State County Special Assistance In-Home Case Management Manual

North Carolina Division of Aging and Adult Services
Adult Services Section

(Revised March 1, 2023)

State/County Special Assistance In-Home Case Management Manual
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I. Special Assistance In-Home (SAIH) Program Purpose

I. SPECIAL ASSISTANCE IN-HOME (SAIH) PROGRAM PURPOSE

Some individuals who need care in a licensed residential facility may remain safely in a private living arrangement (PLA), with sufficient income, adequate housing, necessary health and social services, reliable informal support from family and friends, and case management, rather than move to a licensed residential facility, assisted living, supervised living/group home or what is also called domiciliary care.

The General Assembly recognized this as a viable option when it passed a special provision in Session Law 1999-237 authorizing the SAIH Program, and then making it a permanent statutory program in 2007. The SAIH Program goal is to allow eligible clients to remain in the community and live as independently as possible.

During the 2012 Legislative Session, the General Assembly passed SL 2012-142 which requires that all 100 counties participate in the SAIH program. The 2012 legislation also requires that counties maintain a minimum number of filled slots. Session Law 2021-180 removed the cap on the number of allowable SAIH payment slots, which eliminates the waitlist for the program.

SAIH provides a choice to those who are eligible for care in a licensed residential care facility but who desire to, and can safely remain in a PLA, by providing them with financial assistance and case management services.

The purpose of the SAIH payment is to help eligible individuals meet their basic financial needs. The SAIH payment is an income supplement and is intended to assist with the provision of daily necessities such as food, shelter, clothing, utilities, transportation, in-home aide services, essential household items, essential home repairs and modifications and other services that enable the client to live at home safely.

NOTE: SAIH payments do not replace the formal and informal services and supports already available to a client.

When the client needs in-home or community-based services to continue to live safely in a PLA, Medicaid, Social Services Block Grant (SSBG), Home and Community Care Block Grant (HCCBG), Mental Health and other funding sources should be used to the fullest extent possible to provide these services.

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II. Legal Base

II. LEGAL BASIS FOR SAIH PROGRAM

The 2007 General Assembly acknowledged its support of the State/County Special Assistance In-Home (SAIH) Program by codifying it in Chapter 108A of the General Statutes. House Bill 1473 was signed into law amending Part 3 of Article 2 of Chapter 108A of the General Statutes. In addition, the SA In-Home Program was expanded to allow SAIH to make up 15% of the total state-wide SA caseload. SL 2012-142 added that the Secretary of the Department of Health and Human Services may waive the fifteen percent (15%) cap on Special Assistance In-Home slots as the Secretary deems necessary, while making it mandatory in all 100 counties.

Session Law 2021-180 established the State/County Special Assistance In Home Program as an entitlement program and seeks to promote parity between individuals in their home and individuals in a facility. Parity between these individuals means that they are eligible for the same service, which includes the full benefit amount.

Session Law 2022-74 adjusted the Special Assistance rates using the federally approved Social Security cost-of-living change effective for the applicable year, beginning January 1, 2023, and each January 1 thereafter. In addition, SAIH recipients with a diagnosis of Alzheimer's disease or dementia are eligible for the Enhanced Rate.

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III. Population Served by SAIH

III. POPULATION SERVED BY SAIH

A. Application for SAIH

Application for SAIH eligibility begins at the initial point of contact between the client and the SA Income Maintenance Caseworker (IMC) or the Adult Services Case Manager (CM). To be eligible for SAIH, the client must meet the following criteria:

1. Be at least 18 years old;

2. Need licensed residential level of care in a facility licensed under G.S. 131D adult care homes/assisted living level, 122C (supervised living/group homes), but desires to live in his/her own home or other PLA;

3. Satisfy other SAIH eligibility requirements. See SA-5200, Eligibility Requirements;

4. Satisfy other SA basic eligibility requirements, except the requirement to reside in a licensed residential care facility. See SA-3100, Eligibility Requirements;

5. Need the SAIH payment to live safely in a PLA;

6. Request an SAIH payment and appropriate in-home or community-based services;

7. With appropriate services can have his/her health, safety, and well-being maintained in a PLA.

B. SAIH Procedures for Individuals Verified to be Approved for Supported Housing Slots Under the NC Transition to Community Living

Through the settlement agreement between the State and the US DOJ (referred to as the NC Transition to Community Living), the State:

"… agrees to develop and implement effective measures to prevent inappropriate institutionalization and to provide adequate and appropriate public services and supports identified through person-centered planning in the most integrated setting appropriate to meet the needs of individuals with SMI [serious mental illness], who are in or at risk of entry to an adult care home."

Eligible individuals will receive Supported Housing Slots which provide rental subsidies for community-based supported housing and transition and tenancy support. The transition coordination and care coordination that accompany the Supported Housing Slots will be provided by the Local Management Entity - Managed Care Organizations (LME/MCO) as needed. The individuals with Supported Housing Slots will also receive ongoing tenancy supports involving at least a monthly face-to-face contact supporting housing-related services.

1. A large percentage of the Supported Housing Slots will be provided to individuals currently living in adult care homes (ACH). Others receiving Supported Housing Slots

will be individuals who are seeking ACH placement, but can be diverted, and those discharged from state psychiatric hospitals and are homeless.

2. Supported Housing Slots are offered to individuals who are Medicaid eligible, Special Assistance (SA) eligible in an ACH, would be SA eligible in an ACH though no longer residing in an ACH, or have a gross income equal to or less than 100% of the Federal Poverty Guidelines for a single individual.

3. VI through XVI sections of this manual do not apply to the individuals receiving SAIH who have been approved for participation in the Transition to Community Living. These recipients will receive services through the MCO or contractor.

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IV. Program Overview

IV. PROGRAM OVERVIEW

When a person has applied for SAIH, IMC will notify the Adult Services Case Manager to initiate an assessment to assess the client's strengths and needs using the Adult Services Functional Assessment Tool. After completion of the assessment, the Adult Services Case Manager develops a service plan with the client and his/her family/support system. The service plan should build upon the client's strengths and address needs identified in the functional assessment related to the client's overall well-being to include health and safety needs which may impact the client's ability to be maintained safely in their home.

In addition to the SAIH payment and case management, the client may also receive regular Medicaid community services under the guidelines for those services or may receive services funded by the Social Services Block Grant (SSBG), the Home and Community Care Block Grant (HCCBG) or other sources. If the client is receiving services from a mental health services provider, the Adult Services Case Manager and the mental health services provider will work together in developing a service plan with the client.

The key people in the SAIH Program are the client, the client's family and friends, the Adult Services Case Manager, the SA IMC, and community agencies or individuals that provide care and services to the client.

