI (SFPSS), and Temporary Assistance for Needy Families (TANF) programs, an individual participating in CRS must report any of the following changes within 10 days of occurrence:¶¶

- (A) Acquisition or change in ownership of a non-excluded vehicle.¶¶
- (B) A change in earned income more than \$100.¶¶
- (C) A change in employment status (see section 1 of this rule).¶¶
- (D) A change in membership of the household group.¶¶
- (E) A change in marital status or other changes in membership of the filing group (see OAR 461-110-0330).¶¶
- (F) A change in immigration or citizenship status for any member of the filing group.¶¶
- (G) A change in employment authorization status for any member of the filing group that is Job Opportunity and Basic Skills (JOBS) eligible or a JOBS volunteer (see OAR 461-130-0310).¶¶
- (H) A change in mailing address or residence.¶¶
- (I) A change in pregnancy status of any member of the filing group.¶¶
- (J) A change in source of income.¶¶
- (K) A change in unearned income more than \$50.¶¶

(L) A change in who pays the shelter costs if the costs will be paid by a non-custodial parent.¶¶

(M) Sale or receipt of a resource that causes total resources to exceed program resource limits.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 412.014, 412.049, 413.085, 414.685

Statutes/Other Implemented: ORS 409.010, 409.050, 411.060, 411.070, 411.081, 411.404, 411.704, 411.706, 411.816, 411.825, 411.837, 412.014, 412.049, 413.085, 414.685, 414.826