



SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL

North Carolina Division of Aging and Adult Services
Adult Services Section
Special Assistance Program
Revised: July 2017

SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL

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SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL

SA-5000 INTRODUCTION TO SPECIAL ASSISTANCE IN HOME PROGRAM

North Carolina Division of Aging and Adult Services

Adult Services Section

Special Assistance Program

Revised: November 2012

SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL
SA-5000 INTRODUCTION TO SPECIAL ASSISTANCE IN HOME (SA/IH)
PROGRAM

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I. BACKGROUND

The Special Assistance In-Home Program (SA/IH) provides an alternative to placement in a SA facility by providing a cash supplement to individuals who desire and are able to live at home safely with additional supportive services. Established in September 2000 as a demonstration project, SA/IH became a permanent statutory program in 2007. In July 2012, Session Law (S.L.) 2012-142, requires participation in the SA/IH program by all county departments of social services by February 15, 2013.

The 2007 legislation allows the number of SA In-Home recipients to expand up to 15% of the total state-wide SA caseload. [§108A-47.1](#). S.L. 2012 -142 allows the Department of Health and Human Services (DHHS) to waive the 15% limit.

II. BASIC ELIGIBILITY REQUIREMENTS

Individuals who wish to receive an SA/IH payment must be eligible for full Medicaid under Medicaid categorically needy guidelines; be otherwise eligible for Special Assistance; have an FL- 2 indicating a need for licensed residential facility level of care (such as an adult care home or supervised living group home) signed by a licensed physician, physician assistant, or nurse practitioner, and have an assessment and service plan that indicates the individual can live safely at home with services and the SA/IH payment.

III. COLLABORATION AND COMMUNICATION

The SA/IH program requires a collaborative effort between the SA Income Maintenance Caseworker (IMC) and the adult services case manager in determining that the applicant and/or recipient (a/r) meets all eligibility criteria, the amount of the SA payment and that the a/r's needs can be met safely at home.

The eligibility criteria and the *maximum* allowable amount of the payment are determined by the SA IMC.

The determination of how the a/r's needs will be met safely in the home and the *recommended* amount of the SA payment is made by the adult service case manager.

Therefore, in order to complete this process and to provide best practice for the recipient, it is imperative to establish and maintain open lines of communication between the two workers. [SAIHCM-5600, Case Management Policies and Procedures, Appendix A, SA/IH Flow Chart](#), outlines the process of taking an application from intake to implementation of services and payment authorization.



SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL

SA-5100 INTAKE, REFERRAL AND TIME FRAMES

North Carolina Division of Aging and Adult Services

Adult Services Section

Special Assistance Program

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STATE/COUNTY SPECIAL ASSISTANCE MANUAL SA-5100 INTAKE, REFERRAL AND TIME FRAMES

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I. EXPLANATION OF SA IN-HOME OPTION

When an individual contacts the county department of social services regarding SA, the adult services intake worker or the SA income maintenance caseworker (IMC) must explain to the applicant about the SA In-Home (SA/IH) payment option that allows eligible individuals the opportunity to live in a private living arrangement (PLA) and receive assistance as an alternative to residential facility care. Explain that applicants for SA/IH must also qualify for Medicaid for Adults as categorically needy. Explain the Medicaid eligibility criteria.

Ask the individual if he/she is interested in this option. If the individual is not interested in SA/IH, document the individual's choice to make application for SA and process the application using current Special Assistance policy.

II. COLLABORATION AND COMMUNICATION DURING ELIGIBILITY DETERMINATION

The determination of SA/IH financial eligibility and the social work assessment are conducted simultaneously for SA/IH applicants. In order to complete this process, it is essential that the SA IMC and the adult services case manager establish and maintain open lines of communication to keep each other informed about the status of the SA/IH applicants.

[Appendix A, SA/IH Flow Chart](#), outlines the process of taking an application from intake to implementation of services and payment authorization.

A. Policy Manuals

The SA In-Home Program Manual has policy that is unique to the SA In-Home procedures for SA/IH.