A. The county DSS manages the operation of the SAIH Program in the county and assures that the policies and procedures for SAIH are followed. The county DSS is responsible for a client assessment, case management and authorization of the SAIH payment and Medicaid.

1. The IMC takes the SAIH benefits application and determines whether the client meets the SAIH benefits eligibility requirements.

2. The Adult Services Case Manager completes the functional assessment determining the clients' strengths and needs.

3. The Adult Services Case Manager also determines what services are needed to allow the client to be maintained safely in a PLA. The Adult Services Case Manager with the client and others will develop a service plan to serve the SAIH client based on the available community resources.

B. There may be others in the community who will assist with meeting the needs of the client.

1. Medicaid providers that provide community services according to Medicaid guidelines such as Local Management Entity (LME) or Managed Care Organization (MCO) programs, in-home aide services, Medicaid Consolidated Personal Care Services, home health services or nursing services. See MAABD 2905 for a list of Medicaid Covered Services.

2. Home and community service providers such as Area Agencies on Aging and local service agencies, Services for the Blind, the Veterans Administration, Vocational Rehabilitation, and the Vocational Rehabilitation Centers for Independent Living.

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V. Definitions

V. DEFINITIONS

A. Adult Services Functional Assessment: This tool is a comprehensive assessment that covers six functional domains considered essential to assessing the well-being and overall needs of a client and their family. The six domains include social, economic, environmental, mental health, Activities of Daily Living/Instrumental Activities of Daily Living (ADLs/IADLs) and physical health.

B. Congregate Housing: This refers to a type of apartment where supportive services are available, including the opportunity for occupants to have at least one meal a day in a central dining area. The term is used to describe a wide range of independent housing where services may vary a great deal. Services may be tailored to the individual's needs including recreational and social activities, housekeeping, laundry, and transportation.

C. Licensed Residential Care: This refers to a facility licensed by the state that provides to an adult: room and board, 24-hour supervision, and assistance with the activities and instrumental activities of daily living. A licensed residential facility does not provide medical care. This term is used to describe facilities that are eligible for Special Assistance payments such as facilities licensed under 131D. or 122 C.

D. Medicaid Administrative Claiming (MAC): Federal Medicaid funds are available to reimburse the State of North Carolina in part for administrative activities that support North Carolina's Medicaid Plan **(Refer to MAC Operation Guide and the SIS manual for service code definitions)**.

E. Multi-unit assisted housing with services (MUAHS): This includes apartments or other independent residential arrangements where services are offered to enable occupants with special needs to live in an independent, multi-unit setting. At a minimum, one meal a day, housekeeping services, and personal care services are available. Hands-on personal care and nursing care, which are arranged by housing management, are provided by a licensed home care provider through a written care plan. Occupants must not be in need of 24- hour supervision.

F. Private Living Arrangement (PLA): This means a private residence or home, an apartment, congregate housing, housing with services, public housing, subsidized housing, shared group residence, home-sharing arrangement, or other similar living arrangement approved by the county department of social services. Residential hotels may be considered private living arrangements but only on a temporary basis while more permanent housing is sought. A PLA does not include any facilities licensed under N.C. General Statutes 131D. or 122C.

G. Public Housing: This means federally supported housing units administered by local public housing authorities. Units or entire complexes may or may not be specifically designated for older and disabled occupants.

H. **Subsidized Housing:** This refers to any public housing or privately owned housing where a government or non-profit subsidy helps to make rents affordable for low or moderate income people. Specific units or entire complexes may or may not be specifically designated for older and disabled occupants.

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VI. Program Administration and Operation

VI. PROGRAM ADMINISTRATION AND OPERATION

This section summarizes the major aspects of the administration and operation of the SAIH Program. It outlines the primary responsibilities of the county DSS. Other sections give the details of the responsibilities.

The county DSS is responsible for operating and managing the program on a day-to-day basis. This includes determining eligibility for SAIH payments, providing assessments, and developing service plans, providing on-going case management as appropriate, and providing or arranging for related services the client needs to live at home.

The Adult Services Case Manager monitors the services the client is receiving through direct observation, client report, and review of provider services.

Special Assistance policies and procedures, with some modifications and additions specific to SAIH, govern this program.

A. Identifying Potential Clients

Potential SAIH clients may be identified through screening of SA clients at the county DSS. Referrals to the SAIH Program can be made from a variety of other sources as well. To facilitate this process, the county DSS should establish and maintain contacts with public and private agencies such as mental health and developmental disabilities coordinators at the Local Management Entity (LME), mental health programs, consumer advocacy groups, and service organizations that work with disabled and older clients, so that they are aware of this alternative to placement. A SAIH flyer is available on the NC Division of Aging and Adult Services (DAAS) website for use in raising awareness about the SAIH Program. NC DHHS: State-County Special Assistance, In Home

Anyone has a right to apply for SAIH. Neither the IMC nor the Adult Services Case Manager should discourage potential clients from applying for the program or encourage them to withdraw their application.

Screening for SAIH eligibility begins at the initial point of contact between the client and the IMC or Adult Services Case Manager. Once the county DSS receives a request for SAIH, the Adult Services Case Manager or the IMC must meet with the client to discuss the program and begin the application. This is an opportunity to screen the client to determine if they may be a candidate for SAIH.

Pre-Screening and Referral Form

1. The Adult Services Case Manager/IMC should discuss the purpose of the program with the applicant/client to gauge the applicant/client's interest in the program.

2. If the applicant/client expresses an interest in the program, the Adult Services Case Manager/IMC should proceed with completing the SAIH Interagency Referral Form.

3. The Adult Services Case Manager/IMC will complete Section 1 of the SAIH Interagency Referral Form to gather basic demographic information. The Signature Attestation Form documents the applicant/client's desire to live in a PLA and/or future plans to return to a PLA.

4. The IMC will complete Section 1 of the SAIH Interagency Referral Form by asking the applicant/client questions regarding Medicaid eligibility monthly income and mandatory deductions.

5. If the applicant/client is potentially eligible based on SA eligibility the IMC will send the referral to the Adult Services Case Manager for further assessment via the Interagency Referral Form.

6. If the client desires to apply for SAIH, the IMC will provide the client with information on the FL-2 requirement.

NOTE: per SA Manual-5100 II. B. 3:
Collaboration and Communication during Eligibility Determination:
The referral (from the IMC) must be made to the adult services section by the end of the next business day after the applicant's date of application for SAIH.

B. Applying SAIH Criteria

An individual is eligible to receive SAIH payments based on the following:

1. The client is at least 18 years old. This is documented on the FL-2, Adult Services Functional Assessment and the SA application.

