



NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 461
DEPARTMENT OF HUMAN SERVICES
SELF-SUFFICIENCY PROGRAMS

FILED

10/29/2025 4:10 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Changes to Definitions, Program Names, Eligibility, Notice Requirements, and Annual Federal Updates

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/25/2025 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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HEARING(S)

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

DATE: 11/24/2025

TIME: 11:00 AM - 12:00 PM

OFFICER: Jennifer Lay

REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 669-254-5252

CONFERENCE ID: 1602660760

SPECIAL INSTRUCTIONS:

Passcode: 255913

NEED FOR THE RULE(S)

OAR 461-001-0000 about Definitions for Chapter 461 needs to be amended to update the definition of "basic decision notice" and clarify notice provisions for incarceration scenarios. The way the rule currently reads, one could interpret the rule to require that a notice to suspend benefits for incarcerated individuals is sent no later than the effective date of the suspension rather than the date the suspension action is taken. There is no way to meet the requirement to send a notice on the effective date because benefits are usually suspended retroactively when the Department learns an individual has been incarcerated. Changes to the rule clarify notice requirements. This rule also needs to be amended to add the term and definition of "Medicare Savings Programs". This is needed to correct the inaccurate descriptions of these programs that currently exist in OAR. Referring to three of the four Medicare Savings Programs as sub-programs of the Qualified Medicare Beneficiary (QMB) program and to all Medicare Savings Programs as "QMB programs" is both inaccurate and inconsistent with federal policy as well as other states. This rule change aligns Oregon with federal terminology that is used by all other states, and which appears on brochures, websites, and on notices sent by the ONE system.

OAR 461-101-0010 about Program Acronyms and Overview needs to be amended to introduce the correct acronyms for the four Medicare Savings Programs so they can be incorporated into additional OARs. This rule also needs to be amended to correct the amount of Job Participation Incentive Payments, which changed from \$10 to \$35.

OAR 461-110-0530 about Financial Group and 461-160-0580 Excluded Resource, Community Spouse Provision (OSIPM, except OSIPM-EPD) need to be amended to support requiring determination of the community spouse resource allowance when someone marries after they are approved for services and Oregon Supplemental Income Program Medical (OSIPM). The current rule does not support this process and leaves the Department vulnerable to reversal in the event an individual requests a hearing to contest closure for either failure to provide the community spouse's resource information, or for too many resources should the spouse's resources put the couple over the allowable limit. The rule changes provide policy support for current processes. OAR 461-160-0580 also needs to be amended to keep Oregon in line with federal standards for Department Medicaid programs and changes in the cost of living.

OAR 461-135-0780 about Pickle Amendment Clients; OSIPM, 461-155-0250 about Income and Payment Standard; OSIPM, 461-155-0270 about Room and Board Standard; Community Based Care, and 461-160-0620 about Income Deductions and Patient Liability; Long Term Care Services or Home and Community Based Care; OSIPM need to be amended because the Department is required to adjust its eligibility standards as a result of congressionally approved changes. These amendments keep Oregon in line with current federal standards for Department Medicaid programs and changes in the cost of living.

OAR 461-145-0220 about Home needs to be amended to clarify current Department policy and process. The current version of this rule can be interpreted to suggest that the intent to return home must be in writing due to the use of the term "evidence"; however, this has never been a requirement. Oregon Supplemental Income Program (OSIP) is being removed because it's redundant and misleading to suggest that separate determinations are being made for OSIP than for Oregon Supplemental Income Program Medical (OSIPM). The Qualified Disabled and Working Individual (QDWI) acronym is replacing Qualified Medicare Beneficiaries (QMB) because QDWI is the correct federal acronym for the program and the change supports separate updates to OARs 461-001-0000 (definitions) and 461-101-0010 (acronyms). The non-Modified Adjusted Gross Income (MAGI) medical program acronyms are being spelled out at their first appearance. This rule also needs to be amended to keep Oregon in line with current federal standards for Department Medicaid programs and changes in the cost of living.

OAR 461-145-0259 about Indian (Native American) Benefits; OSIPM and Medicare Savings Programs needs to be amended because the current version of the rule is silent on Tribal benefits for which eligibility is based on need. It also does not include Bureau of Indian Affairs foster care payments even though most would look to this rule versus the foster care assistance rule. Per the Supplemental Security Income (SSI) Program Operations Manual System (POMS), Tribal benefits for which income is an eligibility factor are excluded if not federally funded, so this rule update fills a gap and aligns with federal policy. Adding foster care payments puts treatment of all Indian/Native American benefits in one place. Oregon Supplemental Income Program (OSIP) is being removed because it's redundant and misleading to suggest that separate determinations are being made for OSIP than for Oregon Supplemental Income Program Medical (OSIPM). Medicare Savings Programs is replacing Qualified Medicare Beneficiaries (QMB) in the title because a separate rule change to 461-001-0000 (definitions) establishes that QMB should no longer be used to represent all Medicare Savings Programs.

OAR 461-145-0360 about Motor Vehicle needs to be amended to specify that for purposes of calculating the Community Spouse Resource Allowance, one vehicle per dwelling is excluded in the event that both the

institutionalized spouse and community spouse own a vehicle that is kept at their separate places of residence, and both are used for their own transportation. Couples often live apart, and both may need a car for transportation; furthermore, per the Social Security Administration (SSA) Program Operations Manual System (POMS), one vehicle per household is excluded if used for transportation. In addition, the Oregon Supplemental Income Program (OSIP) is being removed because it's redundant and misleading to suggest that separate determinations are being made for OSIP than for Oregon Supplemental Income Program Medical (OSIPM). The Qualified Disabled and Working Individual (QDWI) acronym is replacing Qualified Medicare Beneficiaries-Disabled Worker (QMB-DW) because QDWI is the correct federal acronym for the program and this change supports separate updates to OARs 461-001-0000 (definitions) and 461-101-0010 (acronyms). The non-Modified Adjusted Gross Income (MAGI) medical program acronyms are being spelled out at their first appearance in this rule.

OAR 461-155-0210 about Payment Standards and Methods of Issuance; GA needs to be amended to align the state General Assistance (GA) program with federal cost of living adjustments to the Supplemental Security Income (SSI) program, for which GA is intended to serve as a temporary substitute while individuals are evaluated by the Social Security Administration.

OAR 461-155-0290 Income Standard; QMB, OAR 461-155-0291 Income Standard; QDWI, and OAR 461-155-0295 Income Standard; SLMB, QI need to be amended because the Department is required to adjust its eligibility standards as a result of congressionally approved changes. These amendments keep Oregon in line with current federal standards for Department Medicaid programs and changes in the Federal Poverty Level. In addition, these rules need to be amended to change the names of programs to align Oregon with federal policy as well as all other states.

OAR 461-155-0360 about Pursuit of Cost-Effective Employer Sponsored Health Insurance needs to be repealed because the requirement to pursue cost effective employer sponsored health insurance in OAR 461-120-0345 ended effective 7/1/24.

OAR 461-155-0600 about Special Need; Home Repairs; OSIPM needs to be amended to clarify that this rule only applies to someone currently receiving in-home services. Without this clarification, the rule could be misinterpreted. It also needs to be amended to remove Oregon Supplemental Income Program (OSIP) because it's redundant and misleading to suggest that separate determinations are being made for OSIP than for Oregon Supplemental Income Program Medical (OSIPM). The term "client" also needs to be removed from the rule to replace it with more equity centered language.

OAR 461-175-0050 about Notice Period needs to be amended to align with federal policy and provide consistency in notice periods across programs. Rule changes about the notice period in the Program of All-Inclusive Care for the Elderly (PACE) align with federal rules that require 30-day notice prior to closing. Changes to the notice period in other programs were requested by the Long-Term-Care policy team as well as the Oregon Eligibility Partnership leadership in order to provide consistency across programs that Oregon administers as different adverse action notice periods generally create confusion when both programs commonly close at the same time. This change aligns Aging and People with Disabilities (APD) services with non-Modified Adjusted Gross Income (MAGI) medical and other benefits service recipients may receive. It also needs to be amended to remove Oregon Supplemental Income Program (OSIP) because it's redundant and misleading to suggest that separate determinations are being made for OSIP than for Oregon Supplemental Income Program Medical (OSIPM). Finally, it needs to be amended to use the correct term "Medicare Savings Programs", which supports a separate update to 461-001-0000 (definitions).

OAR 461-175-0200 about Notice Situations; General Information needs to be amended because it is not currently clear when the notice must be mailed when an individual's benefits are suspended due to incarceration in the Medicare

Savings Programs and Oregon Supplemental Income Program Medical (OSIPM). This rule change makes the requirement clear and aligns non-Modified Adjusted Gross Income (MAGI) medical program rules with MAGI rule language and supports the update to the definition of "basic decision notice" in OAR 461-001-0000.

OAR 461-175-0210 about Notice Situation; Individual Moved or Whereabouts Unknown needs to be amended to clarify that the Department acts on changes reported by any adult member of the filing group or an authorized representative. Currently, the rule is worded such that it could be interpreted that the Department would not act on a report of moving out of Oregon that came from anyone other than the head of household. Changes to the rule make clear that the Department acts when an adult member of the filing group or authorized representative reports the filing group moved out of Oregon. This rule also needs to be amended to remove Oregon Supplemental Income Program (OSIP) because it's redundant and misleading to suggest that separate determinations are being made for OSIP than for Oregon Supplemental Income Program Medical (OSIPM). Finally, it needs to be amended to use the correct term "Medicare Savings Programs", which supports a separate update to 461-001-0000 (definitions).

OAR 461-180-0050 about Effective Dates; Suspending or Closing Benefits and JOBS and REP Support Service Payments needs to be amended because the current rule is not clear on when benefits are suspended when an individual is incarcerated; rather it points to the effective date on the decision notice, which refers to yet another rule with an ambiguous definition. This rule change clearly states the effective date and supports amendments made to two related rules. The change to eliminate the retroactive closure in scenarios in which an individual reported a move that was not acted upon needs to be made because the Centers for Medicare and Medicaid Services (CMS) clarified in recent months that retroactive closures are not allowed in this situation. This amendment aligns the Department with federal policy. The replacement of the term "QMB programs" with "Medicare Savings Programs" is needed to correct the inaccurate depictions of these programs that exists currently in the OARs. Referring to all Medicare Savings Programs as "QMB programs" is both inaccurate and inconsistent with federal policy as well as the other states. This rule change aligns Oregon with federal terminology that is used by all other states, and which appears on brochures, websites, and on notices sent by the ONE system.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Medicare Savings Programs:

<https://www.medicare.gov/basics/costs/help/medicare-savings-programs>

Cost of Living Adjustments: <https://www.ssa.gov/pubs/EN-05-10526.pdf>

Available in November: <https://www.medicaid.gov/medicaid/eligibility/spousal-impoverishment/index.html>

Available in January: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

OAR 461-145-0220:

<https://secure.ssa.gov/apps10/poms.nsf/lnx/0501130100#c7c>

OAR 461-145-0360:

<https://secure.ssa.gov/apps10/poms.nsf/lnx/0501130200>

OAR 461-145-0259:

<https://secure.ssa.gov/apps10/poms.nsf/lnx/0500830175>

<https://secure.ssa.gov/apps10/poms.nsf/lnx/0500830810>

OAR 461-155-0210:

<https://www.ssa.gov/oact/cola/colasummary.html>

OAR 461-155-0360:

E-mail thread with Medicaid Deputy Director available upon request from the APD Medical Policy unit

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

The Department estimates changes to OAR 461-145-0259 will have a positive impact to racial equity in Oregon because Tribal members who receive Tribal assistance based on need could potentially be impacted if these benefits were previously counted due to lack of clarity in the rule. The impact would be positive because correctly excluding these benefits as income could result in the individual being approved for a better benefit.

The Department estimates the changes to all of the other rules in this filing will have no impact to racial equity in Oregon.

FISCAL AND ECONOMIC IMPACT:

The Department is unable to estimate the fiscal impact of federal standard adjustments to OAR 461-135-0780, 461-145-0220, 461-155-0250, 461-155-0270, 461-155-0290, 461-155-0291, 461-155-0295, 461-160-0580, and 461-160-0620 at this time because the standards are not yet available. Additional changes outside of federal standard adjustments are not expected to have any fiscal impact on individuals applying for or receiving benefits, the Department, other state agencies, local government, or business, including small business.

The Department estimates that the amendments to OAR 461-145-0360 may have a positive fiscal impact to individuals applying or receiving benefits in that the rule change will potentially reduce the resources that will need to be spent or converted in order for the institutionalized spouse to qualify for services so the community spouse can keep their vehicle. The Department is unable to gather the data needed to provide an estimated dollar amount. There is no fiscal impact on the Department, other state agencies, local government, and business including small business. There is no cost of compliance for small business.

The Department estimates that the amendments to OAR 461-155-0210 will result in a positive fiscal impact to individuals receiving General Assistance (GA) because the amounts of these payments are likely to increase in January 2025. Changes to this rule generally do not result in a significant fiscal impact to the Department because the Department is unable to recoup GA payments from the individual's initial Supplemental Security Income (SSI) award. The Department estimates no impact to other state agencies, local government, and business including small business. There is no cost of compliance for small business.

The Department estimates that the amendments to all other rules in this filing will have no fiscal impact on those applying for or receiving benefits or services, the Department, other state agencies, local government, and business including small business. There is no cost of compliance for small business.

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).

See fiscal impact.

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

Small businesses were not involved in the development of these rule changes but are invited to provide comment during the public comment period.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

Proposed changes to certain rules in this filing, including fiscal and racial equity impact information, were shared with Rule Advisory Committee (RAC) members and interested parties. A RAC meeting was held; however, there were not enough participants to meet the agency's attendance requirement. Other rules included in this filing were exempted from the RAC process, as they involved only minor clarifications or mandatory federal changes that allowed no room for interpretation. Additionally, the Department participated in community engagement outside of the standard RAC process.

RULES PROPOSED:

461-001-0000, 461-101-0010, 461-110-0530, 461-135-0780, 461-145-0220, 461-145-0259, 461-145-0360, 461-155-0210, 461-155-0250, 461-155-0270, 461-155-0290, 461-155-0291, 461-155-0295, 461-155-0360, 461-155-0600, 461-160-0580, 461-160-0620, 461-175-0050, 461-175-0200, 461-175-0210, 461-180-0050

AMEND: 461-001-0000

RULE SUMMARY: OAR 461-001-0000 is being amended to update the definition of "basic decision notice" to include the scenario of when an individual is incarcerated. It is also being amended to remove reference to Oregon Supplemental Income Program (OSIP), remove reference to Qualified Medicare Beneficiaries (QMB) program, and to add and define the term "Medicare Savings Programs".