1. The SA In-Home Manual, sections SA-5000 through SA-5500, provides eligibility policy and procedures specific to the SA/IH Program. Unless otherwise instructed in the SA-IH manual, follow policy in the SA Manual.
2. [SAIHCM-5600, Case Management Policies and Procedures](#) is used for case management policy and procedures.
3. [SAIHCM-5700, User's Manual](#) contains instructions on using the automated RAI-HC assessment tool. Case management functions should be consistent with the case management program guidelines under which they are billed.

B. Referral Process

1. When an individual applies for the SA/IH program, a referral must be made to the adult services section. It is the county's responsibility to decide which section (Income Maintenance or Adult Services) will maintain and assign the slot authorization numbers.
2. Use [Appendix B, SAIHCM Pre-screening Form](#) or the [DSS-8194](#) to make the referral.
3. The referral must be made to the adult services section by the end of the next business day after the applicant's date of application for SA/IH. A case manager will be assigned and will begin to make arrangements with the applicant to conduct the social work assessment.
4. The referral must include the SA/IH authorization number and the applicant's EIS individual ID number. Both numbers are required fields on the RAI-HC assessment completed by the adult services case manager.

C. Processing the SA/IH Application

1. If the SA IMC or the adult services case manager finds that the applicant **meets the eligibility requirements**, they must communicate the findings to each other in writing.
2. If the SA IMC or the adult services case manager finds that the SA/IH applicant **does not meet the eligibility requirements**, they must communicate this to each other in writing.
 - a. If an applicant does not meet eligibility criteria for SA-IH (financial or other reason) the SA IMC must notify the adult services case manager immediately so the case manager can deny and close the assessment due to ineligibility.
 - b. If an applicant does not meet the needs criteria (needs **cannot** be met at home or if the applicant does not have a financial or services need) and is not eligible for SA/IH, the adult service case manager must notify the SA IMC immediately.
 - c. If the case manager determines the applicant is not eligible for SA/IH the SA IMC will deny the SA/IH application.

- d. The SA IMC **must** evaluate for eligibility for SA if the applicant chooses placement or for Medicaid if the applicant chooses to remain in the community.

III. TIME FRAMES

A. SA/IH Eligibility Determination

1. The application processing time frame for SA/IH is the same as it is for SA; 45 days for SAA and 60 days for SAD. The date the applicant signs the DSS-8124 starts the application process. All application processing rules for SA apply to SA In-Home applications. See SA-3110 Application Process, for instructions.
2. The SA IMC must inform the adult services case manager of the application date as well as the corresponding processing deadlines. Inform the case manager of any applications pending beyond the application processing times.
3. The completed, signed [FL-2](#) indicating the appropriate residential facility level of care must be received during the application processing time period.
4. The effective date of SA/IH benefits can **begin no earlier than the date of the SA/IH application**, and/or **the date all SA/IH eligibility requirements are met**. If the applicant does not meet all SA/IH eligibility requirements until a later date during the processing time frame, the benefits will be effective the date all eligibility requirements are met.

Example 1: Mr. Davis applied for SA/IH on January 12, 2012. However, he was not a NC resident for 90 days until February 2, 2012. Mr. Davis is not eligible for SA/IH benefits until February 2, 2012.

Example 2: Mr. Brown applied for SA/IH on January 12, 2012. He provided an FL-2, signed by his family physician dated January 3, 2012, recommending residential facility level of care. He met all other SA/IH eligibility requirements. He is eligible to begin receiving SA/IH payments effective January 12, 2012.

Example 3: Mr. Smith applied for SA/H January 3, 2012. He provided an FL-2, signed by his physician on January 12, 2012 recommending

residential facility level of care. He met all other SA/IH eligibility requirements. He is eligible to begin receiving SA/IH payments effective January 3, 2012.

B. Comprehensive and Economic Resources Assessments

1. Scheduling the Assessments

The adult services case manager schedules a face-to-face assessment at the Private Living Arrangement (PLA) in which the See [SAIHCM-5600, Case Management Policy and Procedures](#) for exceptions to this requirement.

In these cases, the assessment can be initiated elsewhere and the case manager will follow-up later with a home visit. The case manager must verify that the PLA is appropriate for SA/IH.