2. The client needs licensed residential (assisted living, supervised living or domiciliary) level of care in a facility licensed under North Carolina General Statutes 131D, 131E or 122 C. This is documented by obtaining an FL-2 indicating licensed residential level of care. The FL-2 must be signed by a physician, Nurse Practitioner (NP) or Physician Assistant (PA) within 90 days of the SA application. A sample FL-2 request letter can be found in Appendix A to help the medical professional understand the purpose of the SAIH program.

3. The client lives in, or desires to live in, a private living arrangement. This is documented on the Adult Services Functional Assessment, in the case narrative, and on the SAIH Interagency Referral Form.

4. The client must request SAIH payments and appropriate in-home or community-based services rather than placement in a licensed residential facility. This request is determined by a statement from the client and/or the individuals involved in the client's care and documented on the DAAS-0032 Signature Attestation Form and DAAS-6220 Adult Services Annual Functional Assessment.

5. The client meets all SAIH eligibility requirements. This is documented by the IMC.

6. The client must need SAIH payments to live safely at home and to avoid placement. The information documented in the client record must support this need.

NOTE: An individual can receive both CAP Innovations and SAIH, depending on their individual circumstances and needs. The client must meet all eligibility criteria for the SAIH Program as outlined in the SAIH Policy and Procedures manual. The eligibility worker will determine financial eligibility and refer to the Case Manager/Social Worker in Adult Services. The Adult Services Case Manager will complete a functional assessment. The Case Manager will complete a service plan based on identified needs. The Case Manager is responsible for the ongoing oversight of the SAIH services and needs. This includes monthly contacts with the client/family and providers, quarterly reviews, and annual reassessments, as well as monitoring of services. The Adult Services Case Manager must ensure that there is no duplication in case management functions nor any duplication or supplanting of services or items that might be covered under the waiver.

C. Communication with Income Maintenance

1. Processing SAIH Applications

The county SA Income Maintenance unit receives and processes applications for all Special Assistance payments including SAIH payments. The IMC is responsible for providing the client with a list of needed documentation at the end of the initial application interview. A copy of this list along with the referral should be shared with the Adult Services unit. It may be necessary for the Adult Services Case Manager to assist the IMC and the client in obtaining needed information. Timely communication is critical to the application process. Refer to the Critical Timeframes chart in VII.A.

The SAIH application process is unique because it requires coordination between Adult Services and Income Maintenance staff. Communication between Income Maintenance and Adult Services staff related to client eligibility must be documented on SAIH the Interagency Referral Form.

The role of the Income Maintenance unit is to verify the client's SAIH eligibility. That information is forwarded to the Adult Services unit where the Adult Services Case

Manager completes the Adult Services Functional Assessment. The client must be determined eligible by both assessments. The IMC determines the payment to the client while the Adult Services Case Manager determines how the client can meet their needs and live safely in a PLA.

The final determination of SAIH eligibility must be communicated by the Adult Services Case Manager to the IMC. It may be useful for the Adult Services Case Manager to staff cases with the Adult Services Supervisor and/or other agency management prior to the final determination of eligibility.

2. Denials

If the IMC determines that the client does not meet the eligibility criteria for SAIH, the IMC will send a denial notice to the client explaining the reason for denial. The IMC will notify the Adult Services Case Manager of the denial and the reason for denial. Once the client is notified of the denial, the client has the right to appeal the decision. If the client wishes to appeal the decision the IMC will follow the Appeals Process in the Provision of Services Manual. This Manual may be found at: NC DHHS: Requirements for the Provision of Services by County Departments of Social Services

If the Adult Services Case Manager determines the client cannot remain at home safely based on the assessment, the Adult Services Case Manager will inform the IMC via the SAIH Program Interagency Referral form. The IMC will deny the SA application and send a written notice of denial to the client. If the client has signed the DSS 5027 for case management services, the Adult Services Case Manager can offer to continue the case management to assist the client with identified needs. If the client declines the case management services, the Adult Services Case Manager will send the client a 10-day notice of termination. If the Adult Services Case Manager has concerns that the client is a disabled adult who is experiencing abuse, neglect or exploitation then the case manager should make an Adult Protective Services referral without delay.

D. Slot Allocation

1. Allocation of Slots to County DSS

DAAS allocates to each county DSS a specified number of slots that may be utilized at any one time. The county DSS should reach out to the Special Assistance listserv to request additional slots. There is no cap on the number of slots.

a. Slots can be tracked at both the State and county through NC FAST. DAAS allocates slots in NC FAST for each county. The DSS SA eligibility supervisor is given the authority in NC FAST to assign a slot to each case. NC FAST tracks the available/unassigned slots.

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VII. Referral to Adult Services Case Manual

VII. REFERRAL TO ADULT SERVICES CASE MANAGER

The county DSS is responsible for developing referral procedures and sharing them with appropriate local agencies and organizations. Informing the community about the SAIH Program is essential to assure that this program is available to individuals who need the services it provides.

A. Critical Time Limits and Dates for Adult Services Case Manager

The county DSS should coordinate closely with other agencies that provide services to the target population served by SAIH in order to prevent duplication of services. This will also ensure the best use of available community resources. When the DSS determines that clients who need services are not eligible for SAIH, the Adult Services Case Manager should make appropriate referrals based upon client need.

Adhere to the following time limits and dates when planning activities to determine client eligibility for SAIH. A helpful tool to use is the Case Manager's checklist.

Initial Assessment and Service Plan Deadlines

1. The Adult Services Functional Assessment must be initiated within 10 workdays from the date of the referral from the SA IMC caseworker, indicating a SA application has been made. The Adult Services Case Manager must conduct the initial face-to-face visit with the client and begin the assessment process within this 10-day time frame.
2. The Adult Services Functional Assessment and client's Service Plan must be completed within 30 calendar days of the initial assessment visit.
3. The Adult Services Case Manager and SA IMC need to communicate with each other regarding the client's eligibility status. This discussion should include determination that the client meets all eligibility criteria, and that the needs of the client can be met safely at home.
4. The Adult Services Case Manager will communicate completion of the SAIH Signature Attestation Form and the Adult Functional Assessment on the SAIH Program Interagency Referral Form and submit to the SA IMC.
5. The Service Plan must be approved and signed by the Adult Services Case Manager and the client/rep no later than 7 calendar days after the date of the completion of the Adult Functional Assessment by the case manager.