CHANGES TO RULE:

461-001-0000

Definitions for Chapter 461 ¶

Defined terms are often italicized throughout this chapter of rules. If a defined term is accompanied by a cross-reference to a rule defining the term, subsequent usages of that term in the same rule refer to the same definition cross-referenced earlier in the rule. In this chapter of rules, unless the context indicates otherwise:¶

(1) A reference to Division, Adult and Family Services Division (or AFS), Senior and Disabled Services Division (or SDSD), Department of Human Services (DHS), or any other agency formerly part of the Oregon Department of Human Services means the Oregon Department of Human Services (ODHS), except:¶

(a) The rule in which reference occurs only regulates programs covered by OAR chapter 461.¶

(b) Eligibility rules for HSD medical programs (see section (34) of this rule) are in OAR chapter 410, division 200.¶

(2) "Address Confidentiality Program" (ACP) means a program of the Oregon Department of Justice, which provides a substitute mailing address and mail forwarding service for ACP participants who are survivors of domestic violence (see section (25) of this rule), sexual assault, or stalking.¶

(3) "Adjusted income" means the amount determined by subtracting income deductions from countable (see section (19) of this rule) income (see OAR 461-140-0010). Specific rules on the deductions are in OAR chapter 461, division 160.¶

(4) "Adoption assistance" means financial assistance provided to families adopting children with special needs. "Adoption assistance" may be state or federally funded. Federal adoption assistance is authorized by the Adoption Assistance and Child Welfare Act of 1980 (Pub. L. No. 96-272, 94 Stat. 500 (1980)). State adoption assistance is authorized by ORS 418.330 to 418.335.¶

(5) "Assets" mean income and resources.¶

(6) "Basic decision notice" means a decision notice (see section (21) of this rule) mailed no later than one of the following:¶

(a) The date of action given in the notice.¶

(b) When suspending medical assistance due to incarceration, the date the suspense action was taken.¶

(7) "Blind Work Expenses" has the meaning given in OAR 461-001-0035.¶

(8) "Branch office" means any Department or AAA (Area Agency on Aging) office serving a program covered by this chapter of rules.¶

(9) "Budgeting" means the process of calculating the benefit level.¶

(10) "Budget month" means the calendar month from which nonfinancial and financial information is used to determine eligibility (see section (28) of this rule) and benefit level for the payment month (see section (4950) of this rule).¶

(11) "Cafeteria plan" means a written benefit plan offered by an employer in which:¶

(a) All participants are employees; and¶

(b) Participants may choose, cafeteria-style, from a menu of two or more cash or qualified benefits. In this context, qualified benefits are benefits other than cash that the Internal Revenue Service does not consider part of an employee's gross income. Qualified benefits include, but are not limited to:¶

(A) Accident and health plans (including medical plans, vision plans, dental plans, accident and disability insurance);¶

(B) Group term life insurance plans (up to \$50,000);¶

(C) Dependent care assistance plans; and¶

(D) Certain stock bonus plans under section 401(k)(2) of the Internal Revenue Code (but not 401(k)(1) plans).¶

(12) "Capital asset" means property that contributes toward earning self-employment income, either directly or indirectly. A "capital asset" generally has a useful life of over one year and a value, alone or in combination, of \$100 or more.¶

(13) "Caretaker" means an individual who is responsible for the care, control, and supervision of a child (see section (16) of this rule). The status of "caretaker" ends once the individual no longer exercises care, control, and supervision of the child for 30 days.¶

(14) "Caretaker relative" means an individual with whom the dependent child (see section (23) of this rule) is living, who assumes primary responsibility for the care of the dependent child, and:¶

(a) Is a biological, step, or adoptive relative of the dependent child; or¶

(b) Is the spouse of an individual described in subsection (a), even after the marriage is terminated by death or divorce.¶

(15) "Certification period" means the period for which an individual is certified eligible for a program.¶

(16) "Child" includes natural, step, and adoptive children. The term "child" does not include an unborn.¶

(a) In the General Assistance (GA) program and the Oregon Supplemental Income Program (OSIP), a "child" is an individual under the age of 18.¶

(b) ~~In For Medicare Savings Programs (see section (45) of this rule) and the Oregon Supplemental Income Program Medical (OSIPM) and Qualified Medicare Beneficiaries (QMB) program,~~ "child" means an unmarried individual who:¶

(A) Is not considered a decision-maker in the household;¶

(B) Is under the age of 18; and¶

(C) Has at least one natural or adoptive parent (see section (49) of this rule) in the same household.¶

(c) In the Refugee Assistance (REF) and Refugee Assistance Medical (REFM) programs, a "child" is an individual who is not an emancipated minor and is under the age of 18.¶

(17) "Community-based care" is any of the following:¶

(a) Adult foster care - Room and board and 24-hour care and services for the elderly or for people with disabilities 18 years of age or older. The care is contracted to be provided in a home for five or fewer individuals.¶

(b) Assisted living facility - A program approach, within a physical structure, which provides or coordinates a range of services, available on a 24-hour basis, for support of resident independence in a residential setting.¶

(c) In-home Services - Individuals living in their home receiving services determined necessary by the Department.¶

(d) Residential care facility - A facility that provides residential care in one or more buildings on contiguous property for six or more individuals who have physical disabilities or are socially dependent.¶

(e) Specialized living facility - Identifiable services designed to meet the needs of individuals in specific target groups which exist as the result of a problem, condition, or dysfunction resulting from a physical disability or a behavioral disorder and require more than basic services of other established programs.¶

(f) Independent choices - In-Home Services program wherein the participant is given cash benefits to purchase self-directed personal assistance services or goods and services provided pursuant to a written service plan (see OAR 411-030-0020).¶

(18) "Continuing benefit decision notice" means a decision notice that informs the individual of the right to continued benefits and is mailed in time to be received by the date benefits are, or would be, received.¶

(19) "Countable" means that an available asset (either income or a resource) is not excluded and may be

considered by some programs to determine eligibility.¶¶

(20) "Custodial parents" mean parents who have physical custody of a child. "Custodial parents" may be receiving benefits as dependent children or as caretaker relatives for their own children.¶¶

(21) "Decision notice" means a written notice of a decision by the Department regarding an individual's eligibility for benefits in a program.¶¶

(22) "Department" means the Oregon Department of Human Services (ODHS).¶¶

(23) "Dependent child" in the Temporary Assistance for Needy Families (TANF) program means an individual who has not been legally emancipated and who is one of the following:¶¶

(a) An individual who is not a caretaker relative (see section (14) of this rule) of a child in the household, is unmarried or married but separated, and is under the age of 18, or 18 years of age and a full time student in secondary school or the equivalent level of vocational or technical training; or¶¶

(b) A minor parent (see section (456) of this rule) whose parents have chosen to apply for benefits for the minor parent. This does not apply to a minor parent who is married and living with their spouse.¶¶

(24) "Disability" means:¶¶

(a) In the Supplemental Nutrition Assistance Program (SNAP), see OAR 461-001-0015.¶¶

(b) In the REF, State Family Pre-SSI/SSDI (SFPSS), Temporary Assistance for Domestic Violence Survivors (TA-DVS), and TANF programs, for purposes other than determining eligibility:¶¶

(A) An individual with a physical or mental impairment that substantially limits the individual's ability to meet the requirements of the program; or¶¶

(B) An individual with a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or who is regarded as having such an impairment as defined by the Americans with Disabilities Act (42 USC 12102; 28 CFR 35.104).¶¶

(25) "Domestic violence" means the occurrence of one or more of the acts described in subsections (a) to (d) of this section between family members, intimate partners, or household members:¶¶

(a) Attempting to cause or intentionally, knowingly, or recklessly causing physical injury or emotional, mental, or verbal abuse.¶¶

(b) Intentionally, knowingly, or recklessly placing another in fear of imminent serious physical injury.¶¶

(c) Committing sexual abuse in any degree as defined in ORS 163.415, 163.425 and 163.427.¶¶

(d) Using coercive or controlling behavior.¶¶

(e) As used in this section, "family members" and "household members" mean any of the following:¶¶

(A) Spouse;¶¶

(B) Former spouse;¶¶

(C) Individuals related biologically, by marriage (see section (44) of this rule), or adoption;¶¶

(D) Individuals who are cohabitating or have cohabited with each other;¶¶

(E) Individuals who have been involved in a sexually intimate or dating relationship; or¶¶

(F) Unmarried parents of a child.¶¶

(26) "Domestic violence shelters" are public or private nonprofit residential facilities providing services to survivors of domestic violence. If the facility serves other people, a portion must be used solely for survivors of domestic violence.¶¶

(27) "Electronic application" is an application electronically signed and submitted through the Internet.¶¶

(28) "Eligibility" means the decision as to whether an individual qualifies, under financial and nonfinancial requirements, to receive program benefits.¶¶

(29) "Equity value" means fair market value (see section (30) of this rule) minus encumbrances.¶¶

(30) "Fair market value" means the amount an item is worth on the open market.¶¶

(31) "Family stability" in the Job Opportunity and Basic Skills (JOBS), Pre-TANF, SFPSS, TA-DVS, and TANF programs means the characteristics of a family that support healthy child development, including parental mental health, drug and alcohol free environment, stable relationships, and a supportive, flexible, and nurturing home environment.¶¶

(32) "Family stability activity" in the JOBS, Pre-TANF, SFPSS, TA-DVS, and TANF programs means an action or set of actions taken by an individual, as specified in a case plan, intended to promote the ability of one or both parents to achieve or maintain family stability (see section (31) of this rule).¶¶

(33) "Financial institution" means a bank, credit union, savings and loan association, investment trust, or other organization held out to the public as a place receiving funds for deposit, savings, checking, or investment.¶¶

(34) "HSD medical programs" means all programs administered by the Health Systems Division (HSD). These medical programs are described in OAR 410-200-0015 and governed under chapter 410 division 200.¶¶

(35) "Impairment-Related Work Expenses" have the meaning found in OAR 461-001-0035.¶¶

(36) "Income producing property" means:¶¶

(a) In all programs except ~~OSIP, OSIPM, and QMB~~ Medicare Savings Programs and OSIPM, real or personal property that generates income for the financial group (see OAR 461-110-0530). Examples of "income producing

property" are:¶

(A) Livestock, poultry, and other animals.¶

(B) Farmland, rental homes (including a room or other space in the home or on the property of a member of the financial group), vacation homes, and condominiums.¶

~~(b) In the OSIP, OSIPM, and QMB programs~~For Medicare Savings Programs and OSIPM, "income-producing property" means any real or personal property not used in self-employment (see OAR 461-145-0600 and 461-145-0915) that produces income for the financial group. "Income-producing property" includes:¶

(A) Livestock, poultry, or other animals that produce marketable products sold by the financial group.¶

(B) Farmland not excluded under OAR 461-145-0220 that is farmed or rented out by the financial group.¶

(C) Real property other than the home (including vacation homes and condominiums), that is rented out.¶

~~(c) In the OSIP, OSIPM, and QMB programs~~For Medicare Savings Programs and OSIPM, "income-producing property" does not include:¶

(A) Rooms or other space for rent in the home (see OAR 461-145-0220).¶

(B) Livestock, poultry, or other animals kept for resale (see OAR 461-145-0010).¶

(37) "Initial month" of eligibility means any of the following:¶

(a) In all programs, the first month a benefit group (see OAR 461-110-0750) is eligible for a program benefit in Oregon after a period during which the group is not eligible.¶

(b) In all programs except the SNAP program, the first month a benefit group is eligible for a program benefit after there has been a break in the program benefit of at least one full calendar month. If benefits are suspended for one month, that is not considered a break.¶

(c) In the SNAP program:¶

(A) The first month for which the benefit group is certified following any period during which they were not certified to participate, except for migrant and seasonal farm workers (see OAR 461-001-0015).¶

(B) For migrant and seasonal farmworkers, the first month for which the benefit group is certified following any period of one month or more during which they were not certified to participate.¶

(d) For a new applicant for Department-paid nursing facility services or home and community-based care (see OAR 461-001-0030), for the purposes of calculating the correct divisor in OAR 461-140-0296, the month in which the individual would have been eligible had it not been for the disqualifying transfer of assets (see section (5) of this rule).¶

(e) For a current recipient of Department-paid nursing facility services or home and community-based care, for the purpose of calculating the correct divisor in OAR 461-140-0296, the month the disqualifying transfer occurred. ¶

(38) "In-kind income" means income in a form other than money (such as food, clothing, cars, furniture, and payments made to a third party).¶

(39) "Legally married" means a marriage uniting two individuals according to:¶

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

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

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

(40) "Life estate" means the right to property limited to the lifetime of the individual holding it or the lifetime of some other individual. In general, a "life estate" enables the owner of the "life estate" to possess, use, and obtain profits from property during the lifetime of a designated individual while actual ownership of the property is held by another individual. A "life estate" is created when an individual owns property and then transfers ownership to another individual while retaining, for the rest of the individual's life, certain rights to that property. In addition, a "life estate" is established when a member of the financial group purchases a "life estate" interest in the home of another individual.¶

(41) "Lodger" means someone who---¶

(a) Is living with an individual receiving Department benefits;¶

(b) Is not a member of the individual's filing group (see OAR 461-110-0310); and¶

(c) Pays the filing group:¶

~~(A) In all programs except the OSIP, OSIPM, and QMB programs, for room and board.¶~~

~~(B) In the OSIP, OSIPM, and QMB programs~~Medicare Savings Programs and OSIPM, for room and board.¶

~~(B) For Medicare Savings Programs and OSIPM, for room with or without board.¶~~

(42) "Long term care" means the system through which the Department provides a broad range of social and health services for extended periods of time to eligible adults who are aged, blind, or have disabilities. This includes nursing facilities and the Oregon State Hospital.¶

(43) "Lump-sum income" means earned or unearned income received too infrequently or irregularly to be reasonably anticipated, or received as a one-time payment. "Lump-sum income" includes but is not limited to:¶

(a) Retroactive benefits covering more than one month, whether received in a single payment or several payments.¶¶

(b) Income from inheritance, gifts, winnings, and personal injury claims.¶¶

(c) Income received less frequently than annually.¶¶

(44) "Marriage" means the union of two individuals who are legally married (see section (39) of this rule).¶¶

(45) "Medicare Savings Programs" means Medicaid programs that provide payment for Medicare-related expenses. When used alone in a rule, "Medicare Savings Programs" refers to all the individual programs listed in subsections (a) through (d) below. "Medicare Savings Programs" are also referred to as "QMB programs" in Chapter 461 rules.¶¶

(a) Qualified Disabled and Working Individual (QDWI)¶¶

(b) Qualifying Individual (QI)¶¶

(c) Qualified Medicare Beneficiary (QMB)¶¶

(d) Specified Low-Income Medicare Beneficiary (SLMB)¶¶

(46) "Minor parent" in the TANF program means a parent under the age of 18.¶¶

(467) "Nonstandard living arrangement" is defined as follows:¶¶

(a) ~~In the GA, OSIP, OSIPM, and QMB programs~~For Medicare Savings Programs and OSIPM, an individual is considered to be in a "nonstandard living arrangement" when the individual is applying for or receiving services in any of the following locations:¶¶

(A) A nursing facility in which the individual receives long-term care services paid with Medicaid funding, except this subsection does not apply to a Medicare recipient in a skilled-stay nursing facility.¶¶

(B) An intermediate care facility for individuals with intellectual disabilities (ICF/ID).¶¶