- 2. Conducting the Assessments** The adult services case manager must conduct the initial face-to-face assessment visit within 10 workdays of receiving the referral from the SA IMC. The case manager and the SA IMC should communicate to ensure that contact has been made between the applicant and the adult services case manager.

The adult services case manager must complete the assessment, [Appendix I, SAIHCM Economic Worksheet](#), and the client's service plan within 30 calendar days of the initial assessment visit.

The service plan must be approved and signed by the adult services case manager and the applicant (and/or representative) within 7 calendar days of the date the SA/IH payment is approved and authorized in EIS by the SA IMC.

The adult services case manager cannot approve the client in the RAI-HC automated assessment system for the SA/IH program until the SA IMC determines the applicant meets all financial eligibility criteria.



SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL

SA-5200 ELIGIBILITY REQUIREMENTS

North Carolina Division of Aging and Adult Services

Adult Services Section

Special Assistance Program

Revised: April 2014

STATE/COUNTY SPECIAL ASSISTANCE MANUAL

SA-5200 ELIGIBILITY REQUIREMENTS

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To be eligible for the In-Home (SA/IH) Program, an applicant/ beneficiary (ab) must be eligible for Adult Medicaid under Medicaid categorically needy (CN) requirements. They must also meet all other Basic eligibility requirements, except the requirement to reside in an SA facility.

There are also other eligibility requirements that are unique to the SA/IH Program that do not apply to SA Basic a/bs. This section provides the policies and procedures that are specific to SA/IH and which differ from the eligibility policies and procedures in the [Special Assistance Manual](#) for a/b's residing in SA facilities.

For all other situations that are not covered in this manual, follow the instructions in the [Special Assistance Manual](#) and/or the Economic Benefits Integrated Eligibility Policy Manual (IEM).

Special instructions for SA/IH applications for individuals receiving Department of Health and Human Services (DHHS) Supported Housing Slots through the Transitions to Community Living Initiative can be found in [DAAS Administrative Letter 13-07 Instructions for Special Assistance In-Home Approvals for Individuals with Verified Supported Housing Slots](#).

The SA/IH option is only available for SAA or SAD. SCD beneficiaries are not eligible for SA/IH payments.

I. SA/IH AND MEDICAID

A. Requirement to Be Eligible for Full Medicaid as Categorically Needy

Eligibility for Medicaid for SA/IH beneficiaries is not automatic as it is for SA beneficiaries. A/bs in a private living arrangement (PLA) must be determined eligible for Medicaid separately.

1. The a/b must meet all MAABD CN requirements for Medicaid in a PLA. This includes meeting the income and resources requirements using the MAABD budgeting rules, which may differ from the SA or SA/IH rules.
2. Verify the a/b's current Medicaid eligibility status. The aid program/category is MAA, MAD, or MAB, with a Medicaid classification of C, G, N, or Q, and resides in a private living arrangement. An a/b receiving Medicaid as MQB with a Q, B or E classification is not eligible for SA/IH.

3. If the SA/IH applicant is not already receiving CN Medicaid process a MA application to determine if eligible for CN Medicaid at the same time as the SA/IH application.

Refer the applicant to adult services for assignment of a case manager to begin the social work assessment. Do not approve the SA/IH application or the social work assessment until the a/b is determined eligible for full Medicaid as CN categorically needy.

4. If at any point the Medicaid application is denied, or the applicant is approved for some other type of Medicaid not described above, deny the SA/IH application. Notify the adult services case manager to close the assessment. Assist the applicant in determining his/her eligibility for other services.
5. SA/IH payments are not considered income for purposes of Medicaid eligibility.