CRITICAL TIMEFRAMES—SA IN-HOME PROGRAM

ACTION	TIMEFRAME
IMC referral to Adult Services Social Worker/Case Manager	Date of Application or by the end of next business day
Completed FL-2 signed by the Physician, Nurse Practitioner or Physician Assistant	Signed/Dated by Physician, Nurse Practitioner or Physician Assistant within 90 days of the date of application
Eligibility determination	Max 45 days for SAA, 60 days for SAD
Initial Assessment visit with client	Within 10 work days from the date of referral to the Adult Services Case Manager
DSS-5027 and SAIH Signature Attestation Form Signed by Client	Signed on initial visit to the client
Completion of Assessment and Service Plan	Within 30 calendar days of the initial assessment visit
Service Plan signed by the Adult Services Case Manager and the Client	Within 7 calendar days after the completion of the Adult Functional Assessment
Implementation of Activities/Services outlined in the Client Service Plan	Begin within 15 calendar days of the service plan being signed
SA In-Home Payments begin	First month of eligibility
Annual Reassessment	Must be completed prior to services and payment continuing beyond 12 continuous months

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VIII. Case Management Provision

VIII. CASE MANAGEMENT PROVISION

The provision of appropriate case management is critical in order for the client to benefit from the SAIH Program. This section discusses the components of case management and the responsibilities of the Adult Services Case Manager.

A. Providing Case Management

Case Management is an essential component of the SAIH Program. Case Management involves conducting thorough client assessments, developing comprehensive service plans, coordinating and overseeing the provision of services to SAIH clients. The county DSS provides case management to all SAIH clients on an ongoing basis --except for those assigned housing slots in the Transitions to Community Living. The amount of case management provided is based on the needs of the client and may fluctuate from month to month.

B. Coding of SAIH Case Management Assessment

SAIH is an eligibility program therefore it does not have a case management service code. The agency must decide which service code and funding source it will use to reimburse case management services. The case management services for a SAIH client can be billed through Social Services Block Grant (SSBG) funded case management services such as Individual and Family Adjustment (330 X). Case Management time can also be coded Guardianship (107 x) and Individual and Family Adjustment-Representative Payee (331 X) if the client is already opened for these services.

Counties can also utilize Medicaid Administrative Claiming (MAC) to bill for Medicaid activities under the North Carolina State Medicaid Plan. The MAC Operation Guide may be found at: MAC Desk Guide.

For Case Management definitions and codes please see the Services Information System (SIS) Manual. Prior to opening a client for case management services, the Adult Services Case Manager must determine the client meets the eligibility criteria for that service and program code(s). This can be documented in case narrative or on the Adult Services Functional Assessment.

C. Managing Case Loads

It is important that the health, safety and well-being of SAIH clients not be compromised due to lack of county DSS staff resources or community services.

The DSS Director's Association has recommended a caseload size of 28-30 cases per Adult Services Case Manager. This is to ensure that Adult Services Case Managers can safely and effectively serve their clients.

D. Assessing the Client

The Adult Services Case Manager completes a thorough assessment using the Adult Services Functional Assessment Tool.

The Adult Services Case Manager is responsible for coordinating the assessment. The client and family are responsible for cooperating in providing the information required to complete the assessment. The information gathered from the Adult Services Functional Assessment is the basis for establishing eligibility for SAIH and the development of the service plan.

The assessment is completed by an Adult Services Case Manager who meets the Case Manager qualifications of the program billing source. The client must be reassessed annually to determine if he/she is still appropriate for the program and the service plan is adequate to meet his/her needs.

In addition to the initial and annual assessments, the Adult Services Case Manager should continually assess the client's situation. The information that the Adult Services Case Manager gathers will enable him/her to adjust services, access resources and perform other case management activities to support the client. It will also help the Adult Services Case Manager to determine when a client is no longer appropriate for the program.

E. Contacts with Client, Collaterals and Providers

If the client signs for service, with the permission of the client and documented with a signed release, the Adult Services Case Manager may interview others who have knowledge of the client’s condition and functioning. This could include family members, caregivers, and medical professionals as appropriate.

1. Where the Client is Assessed

For the initial assessment of a client, conduct the assessment where the person is residing. Assessing the client at home is the best way to determine how the client functions in that setting.

If the client has no current PLA, nor appropriate living arrangement, the potential living arrangement needs to be assessed.

An exception is allowed for assessments of clients who are hospitalized patients, or in a licensed residential facility, or for whom appropriate housing is being sought. For the initial assessment, the Adult Services Case Manager may assess the client in the hospital, in a licensed residential facility, or in his/her temporary residence. Then visit the home in which the client will be living to gather information about that setting, prepare the service plan, and approve it prior to discharge. The Case Manager will then confirm the accuracy/needs assessment of the client by going to his/her home within 30 days of hospital/ACH discharge and revising the service plan as needed. Following this procedure will allow client services to begin on discharge.

2. **The Adult Services Functional Assessment Tool**

   The completion of the Adult Services Functional Assessment helps determine the feasibility of a client participating in the SAIH program. It helps identify the client's needs in order to help the client attain an optimal level of independence and self- sufficiency. It addresses the well-being of the client, including health and safety issues. The assessment documents: the client's strengths; areas of vulnerability; the type of help the client needs; the support available from and needed by informal caregivers; the help available from other sources; the client's living situation; and the client's/responsible party's preferences regarding care. In conducting the Adult Services Functional Assessment, the Adult Services Case Manager will assess the six basic areas which include social, environmental, economics, ADL/IADL, mental/emotional functioning and physical health. The completion of the functional assessment will help the Adult Services Case Manager determine the overall needs of the client. The Adult Services Functional Assessment must be completed within 30 calendar days of the initial assessment visit.

3. **The FL-2:**

   The FL-2 should be reviewed to ensure that the correct level of care is referenced, diagnoses are indicated, and medications are listed. This will help the Adult Services Case Manager to thoroughly assess the overall needs of the client.

   The FL-2 Indicating ACH, domiciliary or supervised living level of care is a required component of eligibility.

4. **SAIH Signature Attestation Form**

   The SAIH Signature Attestation Form must be completed with and signed by each client to indicate that the full payment amount they are eligible for, is needed to meet all of the necessary expenses of safely remaining at home.

F. Service Plan

The service plan is the basis for, providing or arranging in-home or community services, and coordinating other resources. When planning use of services, keep in mind the goals and objectives for the client, when the client is available for care and services, how the scheduling will affect the client and other significant parties and how the services link with other services and resources.

Arrange services in order for the client to receive the necessary services to remain in the PLA safely. The client and the provider should agree on how services will be provided. If the client is already receiving services from the mental health LME/MCO, collaboration with the LME/MCO Case Manager in developing the service plan is essential. The case manager should include all services the client is receiving on the service plan to help monitor and ensure services delivery. This may include therapies, support groups, day programs and psychiatric services.

1. **Purpose of Service Plan**

The assessment information is the basis for determining if the client is appropriate for SAIH. Use the service plan to:

a. Summarize the assessment information by identifying client strengths and needs.

b. Outline goals and activities/services based on the client's strengths and needs.

c. Identify individuals/agencies necessary to help achieve identified goals.

