**Previous Rules**

461-160-0510  Temporary Effective: 11/01/03 through 3/31/04  
Use of Income; Chronically Mentally Ill Clients Who Are Over Income; GAM

THIS RULE IS SUSPENDED

Stat. Auth.: ORS 411.060, 411.710  
Stats. Implemented: ORS 411.060, 411.710

---

461-160-0510  Effective: 7/01/02  
Use of Income; Chronically Mentally Ill Clients Who Are Over Income; GAM

1. This rule explains how to account for income of GAM clients who:
   a. Are diagnosed as chronically mentally ill (see section (2) of this rule);
   b. Are employed as part of a treatment or rehabilitation program that is approved by the Department; and
   c. Have income over the payment standard in OAR 461-155-0210.

2. A person is "chronically mentally ill" if the person is over the age of 18 and has a condition that includes both the following:
   a. Severe mental disorder diagnosed as schizophrenic, major affective, paranoid, or other mental disorder with a documented history of persistent psychotic symptoms other than those caused by substance abuse. The disorder must be identified by a psychiatrist, a licensed clinical psychologist or a nonmedical examiner certified by the Department.
   b. Impaired role functioning, consisting of at least two of the following:
      A. With respect to the client's social role, an inability to function independently in the role of worker, student or homemaker.
      B. With respect to the client's skills of daily living, an inability to engage independently in personal care (such as grooming or personal hygiene) or community-living activities (such as handling personal finances, using community resources or performing household chores).
      C. With respect to the client's social acceptability, an inability to exhibit appropriate social behavior, which results in demand for intervention by a mental health professional or law enforcement official.

3. The client's income is accounted for as follows:
   a. The basic standard is subtracted from the client's adjusted income. The balance may be used, if authorized in advance by the Department, to pay for one-time special needs and health insurance premiums.
   b. The remainder is the benefit group's pay-in (patient liability) and must be deposited in a trust-and-agency account in accordance with OAR 461-185-0010 and following.

Stat. Auth.: ORS 411.060, 411.710  
Stats. Implemented: ORS 411.060, 411.710
Use of Income; CMI GAM Clients Who Are Over Income

1. Use this rule to determine financial eligibility for GAM clients who meet all the following:
   a. Diagnosed as Chronically Mentally Ill (CMI) per section (2) of this rule.
   b. Employed as part of a treatment or rehabilitation program that is approved by SDSD, Program Assistance Section, in consultation with MHDDSD.
   c. Have income over the Payment Standard.

2. "Chronically Mentally Ill" is defined as individuals age 18 or over having a condition that includes both the following:
   a. Severe mental disorder diagnosed as schizophrenic, major affective, paranoid, or other mental disorder with a documented history of persistent psychotic symptoms other than those caused by substance abuse. The disorder must be identified by a psychiatrist, a licensed clinical psychologist or a nonmedical examiner certified by MHDDSD.
   b. Impaired role functioning, consisting of at least two of the following:
      A. For "social role," an inability to function independently in the role of worker, student or homemaker.
      B. For "daily living skills," an inability to engage independently in personal care (grooming, personal hygiene, etc.) or community-living activities (handling personal finances, using community resources, performing household chores, etc.).
      C. For "social acceptability," an inability to exhibit appropriate social behavior, which results in demand for intervention by the mental health or judicial system.

3. Determine financial eligibility as follows:
   a. Subtract the Payment Standard (basic, special needs and service needs) from the adjusted income.
   b. Allow excess income to be used as follows if prior authorized by the branch office:
      A. Payment of one-time special needs.
      B. Health insurance premiums.

4. The remainder is the benefit group's pay-in (patient liability) and must be deposited in a T&A account.

Stat. Auth.: ORS 411.060, 411.710
Stats. Implemented: ORS 411.060, 411.710

Use of Income; CMI GAM Clients Who Are Over Income
Rule: 461-160-0510
1. Use this rule to determine financial eligibility for GAM clients who meet all the following:
   a. Diagnosed as Chronically Mentally Ill (CMI) per section (2) of this rule.
   b. Employed as part of a treatment or rehabilitation program that is approved by SDSD, Program Assistance Section, in consultation with MHDDSD.
   c. Have income over the Payment Standard.
2. "Chronically Mentally Ill" is defined as individuals age 18 or over having a condition that includes both the following:
   a. Severe mental disorder diagnosed as schizophrenic, major affective, paranoid, or other mental disorder with a documented history of persistent psychotic symptoms other than those caused by substance abuse. The disorder must be identified by a psychiatrist, a licensed clinical psychologist or a nonmedical examiner certified by MHDDSD.
   b. Impaired role functioning, consisting of at least two of the following:
      A. For "social role," an inability to function independently in the role of worker, student or homemaker.
      B. For "daily living skills," an inability to engage independently in personal care (grooming, personal hygiene, etc.) or community-living activities (handling personal finances, using community resources, performing household chores, etc.).
      C. For "social acceptability," an inability to exhibit appropriate social behavior, which results in demand for intervention by the mental health or judicial system.
3. Determine financial eligibility as follows:
   a. Subtract the Payment Standard (maintenance, special needs and service needs) from the adjusted income.
   b. Allow excess income to be used as follows if prior authorized by the branch office:
      A. Payment of one-time special needs.
      B. Health insurance premiums.
4. The remainder is the benefit group's pay-in (patient liability) and must be deposited in a T&A account.