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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED
03/12/2020 4:39 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Medicaid Eligibility rules updated for clarity and alignment with DHS functionality and integrated eligibility system.

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/17/2020 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Wanda Davis
Rules Coordinator

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HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 04/15/2020

TIME: 10:00 AM

OFFICER: Brean Arnold

ADDRESS: Barbara Roberts Human

Services Building

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SPECIAL INSTRUCTIONS:

Submit written comments to

HSD.Rules@dhsaha.state.or.us

NEED FOR THE RULE(S):

HSD Medical Programs eligibility rules must be updated to incorporate corrections, updates communicated by CMS, and to bring policies into alignment among DHS and OHA programs in preparation for the Integrated Eligibility ONE system.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

42 CFR Part 435 – Eligibility in the States, District of Columbia, the Northern Mariana Islands, and American Samoa;
<https://www.law.cornell.edu/cfr/text/42/part-435>

FISCAL AND ECONOMIC IMPACT:

The Authority estimates that these rule amendments will result in little to no fiscal impact for applicants/beneficiaries

of HSD medical programs. The authority estimates that these amendments will have no fiscal impact on other state agencies, local government, and business, including small business. There is no cost of compliance for small business. No small businesses are subject to these rules.

COST OF COMPLIANCE:

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

1) Amending these rules will have no fiscal impact on the Authority, other state agencies, units of local government, the public, or businesses, including small businesses.

2a) None b) None c) None

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

Small business was not involved as they are not affected by these rules.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

AMEND: 410-200-0015

RULE SUMMARY: Updating definitions for clarity and to align with DHS functionality and integrated eligibility system. Changes include removing or amending outdated terms, and adopting new terms.

CHANGES TO RULE:

410-200-0015

General Definitions ¶¶

(1) "Action" means a termination, suspension, denial, or reduction of Medicaid or CHIP eligibility or covered services. ¶¶

(2) "Address Confidentiality Program (ACP)" means a program of the Oregon Department of Justice that provides a substitute mailing address and mail forwarding service for ACP participants who are victims of domestic violence, sexual assault, or stalking. ¶¶

(3) "AEN" means Assumed Eligible Newborn (OAR 410-200-0115). ¶¶

(4) "Affordable Care Act" means the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152), as amended by the Three Percent Withholding Repeal and Job Creation Act (Pub. L. 112-56). ¶¶

(5) "Agency" means the Oregon Health Authority and Department of Human Services. ¶¶

(6) "American Indian and Alaska Native Income Exceptions" means: ¶¶

(a) Distributions from Alaska Native Corporations and Settlement Trusts; ¶¶

(b) Distributions from any property held in trust, subject to federal restrictions, located within the most recent boundaries of a prior federal reservation or otherwise under the supervision of the Secretary of the Interior; ¶¶

(c) Distributions and payments from rents, leases, rights of way, royalties, usage rights, or natural resource extraction and harvest, including farming, from: ¶¶

(A) Rights of ownership or possession in any lands described in subsection (b) of this part; or ¶¶

(B) Federally protected rights regarding off-reservation hunting, fishing, gathering, or usage of natural resources. ¶¶

(d) Distributions resulting from real property ownership interests related to natural resources and improvements: ¶¶

(A) Located on or near a reservation or within the most recent boundaries of a prior federal reservation; or ¶¶

- (B) Resulting from the exercise of federally-protected rights relating to such real property ownership interests. ¶
- (e) Payments resulting from ownership interests in or usage rights to items that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable tribal law or custom; ¶
- (f) Student financial assistance provided under the Bureau of Indian Affairs education programs. ¶
- (7) "Applicant" means an individual who is seeking an eligibility determination for themselves or someone for whom they are applying through an application submission or a transfer from another agency, insurance affordability program, or the FFM. ¶
- (8) "Application" means: ¶
- (a) The single streamlined application for all insurance affordability programs developed by the Authority or the FFM; or ¶
- (b) An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard, submitted by or on behalf of the individual who may be eligible or is applying for assistance on a basis other than the applicable MAGI standard. ¶
- (9) "APTC" means advance payments of the premium tax credit, which means payment of the tax credits specified in section 36B of the Internal Revenue Code (as added by section 1401 of the Affordable Care Act) that are provided on an advance basis to an eligible individual enrolled in a QHP through an Exchange in accordance with sections 1402 and 1412 of the Affordable Care Act. ¶
- (10) "Assumed Eligibility" means an individual is deemed to be eligible for a period of time based on receipt of another program benefit or because of another individual's eligibility. ¶
- (11) "Authorized Representative" means an individual or organization that acts on behalf of an applicant or beneficiary in assisting with the individual's application and renewal of eligibility and other on-going communications with the Agency (OAR 410-200-0111). ¶
- (12) "Beneficiary" means an individual who has been determined eligible and is currently receiving OCCS medical program benefits, Aging and People with Disability medical program benefits, or APTC. ¶
- (13) "BRS" means Behavior Rehabilitation Services. ¶
- (14) "Budget Month" means the calendar month from which financial and nonfinancial information is used to determine eligibility. ¶
- (15) "Caretaker" means a parent, caretaker relative, or non-related caretaker who assumes primary responsibility for a child's care. ¶
- (16) "Caretaker Relative" means a relative of a dependent child by blood, adoption, or marriage with whom the child is living who assumes primary responsibility for the child's care, which may but is not required to be indicated by claiming the child as a tax dependent for federal income tax purposes, and who is one of the following: ¶
- (a) The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece; ¶
- (b) The spouse of the parent or relative even after the marriage is terminated by death or divorce; ¶
- (c) An individual described in this section who is a relative of the child based on blood, including those of half-blood, adoption, or marriage. ¶
- (17) "CAWEM" means Citizen/Alien-Waived Emergency Medical, which is Medicaid coverage for emergency medical needs for individuals who are not eligible for other medical programs solely because they do not meet citizenship and alien status requirements (OAR 410-200-0240). ¶
- (18) "CAWEM Plus" means medical services for pregnant CAWEM beneficiaries (OAR 410-200-0240) and includes: ¶
- (a) CAWEM prenatal coverage for the duration of the individual's pregnancy; and ¶
- (b) Reproductive Health Equity Fund (RHEF) coverage through the end of the calendar month in which the 60th day following the last day of the pregnancy falls. ¶
- (19) "Child" means an individual including minor parent, under the age of 19. Child does not include an unborn. Child includes a natural or biological, adopted, or step child. ¶
- (20) "Children's Health Insurance Program" also called "CHIP" means Oregon medical coverage under Title XXI of

the Social Security Act. ¶

(21) "Citizenship" includes status as a "national of the United States" defined in 8 U.S.C. 1101(a) (22) that includes both citizens of the United States and non-citizen nationals of the United States. ¶

