DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

RECEIVED OCT - 3 2003

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER: **03-16**

2. STATE: Oregon

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

4. PROPOSED EFFECTIVE DATE: July 1, 2003

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(r)(2) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2003-2004 ($ 6,000)
b. FFY 2004-2005 ($ 6,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 8b to Attachment 2.6-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Supplement 8b to Attachment 2.6-A, page 1

Oregon (03-16)
Approved: 12/23/03
Effective: 07/01/03

10. SUBJECT OF AMENDMENT:
This transmittal is being submitted to reflect the changes to the resource income regulations which apply to Working Disabled individuals.

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Per Attachment 7.3A

12. SIGNATURE OF STATE AGENCY OFFICIAL: Lynn Read Jean Thorne

13. TYPED NAME: Lynn Read Jean Thorne

14. TITLE: Administrator, OMAP Director, DHS

15. DATE SUBMITTED: 9-29-03

16. RETURN TO:
Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: OCT - 3 2003

18. DATE APPROVED: DEC 23 2003

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL: /S/

21. TYPED NAME: Karen S. O'Connor

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

POSTMARK DATE 9/30 Salem

FORM HCFA-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Oregon

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

[ ] Section 1902(f) State [X] Non-Section 1902(f) State

1. The following resource income regulations apply to Working Disabled individuals as defined in Section 1902(a)(10)(A)(ii)(XIII) of the Social Security Act.

(a) Up to $3,000 of available resources shall be disregarded.

(b) A resource disregard shall be given to a Working Disabled individual who holds monies in any *Approved Accounts*.

The resource disregard shall equal the total of all monies held is such accounts.

These accounts will be held separate from non-exempt resources.

Approved Accounts shall be used to save for any expense that will be determined by the state to enhance an individual's independence and/or increase employment opportunities. Also included as an *Approved Account* shall be any account commonly used for future retirement and/or medical needs, including but not limited to IRAs, KEOGS and Medical Savings Accounts (MSAs).

Approval for such accounts shall be obtained by the individual prior to the utilization of such disregard.