(C) A psychiatric institution, if the individual is not yet 21 years of age or has reached the age of 65.¶¶

(D) A community-based care (see section (17) of this rule) setting, except a State Plan Personal Care (SPPC) setting is not considered a "nonstandard living arrangement".¶¶

(b) In all programs except ~~GA, OSIP, OSIPM, and QMB~~Medicare Savings Programs and OSIPM, "nonstandard living arrangement" means each of the following locations:¶¶

(A) Foster care.¶¶

(B) Residential Care facility.¶¶

(C) Drug or alcohol residential treatment facility.¶¶

(D) Shelter for individuals experiencing homelessness or domestic violence shelter.¶¶

(E) Lodging house if paying for room and board.¶¶

(F) Correctional facility.¶¶

(G) Medical institution.¶¶

(478) "Ongoing month" means one of the following:¶¶

(a) For all programs except the SNAP program, any month following the initial month (see section (37) of this rule) of eligibility, if there is no break in the program benefit of one or more calendar months.¶¶

(b) For the SNAP program, any month in the certification period (see section (15) of this rule) following the initial month of eligibility.¶¶

(489) "Parent" for all programs except Job Participation Incentive (JPI) (see OAR 461-135-1260) and the SNAP program means the biological or legal parent of an individual or unborn. For JPI and the SNAP program, "parent" means the biological or legal parent of an individual.¶¶

(a) If the person who gave birth (parent 1) to the child lives with an individual (parent 2) and either parent 1 or parent 2 claims that parent 2 is the other biological parent of the child or unborn, and no one else claims to be the other biological parent, parent 2 is treated as a parent even if parentage has not been legally established.¶¶

(b) A stepparent relationship exists if:¶¶

(A) The individual is legally married to the child's biological or adoptive parent; and¶¶

(B) The marriage has not been terminated by legal separation, divorce, or death.¶¶

(c) A legal adoption erases all prior legal and biological relationships and establishes the adoptive parent as the legal parent. However, the biological parent is also considered a "parent" if both of the following are true:¶¶

(A) The child lives with the biological parent; and¶¶

(B) The legal parent has given up care, control, and supervision of the child.¶¶

(4950) "Payment month" means, for all programs except Emergency Assistance (EA), the calendar month for which benefits are issued.¶¶

(501) "Payment period" means, for EA, the 30-day period starting with the date the first payment is issued and ending on the 30th day after the date the payment is issued.¶¶

(512) "Periodic income" means income received on a regular basis less often than monthly.¶¶

(523) "Primary person" for all programs except the SNAP program, means the filing group member who is responsible for providing information necessary to determine eligibility and calculate benefits. The "primary person" for individual programs is as follows:¶¶

- (a) In the TANF program, the parent or caretaker relative.¶
- (b) In the SNAP program, see OAR 461-001-0015.¶
- (c) ~~In the GA, OSIP~~For GA, Medicare Savings Programs, OSIPM, ~~QMB~~, REF, and REFM ~~programs~~, the individual or individual's spouse.¶
- (534) "Qualified Partnership Policy" means a long-term care insurance policy meeting the requirements of OAR 836-052-0531 that was either:¶
 - (a) Issued while the individual was a resident in Oregon on January 1, 2008 or later; or¶
 - (b) Issued in another state while the individual was a resident of that state on or after the effective date of that state's federally approved State Plan Amendment to issue qualified partnership policies.¶
- (545) "Real property" means land, buildings, and whatever is erected on or affixed to the land and taxed as "real property".¶
- (556) "Reimbursement" means money or in-kind compensation provided specifically for an identified expense.¶
- (567) "Safe homes" mean private homes that provide a few nights lodging to survivors of domestic violence. The homes must be recognized as such by the local domestic violence agency, such as crisis hot lines and shelters.¶
- (578) "Shelter costs" mean, in all programs except the SNAP program, housing costs (rent or mortgage payments, property taxes) and utility costs, not including cable TV or non-basic telephone charges. In the SNAP program, see OAR 461-160-0420.¶
- (589) "Shelter-in-kind" means an agency or individual outside the financial group provides the shelter of the financial group, or makes a payment to a third party for some or all of the shelter costs (see section (578) of this rule) of the financial group. "Shelter-in-kind" does not include temporary shelter provided by a domestic violence shelter, shelter for individuals experiencing homelessness, or residential alcohol and drug treatment facilities or situations where no shelter is being provided, such as sleeping in a doorway, park, or bus station.¶
- (5960) "Sibling" means the brother or sister of an individual. "Biologically-related" means they share at least one biological or adoptive parent. "Step" means they are not related biologically, but are related by the marriage of their parents.¶
- (601) "Spousal support" means income paid (voluntarily, per court order, or per administrative order) by a separated or divorced spouse to a member of the financial group.¶
- (612) "Spouse" means an individual who is legally married to another individual.¶
- (623) "Stable income" means income that is the same amount each time it is received.¶
- (634) "Standard living arrangement" means a location that does not qualify as a nonstandard living arrangement.¶
- (645) "Teen parent" means, in the JOBS, REF, REFM, and TANF programs, a parent who is the age of 18 or 19.¶
- (656) "Timely continuing benefit decision notice" means a decision notice that informs the individual of the right to continued benefits and is mailed no later than the time requirements in OAR 461-175-0050.¶
- (667) "Trust funds" mean money, securities, or similar property held by an individual or institution for the benefit of another individual.¶
- (678) "USDA meal reimbursements" mean cash reimbursements made by the Oregon Department of Education for family day-care providers who serve snacks and meals to children in their care.¶
- (689) "Variable income" means earned or unearned income that is not always received in the same amount each month.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 412.006, 412.014, 412.049, 413.085, 414.619

Statutes/Other Implemented: ORS 409.010, 409.050, 411.060, 411.070, 411.404, 411.816, 411.837, 412.001, 412.006, 412.014, 412.049, 413.085, 414.619

RULE SUMMARY: OAR 461-101-0010 is being amended to remove acronyms and overview for Qualified Medicare Beneficiaries -Basic (QMB-BAS), Qualified Medicare Beneficiaries-Disabled Worker (QMB-DW), Qualified Medicare Beneficiaries-Specified Low Income Medicare Beneficiary (QMB-SMB), Qualified Medicare Beneficiaries-Qualified Individuals (QMB-SMF) and add the individual Medicare Savings Programs acronyms and overview information for the Qualified Disabled and Working Individual (QDWI), Qualifying Individual (QI), Qualified Medicare Beneficiary (QMB), and Specified Low Income Medicare Beneficiary (SLMB) programs. It is also being amended to remove the Oregon Supplemental Income Medical-Independent Choices Program (OSIPM-ICP), change the amount of Jobs Participation Incentive payments, and update rule section references.

CHANGES TO RULE:

461-101-0010

Program Acronyms and Overview ¶¶

- (1) Acronyms are frequently used when referring to a program. There is an acronym for each umbrella program and acronyms for each subprogram.¶¶
- (2) When no program acronym appears in a rule in chapter 461 of these rules, the rule with no program acronym applies to all programs listed in this rule. If a rule does not apply to all programs, the rule uses program acronyms to identify the programs to which the rule applies.¶¶
- (3) Wherever an umbrella acronym appears, that means the rule covers all the subprograms under that code.¶¶
- (4) ABAWD; Able-Bodied Adults Without Dependents. The ABAWD employment program is one of the SNAP (see section (31) of this rule) employment and training programs. Individuals who are identified as ABAWD are subject to the SNAP time limits (see OAR 461-135-0520).¶¶
- (5) Citizenship Waived Medical (previously referred to in Chapter 461 as CWM). Medicaid coverage of emergent medical needs for individuals who were not eligible for other medical programs solely because they did not meet citizenship or noncitizen status requirements. Due to ORS 414.231, which established Healthier Oregon (see OAR 461-135-1080), the Department ended Citizenship Waived Medical effective June 30, 2023. The Department's primary rule for the program, OAR 461-135-1070, was repealed.¶¶
- (6) DSNAP; Disaster Supplemental Nutrition Assistance Program. Following a presidential declaration of a major disaster in Oregon, DSNAP provides emergency DSNAP program benefits to victims. OAR 461-135-0491 to 461-135-0497 cover DSNAP eligibility and benefits.¶¶
- (7) EA; Emergency Assistance. Emergency cash to eligible families to help meet emergent needs.¶¶
- (8) ERDC; Employment Related Day Care. Helps eligible families pay the cost of child care. The program is governed by the Department of Early Learning and Care (DELIC) under Oregon Administrative Rule chapter and division 414-175 beginning July 1, 2023.¶¶
- (9) GA; General Assistance. Cash assistance to eligible individuals with disabilities.¶¶
- (10) HSD; Health Systems Division. A division within the Oregon Health Authority (OHA) that is responsible for coordinating the medical assistance programs within the State of Oregon (see chapter 410 division 200).¶¶
- (11) HSP; Housing Stabilization Program. A program that helps eligible families obtain stable housing. The program is operated through the Housing and Community Services Department through community-based, service-provider agencies. The Department's rules for the program (OAR 461-135-1305 to 461-135-1335) were repealed July 1, 2001.¶¶
- (12) JOBS; Job Opportunity and Basic Skills. An employment program for TANF (see section (34) of this rule) participants. JOBS helps these individuals attain self-sufficiency through training and employment. The program is part of Welfare Reform.¶¶
- (13) JOBS Plus. JOBS Plus is a component of the JOBS Program. ¶Except as provided under OAR 461-190-0416, JOBS Plus provides subsidized jobs, rather than SNAP or TANF benefits, for individuals receiving TANF and determined JOBS eligible. Eligibility for the JOBS Plus component is determined by the Department. ¶¶
- (14) JPI; Job Participation Incentive. An additional \$~~40~~³⁵ food benefit to help increase the ability of parents with children, who meet federal TANF participation rate, to meet the nutritional needs of their families.¶¶
- (15) LIS; Low-Income Subsidy. The Low-Income Subsidy program is a federal assistance program for Medicare recipients who are eligible for extra help meeting their Medicare Part D prescription drug costs.¶¶
- (16) OFSET. The Oregon Food Stamp Employment Transition Program, which helped SNAP program benefit recipients find employment. This program was mandatory for some SNAP program benefit recipients.¶¶
- (17) OSIP; Oregon Supplemental Income Program. Cash supplements and special need payments to individuals who are determined eligible for OSIPM and meet the requirements set forth under OARs 461-155-0500 through

461-155-0710.¶

(18) OSIPM; Oregon Supplemental Income Program Medical. Medical coverage for individuals who are 65 years of age or older, who are blind, or who have a disability (see OAR 461-125-0310). When used alone, OSIPM refers to all OSIP-related medical programs. The following codes or names are used for OSIPM subprograms:¶

(a) OSIPM-AB; Oregon Supplemental Income Program Medical - Aid to the Blind.¶

(b) OSIPM-AD; Oregon Supplemental Income Program Medical - Aid to the Disabled.¶

(c) OSIPM-Acute Care; Oregon Supplemental Income Program Medical - Acute Care.¶

(d) OSIPM-Behavioral Health; Oregon Supplemental Income Program Medical - Individuals age 21 or older eligible for 1915(i) state plan services.¶

(e) OSIPM-DAC; Oregon Supplemental Income Program Medical - Disabled Adult Children.¶

(f) OSIPM-EPD; Oregon Supplemental Income Program Medical - Employed Persons with Disabilities program.¶

(g) OSIPM-Healthier Oregon; Oregon Supplemental Income Program Medical - Healthier Oregon. Medicaid coverage for individuals who are not eligible for other medical programs solely because they do not meet citizenship or noncitizen status requirements. The Department's main chapter 461 rule for Healthier Oregon is OAR 461-135-1080.¶

~~(h) OSIPM-ICP; Oregon Supplemental Income Program Medical - Independent Choices Program.¶~~

~~(i) OSIPM-OAA; Oregon Supplemental Income Program Medical - Old Age Assistance.¶~~

~~(j) OSIPM-Pickle; Oregon Supplemental Income Program Medical - Pickle Amendment individuals.¶~~

~~(k) OSIPM-SSI; Oregon Supplemental Income Program Medical - Assumed eligible individuals receiving Supplemental Security Income (SSI).¶~~

~~(l) OSIPM-Survivor Widows; Oregon Supplemental Income Program Medical - Individuals who lost SSI due to the receipt of Social Security Benefits from a deceased spouse. ¶~~

~~(m) OSIPM-1619B; Oregon Supplemental Income Program Medical - Assumed eligible individuals with 1619B status from the Social Security Administration.¶~~

(19) The Post-TANF program provided a monthly transitional payment to employed individuals who were no longer eligible for the Pre-TANF or TANF programs due to earnings, and met the other eligibility requirements.¶

(20) The Pre-TANF program is an up-front assessment and resource-search program for TANF applicant families. The intent of the program is to assess the individual's employment potential; determine any barriers to employment or family stability; develop an individualized case plan that promotes family stability and financial independence; help individuals find employment or other alternatives; and provide basic living expenses immediately to families in need.¶

~~(21) QMBDWI; Qualified Medicare Beneficiaries. Programs providing payment of Medicare premiums and one program also providing additional medical coverage for Medicare recipients. Each of these programs also is considered to be a Disabled and Working Individual. One of the four Medicare Savings Programs (MSP). When used alone in a rule, QMB refers to all MSP. The following codes are used for QMB subprograms:¶~~

~~(a) QMB-BAS; Qualified Medicare Beneficiaries - Basic. The basic QMB program.¶~~

~~(b) QMB-DW; Qualified Medicare Beneficiaries - Disabled Worker. Psee OAR 461-001-0000) providing payment of the Medicare Part A premium for individuals under age 65 who have lost eligibility for Social Security dDisability Insurance (SSDI) benefits because they have become substantially gainfully employed.¶~~

~~(c) QMB-SMB; Qualified Medicare Beneficiaries - Specified Low-Income Medicare Beneficiary. Payment of the Medicare Part B premium only. There are no medical benefits available through QMB-SMB.¶~~

~~(d) QMB-SMF; Qualified Medicare Beneficiaries - Qualified Individuals. P This program is also referred to as QMB-DW in the chapter 461 rules.¶~~

(22) QI; Qualifying Individual. One of the four Medicare Savings Programs providing payment of the Medicare Part B premium only. There are no medical benefits available through QMB-SMF. This program has a 100-percent federal match, but also has an allocation that, if reached, results in the closure of the program.¶

~~(22 This program is also referred to as QMB-SMF in the chapter 461 rules. ¶~~

~~(23) QMB; Qualified Medicare Beneficiary. One of the four Medicare Savings Programs providing payment of Part A and Part B Medicare premiums as well as Medicare Part A and Part B deductibles, copayments, and co-insurance. This program is also referred to as QMB-BAS in the chapter 461 rules.¶~~

(24) REF; Refugee Assistance. Cash assistance to eligible refugees who are not eligible for the TANF program.¶

~~(235) REF; Refugee Assistance Medical. Medical coverage for eligible refugees who are not eligible for Medicaid.¶~~

(246) REP; Refugee Employment Program. Any self-sufficiency service, employment service, or case plan that is available to or developed for individuals in the REF program.¶

(257) The Repatriate Program helps Americans resettle in the United States if they have left a foreign land because of an emergency situation.¶

(268) SFDNP; Senior Farm Direct Nutrition Program. Food vouchers for eligible seniors. Funded by a grant from the United States Department of Agriculture.¶

(279) SFPSS; State Family Pre-SSI/SSDI Program. A voluntary program providing cash assistance and case management services to families when at least one TANF eligible adult in the household has an impairment (see OAR 461-125-0260) and is or will be applying for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).¶¶

(2830) SLMB; Specified Low-Income Medicare Beneficiary. One of the four Medicare Savings Programs providing payment of the Medicare Part B premium only. There are no medical benefits available through SLMB. This program is also referred to as QMB-SMB in the chapter 461 rules.¶¶

(31) SNAP; Supplemental Nutrition Assistance Program. Helps eligible households maintain proper nutrition by giving them the means to purchase food. SNAP used to be known as FS or Food Stamps; any reference to SNAP also includes FS and Food Stamps.¶¶

(329) STEP; SNAP Training and Employment Program. A training and employment program for certain SNAP participants.¶¶

(303) TA-DVS; Temporary Assistance for Domestic Violence Survivors. Assistance for families where there is a current or future risk of further domestic violence.¶¶

(314) TANF; Temporary Assistance for Needy Families. Cash assistance for eligible families with children to help meet a family's basic needs.¶¶

(325) TANF YEP; Temporary Assistance for Needy Families Youth Employment Program. A program for TANF teen parents, non-parenting teens, and young parents who are 16 through 24 years of age. Youth will learn workplace skills, job readiness, and have an opportunity for short-term subsidized employment.