List on the Service Plan the services, including both formal and informal services, to effectively meet the needs identified in the assessment to help address the overall well-being of the client, in particular health, safety, and housing needs. The focus must be on ensuring that the client can remain safely in the community.

The Adult Services Case Manager should be mindful that the SAIH Payment is intended to supplement the client's income so that they can remain safely at home in the community and prevent premature placement.

2. **Service Plan Preparation**

After a client is assessed, the Adult Services Case Manager, client, and others involved in the client's services and support network develop a comprehensive service plan. It is recommended that counties use the Client & Family Service Plan (DAAS-6221) to document the client's needs, goals, target dates, and activities. The Adult Services Case Manager revises the plan as the client's services and support needs change.

As the service plan is developed, keep in mind that the formal and informal services in the plan must meet the needs identified in the assessment.

3. **The plan must include:**

a. Assessment activities;

b. Ongoing monitoring and coordinating activities;

c. In-home and community based services the client is receiving or will receive;

d. Responsible parties that include the client, family and other informal caregivers;

e. Goals for all identified needs based on the comprehensive assessment and services the client requires. The goals should address all of the client's needs to live safely at home;

f. Signatures of the Adult Services Case Manager and client.

The county DSS must ensure that SAIH clients have freedom of choice in selecting service providers. The Adult Services Case Manager can document the client's choice by informing the client of providers available in their area verbally or by providing the client with a provider list generated by the DSS. The client's choice should be documented in the case record.

SAIH is not intended to replace or duplicate services and resources that are already available to the client. The Adult Services Case Manager must help assure that the client gets the best available services and care by carefully coordinating the services with the resources available in

the community. For those clients with a broader array of needs, explore what the community has to offer, such as assistance from community groups, private individuals, public agencies and other entities.

When coordinating services with other providers, workers should be aware of limitations regarding the use of Medicaid funded services.

4. Service Plan Approval

For an individual to be approved for SAIH participation, the

Adult Services Functional Assessment must be completed by the Adult Services Case Manager. An Adult and Family Service Plan must be developed which includes the recommended services.

Completion of the service plan does not constitute authorization of regular Medicaid services. Providers of regular Medicaid services must follow Medicaid policies and procedures for those services.

If SAIH participation and the Service Plan are approved by the client and the Adult Services Case Manager, do the following:

a. Notify the IMC in writing using the Interagency Referral Form

NOTE: Have the Service Plan signed by the client and case manager no later than 7 calendar days after completing the Functional Assessment.

b. Notify the client of the SAIH approval, the payment amount, and services included in the plan.

c. SAIH approval and payment amount must be in the form of an approval notice from the IMC.

d. Providing a copy of the DSS-5027 to the client will serve as the notice to the client regarding case management services.

e. Assure that the services included in the plan are initiated within 15 calendar days of the service plan being signed and begin monitoring those services.

If there are delays in starting services, consider alternative sources of care and services. The client's record must show the reason for any delays and document the actions taken to ensure proper care and services. If services cannot start promptly, determine whether the Service Plan can be revised to meet the client's needs. If the Service Plan can be revised, prepare a revision. If it is not possible to meet the client's needs, the Adult Services Case Manager will initiate termination.

5. Critical Time Limits for the Service Plan

There are time limits for completing and approving the Service Plan. The Adult Services Functional Assessment and client's Service Plan must be completed within 30 calendar days of the initial assessment visit.

The Service Plan must be approved and signed by the Adult Services Case Manager and client (or client's representative) within 7 calendar days after the SAIH approval date on the Transmittal Referral form.

6. Providing or Purchasing Services with County DSS Funding Sources

When authorizing services purchased by the county DSS, send a DSS-5027 authorization to the provider agency that follows agency policy and procedures.

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IX. Ongoing Service Provision

IX. ONGOING SERVICE PROVISION

Ongoing service provision includes monthly monitoring the services provided to the client, quarterly reviews, service plan revisions as needed and annual reassessments. The goal of service provision activities is to help ensure quality services in order for the client to remain safely in the community.

A. Delivering and Monitoring Services

Begin implementing the activities/services for meeting the client's goals included in the Service Plan within 15 calendar days of the date the service plan is signed.

Review the Service Plan on an ongoing basis to assure the continuing need for services. Modify the service plan as needed. Revisions should be agreed upon by the Adult Services Case Manager and the client (or representative) before changes are made, and signed and dated by the case manager and client/rep.

1. Monthly Activities

The Adult Services Case Manager is responsible for monitoring the services provided to the client. This activity enables the Adult Services Case Manager to continually evaluate the client's need to participate in SAIH. It also allows for the case manager to document the client’s health and safety status as well as any concerns and follow up.

The Adult Services Case Manager’s close contact with the client and formal/informal support system should provide prompt indications of any need to change the client's care or services. When it is found that changes are needed, determine if the service plan needs to be revised or if the county has reason to consider termination due to lack of progress in meeting goals. This may be due to client’s failure to comply with the service plan or declining health and safety concerns.

Some clients may require more monitoring than others because of the intensity of needs, the lack of support available from responsible parties, or other factors.

Review whether services are being provided as authorized and whether they are meeting their intended purpose. Look at the provider's performance and the client's response to the service to determine the need for adjustments in the service. Document the monitoring and actions taken in the client's record.

At least monthly, contact the client and service providers. Contact other collaterals and family members involved with the client monthly or as appropriate to review the provision of services~~,~~

The SAIH payment should be paid directly to the client unless the client is unable to handle his/her own finances or already has a substitute payee. No receipts are required to be kept by the client.

2. Quarterly Activities

At least quarterly, the Adult Services Case Manager must visit the client in their home. During the visit, the Adult Services Case Manager should talk to the client about their services, observe the provision of services to the client, and review the Service Plan. The case manager should also assess if the client continues to be able to remain at home safely. The Adult Services Case Manager should document progress toward goals and revise or add new goals as needed. The Adult Services Case Manager should also document any concerns/problems related to the client's services. If there are concerns, the case manager should document plans to address the concerns with the client. Use the Adult Services Quarterly Assessment Tool or equivalent to document quarterly activities.

B. Ensuring Quality Services

The Adult Services Case Manager monitors the services the client is receiving through direct observation, client report, and review of provider services.

Concerns that a provider is violating standards should be reported to the body who licenses/certifies the provider.

Although the Adult Services Case Manager does not control the provision of other services, they must be aware of what services are being provided and how they are being provided. The Adult Services Case Manager should work with formal/informal service providers involved with the client to help assure proper care and services as well as to prevent duplication of services. The Adult Services Case Manager may also assist the client in dealing with issues/concerns encountered with service providers.

