DHS Oregon Department of Human Services

Seniors and People with Disabilities

Information Memorandum Transmittal

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Authorized Signature

Number: **SPD-IM-06-052**
Issue Date: 06/14/2006

Topic: Medical Benefits

Subject: Disabled Adult Children (DAC's)

Applies to (check all that apply):

- ☐ All DHS employees
- ☒ Area Agencies on Aging
- ☐ Children, Adults and Families
- ☒ County DD Program Managers
- ☐ County Mental Health Directors
- ☐ Health Services
- ☒ Seniors and People with Disabilities
- ☐ Other (please specify):

Message: During May 2006, lists of cases that were incorrectly coded as Disabled Adult Children (DAC's) were distributed to local offices. Local offices were asked to determine whether or not these clients were eligible for any other Medicaid program, or to reduce benefits if the client would now be required to contribute towards their cost of services. Several offices have asked for sample wording for these notices. Attached you will find sample wording for three different notices you may need to send to clients.

For clients who have been determined ineligible for any other Medicaid program. Staff will need to send an SDS 0540 Notification of Planned Action and DHS 0462A Medical Assistance Denial. Possible wording for the notice:

- To qualify for Medicaid based on the Disabled Adult Child rule, 461-135-0830, you must meet **ALL** of the following criteria:
    - You must be at least 18 years of age;
    - You must have been determined by SSA to be blind or disabled prior to age 22;
    - You must have lost your SSI because you started receiving Disabled Adult Child benefits or you received an increase in these benefits that caused you to lose your SSI; and
    - You must have lost your SSI due to receipt of the Disabled Adult Child benefits after 7-1-1987.

The Department of Human Services has determined that you do not meet **ALL** of the above criteria. Since you do not meet the above criteria, your Medical benefits will be

closed effective XX-XX-XXXX.
461-135-0830

For clients who are eligible for waivered services, but who will have to contribute towards their cost of services. Staff will need to send an SDS 0540 Notification of Planned Action to reduce benefits.

- To qualify for Medicaid based on the Disabled Adult Child rule, 461-135-0830, you must meet **ALL** of the following criteria:

    - You must be at least 18 years of age;
    - You must have been determined by SSA to be blind or disabled prior to age 22;
    - You must have lost your SSI because you started receiving Disabled Adult Child benefits or you received an increase in these benefits that caused you to lose your SSI; and
    - You must have lost your SSI due to receipt of the Disabled Adult Child benefits after 7-1-1987.

The Department of Human Services has determined that you do not meet **ALL** of the above criteria. Since you do not meet all of the above criteria, you are no longer able to receive waivered services without having to pay for your care. Clients who have income over $604.70 a month must contribute to the cost of their care. You will need to contribute to the cost of your care to keep Medicaid coverage. You will be responsible for paying XXXX a month, effective XXXX.
461-135-0830
461-160-0610
461-160-0620

For clients who will lose OSIPM but are eligible for QMB. Staff will need to send an SDS 0540 Notification of Planned Action to close Medicaid.

- To qualify for Medicaid based on the Disabled Adult Child rule, 461-135-0830, you must meet **ALL** of the following criteria:

    - You must be at least 18 years of age;
    - You must have been determined by SSA to be blind or disabled prior to age 22;
    - You must have lost your SSI because you started receiving Disabled Adult Child benefits or you received an increase in these benefits that caused you to lose your SSI; and

- You must have lost your SSI due to receipt of the Disabled Adult Child benefits after 7-1-1987.

The Department of Human Services has determined that you do not meet **ALL** of the above criteria. Since you do not meet the above criteria, your Medicaid benefits will be closed effective XXXX. You will still be eligible for the Qualified Medicare Beneficiary (QMB) program, which will cover your Medicare premiums, co-insurance and deductibles for Medicare covered services, up to the Department's fee schedule. (Change wording if client is eligible for QMS)
461-135-0830

If you have any questions about this information, contact:

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