Statutory/Other Authority: 411.060, 411.404, 411.706, 411.816, 412.014, 412.049, 414.025, 414.826, 413.085, 414.619, 409.050, 411.070, 411.083, 414.231, 412.006, 412.084

Statutes/Other Implemented: 409.010, 411.060, 411.404, 411.704, 411.706, 411.816, 412.014, 412.049, 414.025, 414.826, 414.117, 411.070, 411.083, 414.231, 412.006, 412.084

AMEND: 461-110-0530

RULE SUMMARY: OAR 461-110-0530 is being amended to clarify that a spouse is included in the financial group for purposes of calculating the Community Spouse Resource Allowance when a current service recipient marries and not just at initial application for services. It is also being amended to removed Qualified Medicare Beneficiaries and replace it with Medicare Savings Programs.

CHANGES TO RULE:

461-110-0530

Financial Group ¶¶

(1) Except as provided in section (4) of this rule, the "financial group" consists of the filing group (see OAR 461-110-0310) members whose income and resources the Department considers in determining eligibility (see OAR 461-001-0000) and benefits.¶¶

(2) ~~In the For Medicare Savings Programs (see OAR 461-001-0000) Oregon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD), Qualified Medicare Beneficiaries (QMB), and the Supplemental Nutrition Assistance Program (SNAP),~~ the "financial group" consists of each individual in the filing group.¶¶

(3) In the Refugee Assistance (REF) and Refugee Assistance Medical (REFM) programs, the "financial group" consists of each individual in the filing group, except an individual who is eligible for and receives a Supplemental Security Income (SSI) cash payment.¶¶

(4) In the Oregon Supplemental Income Program Medical (OSIPM) (except OSIPM-EPD):¶¶

(a) For the purposes of this section of this rule, "ineligible" means an individual not eligible to receive either SSI or Temporary Assistance for Needy Families (TANF) program benefits.¶¶

(b) When an individual lives in a standard living arrangement (see OAR 461-001-0000):¶¶

(A) Except as provided in paragraph (B) of this subsection, each member of the filing group is in the "financial group".¶¶

(B) When an individual is ~~married~~ legally married (see OAR 461-001-0000), not assumed eligible (see OAR 461-135-0010) for OSIPM, and the individual's spouse (see OAR 461-001-0000) is considered "ineligible" (see subsection (a) of this section):¶¶

(i) If the individual's adjusted income (see OAR 461-001-0000) using the deductions allowed under OAR 461-160-0550(4), or after being evaluated under certain protected groups (see OAR 461-135-0771 to OAR 461-135-0830), is greater than the OSIPM program adjusted income standard for a need group of one under OAR 461-155-0250, the individual is in their own "financial group" and not eligible for OSIPM.¶¶

(ii) When there are children in the home, if the ineligible spouse's remaining countable (see OAR 461-001-0000) income after allocation (see OAR 461-160-0551) to each ineligible child is equal to or less than the difference between the couple and the individual SSI standards: the spouse is not included in the "financial group" when determining income eligibility; however, the spouse is included in the "financial group" when determining resource eligibility.¶¶

(iii) When there are no children in the home, if the ineligible spouse's countable income is less than the difference between the couple and the individual SSI standards: the spouse is not included in the "financial group" when determining income eligibility; however, the spouse is included in the "financial group" when determining resource eligibility.¶¶

(c) When an individual is in a nonstandard living arrangement (see OAR 461-001-0000), or the individual is being evaluated under OAR 461-135-0745, and the community spouse is not in the household group; the community spouse is included in the "financial group" to determine ~~initial~~ eligibility as follows:¶¶

(A) ~~At initial eligibility, the~~ resources of the community spouse are considered in order to calculate the community spouse resource allowance and the provisions of OAR 461-160-0580 apply.¶¶

(B) The income of the community spouse is not considered in determining ~~initial~~ eligibility except when calculating the community spouse resource allowance as specified in OAR 461-160-0580, and the community spouse is not included in any other eligibility group.¶¶

(C) This subsection applies at initial eligibility or when an individual becomes legally married, whichever occurs later.¶¶

(5) In the TANF program, the "financial group" consists of each individual in the filing group except the following:¶¶

(a) A caretaker relative, other than a parent, who chooses not to be included in the need group and has income less than the non-needy countable income limit standard (see OAR 461-155-0030) for the filing group of the caretaker relative.¶¶

(b) The spouse of a caretaker relative, when the caretaker relative meets the requirements under subsection (a) of

this section.¶¶

(c) A dependent child of a caretaker relative when the caretaker relative meets the requirements under subsection (a) of this section.¶¶

(d) An individual who is eligible for and receives an SSI cash payment.

Statutory/Other Authority: 411.404, 411.706, 411.816, 412.006, 412.049, 412.064, 412.124, 414.712, ORS 409.050, 411.060, 411.070, 413.085, 414.619

Statutes/Other Implemented: 414.826, 414.117, 411.404, 411.706, 411.816, 412.006, 412.049, 412.064, 412.124, 414.712, 411.060, 411.070, ORS 409.010

RULE SUMMARY: OAR 461-135-0780 is being amended to reflect the annual federal cost of living adjustments. These amendments will take effect on January 1, 2026.

461-135-0780

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY.

(1) The countable (see OAR 461-001-0000) Social Security Benefits (SSB) income of an individual is determined according to sections (2) to (4) of this rule if the individual meets all of the following requirements:¶

(b) Was eligible for and receiving Supplemental Security Income (SSI) or state supplements but became ineligible for those payments after April 1977; and

(2) The SSB amount received by the individual when the individual became ineligible for SSI or OSIP is used as the individual's countable SSB income, for the purposes of the Pickle Amendment. If the spouse (see OAR 461-001-0000) of the individual also had Social Security benefits at the time the individual lost SSI benefits, SSB amount at that time of the spouse is considered the countable income of the spouse. If the amount cannot be determined using the information provided by the Social Security Administration (SSA), it is calculated in accordance with section (3) of this rule.¶

(3) The Department determines the month in which the individual was entitled to SSB and received SSI in the same month. The Department uses the table in section (4) of this rule to find the percentage that applies to that month. The Department multiplies the present amount of the SSB of the individual by the applicable percentage. If the spouse of the individual also had SSB at the time the individual lost SSI benefits, the Department adjusts the SSB of the spouse using the same multiplier that was used for the individual's calculation under this section. This amount, rounded down to the next lower whole dollar, is the individual's countable SSB income.†

(4) The following guide contains the calculations used to determine the SSB for prior years (the Department uses this table only if the prior year's amount using information provided by SSA):

January 2024 - December 2024.....976

January 2023 - December 2023.....945T

January 2022 - December 2022.....870

January 2021 - December 2021.....821

January 2020 - December 2020.....	811	¶
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January 2019 - December 2019.....798

January 2018 - December 2018.....776

January 2017 - December 2017.....761

January 2015 - December 2016.....759

January 2014 - December 2014.....746

January 2013 - December 2013.....735

January 2012 - December 2012.....723

January 2009 - December 2011.....698

January 2008 - December 2008.....659

January 2007 - December 2007.....645

January 2006 - December 2006.....624T

January 2005 - December 2005.....599

January 2004 - December 2004.....584

January 2003 - December 2003.....572

January 2002 - December 2002..... 564

January 2001 - December 2001.....549

January 2000 - December 2000.....531¶

January 1999 - December 1999.....518

January 1998 - December 1998.....512

January 1997 - December 1997.....	501
January 1996 - December 1996.....	487
January 1995 - December 1995.....	475
January 1994 - December 1994.....	462
January 1993 - December 1993.....	450
January 1992 - December 1992.....	437
January 1991 - December 1991.....	421
January 1990 - December 1990.....	400
January 1989 - December 1989.....	382
January 1988 - December 1988.....	367
January 1987 - December 1987.....	352
January 1986 - December 1986.....	348
January 1985 - December 1985.....	337
January 1984 - December 1984.....	326
July 1982 - December 1983.....	315
July 1981 - June 1982.....	293
July 1980 - June 1981.....	264
July 1979 - June 1980.....	231
July 1978 - June 1979.....	210
July 1977 - June 1978.....	197
May or June 1977.....	186
Statutory/Other Authority: 411.060, 411.070, 411.083, 411.404, ORS 409.050, 413.085, 414.685	
Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.083, 411.404, 411.704, 413.085, 414.685, 42	
CFR 435.135, P.L. 92-336	

AMEND: 461-145-0220

RULE SUMMARY: OAR 461-145-0220 is being amended to reflect the annual federal cost of living adjustments. These amendments will take effect January 1, 2026. It is also being amended to remove and replace language that can be interpreted to require that the intent to return home is declared in writing when applying the exclusion for temporary absence while in a nursing facility. This rule is also being amended to remove the Oregon Supplemental Income Program (OSIP), correct the program name and acronym for the Qualified Disabled and Working Individual (QDWI) program, and write out the acronym the first time it appears in the rule.

CHANGES TO RULE:

461-145-0220
Home ¶¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶¶

(1) Home defined: A home is the place where the filing group (see OAR 461-110-0310) lives. A home may be a house, boat, trailer, mobile home, or other habitation. A home also includes the following:¶¶

(a) Land on which the home is built and contiguous property.¶¶

(A) In all programs except the ~~Oregon Supplemental Income Program (OSIP)~~, Oregon Supplemental Income Program Medical (OSIPM), ~~Qualified Medicare Beneficiaries (QMB)~~ Qualified Disabled and Working Individual (QDWI), and ~~the~~ Supplemental Nutrition Assistance Program (SNAP), property must meet all the following criteria to be considered contiguous property:¶¶

(i) It must not be separated from the land on which the home is built by land owned by people outside the financial group (see OAR 461-110-0530).¶¶

(ii) It must not be separated by a public right-of-way, such as a road.¶¶

(iii) It must be property that cannot be sold separately from the home.¶¶

(B) In the ~~OSIP~~, OSIPM, ~~QMB~~ QDWI, and SNAP programs, contiguous property is property not separated from the land on which the home is built by land owned by people outside the financial group.¶¶

(b) Other dwellings on the land surrounding the home that cannot be sold separately from the home.¶¶

(2) Exclusion of home and other property:¶¶

(a) For an individual who has an initial month (see OAR 461-001-0000) of long-term care (see OAR 461-001-0000), home and community-based care (see OAR 461-001-0030), or who is being evaluated for OSIPM in an acute care setting under OAR 461-135-0745 on or after January 1, 2006:¶¶

(A) For purposes of this subsection, "child" means a biological or adoptive child who is:¶¶

(i) Under age 21; or¶¶

(ii) Any age and meets the Social Security Administration criteria for blindness or disability.¶¶

(B) The equity value (see OAR 461-001-0000) of a home is excluded if the requirements of at least one of the following subparagraphs are met:¶¶

(i) The child (see paragraph (A) of this subsection) of the individual or relative dependent on the individual for support occupies the home.¶¶

(ii) The spouse (see OAR 461-001-0000) of the individual occupies the home.¶¶

(iii) The equity in the home is \$730,000 or less, and the requirements of at least one of the following subparagraphs are met:¶¶

(I) The individual occupies the home.¶¶

(II) The home equity is excluded under OAR 461-145-0252.¶¶

(III) The home is listed for sale per OAR 461-145-0420.¶¶

(iv) Notwithstanding OAR 461-120-0330, the equity in the home is more than \$730,000 and the individual is unable legally to convert the equity value in the home to cash.¶¶

(b) For all other filing groups, the value of a home is excluded when the home is occupied by any member of the filing group.¶¶

(c) In the SNAP program, the value of land is excluded while the group is building or planning to build their home on it, except that if the group owns (or is buying) the home they live in and has separate land they intend to build on, only the home in which they live is excluded, and the land they intend to build on is treated as real property in accordance with OAR 461-145-0420.¶¶

(3) Exclusion during temporary absence: The value of a home is excluded in each of the following situations:¶¶

(a) For the purposes of this section, "evidence" includes a written statement from a competent individual.¶¶

(b) In all programs except the ~~OSIP~~, OSIPM, and ~~Qualified Medicare Beneficiary-Disabled Worker (QMB-DW)~~ QDWI

programs, during the temporary absence of all members of the filing group from the property, if the absence is due to illness or uninhabitability (from casualty or natural disaster), and the filing group intends to return home.¶¶

(c) In the ~~OSIP~~, OSIPM, and QMB-DWI programs, when the individual is temporarily absent:¶¶

(A) To receive assistance with activities of daily living (see OAR 411-015-0005) under one of the following conditions:¶¶

(i) The absent individual has ~~provided evidence that the individual will return to the home. The evidence must reflect the se~~expressed either orally or in writing their subjective intent to return home. Subjective intent of means that they individual tend to return home regardless of the ~~individual's~~ medical condition: or any opinion offered by a third party about their ability to do so. ¶¶

(ii) The home remains occupied by the individual's spouse, child, or a relative dependent on the individual for support. The child must be less than 21 years of age or, if over the age of 21, blind or an individual with a disability as defined by Social Security Administration (SSA) criteria.¶¶

(B) Due to illness, employment or training for future employment, seasonal employment, or uninhabitability; and both of the following conditions are met:¶¶

(i) The absent individual has provided evidence that the absent individual will return home, and¶¶

(ii) The evidence reflects the subjective intent of the individual, regardless of the individual's medical condition.¶¶

(d) In the Refugee Assistance (REF), Refugee Assistance Medical (REFM), and Temporary Assistance for Needy Families (TANF) programs, when all members of the filing group are absent because:¶¶

(A) The members are employed in seasonal employment and intend to return to the home when the employment ends; or¶¶

(B) The members are searching for employment, and the search requires the members to relocate away from their home. If all members of the filing group are absent for this reason, the home may be excluded for up to six months from the date the last member of the filing group leaves the home to search for employment. After the six months, if a member of the filing group does not return, the home is no longer excluded.¶¶

(e) In the SNAP program, when the financial group is absent because of employment or training for future employment.