C. Working with the Physician

A good working relationship with the client's physician and the physician's staff benefits all involved with the client's care. Some suggestions for establishing and maintaining a relationship include:

1. Help the physician understand how SAIH and related services will support the client. Note that SAIH and related services may help reduce hospitalizations, allow earlier discharges, and support clients in living at home. Briefly and clearly let the physician know what SAIH and related services offer the client.

2. Adult Services Case Managers should establish themselves as a provider of information and a source of help. When requesting the completion of a FL-2, let the physician know why the county DSS needs to have it completed. This request should include the client's consent to release of information. A sample physician request letter for the annual FL-2 can be found in the Appendix section of this manual.

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X. Revising the Service Plan

X. REVISING THE SERVICE PLAN

The Adult Services Case Manager can revise the service plan at any point when the needs of the client have changed. When a service is to be added, deleted or revised, the Service Plan must reflect this change.

A. Preparing the Plan Revision

To prepare a Plan revision, use the following guidance.

1. Terminating a Service

When a goal has been met or the service is no longer needed by the client, terminate that goal or service. Indicate on the plan that the goal or service has been discontinued and the date it was discontinued. One way this can be documented is by indicating this on the service plan under the goal met column. If an agency uses an electronic version of the service plan the goal or service can be deleted and a new plan printed. It is important to retain copies of all service plans.

2. Adding a Service

When a new problem or need is identified, it is necessary to add a new goal or amend the activities of an existing goal. If a new goal is needed, address the problem/need of the client, the desired outcome, and the activities required to address the need, who is responsible for the activities and a target completion date. If a new activity is necessary to help address an existing problem or need, document this by adding the new activity and who is responsible for providing the service to the existing goal.

3. Changing a Service

There may be times when a service needs to be amended to reflect a change in client needs. To make this change, it may be necessary to extend a target date, change a provider or change an activity under the appropriate column on the service plan.

When a change is temporary and results in fewer services provided than approved in the Service Plan, document in the case management narrative how the needs of the client are being met during that period of time.

B. Signature Requirements

The signatures or initials of the Adult Services Case Manager and the client are recommended as best practice when changes are made to the service plan.

Discussion with the client of all changes to the service plan should be documented in the case management narrative. The Adult Services Case Manager should document discussion of service plan revisions with providers involved in the change with the client’s consent.

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XI. Annual Reassessment

XI. ANNUAL REASSESSMENT

The Adult Services Case Manager completes an annual reassessment, in the client's home, to determine if the client remains appropriate for SAIH. The annual eligibility redetermination and the annual reassessment are completed together. The IMC and the Adult Services Case Manager must coordinate to ensure that the ongoing eligibility for SAIH is appropriate. It may be necessary for the Adult Services Case Manager to assist the IMC and client in obtaining needed information for redetermination of eligibility. In the Appendix is a sample FL-2 request to the physician.

The initial reassessment date should coincide with the month of the IMC's redetermination of eligibility. Obtain this date from the IMC. Future reassessment dates should fall on the anniversary of the initial reassessment date.

Once the Adult Services Case Manager has completed the reassessment and made a decision regarding client's ongoing eligibility the IMC will need to be notified of that decision. The Interagency Referral Form must be used to convey this information.

A. Due Date

The Adult Services Case Manager should complete the first annual reassessment prior to the 12th month of service. The IMC generally begins the review in the 10th or 11th month to ensure adequate time to complete the eligibility redetermination review and send notice prior to any changes. The IMC is notified on the case management report of the upcoming redeterminations and should notify the Adult Services Case Manager of this date. Subsequent annual reassessments would then coincide with the IMC eligibility redetermination month. It is important for the reassessment to be completed in a timely manner.

EXAMPLE:

Client's initial approval is completed in December;

In October of the following year (10 months later); the IMC notifies the case manager of the need to complete the recertification.

This reassessment will be done "early" (meaning prior to the end of twelve months from the date of application.);

The Adult Services Case Manager then begins the reassessment in that same month (October);

The IMC completes the eligibility process based on the due date on the case management report and notifies the case manager.

The Adult Services Case Manager completes the reassessment, Signature Attestation Form, and service plan.

The Adult Services Case Manager notifies the IMC of the completed reassessment and Signature Attestation Form via the Interagency Referral Form.

The next and future reassessments will be completed in October and will then be on a twelve-month cycle to coincide with IMC eligibility determination process.

B. Responsibilities

The Adult Services Case Manager is responsible for coordinating the information required for the Adult Services Annual Reassessment (DAAS-6224), and new Service Plan. The IMC and Adult Services Case Manager will coordinate in order to obtain the FL-2.

The client is responsible for cooperating in providing the information required to complete the reassessment. The IMC is responsible for redetermination of Special Assistance eligibility.

C. Reassessment Components

The reassessment is a two-part process involving both the IMC and the Adult Services Case Manager. The IMC eligibility process involves redetermination of financial eligibility and verification of the continued need for licensed residential level of care (domiciliary). The Adult Services Case Manager conducts a reassessment of the client using the Adult Services Annual Reassessment (DAAS - 6224), and documentation of the client's ability to remain safely in the community. The Adult Services Case Manager will also complete a new Service Plan that flows from the Reassessment.

1. Level of Care Recommendation

A new FL-2 signed by the physician, nurse practitioner or physician assistant, within the last 90 days, must be obtained to determine the client's current level of care. This FL-2 must also be signed and dated prior to the expiration –one year -from the previous FL2. If the physician does not mark the correct level of care, the Adult Services Case Manager should contact the physician to ensure this is not an error. If the physician does not recommend licensed residential (domiciliary) level of care, the IMC will terminate the client. The client may not appeal the physician's recommendation as only the physician can change his or her recommendation. The client may discuss the recommendation with the physician.

2. Adult Services Annual Reassessment

Reassess the client's strengths, needs, and appropriateness for SAIH following the assessment procedures. Reevaluate all of the factors included in the Reassessment Tool. Document changes in the client's condition and situation.

3. Service Plan

Complete a new Service Plan. Add, change, or delete services according to the client's current condition and situation.

D. Actions if Approved

If continued SAIH payments are approved:

1. The IMC will provide the client/responsible person with written notification of continued SAIH approval and the specific payment amount.
2. The Adult Services Case Manager will document any changes in services approved on the new Service Plan and continue monitoring services. The Adult Services Case Manager should make the approved changes without delay so that the client gets the needed services. If there are delays in providing services, consider alternative sources of services. The client's record must show the reason for any delays and document the actions taken to assure proper services.

E. Paying for the Reassessment

The Adult Services Case Manager should determine the most appropriate funding source for the reassessment function. If the client is eligible, some case management activities may be billed to Medicaid Administrative Claiming (MAC Activities), and/or other activities to a SSBG case management funded code as appropriate. The case management service code(s) used must be open on the DSS-5027.

