461-135-0010 **Effective 10-01-26**
Assumed, Continuous, and Protected Eligibility; Medicare Savings Programs, OSIPM

(1) This rule sets out when medical program *eligibility* (see OAR 461-001-0000) of an individual is assumed, continuous, or protected. An individual may be granted any combination of assumed, continuous, or protected eligibility at the same time.

(2) Assumed eligibility. Assumed eligibility means an individual is assumed eligible for certain medical programs because the individual receives or is deemed to receive benefits from another program.

(a) To be assumed eligible for a medical program, an individual must meet:

(A) Residency requirements in OAR 461-120-0010;

(B) Child Support Program cooperation requirements in section (1) of OAR 461-120-0345;

(C) Medical assignment requirements in OAR 461-120-0315; and

(D) Citizenship requirements in OAR 461-120-0110 or noncitizen status requirements in OAR 461-120-0112.

(b) An individual described in paragraphs (A) or (B) of this subsection who meets the requirements in subsection (2)(a) of this rule is assumed eligible for Oregon Supplemental Income Medical (OSIPM).

(A) A recipient of Supplemental Security Income (SSI) benefits.

(B) An individual deemed eligible for SSI under Sections 1619(a) or (b) of the Social Security Act (42 U.S.C. 1382h(a) or (b), which cover individuals with disabilities whose impairments have not changed but who have

become gainfully employed and have continuing need for OSIPM.

(c) An individual who receives benefits under both Part A of Medicare and SSI and who meets the requirements in subsection (2)(a) of this rule is assumed eligible for the Qualified Medicare Beneficiary (QMB) program.

(3) Continuous eligibility. The provisions in this section are effective July 1, 2023. Continuous eligibility (CE) means a period during which medical benefits are not reduced or closed, except for as provided in paragraphs (c)(F) and (c)(G) of this section. The period during which medical benefits are not reduced or closed is called a CE period. *Eligibility* for a CE period and exceptions to CE are covered in this section.

(a) Children under 6 years are granted a CE period beginning the first day of the month of the medical benefit effective date (see OARs 461-180-0090, 461-180-0100, and 461-180-0085) and ending on the last day of the month the child turns 6 years or 24 months from the CE period beginning date, whichever is later, when one of the following is met:

(A) Medical benefits with a *date of request* (see OAR 461-115-0030) of July 1, 2023, or later are approved for an *initial month*, a renewal, or a redetermination; and there is no outstanding request for information.

(B) Medical benefits with a *date of request* of April 1, 2023, or later were approved for an *initial month*, a renewal, or a redetermination; there is no outstanding request for information; and the medical benefits are ongoing on July 1, 2023.

(b) Individuals 6 years or older are granted a 24-month CE period beginning the first day of the month of the medical benefit effective date (see OARs 461-180-0090, 461-180-0100, and 461-180-0085) when one of the following is met:

(A) Medical benefits with a *date of request* of July 1, 2023, or later are approved for an *initial month*, a renewal, or a redetermination; and there is no outstanding request for information.

(C) Medical benefits with a *date of request* of April 1, 2023, or later were approved for an *initial month*, a renewal, or a redetermination; there is no outstanding request for information; and the medical benefits are ongoing on July 1, 2023.

(c) CE special situations and exceptions. Notwithstanding other provisions of this rule section --

(A) Prior to July 1, 2023, there is no CE for *Medicare Savings Programs* (see OAR 461-001-0000).

(B) There is no CE for individuals receiving OSIPM-Acute Care (see OARs 461-101-0010 and 461-135-0745) or OSIPM under OAR 461-135-0750.

(C) Prior to April 1, 2023, in the OSIPM program, individuals 18 years or younger are eligible for a CE period as provided under previous OAR 461-135-0010 on the date medical program *eligibility* was determined.

(D) For individuals 19 years or older:

(i) There is no CE for medical *eligibility* determined from a *date of request* (see OAR 461-115-0030) before April 1, 2023.

