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State/Territory Name: Oregon

State Plan Amendment (SPA) #: 23-0033

This file contains the following documents in the order listed:

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- 3) Approved SPA Pages

OR - Submission Package - OR2023MS00100 - (OR-23-0033) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, MO 65106



Center for Medicaid & CHIP Services

February 13, 2024

Dr. Sejal Hathi
OHA Director
Oregon Health Authority
500 Summer St NE
Salem, OR 97301

Re: Approval of State Plan Amendment OR-23-0033

Dear Dr. Sejal Hathi,

On November 22, 2023, the Centers for Medicare and Medicaid Services (CMS) received Oregon State Plan Amendment (SPA) OR-23-0033, in which the state proposed to disregard certain compensation payments from income and resources when determining financial eligibility.

We approve Oregon State Plan Amendment (SPA) OR-23-0033 with an effective date(s) of October 01, 2023.

If you have any questions regarding this amendment, please contact MARIA GARZA at maria.garza@cms.hhs.gov

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program Operations
Center for Medicaid & CHIP Services

OR - Submission Package - OR2023MS00100 - (OR-23-0033) - Eligibility

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CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | OR2023MS00100 | SPA ID | OR-23-0033 |
| Submission Type | Official | Initial Submission Date | 11/22/2023 |
| Approval Date | 02/13/2024 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

State Information

State/Territory Name: Oregon

Medicaid Agency Name: Oregon Health Authority

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

Package Header

Package ID OR2023MS00100
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SPA ID OR-23-0033
Initial Submission Date 11/22/2023
Effective Date N/A

SPA ID and Effective Date

SPA ID OR-23-0033

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|---------------------------|
| Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability | 10/1/2023 | OR-18-0002 |
| Non-MAGI Methodologies | 10/1/2023 | NEW |
| Mandatory Eligibility Groups | 10/1/2023 | OR-23-0010 |
| Qualified Medicare Beneficiaries | 10/1/2023 | 9-02 10-03 15-03 17-01 |
| Qualified Disabled and Working Individuals | 10/1/2023 | 10-03 |
| Specified Low Income Medicare Beneficiaries | 10/1/2023 | 9-02, 10-03, 15-03, 17-01 |
| Qualifying Individuals | 10/1/2023 | 9-02 10-03 15-03 17-01 |
| Optional Eligibility Groups | 10/1/2023 | NEW |
| Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules | 10/1/2023 | 09-02 |
| Individuals in Institutions Eligible under a Special Income Level | 10/1/2023 | 91-25, 5-01, 5-07, 7-07 |
| Work Incentives | 10/1/2023 | 7-12, 09-02, 17-0001 |

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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Effective Date N/A

Executive Summary

Summary Description Including Goals and Objectives Amend the state plan to include disregards in the determinations of financial eligibility to non-MAGI populations. The new disregards include income/resources for MAC participation, and Community Advisory Council (CAC) participation.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First | 2024 | \$0 |
| Second | 2025 | \$0 |

Federal Statute / Regulation Citation

1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Governor's office does not wish to review.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 2/13/2024 12:47 PM EST

OR - Submission Package - OR2023MS00100 - (OR-23-0033) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News Related Actions

CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

Package Header

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|--------------------------|----------------|--------------------------------|------------|
| Package ID | OR2023MS00100 | SPA ID | OR-23-0033 |
| Submission Type | Official | Initial Submission Date | 11/22/2023 |
| Approval Date | 02/13/2024 | Effective Date | 10/1/2023 |
| Superseded SPA ID | OR-18-0002 | | |
| | System-Derived | | |

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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| Superseded SPA ID | NEW | | |
| | User-Entered | | |

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
 No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

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D. Family Size

- The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:
 - The individual applying, or
 - If the individual lives together with his or her spouse, the individual applying and the spouse, or
 - If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).
- The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).
- The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.
 - Yes
 - No
 - a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
 - b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
 - c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
 - d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
 - e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
 - f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
 - g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
 - h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)
- The state uses the same definition of family size for the selected FPL eligibility groups.
 - Yes
 - No
- For the selected FPL eligibility groups, family size is defined as follows:
 - a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.
 - b. The state uses another definition of family.