(22) "Claim" means a legal action or a demand by, or on behalf of, an applicant or beneficiary for damages for or arising out of a personal injury that is against any person, public body, agency, or commission other than the State Accident Insurance Fund Corporation or Worker's Compensation Board. ¶

(23) "Claimant" means an individual who has requested a hearing or appeal. ¶

(24) "Code" means Internal Revenue Code of 1986 as amended. ¶

(25) "Combined Eligibility Notice" means an eligibility notice that informs an individual, or multiple family members of a household when feasible, of eligibility for each of the OCCS Medical Programs for which a determination or denial was made by the Authority. ¶

(26) "Community Partner" means all external entities that partner with the Authority and enter into formal agreement with the Authority to conduct outreach or enrollment assistance, whether or not they are funded or compensated by the Authority. Insurance agents are not considered community partners. ¶

(27) "Coordinated Content" means information included in eligibility notice regarding the transfer of the individual's or household's electronic account to another insurance affordability program for a determination of eligibility. ¶

(28) "Custodial Parent" means, for children whose parents are divorced, separated, or unmarried, the parent for whom: ¶

(a) If living with one parent, a court order or binding separation, divorce, or custody agreement establishes physical custody controls; or ¶

(b) If living with one parent and there is no such order or agreement described in subsection (a), or in the event of a shared custody agreement, the custodial parent is the parent with whom the child spends most nights; ¶

(c) If a child does not live with either parent, the parent who claims the child as a tax dependent is treated as the custodial parent for the purposes of OCCS medical program eligibility. ¶

(29) "Cover All Kids" refers to the OHP Plus equivalent benefit provided to children who meet all eligibility requirements for MAGI Medicaid/CHIP, except they do not meet the citizen and alien status requirements (OAR 410-200-0240). ¶

(30) "Date of Request" means the earlier of: ¶

(a) The date the request for medical benefits is received by the Agency, the FFM, or a community partner; or ¶

(b) The date the applicant received a medical service, if the request for medical benefits is received by midnight of the following business day. ¶

(31) "Decision Notice" means a written notice of a decision made regarding eligibility for an OCCS medical program benefit. A decision notice may be a: ¶

(a) "Basic decision notice" mailed no later than: ¶

(A) The date of action given in the notice; or ¶

(B) When suspending benefits due to incarceration (OAR 410-200-0140), the effective date is the day following the date on which the individual became incarcerated. ¶

(b) "Combined decision notice" informs an individual or multiple family members of a household, when feasible, of the eligibility decision made for each of the MAGI insurance affordability programs; ¶

(c) "Timely continuing benefit decision notice" informs the client of the right to continued benefits and is mailed no later than ten calendar days prior to the effective date of the change, except for clients in the Address Confidentiality Program, for whom it shall be mailed no later than 15 calendar days prior to the effective date of the change. ¶

(32) "Department" means the Department of Human Services. ¶

(33) "Dependent Child" means a child who is under the age of 18 or age 18 and a full-time student in a secondary school or equivalent vocational or technical training, if before attaining age 19 the child may reasonably be expected to complete the school or training. ¶

(34) "ELA" (Express Lane Agency)" means the Department of Human Services making determinations regarding

one or more eligibility requirements for the MAGI Child or MAGI CHIP programs. ¶

(35) "ELE (Express Lane Eligibility)" means the Oregon Health Authority's option to rely on a determination made within a reasonable period by an ELA finding that a child satisfies the requirements for MAGI Child or MAGI CHIP program eligibility. ¶

(36) "Electronic Account" means an electronic file that includes all information collected and generated by the Agency regarding each individual's Medicaid or CHIP eligibility and enrollment, including all required documentation and including any information collected or generated as part of a fair hearing process conducted by the Authority or the FFM appeals process. ¶

(37) "Electronic Application" means an application electronically signed and submitted through the Internet. ¶

(38) "Eligibility Determination" means an approval or denial of eligibility and a renewal or termination of eligibility. ¶

(39) "Expedited Appeal" also called "Expedited Hearing" means a hearing held within five working days of the Authority's receipt of a hearing request, unless the claimant requests more time. ¶

(40) "Family Size" means the number of individuals used to compare to the income standards chart for the applicable program. The family size consists of all members of the household group and each unborn child of any pregnant members of the household group. ¶

(41) "Federal Data Services Hub" means an electronic service established by the Secretary of the Department of Health and Human Services through which all insurance affordability programs can access specified data from pertinent federal agencies needed to verify eligibility, including SSA, the Department of Treasury, and the Department of Homeland Security. ¶

(42) "Federal Poverty Level (FPL)" means the federal poverty level updated periodically in the Federal Register by the Secretary of the Department of Health and Human Services under the authority of 42 U.S.C. 9902(2) as in effect for the applicable budget period used to determine an individual's eligibility in accordance with 42 CFR 435.603(h). ¶

(43) "Federally Facilitated Marketplace" also called "FFM" means a website used by consumers. ¶

(44) "Hearing Request" means a clear expression, oral or written, by an individual or the individual's representative that the individual wishes to appeal an Authority or FFM decision or action. ¶

(45) "Household Group" consists of every individual whose income is considered for determining each medical applicant's eligibility as defined in OAR 410-200-0305. ¶

(46) "Inmate" means: ¶

(a) An individual living in a public institution that is: ¶

(A) Confined involuntarily in a local, state, or federal prison, jail, detention facility, or other penal facility, including being held involuntarily in a detention center awaiting trial or serving a sentence for a criminal offense; ¶

(B) Residing involuntarily in a facility under a contract between the facility and a public institution where, under the terms of the contract, the facility is a public institution; ¶

(C) Residing involuntarily in a facility that is under governmental control; or ¶

(D) Receiving care as an outpatient while residing involuntarily in a public institution. ¶

(b) An individual is not considered an inmate when: ¶

(A) The individual is released on parole, probation, or post-prison supervision; ¶

(B) The individual is on home or work release, unless the individual is required to report to a public institution for an overnight stay; ¶

(C) The individual is receiving inpatient care at a medical institution not associated with the public institution where the individual is an inmate; ¶

