

Aging, Disability and Veterans Services Adult Program Eligibility Guidelines 3-1-2022

Program	Basic Medicaid, OSIPM - OHP PLUS Program 1, A1, 3, B3, 4, D4, 5	Home and Community Based Waiver and Nursing Facility OSIPM/MAGI Program 1, A1, 3, B3, 4, D4, 5	State Plan Personal Care	Medicare Savings Programs QMB/SMB/SMF – Program P2
Benefits	OHP Plus Benefits -See DMAP <u>Worker Guide</u> (Doctor, pharmacy, hospitalization, medical transportation, dental, preventive care, mental health services)	In-home care, Adult Foster Home, Residential Care, Specialized Living, Assisted Living, Adult Day Health Care, Nursing Facility care, Waivered CM. DD services and CM. Also, medical listed to the right.	Up to 9.18 hours per service period of personal care services unless an exception for additional hours applies. A service period is 14 days or two weeks.	QMB: Medicare premiums, deductible, and co-insurance. SMB/SMF: Only Medicare Part B Premiums See <u>QMB Program Manual</u> or <u>461-135-0730</u> ***2022 Medicare Part B Premium-\$170.10
Primary Requirements: for All Programs: US Citizen (medical programs require proof of citizenship) or Immigration Status must meet Federal Criteria for Federally Funded Programs; Plus Oregon Resident; Plus specific program requirements	<ul style="list-style-type: none"> Aged (<u>461-125-0350</u>), Blind (<u>461-125-0330</u>) or Disabled per SSA or PMDDT (<u>461-125-0370</u>), or Receiving SSL. <p>Or a member of a protected eligibility group, including:</p> <ul style="list-style-type: none"> Pickle <u>461-135-0780</u> Disabled Adult Child <u>461-135-0830</u> <u>1619 A or B 461-135-0010</u> 	<p>-- (OSIPM/MAGI) eligibility required.</p> <p>-- APD and DD service eligible required as determined through APD/AAA or DD case manager. For APD consumer must be SPL 1-13. <u>411-15-0015, 411-015-0010, 411-015-0008</u>, or</p> <p>-- Acute care stays 30-day+ (<u>461-135-0745</u>).</p> <p>-- <u>MH residential</u> is not a waived service and has an income cap of 150% FPL (\$1610 need group of 1)</p> <p>-- Transfers: No disqualifying asset transfers w/ in look-back period (60 months). <u>461-140-0242, 461-140-0296</u></p>	<p>Must be a recipient of one of <u>specific OHP Medicaid programs (411-034-0030)</u> (usually OSIPM or MAGI, and require assistance or full assistance in one of the following: Basic personal hygiene, toileting, mobility, or nutrition; or, require assistance with medication, oxygen use, or delegated nursing tasks. <u>411-034-0020</u></p> <p>If the recipient is living in a licensed facility their bed must be in addition to the facility's total number of licensed beds. Someone other than the facility provider must provide the service.</p>	<p>Have part A of Medicare (Hospital Insurance Benefit). Nursing Facility residents are not eligible for SMF <u>461-135-0730</u></p> <p>Note: These program benefits are also available to OSIPM clients. Use OSIPM program number and add appropriate case descriptor for QMB program.</p>
