

Quick Guide to Income Eligibility (effective March 1, 2023)

Hospitals - Refer to the following table when making Hospital Presumptive Eligibility determinations based on the information required in Part 1 of the [OHP 7260 form](#).

- Determine the family size for each applicant.
- Count the monthly gross income (before taxes) of everyone included in the family size for the specific program.
- If the applicant’s income is equal to or under the income limit for a program, the applicant is considered financially eligible for that program.
- Only calculate HPE eligibility based on monthly income. Do not consider annual income amounts.

NOTE: Income standards for HPE are not the same as the income standards for regular OHP eligibility. The 5% disregard is not added, and other distinctions may apply as well. Please use this table exclusively for Hospital Presumptive Eligibility determinations.

Group/Description	Family Size	Income Limit	Do not count
Parent or Other Caretaker Relative <ul style="list-style-type: none"> • Parents or caretaker relatives of dependent children in the home under age 18 or age 18 and in high school • Family size includes: <ul style="list-style-type: none"> ○ Applicant ○ Legal spouse of applicant ○ Applicant’s children/step-children under age 19 ○ Applicant’s unborn children ○ Unborn children of each pregnant member of the applicant’s family size 	1	\$399	Child(ren)’s income Educational income Child support SSI
	2	515	
	3	611	
	4	747	
	5	872	
	6	998	
	7	1,114	
	8	1,230	
	9	1,321	
	10	1,456	
		Each additional person	
Adults and Medicaid Children Ages 1-18 <ul style="list-style-type: none"> • Adults age 19 through 64 • Children age 1 through 18 • Not pregnant • Not eligible for Parent/Caretaker Relative • Income limit is 133% of Federal Poverty Level (FPL) • Family size includes: <ul style="list-style-type: none"> ○ Applicant ○ Legal spouse of applicant ○ Applicant’s children/step-children under age 19 ○ Unborn children of each pregnant member of the applicant’s family size ○ If applicant is a child, include the child’s parents/step-parents and siblings/step-siblings under age 19 	1	\$1,616	Child(ren)’s income Parent’s income (if applicant is over age 18) Educational income Child support SSI
	2	2,186	
	3	2,756	
	4	3,325	
	5	3,895	
	6	4,465	
	7	5,035	
	8	5,604	
	9	6,174	
	10	6,744	
		Each additional person	
Pregnant Woman and Medicaid Children Under 1 <ul style="list-style-type: none"> • Women under age 65 who are pregnant • Children under age 1 • Income limit is 185% of FPL • Family size includes: <ul style="list-style-type: none"> ○ Applicant ○ Legal spouse of applicant ○ Applicant’s unborn children 	1	\$2,248	Child(ren)’s income Parent’s income (if applicant is over age 18) Educational income Child support
	2	3,041	
	3	3,833	
	4	4,625	
	5	5,418	
	6	6,210	
	7	7,003	
	8	7,795	
	8	7,795	

<ul style="list-style-type: none"> ○ Applicant's children/step-children under age 19 ○ Unborn children of each pregnant member of the applicant's family size ○ If applicant is a child, the child's parents/step-parents and siblings/step-siblings under age 19 	9	8,588	SSI
	10	9,380	
	Each additional person	+793	
Former Foster Care Youth <ul style="list-style-type: none"> ● Aged out of foster care in Oregon on or after their 18th birthday ● Was in foster care with a PERC 19 on their 18th birthday ● Not eligible for any of the programs listed above excluding Medicaid Adult – Screen for Former Foster Care Youth before Medicaid Adult, BCCTP, and CHIP ● Age 18 through 25 ● Adoptions Assistance individuals (PERC 19) and foster care individuals with a PERC “GA” should not be approved for this program. 	1	No income limit	Do not count any income for this program.
Breast and Cervical Cancer Treatment Program (BCCTP) <ul style="list-style-type: none"> ● Less than 65 years old ● Diagnosed as needing treatment for breast or cervical cancer or specific precancerous conditions ● Not eligible for any of the programs listed above ● Income limit is 250% of FPL ● Family size includes: <ul style="list-style-type: none"> ○ Applicant ○ Legal spouse of applicant ○ Applicant's children/step-children under age 19 ○ Unborn children of each pregnant member of the applicant's family size ○ If applicant is a child, include the child's parents/step-parents and siblings/step-siblings under age 19 	1	\$3,038	Child(ren)'s income Educational income Child support SSI
	2	4,109	
	3	5,180	
	4	6,250	
	5	7,321	
	6	8,392	
	7	9,463	
	8	10,534	
	Each additional person	+1071	
CHIP Children <ul style="list-style-type: none"> ● Age 0 through 18 ● Not eligible for any of the programs listed above ● Income limit is 300% of FPL ● Family size includes: <ul style="list-style-type: none"> ○ Applicant ○ Legal spouse of applicant ○ Applicant's unborn children ○ Applicant's children and step-children ○ Unborn children of each pregnant member of the applicant's family size ○ Applicant's parents/step-parents ○ Siblings and step-siblings under age 19 	1	\$3,645	Child(ren)'s income Educational income Child support SSI
	2	4,930	
	3	6,215	
	4	7,500	
	5	8,785	
	6	10,070	
	7	11,355	
	8	12,640	
	9	13,925	
	10	15,210	
	Each additional person	+1,285	