(D) The individual is staying voluntarily in a detention center, jail, or county penal facility after his or her case has been adjudicated and while other living arrangements are being made for the individual; or ¶

(E) The individual is in a public institution pending other arrangements as defined in 42 CFR 435.1010. ¶

(47) "Insurance Affordability Program" means a program that is one of the following: ¶

(a) Medicaid; ¶

(b) CHIP; ¶

(c) A program that makes coverage available in a qualified health plan through the FFM with advance payments of the premium tax credit established under section 36B of the Internal Revenue Code available to qualified individuals; ¶

(d) A program that makes coverage available in a qualified health plan through the FFM with cost-sharing reductions established under section 1402 of the Affordable Care Act. ¶

(48) "Lawfully Present" means an individual: ¶

(a) Is a qualified non-citizen, as defined in this section; ¶

(b) Has valid non-immigrant status, as defined in 8 U.S.C. 1101(a) (15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a) (17)); ¶

(c) Is paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than one year, except for an individual paroled for prosecution, for deferred inspection, or pending removal proceedings; or ¶

(d) Belongs to one of the following classes: ¶

(A) Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively; ¶

(B) Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. 1254a and individuals with pending applications for TPS who have been granted employment authorization; ¶

(C) Granted employment authorization under 8 CFR 274a.12(c); ¶

(D) Family Unity beneficiaries in accordance with section 301 of Public Law 101-649, as amended; ¶

(E) Under Deferred Enforced Departure (DED) in accordance with a decision made by the President; ¶

(F) Granted Deferred Action status; ¶

(G) Granted an administrative stay of removal under 8 CFR part 241; (viii) Beneficiary of approved visa petition that has a pending application for adjustment of status. ¶

(e) Is an individual with a pending application for asylum under 8 U.S.C. 158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who: ¶

(A) Has been granted employment authorization; or ¶

(B) Is under the age of 14 and has had an application pending for at least 180 days. ¶

(f) Has been granted withholding of removal under the Convention Against Torture; ¶

(g) Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a) (27) (J); ¶

(h) Is lawfully present in American Samoa under the immigration laws of American Samoa; ¶

(i) Is a victim of a severe form of trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Public Law 106-386, as amended (22 U.S.C. 7105(b)); or ¶

(j) An individual with deferred action under the Department of Homeland Security's deferred action for childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, may not be considered to be lawfully present with respect to any of the above categories in sections (a) through (i) of this rule. ¶

(49) "Legal Argument" has the meaning given that term in OAR 137-003-0008(c). ¶

(50) "Medicaid" means Oregon's Medicaid program under Title XIX of the Social Security Act. ¶

(51) "MAGI" means Modified Adjusted Gross Income and has the meaning provided at IRC 36B(d)(2)(B) and generally means federally taxable income with the following exceptions: ¶

(a) The income of the following individuals is excluded when they are not expected to be required to file a tax return for the tax year in which eligibility is being determined. This subsection applies whether or not the child or tax dependent actually files a tax return: ¶

(A) Children, regardless of age, who are included in the household of a parent; ¶

(B) Tax dependents. ¶

(b) In applying subsection (a) of this section, IRC 6012(a) (1) is used to determine who is required to file a tax return. ¶

(52) "MAGI-based Income" means income calculated using the same financial methodologies used to determine MAGI as defined in section 36B(d)(2)(B) of the Code with the following exceptions: ¶

(a) American Indian and Alaska Native income exceptions; ¶

- (b) Child support; ¶¶
- (c) Life insurance proceeds; ¶¶
- (d) Non-taxable Veterans' benefits; ¶¶
- (e) Non-taxable workers' compensation benefits; ¶¶
- (f) Scholarships, awards, or fellowship grants used for educational expenses; ¶¶
- (g) Supplemental Security Income (SSI); ¶¶
- (h) An amount received as a lump sum is counted as income only in the month received. Lump sum income includes but is not limited to: ¶¶
 - (A) Winnings; ¶¶
 - (B) Countable educational income; ¶¶
 - (C) Capital gains; ¶¶
 - (D) Dividends, interest, royalties. ¶¶
- (i) Scholarships, awards, or fellowship grants used for education purposes and not for living expenses; ¶¶
- (j) Self-employment and business entity income is determined by adding gross receipts and other business income and subtracting deductions described in Internal Revenue Code (IRC) § 161 through 249. Items not deductible are described in IRC § 261 through 280 include, but are not limited to, most capital expenditures, such as business start-up costs, buildings, and furniture and payments or deductions for personal, living, or family use. Business structures are determined by state statutes and are dependent on elections made by business owners. Each state may use different regulations for business structures. Salaries and wages paid to employees, including those who are owners or stockholders, are countable income to the employees. Business income is countable to owners and stockholders as described below: ¶¶
 - (A) Sole proprietors, independent contractors, and Limited Liability Companies (LLC) who choose to file federal taxes as a sole proprietor: The necessary and ordinary costs of producing income are subtracted from gross receipts and other business income to determine countable income. Expenses related to costs for both business and personal use are prorated according to the proportions used for each purpose. Costs are limited to those described in IRC § 161 through 199 and Treasury Regulations § Sec. 1.162 through 1.263; ¶¶
 - (B) Partnerships that are not publicly traded and LLCs who choose to file federal taxes as a partnership: Owners' income is determined as follows: ¶¶
 - (i) The distributive share of income, gain, and loss is determined proportionately according to the partnership agreement or the LLC agreement; ¶¶
 - (ii) Income from other partnerships, estates, and trusts is added to the amount in paragraph (A) of this subsection; ¶¶
 - (iii) The costs of producing income described in section (4) (a) except for oil and gas depletion and costs listed below are proportionately subtracted from gross receipts to determine each partner's countable income: ¶¶
 - (I) Bad debts; ¶¶
 - (II) Guaranteed payments to partners; ¶¶
 - (III) Losses from other partnerships, farms, estates, and trusts; ¶¶
 - (IV) Retirement plans. ¶¶
 - (C) S Corporations and LLCs who choose to file federal taxes as an S Corporation: Shareholders' income is determined as follows: ¶¶
 - (i) The distributive share of profits, gain, and loss are determined proportionately on the basis of the stockholders' shares of stock; ¶¶
 - (ii) The costs of producing income described in subsection (a) are proportionately subtracted from gross receipts to determine each stockholder's countable income; ¶¶
 - (iii) The distributive share of profits is countable income to the shareholders whether or not it is actually distributed to the shareholders. ¶¶
 - (D) C Corporations and LLCs who choose to file taxes as C Corporations: Shareholders' income is countable when it is distributed to them through dividends. ¶¶
- (53) "MAGI Income Standard" means the monthly income standard for the relevant program and family size

described in OAR 410-200-0315. ¶

(54) "Minimum Essential Coverage" means medical coverage under: ¶

(a) A government-sponsored plan, including Medicare Part A, Medicaid (excluding CAWEM), CHIP, TRICARE, the veterans' health care program, and the Peace Corps program; ¶