B. SA/IH and the Medicaid Federal Poverty Guideline Income Limit Exceptions

1. Eligibility for Medicaid under a Medicaid CN classification in most cases means the a/b has TCMI at or below 100% of the federal poverty guideline. The federal poverty guideline may change every April. Refer to the Medicaid CN income guidelines found in the [Medicaid ABD manual](#).
2. When an a/b qualifies for Medicaid as CN due to an exception, (See I.B. 4. and 5. below) and/or they may have a higher income than CN, the TCMI cannot exceed the SA Basic rate, and the countable resources cannot exceed the SA/IH resources limit using SA-3200 and/or the IEM.
3. Although Medicaid CN is based on the federal poverty guideline there are exceptions to the Medicaid CN federal poverty guideline income limit for SA-IH. It is possible for an a/b to receive Medicaid CN with income higher than the federal poverty guideline, and therefore be eligible for SA/IH as long as he/she does not exceed the SA/IH income limit. Exceptions include:
 - a. Married Couples: In the determination of eligibility for Medicaid, a married a/b who lives with a spouse is budgeted differently than in

SA. If an a/b is part of a married couple who live in the same household, they must qualify for Medicaid CN as a couple.

- (1) In Adult Medicaid budgeting there is always spouse-for-spouse financial responsibility when spouses live together. The spouse's income and resources are considered when determining the individual's financial eligibility.
- (2) Even though an a/b's income/resources alone may be within the SA/IH limits, the a/b's spouse's income/resources may make the a/b ineligible for full Medicaid CN, as part of a couple. In that case, the a/b is ineligible for SA/IH because he/she does not meet the requirement to be eligible for full Medicaid as CN.
- (3) If an a/b qualifies for full Medicaid as CN as part of a couple, he/she may also qualify for SA/IH as long as his/her individual income is not above the SA Basic maintenance amount, his/her individual resources are not above the SA resource limit of \$2,000.00 and the SA/IH payment calculation results in an SA/IH payment.

b. Medicaid Passalong

- (1) A/bs receiving Medicaid under the Medicaid Passalong requirements receive Medicaid CN benefits.
- (2) An a/b who is Medicaid CN due to Medicaid Passalong may have income over the federal poverty guideline, and still qualify for SA/IH if his/her TCMI is less than the SA Basic maintenance amount.
- (3) This SA/IH income exception would not apply to Passalong eligible Medicaid beneficiaries who received Passalong solely because they had received SA in a facility and lost SA only due to a COLA increase. To continue to receive Medicaid Passalong, they must reside in an SA facility. Please see [MA-2110](#) for Medicaid Passalong eligibility criteria.

II. LEVEL OF CARE (FL-2)

Eligibility for SA/IH requires that the a/b needs licensed residential level of care as documented on the FL-2 and signed by a licensed physician, physician assistant, or nurse practitioner.

- A. The SA/IH payment begins the date the application is made (if all eligibility criteria are met) and is not tied to the date the FL-2 is signed.**

This is different from a SA beneficiary. The FL-2 must not be dated more than 90 days prior to the date of SA/IH application and must be received during the application processing period.

- B. The application cannot be approved until the signed FL-2 is received and the social work comprehensive assessment is completed.**

The case manager uses the assessment and the FL-2 to validate that the a/b meets the requirements for licensed residential level of care but can stay at home safely with the SA/IH payments and services.

- C. The Adult Care Home [FL-2 \(DMA-372-124-ACH\)](#) is posted on the DMA Forms website and should be used for SA/IH cases.**

Paper supplies of the former FL-2 can be used until supplies are exhausted.

III. LIVING ARRANGEMENT, COUNTY OF RESIDENCE, AND MOVING BETWEEN COUNTIES

- A. Living Arrangement**

An SA/IH applicant/beneficiary must live in PLA. The a/b does not have to live in his/her own home.

PLA means a private home, apartment, congregate housing, multi-unit housing with services, public or subsidized housing, shared residence, or other similar living arrangement approved by the DSS. Refer to [SAIHCM5600, Case Management Policies and Procedures](#), for complete definitions of PLA. The case manager verifies PLA.

Assisted living facility residents are not eligible for SA/IH. If the IMC or the adult services case manager determines that the a/b is residing in a licensed approved facility, and does not intend to return to a PLA, the SA/IH application should be denied. See [SA-3330: Notices](#). Explain to the applicant that he/she can apply for SA.

B. County of Residence

The county of residence for an SA/IH beneficiary is the county in which the PLA is located. The beneficiary must live and receive SA/IH payments in the same county.