| Name of other definition: | Description: |
|---------------------------|--|
| Filing group=Family | Family is defined as the individual, the individual's spouse, and if more advantageous to the individual or couple, the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents if living together |

Non-MAGI Methodologies

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

Yes

No

Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|--|--------------------------|--------------------------|--|---------------|
| Infants and Children under Age 19 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Parents and Other Caretaker Relatives | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Pregnant Women | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Deemed Newborns | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Former Foster Care Children | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Transitional Medical Assistance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Extended Medicaid due to Spousal Support Collections | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|--|--------------------------|--------------------------|--|---------------|
| SSI Beneficiaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Closed Eligibility Groups | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Deemed To Be Receiving SSI | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Working Individuals under 1619(b) | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Qualified Medicare Beneficiaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Qualified Disabled and Working Individuals | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Specified Low Income Medicare Beneficiaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Qualifying Individuals | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|------------------------|---|--------------------------|---|--|-------------------------------|
| Adult Group |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

Package Header

| | | | |
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| Superseded SPA ID | 9-02 10-03 15-03 17-01 | | |
| | User-Entered | | |

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All wages paid to an individual by the Census bureau for temporary employment related to current or future census activities

A specified type of income is disregarded:

| Name of income type: | Description: |
|----------------------|---|
| MAC participation | Compensation for participation in the Medicaid Advisory Committee |
| CAC participation | Compensation for participation in the Community Advisory Council |
| Unearned income | Unearned shelter-in-kind income |

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

Qualified Medicare Beneficiaries

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C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Disabled and Working Individuals

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

Working individuals with a disability, with income equal to or less than 200% of the FPL, who are entitled to Medicare Part A under section 1818A, and who qualify for payment of Medicare Part A premiums.

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| Superseded SPA ID | 10-03 | | |
| | User-Entered | | |

The state covers the mandatory qualified disabled and working individuals group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are entitled to purchase a premium to enroll for hospital insurance benefits under part A of title XVIII (Medicare Part A) pursuant to section 1818A (hospital insurance benefits for disabled individuals who have exhausted other entitlement).
2. Have income and resources at or below the standard for this group.
3. Are not otherwise eligible for medical assistance.

B. Financial Methodologies

SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

C. Income Standard Used

The amount of the income standard for this group is 200% FPL.

D. Resource Standard Used

The resource standard is two times the standard used in the SSI program.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part A premiums.

Qualified Disabled and Working Individuals

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

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| Superseded SPA ID | 9-02, 10-03, 15-03, 17-01 | | |
| | User-Entered | | |

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All wages paid to an individual by the Census bureau for temporary employment related to current or future census activities

A specified type of income is disregarded:

| Name of income type: | Description: |
|----------------------|---|
| Unearned income | Unearned shelter-in-kind income shall be exempt. |
| MAC participation | Compensation for participation in the Medicaid Advisory Committee |
| CAC participation | Compensation for participation in the Community Advisory Council |

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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Effective Date 10/1/2023

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

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The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet all of the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All wages paid to an individual by the Census bureau for temporary employment related to current or future census activities

A specified type of income is disregarded:

| Name of income type: | Description: |
|----------------------|---|
| MAC participation | Compensation for participation in the Medicaid Advisory Committee |
| CAC participation | Compensation for participation in the Community Advisory Council |
| Unearned income | Unearned shelter-in-kind income |

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|--|--------------------------|--------------------------|--|---------------|
| Optional Coverage of Parents and Other Caretaker Relatives | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Reasonable Classifications of Individuals under Age 21 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Children with Non-IV-E Adoption Assistance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Independent Foster Care Adolescents | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | CONVERTED |
| Optional Targeted Low Income Children | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="radio"/> | NEW |
| Individuals above 133% FPL under Age 65 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Needing Treatment for Breast or Cervical Cancer | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Eligible for Family Planning Services | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals with Tuberculosis | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Electing COBRA Continuation Coverage | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Aged, Blind and Disabled