(b) Employer-sponsored plans with respect to an employee, including coverage offered by an employer that is a government plan, any other plan or coverage offered in the small or large group market within the state, and any plan established by an Indian tribal government; ¶

(c) Plans in the individual market; ¶

(d) Grandfathered health plans; and ¶

(e) Any other health benefits coverage, such as a state health benefits risk pool, as recognized by the HHS secretary in coordination with the Treasury Secretary. ¶

(55) "Non-applicant" means an individual not seeking an eligibility determination for him or herself and is included in an applicant's or beneficiary's household to determine eligibility for the applicant or beneficiary. ¶

(56) "Non-citizen" has the meaning given the term "alien" as defined in section 101(a)(3) of the Immigration and Nationality Act (INA), (8 U.S.C. 1101(a)(3)) and includes any individual who is not a citizen or national of the United States, defined at 8 U.S.C. 1101(a)(22). ¶

(57) "OCCS" means the Office of Client and Community Services, part of the Health Systems Division, Medical Assistance Programs (Division) under the Oregon Health Authority. ¶

(58) "OCCS Medical Programs" means all programs under the Office of Client and Community Services including: ¶

(a) "CEC" means Continuous Eligibility for OHP-CHIP pregnant women. Title XXI medical assistance for a pregnant non-CAWEM child found eligible for the OHP-CHIP program who, for a reason other than moving out of state or becoming a recipient of private major medical health insurance, otherwise would lose her eligibility; ¶

(b) "CEM" means Continuous Eligibility for Medicaid: Title XIX medical assistance for a non-CAWEM child found eligible for Medicaid who loses his or her eligibility for a reason other than turning 19 years of age or moving out of state; ¶

(c) "EXT" means Extended Medical Assistance. The Extended Medical Assistance program provides medical assistance for a period of time after a family loses its eligibility for the MAA, MAF, or PCR program due to an increase in their spousal support or earned income; ¶

(d) "MAA" means Medical Assistance Assumed; ¶

(e) "MAF" means Medical Assistance to Families. The Medical Assistance to Families program provides medical assistance to people who are ineligible for MAA but are eligible for Medicaid using ADC program standards and methodologies that were in effect as of July 16, 1996; ¶

(f) "OHP" means Oregon Health Plan. The Oregon Health Plan program provides medical assistance to many low-income individuals and families. The program includes five categories of individuals who may qualify for benefits. The acronyms for these categories are: ¶

(A) "OHP-CHP" Persons under 19. OHP coverage for persons under 19 years of age who qualify at or below the 300 percent income standard; ¶

(B) "OHP-OPC" Children. OHP coverage for children who qualify under the 100 percent income standard; ¶

(C) "OHP-OPP" Pregnant Females and their newborn children. OHP coverage for pregnant females who qualify under the 185 percent income standard and their newborn children; ¶

(D) "OHP-OPU" Adults. OHP coverage for adults who qualify under the 100 percent income standard. A person eligible under OHP-OPU is referred to as a health plan new/non-categorical (HPN) client; ¶

(E) "OHP-OP6" Children under 6. OHP coverage for children under age 6 who qualify under the 133 percent income standard. ¶

(g) "Substitute Care" means medical coverage for children in BRS or PRTF; ¶

(h) "BCCTP" means Breast and Cervical Cancer Treatment Program; ¶

(i) "FFCYM" means Former Foster Care Youth Medical; ¶

(j) "MAGI Medicaid/CHIP" means OCCS Medical Programs for which eligibility is based on MAGI, including: ¶

- (A) MAGI Child; ¶¶
- (B) MAGI Parent or Other Caretaker Relative; ¶¶
- (C) MAGI Pregnant Woman; ¶¶
- (D) MAGI Children's Health Insurance Program (CHIP); ¶¶
- (E) MAGI Adult. ¶¶
- (59) "OCWP" means Office of Child Welfare Programs. ¶¶
- (60) "OSIPM" means Oregon Supplemental Income Program Medical. Medical coverage for elderly and disabled individuals administered by the Department of Human Services, Aging and People with Disabilities and Developmental Disabilities. ¶¶
- (61) "Parent" means a natural or biological, adopted, or step parent. ¶¶
- (62) "Personal Injury" means a physical or emotional injury to an individual including, but not limited to, assault, battery, or medical malpractice arising from the physical or emotional injury. ¶¶
- (63) "Pregnant Woman" means a woman during pregnancy and the postpartum period that begins on the date the pregnancy ends, extends 60 days and ends on the last day of the month in which the 60-day period ends. ¶¶
- (64) "Primary Contact" means the primary person the Agency shall communicate with and: ¶¶
 - (a) Is listed as the case name; or ¶¶
 - (b) Is the individual named as the primary contact on the application. ¶¶
- (65) "Private Major Medical Health Insurance" means a comprehensive major medical insurance plan that at a minimum provides physician services, inpatient and outpatient hospitalization, outpatient lab, x-ray, immunizations, and prescription drug coverage. This term does not include coverage under the Kaiser Child Health Program or Kaiser Transition Program but does include policies that are purchased privately or are employer-sponsored. ¶¶
- (66) "PRTF" means Psychiatric Residential Treatment Facility. ¶¶
- (67) "Public Institution" means any of the following: ¶¶
 - (a) A state hospital (ORS 162.135); ¶¶
 - (b) A local correctional facility (ORS 169.005), a jail, or prison for the reception and confinement of prisoners that is provided, maintained, and operated by a county or city and holds individuals for more than 36 hours; ¶¶
 - (c) A Department of Corrections institution (ORS 421.005), a facility used for the incarceration of individuals sentenced to the custody of the Department of Corrections, including a satellite, camp, or branch of a facility; ¶¶
 - (d) A youth correction facility (ORS 162.135): ¶¶
 - (A) A facility used for the confinement of youth offenders and other individuals placed in the legal or physical custody of the youth authority, including a secure regional youth facility, a regional accountability camp, a residential academy and satellite, and camps and branches of those facilities; or ¶¶
 - (B) A facility established under ORS 419A.010 to 419A.020 and 419A.050 to 419A.063 for the detention of children, wards, youth or youth offenders pursuant to a judicial commitment or order. ¶¶
 - (e) As used in this rule, the term public institution does not include: ¶¶
 - (A) A medical institution as defined in 42 CFR 435.1010 including the Secure Adolescent Inpatient Program (SAIP) and the Secure Children's Inpatient Program (SCIP); ¶¶
 - (B) An intermediate care facility as defined in 42 CFR 440.140 and 440.150; or ¶¶
 - (C) A publicly operated community residence that serves no more than 16 residents, as defined in 42 CFR 435.1009. ¶¶
- (68) "Qualified Hospital" means a hospital that: ¶¶
 - (a) Participates as an enrolled Oregon Medicaid provider; ¶¶
 - (b) Notifies the Authority of their decision to make presumptive eligibility determinations; ¶¶
 - (c) Agrees to make determinations consistent with Authority policies and procedures; ¶¶
 - (d) Informs applicants for presumptive eligibility of their responsibility and available assistance to complete and submit the full Medicaid application and to understand any documentation requirements; and ¶¶
 - (e) Are not disqualified by the Authority for violations related to standards established for the presumptive eligibility program under 42 CFR 435.1110(d). ¶¶