Income Limits	<p>\$841.00 - AD, OAA Individual \$1261.00 - AD, OAA Couple <u>461-155-0250</u></p> <p>\$20 of unearned income is not counted. <u>461-160-0550</u></p>	<p>OSIPM: \$2523 (300% SSI) or less for an individual. <u>461-155-0250</u> A couple in their own home needs spousal resource assessment.</p> <p>Income over Medicaid level can be used to bring community spouse income to at least \$2155.00 and no more than \$3435.00 Spouse shelter allowance is \$646.50. <u>461-160-0620</u> Balance is paid toward cost of care.</p> <p>OSIPM individuals with NF and CBC services may be required to pay toward the cost of their services. <u>461-160-0610</u>.</p> <p>OSIPM individual with income above the limits may be eligible with the establishment of an Income Cap Trust. <u>461-145-0540</u>. MAGI: See MAGI next page. No service payment/liability</p>	<p><u>If OSIPM recipient: 461-155-0250</u> \$841.00 - AD, OAA individual \$1261.00 - AD, OAA couple \$20 of unearned income is not counted. <u>461-160-0550</u></p> <p><u>If OHP MAGI Adult:</u> (approximately 138% Federal Poverty Level) \$1436 Individual (approximate) \$1945 Couple (approximate)</p> <p>For individuals in <u>other qualifying Medicaid programs (411-034-0030)</u>, see program's income limits.</p>	<p>QMB: \$1133 Individual, \$1526 Couple.</p> <ul style="list-style-type: none"> Part A&B premium & deductible paid. <u>461-155-0290</u>-At or below 100% FPL <p>SMB: < \$1359 Individual, < \$1831 Couple.</p> <ul style="list-style-type: none"> Part B monthly premium coverage <u>461-155-0295</u>- below 120% FPL <p>SMF: < \$1529 Individual, < \$2060</p> <ul style="list-style-type: none"> Part B monthly premium coverage <u>461-155-0295</u>- below 135% FPL Not Eligible if receiving OSIPM per <u>461-135-0730</u>. <p>\$20 of unearned income is not counted <u>461-160-0552</u>.</p>
Allowed Resources	<p>\$2000 - Individual \$3000 - Couple <u>461-160-0015</u> plus home (\$636,000 max), car, burial plan (\$1500) <u>461-145-0040</u></p>	<p>Individual same as OSIPM and MAGI. Couple: OSIPM- If only one receiving care, the spouse can keep \$27,480 or ½ up to \$137,400 or a court ordered amount. <u>461-160-0580</u>. MAGI -no couple resource limit</p>	<p>Must be a recipient of one of the Medicaid programs listed in rule <u>411-034-0030</u>. The amount of resource can vary depending on their OHP Plus program.</p>	<p>No resource limits</p> <p>*** Medicare B premium varies depending on income and start date.</p>

Program	MAGI P2	Employed Persons with Disabilities (OSIPM-EPD) Program D4	Supplemental Nutrition Assistance Program (SNAP) formerly known as Food Stamps	Oregon Project Independence (OPI)
Benefits	OHP Plus Benefits (doctor, pharmacy, hospitalization, medical, dental, transportation, preventative care, mental health services) <u>See DMAP Worker Guide</u>	<u>See DMAP Worker Guide</u> . May also receive In-home Care, Adult Foster Home, Residential Care, Specialized Living, Assisted Living, Adult Day Services, Nursing Facility if meet eligibility criteria (see Home & Community Based Waiver & NF, Page 1). <u>See OSIPM WG.11 for EPD Program Info</u>	Financial assistance for the purpose of purchasing food. Benefits are issued via an electronic benefits card. Benefits for seniors (65+) and adults receiving SSI are a cash benefit and can be issued via check, direct deposit or EBT card. <u>461-165-0082</u> Recipients may also be eligible for OTAP (see <u>flyer</u>), WIC and school lunch programs	Supplemental supportive services to help people live independently at home. <u>411-032-0000</u> Up to 8 hours per service period of personal care services unless an exception for additional hours applies. A service period is 14 days or 2 weeks.
