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TEMPORARY ADMINISTRATIVE RULES

Oregon Health Authority, Division of Medical Assistance
Programs

410

Agency and Division

Administrative Rules Chapter Number

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Upon filing.

Adopted on

12/18/2015 thru 06/14/2016

Effective dates

RULE CAPTION

Former Foster Care Youth Medical-Specific Requirements

Not more than 15 words

RULEMAKING ACTION

ADOPT: 410-200-0407

AMEND:

SUSPEND:

Stat. Auth.: ORS 411.402, 411.404, 413.042, 414.534

Other Auth.: 42 CFR: 435.110, 435.112, 435.115, 435.116, 435.118, 435.403, 435.940, 435.1200, 457.80, 457.340, 458.350, 435.3, 435.4, 435.406, 435.407, 435.940, 435.952, 435.956, 435.1008, 457.320, 457.380, 435.940, 435.956, 435.406, 457.380, 435.117, 435.170, 435.190, 435.916, 435.917, 435.926, 435.952, 435.1200, 435.1205, 447.56, 457.340, 457.350, 457.360, 457.805, 433.145, 433.147, 433.148, 433.146, 435.610, 435.115, 435.403, 435.1200, 457.80, 457.340, 458.350, 435.119, 435.222, 435.118, 433.138, 433.147, 433.148, 435.602 435.608

Stats. Implemented: ORS 411.060, 411.095, 411.400, 411.402, 411.404, 411.406, 411.439, 411.443, 411.447, 413.032, 413.038, 414.025, 414.231, 414.534, 414.536, 414.706

RULE SUMMARY

This rule describes specific eligibility requirements for the Former Foster Care Youth Program effective December 1, 2015.

STATEMENT OF NEED AND JUSTIFICATION

The adoption of OAR 410-200-0407

In the Matter of

None

Documents Relied Upon, and where they are available

The Authority needs to adopt this rule because the Former Foster Care Youth Medical program is moving from the Department Of Human Services, Child Welfare, to the Oregon Health Authority, Division of Medical Assistance Programs.

Need for the Temporary Rule(s)

The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, beneficiaries, the Department of Human Services, Child Welfare, CCOs, and providers. These rules need to be adopted promptly so that the Authority may assure that those eligible for Former Foster Care Youth Medical benefits have access to care.

Justification of Temporary Rules



Authorized Signer

Karen Wheeler

Printed Name

12/16/15

Date

Authorization Page replaces the ink signature on paper filings. Have your authorized signer sign and date, then scan and attach it to your filing. You must complete this step before submitting your Permanent and Temporary filings.

STATEMENT OF NEED AND JUSTIFICATION

A Certificate and Order for Filing Temporary Administrative Rules accompanies this form.

Oregon Health Authority (Authority), Division of Medical Assistance Programs (Division)

410

Agency and Division

Administrative Rules Chapter Number

Former Foster Care Youth Medical—Specific Requirements

Rule Caption: (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: The adoption of OAR 410-200-0407

Statutory Authority: ORS 411.402, 411.404, 413.042, 414.534

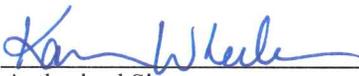
Other Authority: 42 CFR: 435.110, 435.112, 435.115, 435.116, 435.118, 435.403, 435.940, 435.1200, 457.80, 457.340, 458.350, 435.3, 435.4, 435.406, 435.407, 435.940, 435.952, 435.956, 435.1008, 457.320, 457.380, 435.940, 435.956, 435.406, 457.380, 435.117, 435.170, 435.190, 435.916, 435.917, 435.926, 435.952, 435.1200, 435.1205, 447.56, 457.340, 457.350, 457.360, 457.805, 433.145, 433.147, 433.148, 433.146, 435.610, 435.115, 435.403, 435.1200, 457.80, 457.340, 458.350, 435.119, 435.222, 435.118, 433.138, 433.147, 433.148, 435.602 435.608

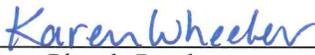
Stats. Implemented: ORS 411.060, 411.095, 411.400, 411.402, 411.404, 411.406, 411.439, 411.443, 411.447, 413.032, 413.038, 414.025, 414.231, 414.534, 414.536, 414.706

Need for the Temporary Rule(s): The Authority needs to adopt this rule because the Former Foster Care Youth Medical program is moving from the Department Of Human Services, Child Welfare, to the Oregon Heath Authority, Division of Medical Assistance Programs.

Documents Relied Upon, and where they are available:

Justification of Temporary Rule(s): The Authority finds that failure to act promptly will result in serious prejudice to the public interest, the Authority, beneficiaries, the Department of Human Services, Child Welfare, CCOs, and providers. These rules need to be adopted promptly so that the Authority may assure that those eligible for Former Foster Care Youth Medical benefits have access to care.


Authorized Signer


Rhonda Busek


Date

Specific Requirements—Former Foster Care Youth Medical Program

This rule describes specific eligibility requirements for the Former Foster Care Youth Program effective December 1, 2015.

(1) Individuals may not be eligible for the Former Foster Care Youth Medical Program with an effective date prior to January 1, 2014.

(2) There is no income test for the Former Foster Care Youth Medical Program.

(3) An individual is eligible for the Former Foster Care Youth Medical Program if the individual meets the requirements of all of the following:

(a) Is an adult at least age 18 and under age 26;

(b) Is not eligible for MAGI Child, MAGI CHIP, MAGI Pregnant Woman, or MAGI Parent or Other Caretaker Relative benefits;

(c) Was in foster care under the responsibility of the Oregon Department of Human Services or tribe and enrolled in Child Welfare Title XIX Medicaid upon attaining:

(A) Age 18; or

(B) If over 18, the age at which Oregon Medicaid or Oregon tribal foster care assistance ended under Title IV-E of the Act.

(d) Is not receiving Supplemental Security Income (SSI);

(e) Is not receiving adoption assistance or foster care maintenance payments.

Stat. Auth.: ORS 411.402, 411.404, 413.042, 414.534

Stats. Implemented: ORS 411.060, 411.095, 411.400, 411.402, 411.404, 411.406, 411.439, 411.443, 411.447, 413.032, 413.038, 414.025, 414.231, 414.534, 414.536, 414.706