Statutory/Other Authority: ORS 409.050, 410.070, 411.060, 411.070, 411.404, 411.816, 412.049, 413.085, 414.685

Statutes/Other Implemented: ORS 409.010, 409.050, 410.010, 410.020, 410.070, 410.080, 411.060, 411.070, 411.404, 411.816, 412.049, 413.085, 414.685, 414.839

AMEND: 461-145-0259

RULE SUMMARY: OAR 461-145-0259 is being amended to add an exclusion for benefits based on need as well as Bureau of Indian Affairs foster care payments. It is also being amended to remove the Oregon Supplemental Income Program (OSIP) from the title as well as replacing Qualified Medicare Beneficiaries (QMB) with Medicare Savings Programs.

CHANGES TO RULE:

461-145-0259

Indian (Native American) Benefits; OSIP, ~~OSIPM~~, and ~~QMB~~ M and Medicare Savings Programs ¶

(1) The following Indian (Native American) benefits are excluded from income and resources:¶

(a) Indian lands held jointly with the tribe, or land that may not be sold without the approval of the Bureau of Indian Affairs (BIA).¶

(b) Payments made under the Indian Judgment Funds Distribution Act (Public Law 93-134).¶

(c) Distribution of Indian Judgment Funds (Public Law 97-458).¶

(A) Indian judgment funds include interest and investment income accrued while the funds are held in trust.¶

(B) Initial purchases made with distributed judgment funds are excluded from resources.¶

(d) Per capita distributions of all funds held in trust by the Secretary of the Interior to members of an Indian tribe (Public Law 98-64).¶

(e) The following items received from a native corporation are excluded under the Alaska Native Claims Settlement Act (ANCSA) (Public Law 100-241):¶

(A) Cash received from a native corporation, including cash dividends on stock received from a native corporation, to the extent it does not exceed \$2,000 per individual per year.¶

(B) Stock, including stock issued or distributed by a native corporation as a dividend or distribution on stock.¶

(C) A partnership interest.¶

(D) Land or an interest in land, including land or an interest in land received from a native corporation as a dividend or distribution on stock.¶

(E) An interest in a settlement trust.¶

(f) Up to \$2000 per year received from payments from individual interests in Trust or Restricted Lands (Public Law 103-66).¶

(g) Distribution of Per Capita Funds to the Red Lake Band of Chippewa Indians from the proceeds of the sale of timber and lumber on the Red Lake Reservation (Public Law 85-794).¶

(h) Distribution of Per Capita Funds by the Blackfeet and Gros Ventre tribal governments to members, which resulted from judgment funds to the tribes (Public Law 92-254).¶

(i) Distribution of Claims Settlement Funds to members of the Hopi and Navajo Tribes (Public Laws 93-531 and 96-305).¶

(j) Receipts and distributions derived from lands held in trust for Indian tribes are excluded from the following Indian groups (Public Law 94-114):¶

(A) Seminole Indians.¶

(B) Pueblos of Zia and Jimenez.¶

(C) Stockbridge Munsee Indian Community.¶

(D) Burns Indian Colony.¶

(E) Assiniboine and Sioux Tribe.¶

(F) Bad River Band of the Lake Superior Tribe of Chippewa Indians.¶

(G) Blackfeet Tribe of Montana.¶

(H) Cherokee Nation of Oklahoma.¶

(I) Cheyenne River Sioux Tribe.¶

(J) Crow Creek Sioux Tribe.¶

(K) Devil's Lake Sioux Tribe.¶

(L) Fort Belknap Indian Community.¶

(M) Keweenaw Bay Indian Community.¶

(N) Lac Courte Oreilles Band of Lake Superior Chippewa Indians.¶

(O) Lower Brule Sioux Tribe.¶

(P) Minnesota Chippewa Tribe.¶

(Q) Navajo Tribe.¶

(R) Oglala Sioux Tribe.¶

(S) Rosebud Sioux Tribe.¶

(T) Shoshone-Bannock Tribe.¶¶

(U) Standing Rock Sioux Tribe.¶¶

(k) Judgment funds distributed per capita to, or held in trust for, members of the Sac and Fox Indian Nation (Public Law 94-189).¶¶

(l) Judgment funds distributed per capita to, or held in trust for, members of the Grand River Band of Ottawa Indians (Public Law 94-540).¶¶

(m) Judgment funds distributed per capita to members of the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation (Public Law 95-433).¶¶

(n) Receipts derived from trust lands awarded to the Pueblo of Santa Ana and distributed to members of that tribe (Public Law 95-498).¶¶

(o) Receipts derived from trust lands awarded to the Pueblo of Zia and distributed to members of that tribe (Public Law 95-499).¶¶

(p) Judgment funds distributed per capita or made available for programs for members of the Delaware Tribe of Indians and the absentee Delaware Tribe of Western Oklahoma (Public Law 96-318).¶¶

(q) Funds and distributions to members of the Passamaquoddy Tribe, the Penobscot Nation, and the Houlton Band of Maliseet Indians under the Maine Indian Claims Settlement Act (Public Law 96-420).¶¶

(r) Distributions of judgment funds to members of the San Carlos Tribe of Arizona (Public Law 97-95).¶¶

(s) Distributions of judgment funds to members of the Wyandot Tribe of Indians of Oklahoma (Public Law 97-371).¶¶

(t) Distributions of judgment funds to members of the Shawnee Tribe of Indians (Absentee Shawnee Tribe of Oklahoma, the Eastern Shawnee Tribe of Oklahoma, and the Cherokee Band of Shawnee descendants) (Public Law 97-372).¶¶

(u) Judgment funds distributed per capita or made available for programs for members of the Miami Tribe of Oklahoma and the Miami Indians of Indiana (Public Law 97-376).¶¶

(v) Distributions of judgment funds to members of the Clallam Tribe of Indians of the State of Washington (Port Gamble Indian Community, Lower Elwha Tribal Community, and the Jamestown Band of Clallam Indians) (Public Law 97-402).¶¶

(w) Judgment funds distributed per capita or made available for programs for members of the Pembina Chippewa Indians (Turtle Mountain Band, Chippewa Cree Tribe, Minnesota Chippewa Tribe, and Little Shell Band of Chippewa Indians of Montana) (Public Law 97-403).¶¶

(x) Per capita distributions of judgment funds to members of the Gros Ventre and Assiniboiné Tribes of Fort Belknap Indian Community, and the Papago Tribe of Arizona (Public Law 97-408).¶¶

(y) Up to \$2,000 of per capita distributions of judgment funds to members of the Confederated Tribes of the Warm Springs Reservation (Public Law 97-436).¶¶

(z) Judgment funds distributed to the Red Lake Band of Chippewa Indians (Public Law 98-123).¶¶

(aa) Funds distributed per capita or family interest payments for members of the Assiniboiné Tribe of the Fort Belknap Indian Community of Montana and the Assiniboiné Tribe of the Fort Peck Indian Reservation of Montana (Public Law 98-124).¶¶

(bb) Judgment funds and income therefrom distributed to members of the Shoalwater Bay Indian Tribe (Public Law 98-432).¶¶

(cc) All distributions to heirs of certain deceased Indians under the Old Age Assistance Claims Settlement Act (Public Law 98-500).¶¶

(dd) Judgment funds distributed per capita or made available for any tribal program, for members of the Wyandotte Tribe of Oklahoma and the Absentee Wyandottes (Public Law 98-602).¶¶

(ee) Per capita and dividend payment distributions of judgment funds to members of the Santee Sioux Tribe of Nebraska, the Flandreau Santee Sioux Tribe, and the Prairie Island Sioux, Lower Sioux, and Shakopee Mdewakanton Sioux Communities of Minnesota (Public Law 99-130).¶¶

(ff) Funds distributed per capita or held in trust for members of the Chippewas of Lake Superior and the Chippewas of the Mississippi (Public Law 99-146).¶¶

(gg) Distributions of claims settlement funds to members of the White Earth Band of Chippewa Indians as allottees, or their heirs (Public Law 99-264).¶¶

(hh) Payments or distributions of judgment funds, and the availability of any amount for such payments or distributions, to members of the Saginaw Chippewa Indian Tribe of Michigan (Public Law 99-346).¶¶

(ii) Judgment funds distributed per capita or held in trust for members of the Chippewas of Lake Superior and the Chippewas of the Mississippi (Public Law 99-377).¶¶

(jj) Judgment funds distributed to members of the Cow Creek Band of Umpqua Tribe of Indians (Public Law 100-139).¶¶

(kk) Per capita restitution payments made to eligible Aleuts who were relocated or interned during World War II (Public Law 100-383).¶¶

(ll) Per capita payments of claims settlement funds to members of the Coushatta Tribe of Louisiana (Public Law 100-411).¶

(mm) Funds distributed per capita for members of the Hoopa Valley Indian Tribe and the Yurok Indian Tribe (Public Law 100-580).¶

(nn) Judgment funds held in trust by the United States, including interest and investment income accruing on such funds, and judgment funds made available for programs or distributed to members of the Wisconsin Band of Potawatomi (Hannahville Indian Community and Forest County Potawatomi) (Public Law 100-581).¶

(oo) All funds, assets, and income from the trust fund transferred to the members of the Puyallup Tribe under the Puyallup Tribe of Indians Settlement Act of 1989 (Public Law 101-41).¶

(pp) Judgment funds distributed per capita, or held in trust, or made available for programs, for members of the Seminole Nation of Oklahoma, the Seminole Tribe of Florida, the Miccosukee Tribe of Indians of Florida, and the independent Seminole Indians of Florida, plus any interest and investment income accruing on the funds held in trust (Public Law 101-277).¶

(qq) Payments, funds, distributions, or income derived from them under the Seneca Nation Settlement Act of 1990 (Public Law 101-503).¶

(rr) Per capita distributions of settlement funds under the Fallon Paiute Shoshone Indian Tribes Water Rights Settlement Act of 1990 (Public Law 101-618).¶

(ss) Settlement funds, assets, income, payments or distributions from Trust Funds to members of the Catawba Indian Tribe under the Catawba Indian Tribe of South Carolina Land Claims Settlement Act of 1993 (Public Law 103-116).¶

(tt) Settlement funds held in trust, including interest and investment income accruing on such funds, and payments made to members of the Confederated Tribes of the Colville Reservation under the Confederated Tribes of the Colville Reservation Grand Coulee Dam Settlement Act (Public Law 103-436).¶

(uu) Payments made or benefits granted by the Crow Boundary Settlement Act of 1994 (Public Law 103-444).¶

(vv) Per capita distribution judgment funds to members of the Western Shoshone Indians (Public Law 108-270).¶

(ww) Payments made or granted to the Aroostook Band of Micmacs under Public Law 102-171.¶

(xx) Payments made from the distribution of judgment funds to members of the Confederated Tribes of the Umatilla under Public Law 91-259.¶

(yy) Payments from the Tribal Trust Accounting and Management Lawsuits under Public Law 111-291, section 101.¶

(2) Bureau of Indian Affairs (BIA) General Assistance payments are federally-funded income based on need and are counted as unearned income, regardless of whether they are paid in cash or in kind. The \$20 per month general income exclusion does not apply to these payments.¶

(3) Assistance based on need that meets both requirements of subsections (a) and (b) below is excluded as income in the month received. Any amount remaining after the month of receipt is countable as a resource for Oregon Supplemental Income Program Medical (OSIPM) and the Qualified and Disabled Working Individual (QDWI) program.¶

(a) The assistance is not federally funded and funded wholly by either Indian tribes, or a combination of Indian tribes and a state or a political subdivision of a state.¶

(b) The assistance is provided under a program which uses income as a factor of eligibility. If the program uses income to determine payment amount but not eligibility, it is not excluded.¶

(4) Bureau of Indian Affairs (BIA) foster care payments are excluded.¶

(5) Individual Indian Money (IIM) accounts are treated as follows:¶

(a) For an account that requires BIA Authorization for withdrawal (restricted):¶

(A) A deposit required by the BIA is excluded as income and as a resource.¶

(B) A deposit not required by the BIA is counted or excluded as income in accordance with this chapter of rules based on the source of the deposit. The deposit is excluded as a resource.¶

(C) A withdrawal is treated in accordance with this chapter of rules based on the source of the funds withdrawn. When funds in the account include both excluded and non-excluded funds, the Department (see OAR 461-001-0000) presumes that the non-excluded funds are withdrawn first.¶

(b) For an account that does not require BIA authorization for a withdrawal (unrestricted): Deposits and withdrawals are treated in accordance with this chapter of rules based on the source of the deposit or withdrawal. When funds in the account include both excluded and non-excluded funds, the Department presumes that the non-excluded funds are withdrawn first.

Statutory/Other Authority: ORS 409.050, 410.070, 411.060, 411.070, 411.083, 411.404, 413.085, 414.685
 Statutes/Other Implemented: ORS 409.010, 409.050, 410.010, 410.020, 410.070, 411.060, 411.070, 411.083, 411.404, 413.085, 414.685, 414.839

AMEND: 461-145-0360

RULE SUMMARY: OAR 461-145-0360 about motor vehicles is being amended to specify that for purposes of calculating the Community Spouse Resource Allowance, one vehicle per dwelling is excluded in the event that both the institutionalized spouse and community spouse own a vehicle that is kept at their separate places of residence, and both are used for their own transportation. This rule is also being updated to spell out acronyms at their first appearance in rule, remove the Oregon Supplemental Income Program (OSIP), and correct the acronym for the Qualified Working and Disabled Individual from QMB-DW to QDWI.