(ii) There is no CE when medical benefit redetermination or renewal –

(I) Is based on a *date of request* on or after April 1, 2023; and

(II) Results in a medical benefit approval, but the approval is only to allow the individual the

required 60-day advance notice of closure or reduction required under OAR 461-135-0880.

(iii) There is no CE for medical benefits restored solely due to the October 11, 2023, Oregon Eligibility Partnership transmittal OEP-AR-23-054 as the administrative restoration was not a result of a determination of financial and non-financial medical program *eligibility*.

(E) When an individual is eligible for retroactive medical benefits (see OAR 461-180-0140), the CE period does not begin on the date of retroactive *eligibility*. For example, if an applicant with a November 28 *date of request* is eligible for *initial month* benefits, as well as retroactive medical for the month of September, the CE period begin date is November 1.

(F) When an individual becomes a *resident of a public institution* (see OAR 461-135-0950), the Department shall suspend medical benefits as required under rule, and the CE period remains unchanged.

(G) When any of subparagraphs (i) through (v) occur, medical benefits shall be closed as required under rule and the CE period is lost. The CE period may only be restored under paragraph (H) of this subsection.

(i) The individual is no longer an Oregon resident.

(ii) The death of the individual.

(iii) The individual or someone authorized to act on their behalf voluntarily closes medical benefits.

(iv) Benefits were approved in error at the most recent determination or renewal of *eligibility* because of administrative error, or because of fraud, abuse, or perjury attributed to the individual or someone authorized to act on their behalf.

(v) In the *Medicare Savings Programs* , the individual becomes disenrolled in Medicare Part A.

(H) The CE period is restored when all of the following happen:

(i) The reason the individual's CE ended no longer exists.

(ii) The individual establishes a *date of request* for medical benefits on or before the last day of the month following the month the medical program closed.

(iii) The individual is not eligible for medical benefits based on the new application.

(d) Department administration of CE. In the OSIPM programs, the Department may change the medical program of the individual as long as the benefit package is not reduced.

(A) When an individual no longer meets the OSIPM program financial requirements, but still meets non-financial requirements, the individual shall be eligible for the OSIPM program with the uppermost income limit for which they meet non-financial requirements.

(B) When both of the following are true, an individual shall receive medical benefits through the Parent or Caretaker Relative program (see OAR 410-200-0420):

(i) The individual no longer meet the OSIPM basis of need (see OAR 461-120-0310), and

(ii) The individual does not meet the non-financial *eligibility* requirements for HSD Medical Programs of the same or better benefit.

(4) Protected eligibility. Protected eligibility means an individual determined eligible for an Oregon Health Plan (OHP) Plus benefit shall have that *eligibility* protected, despite changes in circumstance that would otherwise close or reduce benefits. Protected eligibility and exceptions to protected eligibility are covered in this section.

(a) An individual who is eligible for and receiving OSIPM for any portion of their pregnancy is entitled to protected eligibility for the duration of the pregnancy and the postpartum *eligibility* period.

(b) The postpartum *eligibility* period is 12 calendar months following the month in which the pregnancy ends.

(c) Benefits may not be closed or reduced during a period of protected eligibility unless one of the following occurs:

(A) The individual is no longer an Oregon resident.

(B) The death of the individual.

(C) The individual or someone authorized to act on their behalf voluntarily closes medical benefits.

(D) Benefits were approved in error at the most recent determination or renewal of *eligibility* because of administrative error, or because of fraud, abuse, or perjury attributed to the individual or someone authorized to act on their behalf.

Statutory/Other Authority: ORS 409.050, 411.060, 411.070, 411.404, 413.085, 414.685, 42 CFR 435.926
Statutes/Other Implemented: ORS 409.010, 411.060, 411.070, 411.404, 42 CFR 435.926, 42 CFR 435.120, 42 CFR 435.123, 42 CFR 435.170, American Rescue Plan Act of 2021 (PL 117-2), Consolidated Appropriations Act, 2023 (H.R. 2617), Pub. L. No. 119-21 (2025)

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