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**TEMPORARY ADMINISTRATIVE ORDER**  
INCLUDING STATEMENT OF NEED & JUSTIFICATION

**DMAP 24-2020**  
CHAPTER 410  
OREGON HEALTH AUTHORITY  
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

**FILED**  
05/08/2020 9:11 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: Temporary Eligibility Policy Changes Related To The Covid-19 Emergency Period

EFFECTIVE DATE: 05/08/2020 THROUGH 11/03/2020

AGENCY APPROVED DATE: 05/07/2020

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**NEED FOR THE RULE(S):**

In accordance with the Families First Coronavirus Response Act (FFCRA) and OAR 410-120-0011, following the declaration of a national emergency, the Authority is adopting temporary measures related to HSD Medical program eligibility. These changes are made to ensure access to COVID-19 testing and treatment for all HSD Medical Program recipients.

**JUSTIFICATION OF TEMPORARY FILING:**

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, and recipients of Medicaid benefits. These rules need to be adopted promptly so that the Authority may operationalize the intent of the Families First Coronavirus Response Act to assure appropriate access to qualified health care providers and reduce disease transmission.

**DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:**

The Families First Coronavirus Response Act:  
<https://www.congress.gov/bill/116th-congress/house-bill/6201/text>

ADOPT: 410-200-0520

RULE TITLE: COVID-19 Emergency changes

RULE SUMMARY: In accordance with the Families First Coronavirus Response Act (FFCRA) and OAR 410-120-0011, following the declaration of a national emergency, the Authority is adopting temporary measures related to HSD Medical program eligibility. These changes are made to ensure access to COVID-19 testing and treatment for all HSD Medical Program recipients.

**RULE TEXT:**

The provisions in this rule apply to all HSD Medical Program eligibility determinations made as of March 18, 2020.  
(1) In accordance with the Families First Coronavirus Response Act (FFCRA) and OAR 410-120-0011, following the declaration of a national emergency, the Authority adopts temporary measures related to HSD Medical program

eligibility.

(2) Notwithstanding any other rule to the contrary in these Chapter 410, division 200 rules, during the COVID-19 emergency, HSD Medical program eligibility shall be determined as set forth in this rule.

(3) Except for individuals receiving coverage during a period of presumptive eligibility (see section 4 of this rule), individuals who were receiving HSD Medical Program benefits on March 18, 2020, or who begin receiving coverage following that date via full eligibility determination shall not have benefits terminated or suspended during the national emergency period, with the following exceptions:

(a) Terminations of coverage shall be limited to the following reasons:

(A) The recipient dies;

(B) The recipient or someone authorized to act on their behalf requests voluntary termination of coverage; or

(C) The recipient is confirmed to no longer be a resident of Oregon; or

(b) Coverage will be suspended for individuals who become incarcerated (see OAR 410-200-0140).

(4) Individuals receiving coverage during a period of presumptive eligibility are not subject to the provisions described in section (3) of this rule, as a full eligibility determination has not been made.

(5) Community Partners (see OAR 410-200-0015(27)) are granted authority to perform Presumptive Eligibility determinations pursuant to the policies outlined for Hospital Presumptive Eligibility in OAR 410-200-0105 for the duration of the emergency period.

(6) The agency shall accept self-attestation of all eligibility criteria necessary to determine eligibility. Additional verification of attested eligibility criteria will not be requested, with the following exception:

(a) In the event that an individual's attestation of US citizenship, US national, or non-citizen status cannot be verified via FDSH or electronic verification sources available to the agency, the individual shall be provided a reasonable opportunity period (see OAR 410-200-0015(66)) to provide verification of their attestation;

(b) The reasonable opportunity period has been extended to 180 days for the duration of the emergency period;

(c) If the beneficiary fails to submit verification as requested, and the reasonable opportunity period ends during the emergency period, coverage will not be terminated for the duration of the emergency period;

(d) Upon receipt of verification, the agency will determine ongoing eligibility in accordance with citizenship/non-citizen status requirements described in OAR 410-200-0215.

(7) Federal Pandemic Unemployment Compensation (FPUC) is treated as follows:

(a) FPUC is excluded for all eligibility determinations based on monthly income, as described in 410-200-0310(4)(a).

(b) FPUC is counted for all eligibility determinations based on annual income, as described in 410-200-0310(4)(b).

(8) Individuals receiving Reproductive Health Equity Fund benefits (see OAR 410-200-0240(2)(b)) on March 18, 2020, or who begin receiving RHEF benefits following that date, shall retain RHEF benefits for the duration of the emergency period.

STATUTORY/OTHER AUTHORITY: ORS 411.402, 411.404, 413.042, 414.534

STATUTES/OTHER IMPLEMENTED: ORS 411.402, 411.404, 414.534, 411.443, 413.032, 413.038, 414.025, 414.231, 414.440, 414.536, 414.706, ORS 411.060, 411.095, 411.400, 411.406, 411.439