CHANGES TO RULE:

461-145-0360
Motor Vehicle ¶

(1) The value of disability-related apparatus, optional equipment, or low mileage is not considered in determining the fair market value (see OAR 461-001-0000) of an automobile, truck, or van. The fair market value of an automobile, truck, or van is presumed to be the "average trade-in value" established in the National Automobile Dealers Association's (NADA) Used Car Guide, Kelley Blue Book, or similar publication. An individual may rebut the presumption with a statement from a car dealer, mechanic, or other reliable source. If the vehicle is not listed in the NADA Used Car Guide, Kelley Blue Book, or a similar publication, the estimate of the value by the individual may be accepted unless it appears questionable, in which case additional evidence of the value is required.¶

(2) Some programs permit an exclusion for a portion of the equity value (see OAR 461-001-0000) for any licensed and unlicensed motor vehicles owned by the financial group (see OAR 461-110-0530):¶

(a) In the Refugee Assistance (REF), Refugee Assistance Medical (REFM), SNAP, and TANF Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF) programs, this exclusion is up to \$10,000 of the total equity value of all vehicles.¶

(b) Any remaining equity in the total equity value of all vehicles is counted as a resource.¶

(3) In the Emergency Assistance (EA) program, all motor vehicles are excluded.¶

(4) In the OSIP, Oregon Supplemental Income Program Medical (OSIPM), and QMB-DW Qualified Disabled and Working Individual (QDWI) programs:¶

(a) The total value of a vehicle selected by the financial group is excluded if it is used for transportation of the individual or a member of the individual's household.¶

(b) For OSIPM (except the Oregon Supplemental Income Program Medical - Employed Persons with Disabilities (OSIPM-EPD) program), for individuals in a nonstandard living arrangement (see OAR 461-001-0000), for purposes of calculating the community spouse (see OAR 461-001-0030) resource allowance in accordance with OAR 461-160-0580, an additional vehicle owned by the community spouse can be excluded if all the following are true:¶

(A) The community spouse does not reside with the institutionalized spouse (see OAR 461-001-0030).¶

(B) The vehicle is used for transportation of the community spouse.¶

(C) Each vehicle is kept at each spouse's respective place of residence.¶

(c) The total equity value of any vehicle not excluded under subsections (a) or (b) of this section and all other vehicles is counted as a resource.¶

(5) In the OSIP-EPD and OSIPM-EPD programs, if a vehicle was purchased as an employment and independence expense (see OAR 461-001-0035) or with moneys from an approved account (see OAR 461-001-0035), the total value of the vehicle is excluded.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.083, 411.404, 411.704, 411.706, 411.816, 412.049, 413.085, 414.065, 412.072

Statutes/Other Implemented: 411.060, 411.070, 411.083, 411.404, 411.704, 411.706, 411.816, 412.049, ORS 409.010, 412.072

AMEND: 461-155-0210

RULE SUMMARY: OAR 461-155-0210 is being amended to reflect annual federal cost of living adjustments. These amendments will take effect January 1, 2026.

CHANGES TO RULE:

461-155-0210

Payment Standards and Methods of Issuance; GA ¶¶

THIS RULE IS BEING AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶¶

In the General Assistance (GA) program:¶¶

- (1) For purposes of this rule, "eligible spouse" means a spouse (see OAR 461-001-0000) who is eligible for and receiving OSIPM under OAR 461-125-0370(c).¶¶
- (2) The GA payment standards are:¶¶
 - (a) \$631 for one person.¶¶
 - (b) \$945 for two persons.¶¶
- (3) The payments for one person are as follows:¶¶
 - (a) The Housing Assistance Payment is the least of:¶¶
 - (A) The amount of monthly rent the individual owes,¶¶
 - (B) \$631 minus the adjusted income determined under OAR 461-160-0500, or¶¶
 - (C) \$631.¶¶
 - (b) The Utility Allowance is \$106.¶¶
 - (c) The Personal Incidental Fund is \$71.¶¶
- (4) The payments for two people are as follows:¶¶
 - (a) For a married individual whose spouse is in the Oregon Supplemental Income Program Medical (OSIPM) household group (see OAR 461-110-0210) and is considered an eligible spouse, the Housing Assistance Payment for each eligible spouse is half of the total Housing Assistance Payment, which is the least of:¶¶
 - (A) The amount of monthly rent the individual and spouse owe;¶¶
 - (B) \$945 minus the adjusted income determined under OAR 461-160-0500, or¶¶
 - (C) \$945.¶¶
 - (b) For a married individual whose spouse is in the OSIPM household group and is not considered an eligible spouse, the Housing Assistance Payment is the least of:¶¶
 - (A) The amount of monthly rent the individual and spouse owe;¶¶
 - (B) \$945 minus the adjusted income determined under OAR 461-160-0500, or¶¶
 - (C) \$631.¶¶
 - (c) The Utility Allowance is \$161.¶¶
 - (d) The Personal Incidental Fund is \$109.¶¶
- (5) The Housing Assistance Payment is issued directly to the landlord and is contingent upon the receipt of a signed and valid Rental Agreement.¶¶
- (6) The Utility Allowance is issued directly to the individual.¶¶
- (7) The Personal Incidental Fund is issued directly to the individual.

Statutory/Other Authority: ORS 409.050, 411.060

Statutes/Other Implemented: ORS 411.010, 411.060, 411.710, 411.730, 411.740, OR Laws 2016, Ch 93

AMEND: 461-155-0250

RULE SUMMARY: OAR 461-155-0250 is being amended to reflect federal cost of living adjustments published annually. These amendments will take effect on January 1, 2026.

CHANGES TO RULE:

461-155-0250

Income and Payment Standard; OSIPM ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY.

In the Oregon Supplemental Income Program Medical (OSIPM):

(1) An individual who is assumed eligible per OAR 461-135-0010 is presumed to meet the income limits for the OSIPM program.¶

(2) An individual meeting the requirements of OAR 461-135-0745 or OAR 461-135-0750, who is not assumed eligible and does not meet the income standards set out in sections (3) or (5) of this rule, must have countable (see OAR 461-001-0000) income that is equal to or less than 300 percent of the full Supplemental Security Income (SSI) standard for a single individual or have established a qualifying trust as specified in OAR 461-145-0540(9)(c).¶

(3) An individual, other than one identified in sections (1), (2), (5), or (6) of this rule, must have adjusted income (see OAR 461-001-0000) below the standard in this section.¶

OSIPM Adjusted Income Standards†

Number in Need Group &&&..... One &&&..... Two

AB/AD/OAA &&&&&&&..... 967 &&&..... 1.450T

(4) In the OSIPM (except OSIPM-EPD) program the Oregon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD)), an individual receiving Medicaid services in a nursing facility or an Intermediate Care Facility-Intellectually Disabled (ICF-ID) is allowed the following amounts for clothing and personal incidentals:¶

(a) For an individual who receives a Veterans (VA) pension based on unreimbursed medical expenses (UME), \$90 is allowed.¶

(b) For all other individuals, \$79.07 is allowed.¶

(c) For an individual identified in subsection (b) of this section with countable income (including any SSI) that is less than \$79.07, the payment standard is equal to the difference between the individual's countable income (including any SSI) and \$79.07. For the purposes of this subsection, countable income includes income that would otherwise be countable for an individual who is assumed eligible under OAR 461-135-0010.¶

(5) In the ~~Oregon Supplemental Income Program Medical-Employed Persons with Disabilities (OSIPM-EPD)~~ program SIPM-EPD, an individual must have adjusted earned income equal to or below 250 percent of the federal poverty level for a family of one.¶

(6) An individual who meets the requirements of OAR 461-135-0755, is not assumed eligible, and does not meet the income standard set out in section (3) of this rule, must have adjusted income equal to or below 150 percent of the federal poverty level for a family of one.

Statutory/Other Authority: ORS 411.060, ORS 409.050, 411.070, 411.404, 411.704, 411.706, 413.085, 414.685

Statutes/Other Implemented: ORS 411.060, ORS 409.010, 411.070, 411.404, 411.704, 411.706, P.L. 92-336

AMEND: 461-155-0270

RULE SUMMARY: OAR 461-155-0270 will be amended to reflect federal cost of living adjustments published annually. These amendments will take effect January 1, 2026.

CHANGES TO RULE:

461-155-0270

Room and Board Standard; Community-Based Care ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶

For an individual residing in a community-based care facility (see OAR 461-155-0630(1)), the room and board standard is \$752. An individual residing in a community-based care facility must pay room and board.

Statutory/Other Authority: ORS 411.060, 411.070, 411.704, 411.706, ORS 409.050, 411.404, 413.085, 414.685

Statutes/Other Implemented: ORS 411.060, 411.070, 411.704, 411.706, ORS 409.010, 411.404, P.L. 92-336

AMEND: 461-155-0290

RULE SUMMARY: OAR 461-155-0290 is being amended to adjust the standards to reflect the annual updates to the Federal Poverty Level that happen every March. These amendments will take effect March 1, 2026. It is also being amended to correct the name of the Qualified Medicare Beneficiary (QMB) program.

CHANGES TO RULE:

461-155-0290
Income Standard; QMB-BAS ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL POVERTY LEVEL STANDARDS PUBLISHED ANNUALLY¶

The adjusted income standard for the Qualified Medicare Beneficiaries – Basic (QMB-BAS) program is 100 percent of the 2025~~6~~ federal poverty level.¶

QMB-BAS Adjusted Income Standard¶

No. in Need Group Amount¶

1	\$1,305¶
2	1,763¶
3	2,221¶
4	2,680¶
5	3,138¶
6	3,596¶
7	4,055¶
8	4,513¶
9	4,971¶
10	5,430¶

Each additional person + 459

Statutory/Other Authority: ORS 411.060, 411.070, 411.404, ORS 409.050, 413.085, 414.685

Statutes/Other Implemented: ORS 411.060, 411.070, 411.404, ORS 409.010, 42 CFR 400.200, 42 USC 1396d(p)

AMEND: 461-155-0291

RULE SUMMARY: OAR 461-155-0291 is being amended to adjust the standards to reflect the annual updates to the Federal Poverty Level that happen every March. These amendments will take effect March 1, 2026. It is also being amended to adopt the correct federal name for the Qualified Disabled and Working Individual (QDWI) program.

CHANGES TO RULE:

461-155-0291
Income Standard; ~~QMB-DWI~~

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL POVERTY LEVEL STANDARDS PUBLISHED ANNUALLY

The adjusted income standard for the Qualified ~~Medicare Beneficiaries – Disabled Worker (QMB-Disabled and Working Individual (QDWI)~~ program is 200 percent of the 2025~~6~~ federal poverty level (see OAR 461-155-0290).

~~QMB-DW Adjusted Income Standard~~

No. in Need Group	Amount
1	\$2,609
2	3,525
3	4,442
4	5,359
5	6,275
6	7,192
7	8,109
8	9,025
9	9,942
10	10,859
Each additional person	+ 917

Statutory/Other Authority: ORS 411.060, 411.070, 411.404, ORS 409.050, 413.085, 414.685

Statutes/Other Implemented: ORS 411.060, 411.070, 411.404, ORS 409.010, 42 CFR 400.200, 42 USC 1396d(s)

AMEND: 461-155-0295

RULE SUMMARY: OAR 461-155-0295 is being amended to adjust the standards to reflect the annual updates to the Federal Poverty Level that happen every March. These amendments will take effect March 1, 2026. It is also being amended to adopt the correct federal name for the Specified Low Income Medicare Beneficiary (SLMB) and Qualifying Individual (QI) programs.

CHANGES TO RULE:

461-155-0295
Income Standard; ~~QMB-SMB, QMB-SMF~~SLMB, QI ¶

~~(1) Eligibility for Qualified Medicare Beneficiaries—THIS RULE WILL BE AMENDED TO REFLECT FEDERAL POVERTY LEVEL STANDARDS PUBLISHED ANNUALLY~~¶

~~(1) Eligibility for the Specified Low Income Medicare Beneficiary (QMB-SMB)~~SLMB program requires income greater than 100 percent (see OAR 461-155-0290) but less than 120 percent of the federal poverty level. The adjusted income standard for ~~QMB-SMB~~ is 120 percent of the 20256 federal poverty level.¶

~~QMB-SMB~~SLMB Adjusted Income Standard¶

~~(Case Descriptor SMB)~~ ¶

No. in Need Group Amount¶

1	\$1,565¶
2	2,115¶
3	2,665¶
4	3,215¶
5	3,765¶
6	4,315¶
7	4,865¶
8	5,415¶
9	5,965¶
10	6,515¶

Each additional person + 550¶

~~(2) Eligibility for the Qualified Medicare Beneficiaries—Supplemental Medicare Full (QMB-SMF)~~Qualifying Individual (QI) program requires income equal to or greater than 120 percent (see section (1) of this rule) but less than 135 percent of the federal poverty level. The adjusted income standard for ~~QMB-SMF~~ is 135 percent of the 20256 federal poverty level.¶

~~QMB-SMF~~QI Adjusted Income Standard¶

~~(Case Descriptor SMF)~~ ¶

No. in Need Group Amount¶

1	\$1,761¶
2	2,380¶
3	2,999¶
4	3,617¶
5	4,236¶
6	4,855¶
7	5,474¶
8	6,092¶
9	6,711¶
10	7,330¶

Each additional person + 619

Statutory/Other Authority: ORS 411.060, 411.070, ORS 409.050, 413.085, 414.685

Statutes/Other Implemented: ORS 411.060, 411.070, ORS 409.010, 42 USC 1396a(10)(E)(iii)-(iv)

REPEAL: 461-155-0360

RULE SUMMARY: OAR 461-155-0360 is being repealed because the requirement to pursue health insurance under OAR 461-120-0345 ended in 2024.

CHANGES TO RULE:

~~461-155-0360~~

~~Pursuit of Cost-Effective Employer Sponsored Health Insurance~~

~~(1) This rule applies to the OSIPM program and is for the purpose of applying OAR 461-120-0345.¶~~

~~(2) The Health Insurance Group (HIG) determines if employer-sponsored health insurance meets the criteria as cost effective for the purpose of OAR 410-120-1960.¶~~

~~(3) If the insurance is determined to be cost effective and the client or eligible applicant pursues the insurance, HIG will authorize reimbursement of the client or eligible applicant's portion of the premium per OAR 410-120-1960.¶~~

~~(4) If the insurance is determined to be cost effective and the client or eligible applicant fails to pursue cost effective employer-sponsored insurance, the Department will apply a penalty per OAR 461-120-0345.~~

~~Statutory/Other Authority: ORS 411.060, 411.404~~

~~Statutes/Other Implemented: ORS 411.060, 411.404~~

AMEND: 461-155-0600

RULE SUMMARY: OAR 461-155-0600 is being amended to clarify that this rule applies to an individual currently receiving in home services. It is also being amended to remove the Oregon Supplemental Income Program (OSIP) and to remove and replace the term "client".