(69) "Reasonable Opportunity Period:" ¶¶

(a) May be used to obtain necessary verification or resolve discrepancy regarding US citizenship or non-citizen status; ¶¶

(b) Begins on and shall extend 90 days from the date on which notice is received by the individual. The date on which the notice is received is considered to be five days after the date on the notice, unless the individual shows they did not receive the notice within the five-day period; ¶¶

(c) May be extended beyond 90 days if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation or the Agency needs more time to complete the verification process. ¶¶

(70) "Redetermination" means a review of eligibility outside of regularly scheduled renewals. Redeterminations that result in the assignment of a new renewal date are considered renewals. ¶¶

(71) "Renewal" means a regularly scheduled periodic review of eligibility resulting in a renewal or change of program benefits, including the assignment of a new renewal date or a change in eligibility status. ¶¶

(72) "Required Documentation" means: ¶¶

(a) Facts to support the Agency's decision on the application; and ¶¶

(b) Either: ¶¶

(A) A finding of eligibility or ineligibility; or ¶¶

(B) An entry in the case record that the applicant voluntarily withdrew the application, and the Agency sent a notice confirming the decision, that the applicant has died, or that the applicant cannot be located. ¶¶

(73) "Secure Electronic Interface" means an interface that allows for the exchange of data between Medicaid or CHIP and other insurance affordability programs and adheres to the requirements in 42 CFR part 433, subpart C. ¶¶

(74) "Shared Eligibility Service" means a common or shared eligibility system or service used by a state to determine individuals' eligibility for insurance affordability programs. ¶¶

(75) "Sibling" means natural or biological, adopted, or half or step sibling. ¶¶

(76) "Spouse" means an individual who is legally married to another individual under: ¶¶

(a) The statutes of the state where the marriage occurred; ¶¶

(b) The common law of the state in which two individuals previously resided while meeting the requirements for common law marriage in that state; or ¶¶

(c) The laws of a country in which two individuals previously resided while meeting the requirements for legal marriage in that country. ¶¶

(77) "SSA" means Social Security Administration. ¶¶

(78) "Tax Dependent" has meaning given the term "dependent" under section 152 of the Internal Revenue Code, as an individual for whom another individual claims a deduction for a personal exemption under section 151 of the Internal Revenue Code for a taxable year. ¶¶

(79) ¶¶

(2) "Active renewal" means the renewal process for cases that are not processed via automated renewal wherein a prepopulated renewal notice is sent to the head of household and authorized representative, if applicable. The active renewal notice is populated with the most current case information relevant to renewal. ¶¶

(3) "Address Confidentiality Program (ACP)" means a program of the Oregon Department of Justice that provides a substitute mailing address and mail forwarding service for ACP participants who are victims of domestic violence, sexual assault, or stalking. ¶¶

(4) "AEN" means Assumed Eligible Newborn (OAR 410-200-0115). ¶¶

(5) "Affordable Care Act" means the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152), as amended by the Three Percent Withholding Repeal and Job Creation Act (Pub. L. 112-56). ¶¶

(6) "Agency" means the Oregon Health Authority and Department of Human Services. ¶¶

(7) "Applicant" means an individual who is seeking an eligibility determination for themselves or someone for whom they are applying through an application submission or a transfer from another agency, insurance affordability program, or the FFM. ¶¶

(8) "Application" means:

(a) The single streamlined application for all insurance affordability programs developed by the Authority or the FFM; or

(b) An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard, submitted by or on behalf of the individual who may be eligible or is applying for assistance on a basis other than the applicable MAGI standard.

(9) "APTC" means advance payments of the premium tax credit, which means payment of the tax credits specified in section 36B of the Internal Revenue Code (as added by section 1401 of the Affordable Care Act) that are provided on an advance basis to an eligible individual enrolled in a QHP through an Exchange in accordance with sections 1402 and 1412 of the Affordable Care Act.

(10) "Assumed eligibility" means an individual is deemed to be eligible for a period of time based on receipt of another program benefit or because of another individual's eligibility.

(11) "Authorized Representative" means an individual or organization that acts on behalf of an applicant or beneficiary in assisting with the individual's application and renewal of eligibility and other on-going communications with the Agency (OAR 410-200-0111).

(12) "Automated renewal" means a renewal of eligibility, initiated by the Agency, based on reliable information contained in the beneficiary's case record, using the Federal Data Services Hub and automated electronic verification sources available to the agency to perform data matches for the sake of verifying eligibility criteria.

(13) "Beneficiary" means an individual who has been determined eligible and is currently receiving HSD Medical Program benefits, Aging and People with Disability medical program benefits, or APTC.

(14) "BRS" means Behavior Rehabilitation Services.

(15) "Budget month" means the calendar month from which financial and nonfinancial information is used to determine eligibility.

(16) "Caretaker" means a parent, caretaker relative, or non-related caretaker who assumes primary responsibility for a child's care.