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XII. Changes in Situation

XII. CHANGES IN SITUATION

This section provides guidance to the Adult Services Case Manager for temporary absences from the client's home.

A. Hospitalizations and Temporary Stays in Long Term Care Facilities

1. Long term care facilities include licensed residential facilities, nursing facilities, swing beds, and care arrangements that are billed to Medicaid and Medicare as nursing facility care.
2. No Medicaid community-based services may be billed to Medicaid for a client who is in a hospital, a licensed residential care facility, a nursing facility, a swing bed, or a care arrangement paid by Medicaid or Medicare such as nursing facility care.
3. Notify the service providers that the client is temporarily out of his/her home and let them know the projected return date. The length of time the person is in the facility determines additional tasks required as described below.
4. The SAIH payment may or may not stop, depending upon client circumstances. See B. and C. below for guidance.

B. Absences of 30 Days or Less

If the client is expected to be absent from his/her home for 30 days or less, determine whether SAIH participation continues to be appropriate by following the procedures outlined below. The 30-day limit refers to the combined length of stay in all institutional settings during the client's absence from the home.

Hospitalization and the need for care in long-term care facilities are usually brought about by changes in the client's medical condition. Another FL-2 may need to be completed following the temporary absence. If a new FL-2 is completed, the Adult Services Case Manager should make sure the FL-2 indicates the need for licensed residential level of care (domiciliary), and that the client can continue to benefit from SAIH services. Revise the service plan, if needed, and get it signed. If appropriate and needed, SAIH payments may continue during the 30-day period.

Coordinate with the IMC in these situations.

C. Absences of More Than 30 Days

When an absence due to hospitalization and/or facility placement exceeds 30 days. The Adult Services Case Manager should immediately inform the IMC of changes in the client’s situation. Once notified of the change the IMC will initiate termination procedures.

D. Temporary Absences from Area

When a client temporarily leaves the area, such as for a family vacation, the Adult Services Case Manager should monitor that the client has notified providers to suspend the delivery of in-home services. Track the length of the absence, since extended absences can affect SAIH eligibility. If the absence exceeds 30 days, notify the IMC.

Exceptions for continuing SAIH payments during voluntary absences of more than 30 days will not be approved.

If the SAIH recipient is incarcerated, (regardless of length of stay), SA benefits will be terminated. The Adult Services Case Manager should notify the IMC so that termination of the SAIH payment can be initiated. If the client is released and wishes to re-apply for SAIH, he or she may do so.

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XIII. SAIH Client Moves to Another County

XIII. SAIH CLIENT MOVES TO ANOTHER COUNTY

When the Adult Services Case Manager is informed by the client that they are moving to another county.

The Adult Services Case Manager should provide the client or representative with contact information for the Department of Social Services in the county where the client is moving, so that the client or representative can inquire about the program in the new county.

A. Move to Another County

A SAIH client can move to another county and receive SAIH payments. Receipt of SAIH payments in the second county will be contingent upon a new SAIH application, determination of eligibility, completion of a new Adult Services Functional Assessment and development of a Service Plan.

The SAIH case cannot transfer from one county to another unless the individual is an identified DOJ/TCL~~I~~ participant. (See DAAS Administrative Letter 13-07). The Adult Service Case Manager must contact the eligibility worker when it is discovered that the individual has moved to another county. The IMC will follow policy and procedures according to the SAIH manual and the NCFAST JOB AIDS.

The client or representative must sign a new SAIH application in the new county of residence, which the IMC will enter as a reapplication in EIS or NC FAST. For the purposes of SAIH, the eligibility process will start over the same as if this were a new client. The Adult Services Case Manager will complete the Adult Services Functional Assessment and a new Service Plan. The timeframes included in other pertinent sections of this manual apply to these new applications. The new county can request a copy of the most recent assessment and service plan from the prior county. This information can be used by the new Adult Services Case Manager as an aid, but a new face-to-face initial assessment must occur.

C. Coordination

For any of the actions described above, it is very important that the Adult Services Case Manager and IMC coordinate their work with the client and with staff in the new county.

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XIV. Terminations

XIV. TERMINATIONS

This section provides guidance on terminating SAIH participation. The termination may be due to a variety of reasons, including financial ineligibility for SAIH, a change in the level of care needs of the client, or failure to meet the programmatic qualifications for participation. Although the IMC sends the client a termination notice for SAIH, the Adult Services Case Manager may need to send a termination notice for case management services. The Adult Services Case Manager must review the eligibility criteria for the case management service currently open on the DSS-5027. If the client no longer requires or is no longer eligible for the case management service, a 10-day notice must be sent to the client via the client copy of the DSS-5027(or equivalent). See Requirements for the Provision of Services manual Section V.

The notice informs the client of the reason for termination of the case management service as well as providing them with information regarding their appeal rights.

A. Financially Ineligible for SAIH Payments

When SAIH payments are to be terminated, a notice will be sent to the client/responsible party. SA rules determine the timing of the notice. The notice is generated by the IMC and will state the proposed termination date, the reason for termination, and appeal rights. SAIH terminations usually are effective the last day of the month.

The Adult Services Case Manager and the IMC must work together in carrying out the following actions when SAIH is to be terminated.

1. Inform the client in writing that SAIH payments and any affected services in the Plan will terminate when eligibility for SAIH terminates. If the client does not appeal the termination of SAIH payments, the IMC will follow the termination procedures in the SA Manual.

2. If the client appeals the decision to terminate SAIH payments, the client may continue receiving the SAIH payments through the end of the month in which the local hearing is held and a decision is made.

B. Level of Care Changes

When the client's physician recommends a level of care on the FL-2 other than licensed residential care (domiciliary), the client must be terminated from SAIH. The County DSS cannot overturn that recommendation. The client should address any concerns about the level of care recommendation with the physician.

C. Failure to Meet Programmatic Qualifications for SAIH Payments

When any of the following occur, the client's termination from SAIH is initiated by the Adult Services Case Manager and IMC together:

1. The client dies.

2. The client is to be admitted to a licensed residential care facility, nursing facility or Intermediate Care Facility for the Mentally Retarded (ICF/MR), or other facility for longer than 30 days.

3. The client's hospital stay, or other absence from the home extends over 30 days.

4. The client is moving out of the county or state.

5. The client withdraws from the program by providing a signed statement that clearly states that he/she no longer desires to participate in the SAIH Program.

6. Adequate SAIH services cannot be provided for the client to meet the health, safety and well-being criteria.

(Examples include the client's living situation presents needs that cannot be met; the client or family refuses to accept needed services; or the client or family fails to adhere to the agreed upon service plan.)