CHANGES TO RULE:

461-155-0600

Special Need; Home Repairs; ~~OSIP and OSIPM~~ ¶

In the ~~OSIP and OSIPM~~ programs, the Department will regeon Supplemental Income Program Medical (OSIPM), for an individual eligible to receive in-home services under OAR chapter 411 division 030, the Department (see OAR 461-001-0000) may authorize a special need payment for home repairs for homeowners or buyers as a one-time special need within the following limits:¶

- (1) The repairs must be needed to remove a physical hazard to the health and safety of the ~~client~~individual.¶
- (2) Payment for repairs authorized by this rule:¶
 - (a) Is limited to the least expensive means possible;¶
 - (b) May not exceed \$1,000 in any 24-month period; and¶
 - (c) When the home is jointly owned, is limited to a percentage of the cost of the repairs equal to the percentage of ~~client~~individual ownership.¶

(3) The repairs must cost less than moving to another home.¶

(4) Payment is limited to the lowest possible cost that will provide adequate facilities. The ~~client~~individual must provide three competitive bids for the repairs, unless there are not three providers of the service in the local area.¶

(5) Before approving payment for repairs or new installations, the Department must consider the use value and determine whether it is consistent with the service plan for the ~~client~~individual to remain in the house.¶

(6) Providers of the repairs or new installations must ensure that the work being completed meets current building codes.¶

(7) Payment is only made for home adaptations performed by a licensed and bonded construction contractor.¶

(8) Repairs or replacements include, but are not limited to:¶

(a) Electrical wiring that does not constitute conversion to electrical space heating but that is needed:¶

(A) To avoid condemnation; or¶

(B) To remove a definite fire or shock hazard as documented by appropriate public officials.¶

(b) Plumbing, but not including the costs of plumbing items with which the house is not already equipped except that a toilet may be paid for when newly required by the creation or extension of a sewer district. Examples of what plumbing-related items may be covered include:¶

(A) Toilets and sinks.¶

(B) Cleaning or replacing septic tanks or cesspools.¶

(C) Installing sewer connections from house to street, but not sewer installation, if required by the creation of a new sewer district or the extension of an existing district.¶

(c) Repair or replacement of existing electric pumps for wells needed to continue the water supply. This does not include drilling a new well.¶

(d) Heating equipment, repair of heating stoves, furnaces and water heaters and, if repair is not possible, replacement with the least expensive adequate equipment.¶

(e) Repair of roofs.¶

(f) Repair or replacement of steps and repair of floors.¶

(9) A ~~client~~individual with a life estate is not eligible for this special need allowance. The ~~individual~~person who will benefit from the life estate, following the death of the ~~client~~individual, is considered responsible for the home repairs.¶

(10) When a home is jointly owned by an institutionalized spouse (see OAR 461-001-0030) receiving in-home services under OAR chapter 411 division 030 and a community spouse (see OAR 461-001-0030), subsection (2)(c) of this rule may be waived by the Department if requiring the community spouse to pay a percentage of the costs of the repairs would impose an undue hardship on the ~~client~~individual.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.706, 413.085, 414.685

Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.706, 413.085, 414.685

AMEND: 461-160-0580

RULE SUMMARY: OAR 461-160-0580 is being amended to add the date a current service recipient marries as the determination date rather than the beginning of the continuous period of care. It is also being amended to reflect federal cost of living adjustments published annually.

CHANGES TO RULE:

461-160-0580

Excluded Resource; Community Spouse Provision (OSIPM except OSIPM-EPD) ¶¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶¶

This rule explains how resource exclusions apply for individuals in a nonstandard living arrangement (see OAR 461-001-0000) when there is a community spouse (see OAR 461-001-0030) in the Oregon Supplemental Income Program Medical (OSIPM) (except OSIPM-Employed Persons with Disabilities (OSIPM-EPD)):¶¶

(1) This rule applies to a:¶¶

(a) An institutionalized spouse (see OAR 461-001-0030) who has applied for benefits because the individual is in or will be in a continuous period of care (see OAR 461-001-0030).¶¶

(2b) An individual in a nonstandard living arrangement who becomes legally married (see OAR 461-001-0000) following initial approval for service benefits.¶¶

(2) Whether a legally married (see OAR 461-001-0000) couple lives together or not, the determination of whether the value of the couple's resources exceeds the eligibility limit for the institutionalized spouse for the OSIPM program is made as follows:¶¶

(a) The first step is the determination of what the couple's combined countable (see OAR 461-001-0000) resources were at the beginning of the most recent continuous period of care, or the date they became legally married, whichever occurs later. (The beginning of the continuous period of care is the first month of that continuous period.)¶¶

(A) Division 461-140 and 461-145 rules applicable to OSIPM describe which of the couple's resources are countable resources, and are applicable to determine whether a community spouse's resources are countable, even if the rule only applies to OSIPM individuals.¶¶

(B) The countable resources of both spouses are combined.¶¶

(C) At this point in the computation, the couple's combined countable resources are considered available equally to both spouses.¶¶

(b) The second step is the calculation of one half of what the couple's combined countable resources were at the beginning of the continuous period of care, or the date they became legally married, whichever occurs later. The community spouse's half of the couple's combined resources is treated as a constant amount when determining eligibility.¶¶

(c) The third step is the determination of the community spouse's resource allowance. The community spouse's resource allowance is the largest of the four following amounts:¶¶

(A) The community spouse's half of what the couple's combined countable resources were at the beginning of the continuous period of care, or the date the couple became legally married, whichever occurs later, but not more than \$157,920.¶¶

(B) \$31,584 (the state community-spouse resource allowance).¶¶

(C) A court-ordered community spouse resource allowance. In this paragraph and paragraph (2)(f)(C) of this rule, the term "court-ordered community spouse resource allowance" means a "court-ordered community spouse resource allowance" that, in relation to the income generated, would raise the community spouse's income to a court-approved monthly maintenance needs allowance. In cases where the individual became an institutionalized spouse on or after February 8, 2006, this resource allowance must use all of the individual's available income and the community spouse's income to meet the community spouse's monthly maintenance needs allowance before any resources are used to generate interest income to meet the allowance.¶¶

(D) After considering the income of the community spouse (see OAR 461-001-0030) and the income available from the institutionalized spouse, an amount which, if invested, would raise the community spouse's income to the monthly maintenance needs allowance. The amount described in this paragraph is the amount required to purchase a single premium immediate annuity to make up the shortfall; and the amount described in this paragraph is considered only if the amount described in subparagraph (i) of this paragraph is larger than the amount described in subparagraph (ii); it is the difference between the following:¶¶

(i) The maintenance needs allowance computed in accordance with OAR 461-160-0620.¶¶

(ii) The difference between:¶¶

- (I) The sum of gross countable income of the community spouse and the institutionalized spouse; and¶
- (II) The applicable need standard under OAR 461-160-0620(3)(c).¶
- (d) The fourth step is the determination of what the couple's current combined countable resources are when a resource assessment is requested or the institutionalized spouse applies for OSIPM. The procedure in subsection (2)(a) (first step) of this rule is used.¶
- (e) The fifth step is the subtraction of the community spouse's resource allowance from the couple's current combined countable resources. The resources remaining are considered available to the institutionalized spouse.¶
- (f) The sixth step is a comparison of the value of the remaining resources to the OSIPM resource standard for one person (under OAR 461-160-0015). If the value of the remaining resources is at or below the standard, the institutionalized spouse meets this eligibility requirement. If the value of the remaining resources is above the standard, the institutionalized spouse cannot be eligible until the value of the couple's combined countable resources is reduced to the largest of the four following amounts:¶
- (A) The community spouse's half of what the couple's combined countable resources were at the beginning of the continuous period of care, or the date they became legally married, whichever is later (but not more than \$157,920) plus the OSIPM resource standard for one person.¶
- (B) \$31,584 (the state community-spouse resource allowance), plus the OSIPM resource standard for one person.¶
- (C) A "court-ordered community spouse resource allowance" plus the OSIPM resource standard for one person. (See paragraph (2)(c)(C) of this rule for a description of the "court-ordered community spouse resource allowance".)¶
- (D) The OSIPM resource standard for one person plus the amount described in the remainder of this paragraph. After considering the income of the community spouse and the income available from the institutionalized spouse, add an amount which, if invested, would raise the community spouse's income to the monthly maintenance needs allowance. This amount is the amount required to purchase a single premium immediate annuity to make up the shortfall. Add this amount only if the amount described in subparagraph (i) of this paragraph is larger than the amount described in subparagraph (ii); it is the difference between the following:¶
- (i) The monthly income allowance computed in accordance with OAR 461-160-0620.¶
- (ii) The difference between:¶
- (I) The sum of gross countable income of the community spouse and the institutionalized spouse; and¶
- (II) The applicable need standard under OAR 461-160-0620(3)(c).¶
- (3) Once eligibility has been established, or reestablished in the event the individual becomes legally married after initial approval or services, resources equal to the community spouse's resource allowance (under subsection (2)(c) of this rule) must be transferred to the community spouse if those resources are not already in that spouse's name. The institutionalized spouse must indicate their intent to transfer the resources and must complete the transfer to the community spouse within 90 days. This period may be extended for good cause. These resources are excluded during this period. After this period, resources owned by the institutionalized spouse but not transferred out of that spouse's name will be countable and used to determine ongoing eligibility.¶
- (4) The provisions of paragraph (2)(c)(C) of this rule requiring income to be considered first may be waived if the Department determines that the resulting community resource allowance would create an undue hardship on the spouse (see OAR 461-001-0000) of the individual.

Statutory/Other Authority: ORS 411.070, 411.083, 411.404, 411.706, ORS 411.060, ORS 409.050, 413.085, 414.685

Statutes/Other Implemented: ORS 411.060, 411.070, 411.083, 411.404, 411.706, ORS 409.010

AMEND: 461-160-0620

RULE SUMMARY: OAR 461-160-0620 is being amended to reflect federal cost of living adjustments published annually. These amendments will take effect on January 1, 2026.

CHANGES TO RULE:

461-160-0620

Income Deductions and Patient Liability; Long-Term Care Services or Home and Community-Based Care; OSIPM ¶

THIS RULE WILL BE AMENDED TO REFLECT FEDERAL COST OF LIVING ADJUSTMENTS PUBLISHED ANNUALLY¶

In the Oregon Supplemental Income Program Medical (OSIPM):¶

(1) Deductions from income are made for an individual residing in or entering a long-term care facility or receiving home and community-based care (see OAR 461-001-0030) as explained in subsections (3)(a) to (3)(h) of this rule.¶

(2) The liability of an individual is determined according to subsection (3)(i) of this rule, except as provided otherwise in OAR 461-160-0610.¶

(3) Deductions are made in the following order:¶

(a) One standard earned income deduction of \$65 is made from the earned income in the OSIPM program.¶

(b) The deductions under the plan for self-support as allowed by OAR 461-145-0405.¶

(c) One of the following need standards:¶

(A) A \$79.07 personal needs allowance for an individual receiving long-term care services.¶

(B) A \$90 personal needs allowance for an individual receiving long-term care services who is eligible for VA Veterans Administration (VA) benefits based on unreimbursed medical expenses. The \$90 allowance is allowed only when the VA benefit has been reduced to \$90.¶

(C) For an individual who receives home and community-based care:¶

(i) Except as provided in subparagraph (ii) of this paragraph, the OSIPM maintenance standard.¶

(ii) For an individual who receives in-home services, the OSIPM maintenance standard plus \$500.¶

(d) A community spouse (see OAR 461-001-0030) monthly income allowance is deducted from the income of the institutionalized spouse (see OAR 461-001-0030) to the extent that the income is made available to or for the benefit of the community spouse, using the following calculation.¶

(A) Step 1--Determine the maintenance needs allowance. \$2,643.75 is added to the amount over \$793.13 that is needed to pay monthly shelter expenses for the principal residence of the couple. This sum or \$3,948.00, whichever is less, is the maintenance needs allowance. For the purpose of this calculation, shelter expenses are the rent or home mortgage payment (principal and interest), taxes, insurance, required maintenance charges for a condominium or cooperative, and the full standard utility allowance for the ~~SNAP program~~ Supplemental Nutrition Assistance Program (SNAP) (see OAR 461-160-0420). If an all-inclusive rate covers items that are not allowable shelter expenses, including meals or housekeeping in an assisted living facility, or the rate includes utilities, to the extent they can be distinguished, these items must be deducted from the all-inclusive rate to determine allowable shelter expenses.¶

(B) Step 2--Compare maintenance needs allowance with community spouse's countable income. The countable (see OAR 461-001-0000) income of the community spouse is subtracted from the maintenance needs allowance determined in step 1. The difference is the income allowance unless the allowance described in step 3 is greater.¶

(C) Step 3--If a spousal support order or exceptional circumstances resulting in significant financial distress require a greater income allowance than that calculated in step 2, the greater amount is the allowance.¶

(e) A dependent income allowance for an eligible dependent (see OAR 461-001-0030) as follows:¶

(A) For a case with a community spouse, a deduction is permitted only if the monthly income of the eligible dependent is below \$2,643.75. To determine the income allowance of each eligible dependent:¶

(i) The monthly income of the eligible dependent is deducted from \$2,643.75.¶

(ii) One-third of the amount remaining after the subtraction in paragraph (A) of this subsection is the income allowance of the eligible dependent.¶

(B) For a case with no community spouse:¶

(i) The allowance is the Temporary Assistance for Needy Families (TANF) adjusted income standard (see OAR 461-155-0030) for the individual and eligible dependents.¶

(ii) The TANF standard is not reduced by the income of the dependent.¶

(f) Costs for maintaining a home if the individual meets the criteria in OAR 461-160-0630.¶

(g) Medical deductions allowed by OAR 461-160-0030 and 461-160-0055 are made for costs not covered under the state plan.¶

(h) After taking all the deductions allowed by this rule, the remaining balance is the adjusted income (see OAR 461-001-0000).¶

(i) The individual's liability is determined as follows:¶

(A) For an individual receiving home and community-based care (except individuals identified in section (2) of this rule), the liability is the actual cost of the home and community-based care or the adjusted income of the individual, whichever is less. This amount must be paid to the Department or the home and community-based care facility each month as a condition of being eligible for home and community-based care.¶

(B) For an individual who resides in a nursing facility, the liability is the actual cost of services or the adjusted income of the individual, whichever is less. This amount must be paid to the facility each month as a condition of being eligible for nursing facility services.

Statutory/Other Authority: ORS 409.050, 413.085, 411.060, 411.070, 411.404, 414.065, 414.685, 411.706

Statutes/Other Implemented: ORS 409.010, 413.085, 411.060, 411.070, 411.404, 414.065, 414.685, 42 USC 1396r-5, 411.706, 42 CFR 435.725 - 435.735

AMEND: 461-175-0050

RULE SUMMARY: OAR 461-175-0050 is being amended to update the adverse action period for Program of All-Inclusive Care for the Elderly (PACE) services to at least 30 days and align the adverse action period for closing Aging and People with Disabilities (APD) services (including State Plan Personal Care) to match that of non-Modified Adjusted Gross Income (MAGI) medical and all other cases in the ONE system. It is also being amended to remove the Oregon Supplemental Income Program (OSIP) and use the defined term "Medicare Savings Programs".