(17) "Caretaker relative" means an individual with whom the child is living who assumes primary responsibility for the child's care, and who is one of the following:

(a) A relative of the dependent child, as follows:

(A) A blood or half-blood relative, including parents, siblings, first cousins, nephews, nieces, and individuals of preceding generations as denoted by prefixes of grand, great, or great-great.

(B) Stepfather, stepmother, stepbrother, and stepsister.

(C) An individual who legally adopts the child and any individual related to the individual adopting the child.

(b) The spouse of the parent or relative even after the marriage is terminated by death or divorce.

(18) "CAWEM" means Citizen/Alien-Waived Emergency Medical, which is Medicaid coverage for emergency medical needs for individuals who otherwise meet the financial and non-financial eligibility requirements for an HSD Medical Program, except they do not meet citizenship and/or non-citizen status requirements (OAR 410-200-0240).

(19) "CAWEM Plus" means medical services for pregnant CAWEM beneficiaries (OAR 410-200-0240) and includes:

(a) CAWEM Plus coverage for the duration of the individual's pregnancy; and

(b) Reproductive Health Equity Fund (RHEF) coverage through the end of the calendar month in which the 60th day following the last day of the pregnancy falls.

(20) "Child" means an individual including minor parent, under the age of 19. Child does not include an unborn.

(21) "Children's Health Insurance Program" also called "CHIP" means Oregon medical coverage under Title XXI of the Social Security Act.

(22) "Citizenship" includes status as a "national of the United States" defined in 8 U.S.C. 1101(a) (22) that includes both citizens of the United States and non-citizen nationals of the United States.

(23) "Claim" means a legal action or a demand by, or on behalf of, an applicant or beneficiary for damages for or arising out of a personal injury that is against any person, public body, agency, or commission other than the State

Accident Insurance Fund Corporation or Worker's Compensation Board.

(24) "Claimant" means an individual who has requested a hearing or appeal.

(25) "Code" means Internal Revenue Code.

(26) "Combined Eligibility Notice" means an eligibility notice that informs an individual, or multiple family members of a household when feasible, of eligibility for each of the HSD Medical Programs for which a determination or denial was made by the Authority.

(27) "Community partner" means an individual affiliated with a contracted organization who is trained and certified by the Community Partner Outreach Program to provide free assistance to Oregonians with health coverage application and enrollment.

(28) "Coordinated content" means information included in an eligibility notice regarding the transfer of the individual's or household's electronic account to another insurance affordability program for a determination of eligibility.

(29) "Custodial Parent" means, for children whose parents are divorced, separated, or unmarried, the parent with whom the child lives, with the following considerations:

(a) If the child lives part-time with both parents, the parent with whom the child spends most nights is the custodial parent; or

(b) If section (a) of this part cannot be determined due to the child spending equal nights with both parents, a court order or binding custody agreement establishing physical custody is used to identify the custodial parent.

(30) "Cover All Kids" refers to the OHP Plus-equivalent benefit provided to children who meet all eligibility requirements for MAGI Medicaid/CHIP, except they do not meet the citizen and non-citizen status requirements (OAR 410-200-0240).

(31) "Date of Request" (DOR) means the date on which the applicant or an individual authorized to act on behalf of the applicant contacts the Authority, the Department, or the FFM to request medical benefits.

(a) For new applicants, the DOR is established as follows:

(A) The date the request for medical benefits is received by the Agency, the FFM, or a community partner; or

(B) The date the applicant received a medical service, if the request for medical benefits is received by midnight of the following business day.

(b) For current beneficiaries of HSD Medical Programs, the Date of Request is:

(A) The date the beneficiary or someone authorized to act on the beneficiary's behalf reports a change requiring a redetermination of eligibility;

(B) The month an individual ages off a medical program.

(C) For Automated Renewals the Date of Request is the date the Agency initiates the Automated Renewal if there is no RFI generated; or

(D) For Active Renewals, and for Automated Renewals which result in the generation of an RFI, the Date of Request is the date on which the Agency receives a response to the Active renewal or RFI.

(c) The request may be submitted via the Internet, by telephone, community partner, by mail, by electronic communication, or in person.

(32) "Decision notice" means a written notice of a decision made regarding eligibility for an HSD Medical Program benefit. A decision notice may be a:

(a) "Basic decision notice" mailed no later than:

(A) The date of action given in the notice; or

(B) When suspending benefits due to incarceration (OAR 410-200-0140), the effective date is the day following the date on which the individual became incarcerated.

(b) "Combined decision notice" informs an individual or multiple family members of a household, when feasible, of the eligibility decision made for each of the MAGI insurance affordability programs;

(c) "Timely continuing benefit decision notice" informs the client of the right to continued benefits and is mailed no later than ten calendar days prior to the effective date of the change, except for clients in the Address Confidentiality Program, for whom it shall be mailed no later than 15 calendar days prior to the effective date of the change.

(33) "Department" means the Department of Human Services.¶

(34) "Dependent child" means an individual who:¶

(a) Is under the age of 18 or age 18 and a full-time student in a secondary school or equivalent vocational or technical training, if the individual may reasonably be expected to complete the school or training before attaining age 19.¶

(b) Lives in the home of the parent or caretaker relative; and¶

(c) Is not absent from the home for more than 30 days due to being in foster care while foster care payments are being made.¶

(35) "ELA" (Express Lane Agency)" means the Department of Human Services making determinations regarding one or more eligibility requirements for the MAGI Child or MAGI CHIP programs.¶

(36) "ELE" (Express Lane Eligibility) means the Oregon Health Authority's option to rely on a determination made within a reasonable period by an ELA finding that a child satisfies the requirements for MAGI Child or MAGI CHIP program eligibility.¶

(37) "Electronic account" means an electronic file that includes all information collected and generated by the Agency regarding each individual's Medicaid or CHIP eligibility and enrollment, including all documentation and information collected or generated as part of a fair hearing process conducted by the Authority or the FFM appeals process.¶

(38) "Electronic application" means an application electronically signed and submitted through the Internet.¶

(39) "Eligibility determination" means an approval or denial of eligibility and a renewal or termination of eligibility.¶

(40) "Eligibility Determination Group" (EDG) means all persons whose financial and non-financial information is considered in determining each medical applicant's eligibility as defined in OAR 410-200-0305.¶

(41) "Expedited appeal" also called "expedited hearing" means a hearing held within five working days of the Agency's receipt of a hearing request, unless the claimant requests more time.¶

(42) "Family Size" means the number of individuals used to compare to the income standards chart for the applicable program. The family size consists of all members of the EDG and each unborn child of any pregnant members of the EDG.¶

(43) "Federal Data Services Hub" means an electronic service established by the Secretary of the Department of Health and Human Services through which all insurance affordability programs can access specified data from pertinent federal agencies needed to verify eligibility, including the Social Security Administration composite, the Department of Treasury, and the Department of Homeland Security.¶

(44) "Federal Poverty Level (FPL)" means the federal poverty level updated periodically in the Federal Register by the Secretary of the Department of Health and Human Services under the authority of 42 U.S.C. 9902(2) as in effect for the applicable budget period used to determine an individual's eligibility in accordance with 42 CFR 435.603(h).¶

(45) "Federally Facilitated Marketplace" also called "FFM" means the online marketplace operated by the US Department of Health and Human Services which determines eligibility for Advanced Premium Tax Credit (APTC) and Cost Sharing Reductions (CSR). The FFM also performs eligibility assessments for Oregon Medicaid/CHIP and refers to the Agency electronic accounts of individuals who are found potentially eligible.¶

(46) "Head of household" (HOH) means the primary person the Agency shall communicate with and:¶

(a) Is listed as the case name; or¶

(b) Is the individual named as the primary contact on the application.¶

(47) "Health Systems Division Medical Programs" means all programs under the Health Systems Division including:¶

(a) "EXT" means Extended Medical Assistance. The Extended Medical Assistance program provides medical assistance for a period of time after a family loses its eligibility for the MAA, MAF, or PCR program due to an increase in their spousal support or earned income.¶

(b) "Substitute Care" means medical coverage for children in BRS or PRTE;¶

(c) "BCCTP" means Breast and Cervical Cancer Treatment Program.¶

- (d) "FFCYM" means Former Foster Care Youth Medical;¶
- (e) "MAGI Medicaid/CHIP" means HSD Medical Programs for which eligibility is based on MAGI methodology, including:¶
- (A) MAGI Child;¶
- (B) MAGI Parent or Caretaker Relative;¶
- (C) MAGI Pregnant Woman;¶
- (D) MAGI Children's Health Insurance Program (CHIP);¶
- (E) MAGI Adult.¶
- (48) "Hearing request" means a clear expression, oral or written, by an individual or the individual's representative that the individual wishes to appeal an Authority or FFM decision or action.¶
- (49) "HSD" means Health Systems Division, Medical Assistance Programs (Division) under the Oregon Health Authority.¶
- (50) "Inmate" means:¶
- (a) An individual residing in a public institution that is:¶
- (A) Confined involuntarily in a local, state, or federal prison, jail, detention facility, or other penal facility, including being held involuntarily in a detention center awaiting trial or serving a sentence for a criminal offense;¶
- (B) Residing involuntarily in a facility under a contract between the facility and a public institution where, under the terms of the contract, the facility is a public institution;¶
- (C) Residing involuntarily in a facility that is under governmental control; or¶
- (D) Receiving care as an outpatient while residing involuntarily in a public institution.¶
- (b) An individual is not considered an inmate when the individual is:¶
- (A) Released on parole, probation, or post-prison supervision;¶
- (B) On home- or work-release, unless the individual is required to report to a public institution for an overnight stay;¶
- (C) Receiving inpatient care at a medical institution not associated with the public institution where the individual is an inmate. An individual is an inpatient when they've been admitted to a medical institution on the recommendation of a physician, and:¶
- (i) Expects to receive room, board, and professional services in the medical institution for a 24-hour period or longer; or¶
- (ii) Is expected to meet the criteria outlined in (i) of this part, but later dies, is discharged, or is transferred to another medical or extended care facility and does not actually stay in the medical institution for 24 hours.¶
- (D) Residing voluntarily in a detention center, jail, or county penal facility after his or her case has been adjudicated and while other living arrangements are being made for the individual;¶
- (E) Residing in a public institution pending other arrangements as defined in 42 CFR 435.1010; or¶
- (F) Residing in an Institution for Mental Disease, including the Oregon State Hospital and:¶
- (i) Is under age 22;¶
- (ii) Is 22 or older but was admitted to the Oregon State Hospital before their 21st birthday; or¶
- (iii) Is age 65 or older.¶
- (51) "Insurance affordability program" means a program that is one of the following:¶
- (a) Medicaid;¶
- (b) CHIP;¶
- (c) A program that makes coverage available in a qualified health plan through the FFM with advance payments of the premium tax credit established under section 36B of the Internal Revenue Code available to qualified individuals;¶
- (d) A program that makes coverage available in a qualified health plan through the FFM with cost-sharing reductions established under section 1402 of the Affordable Care Act.¶
- (52) "Legal argument" has the meaning given that term in OAR 137-003-0008(c).¶
- (53) "Medicaid" means Oregon's Medicaid program under Title XIX of the Social Security Act.¶
- (54) "MAGI" means Modified Adjusted Gross Income and is used in determining eligibility based on annual income

as described in 410-200-0310(4). MAGI has the meaning provided at IRC 36B(d)(2)(B) and generally means federally taxable income with the following exceptions:¶

(a) The income of the following individuals is excluded when they are not expected to be required to file a tax return for the tax year in which eligibility is being determined. This subsection applies whether or not the child or tax dependent actually files a tax return:¶

(A) Children, regardless of age, who are included in the household of a parent:¶

(B) Tax dependents.¶

(b) In applying subsection (a) of this section, IRC § 6012(a) (1) is used to determine who is required to file a tax return.¶

(55) "MAGI-based income" means income calculated using the same financial methodologies used to determine MAGI as defined in section 36B(d)(2)(B) of the Code with the following exceptions:¶

(a) An amount received as a non-recurring lump sum, if taxable, is counted as income only in the month received.¶

(b) Scholarships, awards, or fellowship grants used for education purposes and not for living expenses are excluded:¶

(c) Income from the following American Indian and Alaska Native sources is excluded:¶

(A) Distributions from Alaska Native Corporations and Settlement Trusts:¶

(B) Distributions from any property held in trust, subject to federal restrictions, located within the most recent boundaries of a prior federal reservation or otherwise under the supervision of the Secretary of the Interior:¶

(C) Distributions and payments from rents, leases, rights of way, royalties, usage rights, or natural resource extraction and harvest, including farming, from:¶

(i) Rights of ownership or possession in any lands described in subsection (c)(B) of this part; or¶

(ii) Federally protected rights regarding off-reservation hunting, fishing, gathering, or usage of natural resources.¶