7. The Adult Services Case Manager has exhausted all avenues for formal and informal services and has found no providers available to render needed services. This may be due to insufficient resources in the county or agencies refusing to provide services.

8. The client no longer qualifies for residential level of care.

D. Termination/Appeals

If a client is terminated from participating in the SAIH program due to financial ineligibility of the SAIH benefit, the IMC will send the client a termination notice. The IMC will notify the Adult Services Case Manager of the termination. The Adult Services Case Manager may initiate in writing termination of the case management service, if appropriate.

If the Adult Services Case Manager determines the client should be terminated from the SAIH Program, the Adult Services Case Manager will notify the IMC to initiate termination of the SAIH benefit. The Adult Services Case Manager will also notify the client of the termination of the case management service in writing.

If the client appeals the termination of the SAIH program the appeal process will be handled by the IMC. The IMC will send the appropriate notices to the client regarding the appeal hearing(s).

If the client is terminated because they no longer meet the Medicaid or financial criteria for the SAIH program, the IMC will prepare for appeal hearing. If the termination is initiated by the Adult Services Case Manager, the case manager will coordinate with the IMC to prepare for the Appeal Hearing.

The Adult Services Case Manager must be available for the hearing to present information related to the reason for the termination. The case manager should have policy and documentation to support the reasons for the termination. Information may include SAIH Manual references, and documentation in the narrative related to reason for the termination.

If the reason for termination is initiated because the client has been non-compliant with services, the case manager must have documentation to reflect what has been done to help address the issues and the client's response to the assistance.

Documentation should reflect how the lack of compliance has impacted the client's health, safety and well-being thus jeopardizing their ability remain at home safely.

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XV. Documentation and Record Keeping

XV. DOCUMENTATION AND RECORD KEEPING

The Adult Services Case Manager must document services and keep records according to the requirements outlined in this section. Specific case management programs may have additional documentation requirements that will need to be followed.

A. Record Retention

The records must be maintained by the DSS according to the guidelines in the DHHS Record Retention Schedule based upon the program code used by the Adult Services Case Manager.

B. What Case Information Must Be Kept

The agency maintains client records that contain:

1. All FL-2's, 5027's, Adult Services Functional Assessments and Adult Services Annual Reassessments, Service Plans, Quarterly Reviews, Service Plan revisions, Interagency Referral forms, IMC/Case Manager communications and case related correspondence;
2. Notice of SAIH participation to providers of Medicaid and other home and community care services;
3. Case management documentation as required in C. below;
4. Other correspondence related to the client's participation in SAlH.

C. Service Documentation

The minimum service documentation requirements for Case Management are as follows:

1. Case Management Notes

The agency keeps case management notes signed by the Adult Services Case Manager that document client assessment and ongoing case management activities to plan, coordinate and monitor services. The notes may be handwritten or typed.

Case management notes must be written in a running narrative on the contact sheet and include all contacts and activities related to the client's care and services.

2. Case management notes must document the following:

a. The date of the case management activity

b. The time (in minutes) involved in the activity either documented in the narrative notes or on the day sheet

c. A description of the activity

d. Each entry must contain sufficient detail to support a claim for reimbursement

Example: If the activity involved a telephone call, the entry must briefly describe the purpose of the call.

e. The Adult Services Case Manager should sign and date narrative that is maintained in hard copy.

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XVI. State Monitoring

XVI. STATE MONITORING

DAAS will monitor the operation of the SAIH Program through reports and on-site review. Case management records will be formally monitored by a Continuous Quality Improvement Specialist per the DAAS Monitoring Plan.

State-County Special Assistance In-Home Case Management Manual

XVII. Appendix

Insert County Letterhead Here

To:
From:

Re:

DOB:

Date:

(CLIENT) has requested services through the Special Assistance In-Home Program (SAIH). A current FL-2, completed by their physician, physician's assistant or nurse practitioner, is required for this program. In order for (CLIENT) to be considered for SAIH, the recommended level of care needs to be Domiciliary/Adult Care Home. Although the need for Domiciliary/Adult Care Home level of care is required for this program, (CLIENT) will continue living safely in the community with supplemental financial assistance for services and supports as an alternative to placement.

Enclosed is an FL-2 for (CLIENT) and a brochure explaining the Special Assistance In-Home program. Please complete the FL-2 and then sign and date it at the bottom of the form. A self-addressed, stamped envelope is enclosed for your convenience in returning the FL-2 to me.

Please return the completed, signed, and dated FL-2 on or before (DATE).

If you have any questions, please call me at (PHONE NUMBER). Thank you for your assistance.

Sincerely,

(SW SIGNATURE)
(SW TITLE)

Insert County Letterhead Here

PHYSICIAN/PA/NP:

OFFICE ADDRESS:

Re: CLIENT NAME

Dear (INSERT NAME),

Please complete the enclosed FL-2 for (CLIENT). We are reassessing (CLIENT's) eligibility for the Special Assistance In-Home program (SAIH). This program enables individuals to reside in a private living arrangement and receive financial assistance as an alternative to facility care. (CLIENT) has indicated that they are very interested in remaining in this program.

It is important that you document that (CLIENT) requires Domiciliary/Adult Care Home level of care on the enclosed FL-2 in order for them to continue in this program. Please complete, sign and date the enclosed FL-2 and return it to me in the self-addressed, stamped envelope provided to you no later than (DATE).

Please feel free to contact me at (PHONE NUMBER).

Sincerely,

(SW SIGNATURE)
(SW TITLE)

Enclosure: FL-2 Form

SAIH CASE MANAGER'S CHECKLIST

CLIENT NAME: _____

1. ☐ Date of referral from SA caseworker (required on date of application or by end of next business day), SAIH Interagency Referral Form completed

2. ☐ SA financial eligibility application initiated

3. ☐ FL-2 sent to physician

4. ☐ FL-2 received from physician showing adult care home level of care (Domiciliary), and current within 90 days of the application date

5. ☐ SA financial eligibility completed and approved

6. ☐ Adult Functional Assessment begun (HV required within 10 workdays of referral)

7. ☐ Client/legally responsible person signs DSS-5027, and copy with Rights and Responsibilities given to client, and documented

8. ☐ Adult Services Functional Assessment signed by the CM, client and dated completed within 30 calendar days of initiation

9. ☐ Any necessary physician approvals for care plan components obtained

10. ☐ Service Plan approved/accepted by client and signed and dated by client and CM (within 7 days after assessment completed and signed by CM)

11. ☐ Client/legally responsible person notified of SAIH approval by the IMC

12. ☐ SAIH payments started

13. ☐ In-Home services and community services started (within 15 calendar days of approved application/service plan)

NOTES: