Transmittal #21-0016 Attachment 2.6-A Page 12d OMB No:

STATE PLAN UNDER TITI	LE XIX OF THE SOCIAL SECURITY ACT	Γ
State/Territory:	OREGON	

## **ELIGIBILITY CONDITIONS AND REQUIREMENTS**

Citation(s)

Condition or Requirement

## ESTABLISHMENT AND APPLICATION OF A PREMIUM OR OTHER COST SHARING CHARGES

Section 1902(f) State

[X] Non-Section 1902(f) State

1. Any Working Disabled individual who receives Medicaid benefits shall be subject to cost sharing. The following premium or cost sharing procedures shall be utilized:

The Working Disabled participant liability shall be determined by the client's monthly income. The calculation shall be based on the sliding fee scale below or clients not receiving long-term care services. For those receiving long-term care services, the calculation shall be based on the sliding fee scale below, the cost of the long-term care services, or the adjusted income as calculated for long-term care services, whichever is less.

- For clients with countable income below 75% of the Federal Poverty Level (FPL), the monthly participant liability will be \$0.
- For clients with countable income between 75% and 100% of the FPL, the monthly participant liability will be \$50.
- For clients with countable income between 101% and 250% of the FPL, the monthly participant liability will be \$100.
- For clients with countable income above 250% of the FPL, the monthly participant liability will be \$150. Eligibility for the program is determined by adjusted income. No client with adjusted income above 250% of FPL will be eligible for the program.

Failure by the client to pay the participant liability shall result in ineligibility for the client in the Working Disabled program.

TN No:  $\underline{21-0016}$  Approval Date: Effective Date:  $\underline{1/1/22}$ 

Supersedes TN No. 07-12