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|---|--|--------------------------|--------------------------|--|---------------|
| Individuals Eligible for but Not Receiving Cash Assistance | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Eligible for Cash Except for Institutionalization | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| Optional State Supplement Beneficiaries | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals in Institutions Eligible under a Special Income Level | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | APPROVED |
| PACE Participants | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

| Eligibility Group Name | | Covered In State Plan | Include RU In Package ? | Included in Another Submission Package | Source Type ? |
|--|---|-------------------------------------|-------------------------------------|--|---------------|
| Individuals Receiving Hospice |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Children under Age 19 with a Disability |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Age and Disability-Related Poverty Level |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Work Incentives |  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="radio"/> | APPROVED |
| Ticket to Work Basic |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Ticket to Work Medical Improvements |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Family Opportunity Act Children with a Disability |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving State Plan Home and Community-Based Services |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |

Optional Eligibility Groups

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

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The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

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B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

2. **Less restrictive methodologies are used in calculating countable income.**

- Yes
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All wages paid to an individual by the Census bureau for temporary employment related to current or future census activities

A specified type of income is disregarded:

| Name of income type: | Description: |
|----------------------|---|
| MAC participation | Compensation for participation in the Medicaid Advisory Committee |
| CAC participation | Compensation for participation in the Community Advisory Council |
| Unearned income | Unearned shelter-in-kind income shall be exempt. |

3. **Less restrictive methodologies are used in calculating countable resources.**

- Yes
 No

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

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C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

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D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

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| | User-Entered | | |

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

Individuals in Institutions Eligible under a Special Income Level

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B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals in Institutions Eligible under a Special Income Level

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C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

| Name of resource type: | Description: |
|------------------------|---|
| MAC participation | Compensation for participation in Medicaid Advisory Committee |
| CAC participation | Compensation for participation in Community Advisory Council |

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

Individuals in Institutions Eligible under a Special Income Level

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D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

Individuals in Institutions Eligible under a Special Income Level

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E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

Individuals in Institutions Eligible under a Special Income Level

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F.Additional Information (optional)

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

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The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
 - a. Step One - A comparison of family net income to 250% FPL; and
 - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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B. Step One Financial Methodologies and Income Test

1. Financial methodologies

- a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

Description of disregard: All wages paid to an individual by the Census bureau for temporary employment related to current or future census activities

A specified type of income is disregarded:

| Name of income type: | Description: |
|-------------------------|---|
| MAC participation | Compensation for participation in the Medicaid Advisory Committee |
| CAC participation | Compensation for participation in the Community Advisory Council |
| Income of family member | All earned and unearned income from other family member is disregarded |
| Income of individual | All unearned income of the individual (applicant/recipient) is disregarded |
| Employment | Any costs allowed as employment and independence expenses, impairment-related work expense, or blind work expense are disregarded |

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

All income is disregarded. No income test is applied.

c. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

| Name of resource type: | Description: |
|------------------------|--|
| MAC participation | Compensation for participation in the Medicaid Advisory Committee. |
| CAC participation | Compensation for participation in Community Advisory Councils. |
| Resource regulation | (a) A general disregard of \$3,000 from individual's countable resources. (b) <ul style="list-style-type: none">• All money in an individual's "approved account" is disregarded. An "approved account" is a segregated account in a financial institution, the purpose of which is to save to use for future disability-related expenses that would increase the individual's independence and employment potential. Also included in this definition are accounts regulated by the Internal Revenue Code and used for retirement planning, such as IRAs, 401(k)s, TSAs, and Keogh.• "Approved accounts" are subject to the following requirements:<ul style="list-style-type: none">o Only money from the client's own earned income, or money contributed from an employer based on earnings, may be deposited into an approved account.o A retirement-related approved account must be set up in a financial institution and must comply with IRS regulations.o Assets purchased with money from an approved account is disregarded if the asset is for an employment and independence expense as defined in rule.o If money from the approved account is used for a purpose not consistent with the definition of approved account in rule, the client will be prohibited from utilizing an approved account for the next 12 months for the purposes of the determination of eligibility.o If an individual loses employment and meets the requirements to remain on OSIPM-EPD under rule, all money in an approved account held prior to the loss of employment remains excluded as a resource during the period of extended OSIPM-EPD eligibility |

| Name of resource type: | Description: |
|------------------------|--|
| Provider refunds | refunds from health care providers to recipients |
| Family resources | All resources of other family members are disregarded. |

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
- b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | OR2023MS00100 | OR-23-0033

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E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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