(D) Distributions resulting from real property ownership interests related to natural resources and improvements:¶

(i) Located on or near a reservation or within the most recent boundaries of a prior federal reservation; or¶

(ii) Resulting from the exercise of federally protected rights relating to such real property ownership interests.¶

(E) Payments resulting from ownership interests in or usage rights to items that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable tribal law or custom:¶

(F) Student financial assistance provided under the Bureau of Indian Affairs education programs.¶

(56) "Minimum Essential Coverage" (MEC) means medical coverage under:¶

(a) A government-sponsored plan, including Medicare Part A, Medicaid (excluding CAWEM), CHIP, TRICARE, the veterans' health care program, and the Peace Corps program:¶

(b) Employer-sponsored plans with respect to an employee, including coverage offered by an employer that is a government plan, any other plan or coverage offered in the small or large group market within the state, and any plan established by an Indian tribal government:¶

(c) Plans in the individual market:¶

(d) Grandfathered health plans; and¶

(e) Any other health benefits coverage, such as a state health benefits risk pool, as recognized by the HHS secretary in coordination with the Treasury Secretary.¶

(57) "Non-applicant" means an individual not seeking an eligibility determination for themselves and is included in an applicant's or beneficiary's household to determine eligibility for the applicant or beneficiary.¶

(58) "Non-citizen" has the meaning given the term "alien" as defined in section 101(a)(3) of the Immigration and Nationality Act (INA), (8 U.S.C. 1101(a)(3)) and includes any individual who is not a citizen or national of the United States, defined at 8 U.S.C. 1101(a)(22).¶

(59) "OSIPM" means Oregon Supplemental Income Program Medical. Medical coverage for elderly and disabled individuals administered by the Department of Human Services, Aging and People with Disabilities and Developmental Disabilities.¶

(60) "Parent" means a natural or biological, adopted, or stepparent.¶

- (61) "Personal Injury" means a physical or emotional injury to an individual including, but not limited to, assault, battery, or medical malpractice arising from the physical or emotional injury.
- (62) "Primary Contact" has the same meaning given "head of household" in this rule.
- (63) "PRTF" means Psychiatric Residential Treatment Facility.
- (64) "Public institution" means any of the following:
- (a) A state hospital (ORS 162.135);
 - (b) A local correctional facility (ORS 169.005), a jail, or prison for the reception and confinement of prisoners that is provided, maintained, and operated by a county or city and holds individuals for more than 36 hours;
 - (c) A Department of Corrections institution (ORS 421.005), a facility used for the incarceration of individuals sentenced to the custody of the Department of Corrections, including a satellite, camp, or branch of a facility;
 - (d) A youth correction facility (ORS 162.135):
 - (A) A facility used for the confinement of youth offenders and other individuals placed in the legal or physical custody of the youth authority, including a secure regional youth facility, a regional accountability camp, a residential academy and satellite, and camps and branches of those facilities; or
 - (B) A facility established under ORS 419A.010 to 419A.020 and 419A.050 to 419A.063 for the detention of children, wards, youth or youth offenders pursuant to a judicial commitment or order.
 - (e) As used in this rule, the term public institution does not include:
 - (A) A medical institution as defined in 42 CFR 435.1010 including the Secure Adolescent Inpatient Program (SAIP) and the Secure Children's Inpatient Program (SCIP);
 - (B) An intermediate care facility as defined in 42 CFR 440.140 and 440.150; or
 - (C) A publicly operated community residence that serves no more than 16 residents, as defined in 42 CFR 435.1009.
- (65) "Qualified hospital" means a hospital that:
- (a) Participates as an enrolled Oregon Medicaid provider;
 - (b) Notifies the Authority of their decision to make presumptive eligibility determinations;
 - (c) Agrees to make determinations consistent with Authority policies and procedures;
 - (d) Informs applicants for presumptive eligibility of their responsibility and available assistance to complete and submit the full Medicaid application and to understand any documentation requirements; and
 - (e) Are not disqualified by the Authority for violations related to standards established for the presumptive eligibility program under 42 CFR 435.1110(d).
- (66) "Reasonable opportunity period:"
- (a) May be used to obtain necessary verification or resolve discrepancy regarding US citizenship or non-citizen status;
 - (b) Begins on and shall extend 90 days from the date on which notice is received by the individual. The date on which the notice is received is considered to be five days after the date on the notice, unless the individual shows they did not receive the notice within the five-day period;
 - (c) May be extended beyond 90 days if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation or the Agency needs more time to complete the verification process.
- (67) "Redetermination" means a review of eligibility outside of regularly scheduled renewal. Redeterminations that result in the assignment of a new renewal date are considered renewals.
- (68) "Renewal" means a regularly scheduled periodic review of eligibility.
- (69) "Request for information (RFI)" means a notice sent by the agency to request additional information or verification of information. An RFI may be sent when attested information is not reasonably compatible with information obtained through an electronic data match, or when information or verification is needed that is not available through an electronic data match.
- (70) "Secure electronic interface" means an interface which allows for the exchange of data between Medicaid or CHIP and other insurance affordability programs and adheres to the requirements in 42 CFR part 433, subpart C.
- (71) "Shared eligibility service" means a common or shared eligibility system or service used by a state to

determine individuals' eligibility for insurance affordability programs.

(72) "Sibling" means natural or biological, adopted, or half or step sibling.

(73) "Spouse" means an individual who is legally married to another individual under:

(a) The statutes of the state where the marriage occurred;

(b) The common law of the state in which two individuals previously resided while meeting the requirements for common law marriage in that state; or

(c) The laws of a country in which two individuals previously resided while meeting the requirements for legal marriage in that country.

(74) "SSA" means Social Security Administration.

(75) "Tax dependent" has the meaning given the term "dependent" under section 152 of the Internal Revenue Code, as an individual for whom another individual claims a deduction for a personal exemption under section 151 of the Internal Revenue Code for a taxable year.

(76) "Title IV-E" means Title IV-E of the Social Security Act (42 U.S.C. §§ 671-679b).

Statutory/Other Authority: ORS 411.095, 411.402, 411.404, 413.038, 414.025, 414.534

Statutes/Other Implemented: ORS 411.095, ~~411.400~~, 411.402, 411.404, ~~411.406~~3.038, 414.025, 414.534, 411.439, 411.443, 414.032, 413.038, ~~413.038~~1.439, 411.443, 414.0325, 414.231, 414.447, ~~414.534~~, 414.536, 414.706