C. Moving Between Counties

1. An SA/IH a/b's county of residence (and county of financial responsibility) changes when he/she moves to another county because he/she is in a PLA.
2. SA/IH cases cannot transfer from one county to another. The individual must reapply for SA/IH in the second county. The only exception is explained in [DAAS Administrative Letter 13-07 Instructions for Special Assistance In-Home Approvals for Individuals with Verified Supported Housing Slots](#).
3. The first county must terminate the SA/IH case.
4. Transfer the Medicaid case to the second county.
5. If the applicant applies for SA/IH in the second county, that county must complete a new SA/IH eligibility determination and a new social work assessment. If there are no SA/IH slots available, the second county should place the individual on that county's waiting list and evaluate whether the individual is eligible for other services.

IV. RESOURCES

A. Resource Limit

The resource limit for SA/IH applicants/beneficiaries is \$2000.

B. Countable Resources

See [SA-3200](#) for resources policy.

C. Transfer of Resources

See [SA-3205](#) for transfer of resources policy.

V. INCOME

Follow instructions in the IEM to determine countable monthly income, base periods, and verification requirements. When determining eligibility for the SA/IH payment, count only the income of the a/b.

A. SA/IH a/bs are required to receive all benefits to which they are entitled at the maximum rate to which they are entitled.

For those entitled to SSI, they must receive benefits at the Federal Benefit Rate (FBR). See SA-3210 V. Requirement to Obtain Maximum Entitlement Income for further instructions on how to make certain that SA/IH a/bs apply for and receive at the FBR.

B. If the SA/IH a/b has income below the individual SSI FBR because SSI counts them as a spouse in a married couple, the IMC is required to enter the Case Special Review Reason/Code 'N' - 'SSI Couple Deeming'.

See SA-3210 V. Requirement to Obtain Maximum Entitlement Income for further instructions.

C. Refer to [SAIH-5300: Payment Calculations](#) for instructions on calculating the SA/IH payment.

VI. DETERMINING ELIGIBILITY WHEN APPLYING FOR SA/IH FROM A RESIDENTIAL FACILITY

Individuals living in residential facilities may choose to move to a PLA and apply for SA/IH. It is critical that the SA facility beneficiary or representative, the IMC, the adult services case manager and others involved with the beneficiary work together and communicate effectively. Moving from a facility to PLA requires

advance planning and timing of all activities needed for this change so that it does not pose health or safety risks for the beneficiary.

NOTE: For individuals who are in a residential facility or are being diverted from entering a residential facility and have been identified as being approved for Supported Housing Slots and/or Transition to Community Living through the US Department of Justice (DOJ) Settlement with North Carolina, refer to [DAAS Administrative Letter 13-07: Instructions for Special Assistance In-Home Approvals for Individuals with Verified Supported Housing Slots](#).

A. When the SA facility beneficiary or representative inquires about SA/IH, an inquiry (DMA-5095) must be completed for documentation.

Explain that the beneficiary must be CN Medicaid and explain the SA/IH requirements.

B. If the beneficiary wants to apply for SA/IH, obtain a signed DSS-8124 as a reapplication.

Verify income and any other eligibility criteria that are necessary to determine if the beneficiary is eligible for CN Medicaid.

C. If the beneficiary is not eligible for CN Medicaid, they are not eligible for SA/IH

D. If the beneficiary meets the CN Medicaid requirements, continue to determine financial eligible for SA/IH. Verify if there is a SA/IH slot available.

E. Refer the SA/IH applicant to the adult services case manager for a social work assessment, following time standards for applications.

F. The adult services case manager follows [SAIHCM-5600: Case Management Policies and Procedures](#).

The case manager must complete the assessment to ensure the PLA is safe and appropriate.

G. If it is determined that the SA/IH applicant is not eligible, deny the SA/IH application.

Notify the adult services case manager to close the social work assessment.

H. If the application for SA/IH is approved, coordinate with the adult services case manager to ensure the transition to PLA occurs without placing the applicant at risk.

