

Aging, Disability and Veterans Services Adult Program Eligibility Guidelines (3/1/16)

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 Worker Guide (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 and medical .	Up to 20 hours per month of personal care services unless an exception for additional hours applies.	QMB: Medicare premiums, deductible, and co-insurance. SMB/SMF: Only Medicare Part B Premiums See QMB Program Manual or 461-135-0730 ***2016 Medicare Part B Premium -\$121.80
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	Aged (461-125-0350), blind (461-125-0330) or disabled (461-125-0370), or receiving SSI. Or a member of a protected eligibility group, including: <ul style="list-style-type: none"> • Pickle 461-135-0780 • Disabled Adult Child 461-135-0830 • 1619 A or B 461-135-0010 	Individuals who have been determined eligible for Medicaid OHP Plus benefit packages and have been assessed by an ADVSD Case Manager as meeting service priority levels 1-13. 411-15-0015 , 411-015-0010 and 411-015-0008 . 30-day+ hospital stays (461-135-0745), Cannot have made a disqualifying property transfer within look-back period. 461-140-0242 and 461-140-0296	Must be a recipient of one of specific OHP Plus Medicaid programs (411-034-0030) 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. 411-034-0020 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.	Have part A of Medicare (Hospital Insurance Benefit). Nursing Facility residents are not eligible for SMF 461-135-0730 Note: These program benefits are also available to OSIPM clients. Use OSIPM program number and add appropriate case descriptor for QMB program.
Income Limits	\$733.00 - AD, OAA Individual \$1100.00 - AD, OAA Couple 461-155-0250 \$20 of unearned income is not counted. 461-160-0550	\$2199.00 or less for an individual. 461-155-0250 A couple in their own home needs spousal assessment. Income over Medicaid level can be used to bring community spouse income to at least \$1992 and no more than \$2980.50. Spouse shelter allowance is \$598. 461-160-0620 Balance is paid toward cost of care. Single OSIPM individuals in NF and CBC facilities may be required to pay toward the cost of their services. 461-160-0610 . In-home services individuals receive an additional \$500 allowance. An individual with income above the limits may be eligible with the establishment of a qualifying trust. 461-145-0540	If OSIP recipient: 461-155-0250 \$733.00 - AD, OAA individual \$1100.00 - AD, OAA couple \$20 of unearned income is not counted. 461-160-0550 If OHP MAGI Adult: (approximately 138% Federal Poverty Level) \$1343 Individual (approximate) \$1810 Couple (approximate) For individuals in other qualifying Medicaid programs (411-034-0030) , see program's income limits.	QMB : \$990 Individual, \$1335 Couple. 461-155-0290 Part A&B premium & deductible paid. SMB : \$1188 Individual, \$1602 Couple. 461-155-0295 Part B monthly premium coverage. SMF : \$1337 Individual, \$1803 Couple. 461-155-0295 Part B monthly premium coverage. This does not apply if in a Nursing Facility 461-135-0730 \$20.00 of unearned income is not counted 461-160-0552
Allowed Resources	\$2000 - Individual \$3000 - Couple 461-160-0015 plus home, car, burial plan (\$1500) 461-145-0040	Same as Basic Medicaid (OSIPM) for couple or an individual in own home. If only one receiving care, the spouse can keep \$23,844 or ½ up to \$119,220 or a court ordered amount. 461-160-0580 .	Must be a recipient of one of the Medicaid programs listed in rule 411-034-0030 . The amount of resource can vary depending on their OHP Plus program.	No resource limits *** Medicare B premium varies depending on income and start date. Most common are \$104.90, \$105.80 or \$121.80.

Program	MAGI OHP Plus 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) See DMAP Worker Guide	See DMAP Worker Guide . 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).	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. 461-165-0082 Recipients may also be eligible for OTAP (see flyer), WIC and school lunch programs	Supplemental supportive services to help people live independently at home. 411-032-0000
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 →	Cannot Be: <ul style="list-style-type: none"> Receiving SSI; Eligible for another Medicaid program at OCCS (410-200-0205); Over age 65; Eligible for Medicare (except pregnant or parent/caregiver individuals) <p>Eligibility is determined by Oregon Health Plan, not APD/AAA offices. (OAR 410-200...)</p>	<ul style="list-style-type: none"> Age 18 + or legally emancipated (461-120-0510) Have a disability as determined by SSA or PMDDT Not be assumed eligible for OSIPM 461-135-0725 Be employed and paying FICA or SECA taxes or have convincing proof of self-employment without SECA taxes (461-001-0035); or in first 12 months following employment while spending down to OSIPM (461-135-0725) Waivered service clients with unearned income pay the participant fee (461-160-0800) rather than client liability Participant fee, ranging from zero to \$150.00 a month. (461-160-0800) 	<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. 461-135-0530 Clients residing in some non-profit DD/MH group homes are eligible. 461-135-0510 Clients residing in Alcohol & Drug treatment facilities cannot apply on their own, the facility must apply on their behalf. 461-135-0550 Some household members are required to apply together, such as spouses, and children under age 22 with parent. 461-110-0370 Most higher education students must be employed to be eligible 461-135-0570 	411-032-0020 <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/SMB Meet the requirements of the Long-Term Care Services Priority Rule, 411-015-0010 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 <p>Authorized services will be in accordance with the In-Home Service Rules, 411-030-0002</p>
Income Limits	Income limits are approximate, based on the federal Modified Adjusted Gross Income [MAGI] and current FPL. MAGI Adult: \$1354 individual (138%) \$1832 two people (138%) MAGI Child: \$1354 individual \$1832 two people (138%) MAGI PW: \$1864 individual \$2523 two people (185%) MAGI CHIP: \$2992 \$4049 two people (300%)	Income that goes toward certain costs related to employment, along with other standard deductions, determines Adjusted Income (461-160-0780). Adjusted income limit is \$2475.00 (250% of federal poverty level) Any employed person with a disability with earned income lower than \$5035 per month automatically meets the adjusted earned income (461-155-0250).	Clients are categorically eligible if their income is less than 185% of federal poverty level and they are given Resource Guide pamphlet (DHS 3400) and these things are narrated. Income less than: \$1815.00 individual \$2457.00 Couple 461-135-0505	OPI Fees for Service: 411-032-0044 Some clients will have a fee based on income. See the OPI Website at: http://www.oregon.gov/DHS/SENIORS-DISABILITIES/SUA/Pages/OPI.aspx
Allowed Resources	No resource limit	\$5,000 in addition to approved accounts. Assets purchased with approved accounts do not count toward the maximum resources. 461-160-0015	If categorically eligible (see Income Limits) \$25,000 liquid asset limit. 461-135-0505 . If not categorically eligible \$3250 if at least 1 member of house hold is elderly or disabled \$2250 for all other financial groups 461-160-0015	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 Helpline at **503-988-3646**.