FACT SHEET

Healthier Oregon

Provides medical coverage and long-term services and supports for those eligible, except for citizenship requirements. Effective July 1, 2022.

Eligibility Basics and Case Management Considerations:

Case managers may encounter eligible applicants and should be aware of TOA changes in ONE.

TOA changes will be viewable in ONE after the Healthier Oregon conversion.

Creating a benefit in Oregon ACCESS:

- BPA/APD benefit for Healthier Oregon non-MAGI medical
- BPO/KPS benefit for Healthier Oregon MAGI medical

The Presumptive Medicaid Disability Determination Team process is the same as other medical programs.

Public charge only applies to those receiving LTSS in a nursing facility.

In-home and community-based care settings have no public charge.

Ages 19-25 or 55+ are eligible regardless of immigration status.

Those eligible for Healthier Oregon will remain eligible when they turn 26.

If coverage lapses after the 90-day reconsideration period, the individual may not be eligible again until age 55+.

Same financial and functional criteria as Medicaid LTSS.

Participants will not be eligible for

- PACE: Program of All Inclusive Care for the Elderly
- OPI: Oregon Project Independence
- OPI-M: Oregon Project Independence Medicaid
- FCAP: Family Caregiver Assistance Program

Program Links and Resources: HB3352, Healthier Oregon FAQ, Healthier Together Website, Healthier Oregon News, QRG TOA Codes

Questions? Contact the policy team: APD.MedicaidPolicy@dhsoha.state.or.us