Primary Requirements: for All Programs: US Citizen (medical programs require proof of citizenship) or Immigration Status must meet Federal Criteria for Federally Funded Programs; Plus Oregon Resident; Plus specific program requirements →	Cannot Be: <ul style="list-style-type: none">Receiving SSI;Eligible for another Medicaid program at OCCS (<u>410-200-0205</u>);Over age 65;Eligible for Medicare (except pregnant or parent/caregiver individuals) Eligibility is determined by Oregon Health Plan, not APD/AAA offices. (<u>OAR 410-200...</u>)	<ul style="list-style-type: none">Age 18 + or legally emancipated (<u>461-120-0510</u>)Have a disability as determined by SSA or PMDDT and not OSIPM assumed eligible (no SSI) <u>461-135-0725</u>Be employed and paying FICA or SECA taxes or have convincing proof of self-employment without SECA taxes (<u>461-001-0035</u>); or in first 12 months following employment while spending down to OSIPM (<u>461-135-0725</u>)Waivered service clients pay what is less liability or PF in ONE. (<u>461-160-0800</u>)Participant fee, <\$850= \$0 \$850-\$1132.99= \$50 \$1133-\$2831.99= \$100 \$2832 plus = \$150 (<u>461-160-0800</u>)	<ul style="list-style-type: none">Individual/family must not be living in a situation where at least 50% of meals are provided (ALF, RCF, NF, hospital, etc.)Clients residing in SPD/ADS Adult Foster Homes may only apply with the Foster Home Provider. <u>461-135-0530</u>Clients residing in some non-profit DD/MH group homes are eligible. <u>461-135-0510</u>Clients residing in Alcohol & Drug treatment facilities cannot apply on their own, facility must apply on their behalf. <u>461-135-0550</u>Some household members are required to apply together, such as spouses, and children under age 22 with parent. <u>461-110-0370</u>Most higher education students must be employed to be eligible <u>461-135-0570</u>	<u>411-032-0020</u> <ul style="list-style-type: none">60 yrs or older or age 19-59 if disabled (pilot)Not receiving financial assistance or Medicaid, except Food Stamps, QMB/SMBMeet the requirements of the Long-Term Care Services Priority Rule, <u>411-015-0010</u> and must have a qualifying need for assistance in activities of daily living as assessed by a District Center case manager. CAPS Service Priority Levels 1-18 served.Clients reside in their own homes.Some clients pay a monthly co-pay for in-home services based on income, OR a \$25 one-time-only fee Authorized services will be in accordance with the In-Home Service Rules, <u>411-030-0002</u>
Income Limits	Income limits are approximate, based on the federal Modified Adjusted Gross Income [MAGI], current FPL and OHA determination. MAGI Adult: \$1482 individual (138%) \$2004 two people (138%) MAGI Child: \$1482 individual \$2004 two people (138%) MAGI PW: \$2040 individual \$2759 two people (190%) MAGI CHIP: \$3,274 individual \$4428 two people (305%)	Income that goes toward certain costs related to employment, along with other standard deductions, determines Adjusted Income (<u>461-160-0780</u>). Adjusted income limit is \$2832.00 (250% of federal poverty level) Any employed person with a disability with earned income lower than \$5740 per month automatically meets the adjusted earned income (<u>461-155-0250</u>).	Clients are categorically eligible if their income is less than 200% of federal poverty level and they are given Resource Guide pamphlet (<u>DHS 3400</u>) and these things are narrated. Income less than: \$2147.00 individual (200% FPL) \$2904.00 Couple (200% FPL) <u>461-135-0505</u> FUA \$450, LUA \$353, TUA \$70, IUA \$57	OPI Fees for Service: <u>411-032-0044</u> Some clients will have a fee based on income. See the OPI Website at: <u>http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/OPI.aspx</u>
Allowed Resources	No resource limit	\$5,000 in addition to approved accounts. Assets purchased with approved accounts do not count toward the maximum resources. <u>461-160-0015</u>	- Categorically eligible \$3,750 lottery/ gambling limit. <u>461-135-0505</u> & <u>461-140-0262</u> - Not categorically eligible \$3,750 if at least 1 member of house hold is elderly or disabled -\$2,500 for all other financial groups. <u>461-160-0015</u>	No resource limits. OPI case managers assess client's ability to pay toward services.

This tool provides a general overview of program limits and requirements, and should not be used to discourage anyone needing assistance from contacting an Aging, Disability and Veterans Services (ADVSD) office. If you have any questions or wish to make a referral, call the ADVSD ADRC at **503-988-3646**.

Program	ERDC Employment Related Day Care	TANF & REF	State Family Pre SSI (SFPSS) Grant Structure: Adults in TANF filing group applying for SSI	Intellectual and Development Disability I/DD																									
Benefits	Child care subsidy program intended as support for parents and children. Provide consistent and stable care environment for children, even if family financial situation changes.	Provides cash assistance to support low income families with minor children. Goal of the program is to help with employment services, family stability and community resources to reduce number of families living in poverty.	SFPSS program is designed to assist TANF-eligible individuals with disabilities obtain SSI benefits. Serves individuals who are not required to participate in the JOBS program.	To provide services and support for consumers with DD or I/DD in home or in a provider controlled site.																									
