



**Originating Cluster:**  
**Seniors and People with Disabilities**

Authorized by: Catherine Cooper Date: 06/15/05  
*Signature*

To:	Area Agency on Aging Directors AAA Program Managers SPD Central Office Staff CHS Central Office Managers	CHS SDA Managers CHS SDA Assistant Managers CHS/SPD Line/Program Managers
Subject(s):	Disabled Adult Children	
Due date:	June 30, 2005	AR Number: <b>SPD-AR-05-036</b>

**Action Required:** Clients on the accompanying list are potentially eligible for OSIPM as a Disabled Adult Child (DAC). Those identified have a Social Security benefit number ending in C1, C2, or C3 which indicates they are receiving Social Security benefits as a disabled child. These cases should be reviewed to determine the existence of the possibility of full medical benefits under OSIPM versus the reduced benefits under QMB/SMB. Disabled Adult Children benefits are based upon four eligibility criteria:

1. They must be at least age 18,
2. Be eligible for SSI benefits based on blindness or disability,
3. Became disabled or blind before reaching age 22, and
4. Became ineligible for SSI based on an entitlement to Children's benefits under Section 202 (d) of the Social Security Act.

Those on the list may have waiver eligibility currently. However, should they lose their waiver eligibility, they could revert to DAC eligibility without forfeiting benefits if the CMS case has an appropriate DAC case descriptor.

The policy on client contributions toward the waived service is being changed effective 7-1-05 as outlined in SPD-PT-05-015. If any of the cases on the list for your office should be coded as DAC eligible they would no longer have a service contribution and coding the CMS file with a DAC case descriptor would remove any such contribution. Once the CMS file is updated the payment file would also require an adjustment, i.e. touching the 512 for community based care.

**Reason for Action:** Disabled Adult Children have been determined to be assumed eligible as those who are SSI eligible and are not subject to applying their income toward the cost of their waived service.

**Field/Stakeholder review:**  Yes, reviewed by: \_\_\_\_\_  No

*If you have any questions about this action request, contact:*

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