CHANGES TO RULE:

461-175-0050

Notice Period ¶

The notice period is used to determine the effective date for taking action when a decision notice (see OAR 461-001-0000) is sent to the filing group (see OAR 461-110-0310):¶

(1) For a basic decision notice (see OAR 461-001-0000), the notice period is the month in which the notice is mailed.¶

(2) For a continuing benefit decision notice (see OAR 461-001-0000), the notice period is the budget month from which information is used to initiate the decision notice.¶

(3) For a timely continuing benefit decision notice (see OAR 461-001-0000), the notice period is the month in which the mailing requirement ends.¶

(4) Except as provided under sections (5) of this rule, the timely continuing benefit decision notice mailing requirement is:¶

(a) No later than the first business day following the 15th day of the month:¶

(A) For cases maintained in the ONE system.¶

~~(B) In the GA, OSIP, OSIPM, and QMB programs~~For Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM).¶

~~(C) For State Plan Personal Care Services provided under OAR division 411-034.~~¶

~~(D) For Nursing Facility or Medicaid Home and Community-Based Services received for individuals determined eligible under OAR division 411-015.~~¶

(b) At least fifteen calendar days for individuals in the Address Confidentiality Program (see OAR 461-001-0000) whose cases are maintained in the ODHS mainframe system.¶

(c) At least ten calendar days:¶

~~(A) F~~ for all other cases maintained in the ODHS mainframe system.¶

~~(Bd) In the following programs or services:~~¶

~~(i) The State Plan Personal Care Services provided under OAR division 411-034,~~¶

~~(ii) Any Nursing Facility or Medicaid Home and Community-Based Services received for individuals determined eligible under OAR division 411-015, and~~¶

~~(iii) At least 30 calendar days for services provided under the~~ Program of All-Inclusive Care for the Elderly (PACE) under OAR division 411-045.¶

(5) In all programs except the ~~SNAP program~~Supplemental Nutrition Assistance Program (SNAP):¶

(a) If the basis for a decision to reduce, suspend, or close a grant of public assistance or medical assistance is a change to a benefit standard, the timely continuing benefit decision notice mailing requirement is:¶

(A) At least 30 calendar days before the effective date of the action, or ¶

(B) If the Department (~~see OAR 461-001-0000~~) has fewer than 60 days before the effective date to implement a change to a benefit standard, the mailing requirement is as provided under section (4) of this rule.¶

(b) For purposes of this section, the term "change to a benefit standard" means a change to the applicable inflation-adjusted contribution, income, or payment standard. It does not include the annual adjustment to a standard based on a federal or state inflation rate.

Statutory/Other Authority: ORS 411.730, 411.816, 412.049, ORS 411.060, 409.050, 411.404, 412.014, 412.049

Statutes/Other Implemented: ORS 411.060, 411.730, 411.816, 412.049, 411.404, 412.014, 412.049, 192.856, 409.010, 411.095

AMEND: 461-175-0200

RULE SUMMARY: OAR 461-175-0200 is being amended to specify that in Medicare Savings Programs and Oregon Supplemental Income Program Medical (OSIPM), individuals who become incarcerated are sent a basic decision notice when benefits are suspended. It is also being amended to add rule references.

CHANGES TO RULE:

461-175-0200

Notice Situations; General Information ¶

(1) In the Emergency Assistance (EA) program, a basic decision notice (see OAR 461-001-0000) is sent for all situations.¶

(2) ~~In the SNAP program~~For Medicare Savings Programs (see OAR 461-001-0000) and Oregon Supplemental Income Program Medical (OSIPM), a basic decision notice is sent when benefits are suspended due to incarceration¶

(3) In the Supplemental Nutrition Assistance Program (SNAP), a basic decision notice is sent for all actions on applications for assistance.¶

(34) In the REP and JOBS~~Refugee Employment Program (REP) and Job Opportunity and Basic Skills (JOBS)~~ programs:¶

(a) A basic decision notice is sent whenever a request for a support service payment is denied.¶

(b) No decision notice is required if a request for a support service is approved.¶

(45) A basic decision notice is sent to close Job Participation Incentive (JPI) benefits when the filing group (see OAR 461-110-0310) reports a change during the reporting period in which SNAP benefits do not decrease.¶

(56) In the TANF~~Temporary Assistance for Needy Families (TANF)~~ program, a notice approving benefits informs the client, within one month following eligibility determination, of the opportunity to volunteer for JOBS participation and of the procedure for JOBS program entry.¶

(67) In the Pre-TANF program, a basic decision notice is sent when payment for basic living expenses is denied or when payment for other support services in the JOBS program is denied. No other notices are required for this program.¶

(78) In the Temporary Assistance for Domestic Violence Survivors (TA-DVS) program, a basic decision notice (see OAR 461-001-0000) is sent to a safe mailing address or hand delivered for all situations. This includes when the program is approved, denied, or closed (prior to the end of the 90 day eligibility period) and when a payment under the program is denied.¶

(89) In all programs except the Pre-TANF program, unless stated differently in this rule or another rule, the Department (see OAR 461-001-0000) mails or otherwise provides the ~~client~~individual with (sends) a decision notice (see OAR 461-001-0000) as follows:¶

(a) A basic decision notice is sent whenever an application for assistance, including retroactive medical assistance, is approved or denied or a request for a support service payment in the JOBS program is denied.¶

(b) A timely continuing benefit decision notice (see OAR 461-001-0000) is sent whenever benefits or support service payments authorized by OAR 461-190-0211 are reduced or closed, or the method of payment changes to protective, vendor, or two-party.¶

(c) A decision notice is sent whenever the Department adjusts previously underissued cash assistance or SNAP benefits.¶

(910) In all programs:¶

(a) Notwithstanding any rule in Chapter 461, to the extent permitted by OAR 137-003-0530, the Department may take any of the following actions:¶

(A) Amend a decision notice with another decision notice or a contested case notice.¶

(B) Amend a contested case notice.¶

(C) Delay a reduction or closure of benefits as a result of a client's request for hearing.¶

(D) Extend the effective date on a decision notice or contested case notice.¶

(b) Except as provided in subsection (a) of this section or when a delay results from the client's request for a hearing, a notice to reduce or close benefits becomes void if the reduction or closure is not initiated on the date stated on the notice. If the notice is void, a new notice is sent to inform the financial group (see OAR 461-110-0530) of a new date on which their benefits will be reduced or closed.¶

(c) No decision notice is required in each of the following situations:¶

(A) Benefits are ended because there is no living person in the benefit group (see OAR 461-110-0750).¶

(B) A notice was sent, the client requested a hearing, and either the hearing request is dismissed or a final order is issued.¶

- (C) The client has signed a voluntary agreement that qualifies as a final order under ORS 183.417(3)(b) (see OAR 461-175-0340(2)) except as provided otherwise in OAR 461-175-0220.¶
- (D) To end Employment Payments (see OAR 461-001-0025 and 461-135-1270) or JPI benefit (see OAR 461-135-1260) when the individual has applied for and been found eligible for Pre-TANF, State Family Pre-SSI/SSDI (SFPSS), or TANF.¶
- (E) No decision notice is required in OAR 461-175-0300 based on prior notice. ¶
- (d) When the Department amends a decision notice with another decision notice under subsection (a) of this section, the date of the amended notice restarts the client's deadlines to request a hearing or continuing benefits, or both.¶
- (e) When a contested case notice extends an effective date or delays a reduction or closure, the date of the amended notice restarts a client's timeline to request continuing benefits.¶
- (f) When a client has a pending hearing request or is receiving continuing benefits, and the Department amends a notice under this section, the client need not re-file the hearing request or renew the request for continuing benefits.

Statutory/Other Authority: ORS 329A.500, 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 412.014, 412.049, 413.085, 414.685

Statutes/Other Implemented: ORS 183.415, 183.417, 409.010, 411.060, 411.070, 411.404, 411.706, 411.816, 412.014, 412.049, 412.072

AMEND: 461-175-0210

RULE SUMMARY: OAR 461-175-0210 is being amended to clarify that a change can be reported by any adult member of the Supplemental Nutrition Assistance Program (SNAP) filing group or the authorized representative when the filing group moves out of Oregon. It is also being amended to add a rule reference, remove reference to the Oregon Supplemental Income Program (OSIP), remove Qualified Medicare Beneficiaries (QMB) programs and replace it with Medicare Savings Programs.

CHANGES TO RULE:

461-175-0210

Notice Situation; Individual Moved or Whereabouts Unknown ¶¶

(1) In all programs except the ~~SNAP program~~ Supplemental Nutrition Assistance Program (SNAP), to end benefits for an individual who has moved out of Oregon and no longer meets residency requirements under OAR 461-120-0010, the Department sends the following decision notice (see OAR 461-001-0000):¶¶

(a) ~~In the OSIP, For Medicare Savings Programs (see OAR 461-001-0000), Oregon Supplemental Income Program Medical (OSIPM), QMB, Refugee Assistance (REF), Refugee Assistance Medical (REFM), and Temporary Assistance for Needy Families (TANF) programs:~~¶¶

(A) The Department sends a timely continuing benefit decision notice (see OAR 461-001-0000) to the individual who has moved out of Oregon.¶¶

(B) The Department sends a basic decision notice (see OAR 461-001-0000) if the individual becomes eligible for benefits in another state.¶¶

(b) In the ~~GA~~ General Assistance (GA) program:¶¶

(A) No decision notice is required to end housing assistance payments.¶¶

(B) The Department sends a timely continuing benefit decision notice to end Personal Incidental Fund and utility assistance payments.¶¶

(c) For Employment Payments (see OAR 461-001-0025 and 461-135-1270) and JPI (see OAR 461-135-1260), no decision notice is required if the Department determines that the benefit group (see OAR 461-110-0750) has moved out of Oregon.¶¶

(2) ~~In the GA, OSIP, OSIPM, and QMB programs --~~ For GA, Medicare Savings Programs, and OSIPM:¶¶

(a) If Department mail or benefits have been returned with no forwarding address, the Department gives the individual the benefits if the individual's whereabouts become known during the period covered by the returned benefits.¶¶

(b) If Department mail or benefits have been returned with no forwarding address and the individual's whereabouts remain unknown, the Department ends benefits by sending a basic decision notice to their last known address.¶¶

(3) In the SNAP program and for ~~JPI~~ Job Participation Incentive (JPI) --¶¶

(a) When the filing group (see OAR 461-110-0370) is participating in the Change Report System (CRS) and: ¶¶

(A) Department mail or benefits have been returned with no forwarding address, or with an Oregon address not yet reported to Oregon Department of Human Services (ODHS), the Department shall allow the filing group 10 days to meet residence and shelter cost reporting requirements under OAR 461-170-0011. If the information is not provided, the Department sends a timely continuing benefit decision notice.¶¶

(B) Department mail or benefits have been returned with an address outside of Oregon, no decision notice is required to end benefits.¶¶

(b) When the filing group is participating in the Simplified Reporting System (SRS) or Transitional Benefit Alternative (TBA), ¶¶

(A) The Department shall not end SNAP program benefits when Department mail or benefits have been returned.¶¶

(B) The Department shall end benefits when the head of household (see OAR 461-001-0015) ~~reports they, adult member of the filing group, or authorized representative reports the filing group~~ moved out of Oregon and no longer meet residency requirements under OAR 461-120-0010, or when they are applying for benefits in another state. No decision notice is required.¶¶

(c) For JPI, notwithstanding any provision in this section and regardless of reporting system, no decision notice is required.¶¶

(4) In the REF, Temporary Assistance for Domestic Violence Survivors (TA-DVS), and TANF programs --¶¶

(a) The Department shall not end program benefits due to return of Department mail or benefits. This includes when there is no forwarding address and the individual's whereabouts remain unknown.¶¶

(b) In the REF and TANF Programs,¶¶

(A) When an individual's whereabouts become unknown based on information other than return mail and the source of the information is another governmental agency; a private, non-profit agency; or first-hand knowledge of an ODHS staff member learned from the course of business, the Department shall allow the filing group 10 days to make their whereabouts known. If the information is not provided, the Department shall end benefits by sending the following decision notice to their last known address:¶

(i) Except for Employment Payments, a timely continuing benefit decision notice.¶

(ii) For Employment Payments, no decision notice is required.¶

(B) The Department shall give an individual the benefits that were returned if their whereabouts become known within 12 calendar months after issuance.¶

(5) See OAR 461-165-0130 for when benefits may be sent out of Oregon.

Statutory/Other Authority: ORS 411.060, 411.070, 411.404, 411.816, 412.014, 412.049, 409.050, 413.085, 414.685

Statutes/Other Implemented: ORS 411.060, 411.070, 411.404, 411.816, 412.014, 412.049, 409.010

AMEND: 461-180-0050

RULE SUMMARY: OAR 461-180-0050 is being amended to clarify that the effective date of suspending medical benefits due to incarceration is the day following the date the individual becomes incarcerated. It is also being amended to remove the provision recently added that allows non-Modified Adjusted Gross Income (MAGI) medical benefits to close retroactively when the agency did not act timely on a report of an out-of-state move. Lastly, it is being amended to replace "QMB programs" with "Medicare Savings Programs" to align with a simultaneous update to OAR 461-001-0000 correcting the way in which the Department refers to Medicare Savings Programs in rule.

CHANGES TO RULE:

461-180-0050

Effective Dates; Suspending or Closing Benefits and JOBS and REP Support Service Payments ¶¶

(1) This rule explains the effective date for closing or suspending benefits for the entire benefit group (see OAR 461-110-0750) and the effective date for ending Job Opportunity and Basic Skills (JOBS) and Refugee Employment Program (REP) support service payments.¶¶

(2) In all programs, upon the death of the only individual in a benefit group, the effective date of the closure is:¶¶

(a) In the Refugee Assistance (REF), Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF) program, the last day of the month in which the death occurred.¶¶

(b) In all other programs, the date of the death.¶¶

(3) For all closures and suspensions not covered by section (2) of this rule, the effective date is determined as follows:¶¶

(a) When prospective eligibility is used, the effective date for closing or suspending benefits is the last day of the month in which the notice period ends.¶¶

(b) For a pregnant individual receiving benefits of the ~~OSIPM program~~ Oregon Supplemental Income Program Medical (OSIPM), the effective date for closing benefits is no earlier than the last day of the calendar month in which the 60th day after the last day of pregnancy falls, except at the individual's request.¶¶

(c) For an individual who is receiving medical assistance and becomes incarcerated ~~with an expected stay of a year or less~~, the effective date for suspending medical benefits is the effective day following the date on the decision notice (see OAR 461-001-0000) which the individual becomes incarcerated.¶¶

(d) The effective date for ending support service payments authorized under OAR 461-190-0211 is the earlier of the following:¶¶

(A) The date the related JOBS activity is scheduled to end.¶¶

(B) The date the individual no longer meets the requirements of OAR 461-190-0211.¶¶

(e) The effective date for ending support service payments authorized under OAR 461-190-0215 is the earlier of the following:¶¶

(A) The date the related REP activity is scheduled to end.¶¶

(B) The date the individual no longer meets the requirements of OAR 461-190-0215.¶¶

(f) ~~In the Oregon Supplemental Income Program (OSIP), Oregon Supplemental Income Program Medical (OSIPM), and Qualified Medicare Beneficiaries (QMB) programs, notwithstanding any other provision in Chapter 461, benefits can be closed retroactively under any of the conditions listed below:¶¶~~

(A) ~~The individual has moved out of state, requested closure of benefits prior to the move, but the Department failed to take the action. The effective date is the end of the month prior to the month in which the individual established residency in the new state.¶¶~~

(B) ~~In the QMB programs, the individual became disenrolled from Medicare. The effective date is the end of the month prior to the month the individual was disenrolled.¶¶~~

(C) The effective date of a retroactive closure described in paragraph (A) above cannot be before the end of the month in which medical claims were incurred and paid. For Medicare Savings Programs (see OAR 461-001-0000), notwithstanding any other provision in Chapter 461, benefits can be closed retroactively if the individual became disenrolled from Medicare. The effective date is the end of the month prior to the month the individual was disenrolled.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 411.706, 411.816, 412.006, 412.009

Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.404, 411.706, 411.816, 412.014, 412.049, 45 CFR 400