Primary Requirements: for All Programs: US Citizen (medical programs require proof of citizenship) <u>or</u> Immigration Status must meet Federal Criteria for Federally Funded Programs; Plus Oregon Resident; Plus specific program requirements →	<p>To be eligible for child care assistance, the child must live with a caretaker:</p> <ul style="list-style-type: none"> Does not have to be related to caretaker <p>Every caretaker in the filing group must received income from employment.</p> <p>Must show verification of immunizations done or proof that the immunizations series has started.</p> <p>The child care must be necessary to enable the caretaker to remain employed, including self-employment.</p> <p>Must have allowable child care needs as described in OAR <u>461-160-0040</u></p>	<p>An individual must be one of the following:</p> <ul style="list-style-type: none"> a dependent child caretaker relative parent of unborn child <p>Unless exempt from JOBS participation, an individual must demonstrate 2 consecutive weeks of cooperation.</p> <p><u>461-135-0070</u></p>	<p>To be eligible, ALL the following must be true:</p> <ul style="list-style-type: none"> be eligible for and receive TANF meet the programs impairment criteria <u>461-125-0260</u> have signed an Interim Assistance Authorization (<u>DHS 7814</u>) <p><u>461-135-1195</u></p>	<p>To be eligible for I/DD</p> <ul style="list-style-type: none"> Must be eligible for OHP Plus benefits (MAGI or OSIPM) Meet LOC as assessed by their I/DD CM Have service need related to their I/DD condition and goals <p>Medical eligibility is determined by APD/AAA and is treated the same as LTSS.</p> <p>I/DD Service eligibility for adults is determined by the CDDP CM. Under 18 yrs old referred to APD CCU via LTC request task generated when services are requested in ONE.</p> <p><u>APD Worker Guide D.8</u></p>																									
Income Limits	<p>Number in ERDC Group at initial cert (185%) 2 - \$2686 3 - \$3386 (add \$700 for each add'l indiv)</p> <p>Number in ERDC group ongoing and exit income limits 2 - \$4293 3 - \$5303 (add \$1010 for each add'l indiv)</p>	<table border="1"> <thead> <tr> <th>Persons in need group</th><th>TANF & REF countable income limit</th><th>TANF & REF adjusted income limit</th><th>TANF & REF payment standard</th><th>TANF only exit limit increase</th></tr> </thead> <tbody> <tr> <td>1</td><td>\$345</td><td>\$326</td><td>\$339</td><td>\$678</td></tr> <tr> <td>2</td><td>\$499</td><td>\$416</td><td>\$432</td><td>\$864</td></tr> <tr> <td>3</td><td>\$616</td><td>\$485</td><td>\$506</td><td>\$1,012</td></tr> <tr> <td>+1</td><td>+\$172</td><td>+\$110</td><td>+\$110</td><td>+\$220</td></tr> </tbody> </table> <p>TANF & REF Payment - This is the TANF & REF payment standard Adjusted Income - Countable income minus deductions Countable Income limit - Countable income after allowable exclusions</p>	Persons in need group	TANF & REF countable income limit	TANF & REF adjusted income limit	TANF & REF payment standard	TANF only exit limit increase	1	\$345	\$326	\$339	\$678	2	\$499	\$416	\$432	\$864	3	\$616	\$485	\$506	\$1,012	+1	+\$172	+\$110	+\$110	+\$220	<p>The TANF standards are used to determine eligibility.</p>	<p>Same as OSIPM/MAGI standards on the first page, as they have to meet OSIPM/MAGI financial eligibility.</p> <p>OSIPM: \$2382 (300% SSI) or less for an individual. 461-155-0250 A couple in their own home needs spousal resource assessment.</p> <p>MAGI Adult: \$1482 individual (138%)</p>
Persons in need group	TANF & REF countable income limit	TANF & REF adjusted income limit	TANF & REF payment standard	TANF only exit limit increase																									
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Allowed Resources	<p>Resource limit is \$1,000,000 (one million dollars)</p> <p><u>461-160-0015</u></p>	<p>Resource limit for TANF is \$2500 for any of the following:</p> <ul style="list-style-type: none"> New TANF Application A TANF need group that has at least one JOBS participant who is currently serving a DQ <p>Resource limit is \$10,000 for all others</p>	<p>The TANF standards are used to determine eligibility.</p>	<p>Individual same as OSIPM and MAGI. Couple: OSIPM- If only one receiving care, the spouse can keep \$26,076 or ½ up to \$130,380 or a court ordered amount. 461-160-0580. MAGI -no couple resource limit</p>																									

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