1. Advise the individual to give notice if he/she signed a contract requiring advance notice when leaving the facility. Facilities can require up to 14 days notice if included in the resident contract. Beneficiaries who do not give notice when required may be responsible for payment for those days.
2. Advise the facility that they must refund any remaining advance payment made to the facility after the end of the required notice period.
3. Use the 5/10 day rule to determine when the SA payment ends. The beneficiary is entitled to keep the SA payment for this period.
4. Calculate a partial SA/IH payment for the remainder of the month in which the 5/10-day period ends, beginning the day after the last day of the 5/10- day period. The beneficiary is not eligible for SA/IH payments during the 5/10-day period. Refer to [SAIH-5300: Calculation of Payments](#) for instructions for calculating partial SA/IH payments.
5. The amount of the SA/IH partial payment is determined by the adult services case manager's assessment of the a/b's needs. However, the payment must not exceed the maximum SA/IH allowable partial payment amount.
6. Do not authorize SA facility payment and SA/IH payment for the same days when the individual goes from a licensed residential facility to PLA.
7. Terminate the SA facility on the last day of the month. Send a [DSS-8110, Your Benefits Are Changing](#). This is an adequate notice because the beneficiary has requested the SA be terminated and the change is beneficial to the beneficiary.

8. Approve the SA/IH application with an effective date the month following the termination of the SA facility case. Enter the full SA/IH payment amount beginning with this month.
9. The payment review period begins with the first full SA/IH month and can be authorized for 12 months from that date, just as in SA facility cases.
10. **Do not allow the Medicaid to be terminated at any point.**

VII. REDETERMINATIONS

The IMC and the adult services case manager must coordinate to ensure that the ongoing eligibility for the SA/IH is correct. The annual eligibility redetermination and the annual reassessment are completed together. Failure by the IMC to give the adult services case manager sufficient notice of the SA/IH eligibility redetermination due date could jeopardize an SA/IH beneficiary's eligibility.

A. Requirement for Annual Eligibility Redetermination

The payment review period for SA/IH eligibility begins with the month of application and ends on the last day of the twelfth month. Eligibility for the SA/IH Program must be redetermined annually. When the IMC is notified of the upcoming eligibility redetermination, the IMC must immediately notify the appropriate adult services case manager of the redetermination due date(s) for individual SA/IH beneficiaries.

B. Requirement for Annual Reassessment

A reassessment of needs must be completed annually by the adult services case manager. The eligibility redetermination and the reassessment are completed during the same timeframe. It will generally take at least 30 days to complete the annual reassessment and service plan, once the face-to-face interview is scheduled.

VIII. CHANGES IN SITUATION

- A. The IMC and the adult services case manager must notify each other of any changes in the beneficiary's situation that might affect eligibility for SA/IH or the amount of the SA/IH payment.**

Document these changes. All appropriate changes must be completed within 30 days of the agency learning of the change.

B. Determining Eligibility When Applying for SA from SA/IH

1. If an SA/IH beneficiary moves to a residential facility, explain to the beneficiary that he/she can apply for SA.
2. If the beneficiary applies for SA, obtain a signed DSS-8124 as a reapplication. Verify eligibility according to the SA policy.
3. Notify the adult services case manager when the beneficiary applies for SA via [Appendix E, SAIHCM Program Interagency Transmittal Form](#), Keep the case manager informed regarding the status of the application.
4. If the beneficiary is found eligible for SA, terminate the SA/IH case effective the last day of the month. Send a [DSS-8110, Your Benefits Are Changing](#), adequate notice because the beneficiary has requested the SA/IH be terminated and the change is beneficial to the beneficiary.
5. Provide written notification via [Appendix E, SAIHCM Program Interagency Transmittal Form](#), to the adult services case manager the day the SA is approved so the case manager can close the social work assessment in the automated system. Verify that the adult services case manager has received the transmittal form.
6. Approve the SA with an effective date the month following the determination of the SA/IH case. Enter the full SA payment beginning with this month.
7. If the individual enters the residential care facility after the first day of the month, calculate a partial SA payment for that month, following instructions in [SA-3220, Budgeting](#).
8. Do not count the individual's income, including the SA/IH payment, in determining the SA partial payment.
9. If the beneficiary does not apply for SA or if SA is not approved, terminate the SA/IH case effective the last day of the month. Send the appropriate notice to terminate the SA/IH case. See [SA-3330: Notices](#).



SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL

SA-5250 Special Assistance In-Home (SA/IH) and Transitions to Community Living Initiative (TCLI)

North Carolina Division of Aging and Adult Services

Adult Services Section

Special Assistance Program

Revised: July 2017

STATE/COUNTY SPECIAL ASSISTANCE MANUAL
**SA-5250 SPECIAL ASSISTANCE IN-HOME (SA/IH) AND TRANSITIONS
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- XI. When an Active SA/IH Individual Approved for TCLI Moves to Another County in PLA

I. BACKGROUND

With a 2012 settlement agreement between the State of North Carolina (NC) and the US Department of Justice (DOJ), the State of North Carolina agreed to develop and implement effective measures to prevent inappropriate institutionalization of individuals with serious mental illness (SMI). The State also agreed 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, who are in or at risk of entry to an adult care home (ACH).

This settlement agreement led to the Transitions to Community Living Initiative (TCLI). SA/IH is one key public service available to support individuals eligible for TCLI slots.

II. TCLI Supported Housing Slots are offered to the following eligible individuals

A. TCLI Supported Housing Slots are offered to the following eligible individuals

Individuals approved for TCLIs residing in an adult care home (ACH, but can live independently in the community with assistance from the SA/IH program supports.

B. Individuals in Private Living Arrangement (PLA)

Individuals approved for TCLIs residing in a PLA who are seeking ACH placement, but can be diverted from ACH placement if he or she can live independently in the community with supports. PLA is a private home, apartment, congregate housing, multi-unit housing with services, public or subsidized housing, shared residence, or other similar living arrangement.

C. Individuals Discharged from State Psychiatric Hospitals who are Homeless or Have Unstable Housing

Individuals approved for TCLIs who have been discharged from state psychiatric hospitals and are living in a homeless or unstable housing situation, but may be able to live independently in the community with supports.

III. The County Department of Social Services (DSS) is Notified of the Individuals Approved for TCLI

The NC Division of Aging and Adult Services (DAAS) receives a list of Individuals approved for TCLIs regularly from the Department of Health and Human Services (DHHS) TCLI Team. DAAS provides the list to the adult services supervisor at the county DSS for both the current county of SA/Medicaid eligibility and the county(ies) in which the individual(s) has stated a desire to live in a PLA. The DSS adult services supervisor informs the SA income maintenance staff regarding the individual(s) approved for TCLI. Each DSS must have an internal process for communicating the names with the income maintenance staff.

If the DSS receives a request for SA/IH from the LME/MCO and has not been informed of the individual's eligibility for TCLI, immediately contact the listserv specialassistance@dhhs.nc.gov. Do not send confidential information through email.

IV. Case Management Provision

DAAS has waived the requirement of the DSS adult services social worker providing the comprehensive assessment, service planning, and ongoing case management for these SA/IH cases. Because TCLI requires transition and ongoing care coordination along with tenancy supports, the LME/MCO and its contracted providers will coordinate the services needed, conduct the SA/IH economic assessment, and provide ongoing support. The transition coordinator usually works with the individual until the individual has settled into a PLA and then others will take over the role of over-seeing the SA/IH, among other responsibilities. This section refers to "transition coordinators" and "care-coordinators" depending on the situation.

DAAS issued the [Guidance Manual for State/County Special Assistance In-Home and Transitions to Community Living Initiative](#) for the LME/MCOs in regards to SA/IH applications and care coordination. The LME/MCO transition coordinators have been instructed to explore all other resources before requesting a SA/IH payment. A financial need related to health and safety must be determined by the LME/MCO.

The DSS will provide to the LME/MCO transition coordinator, the information on the maximum payment amount that the individual is eligible for, just the same as the IMC provides this information to the Adult Services Social Worker for SA-IH cases that are not TCLI individuals. The LME/MCO coordinator will conduct the Economic Assessment Worksheet to determine the actual payment amount.

V. SA/IH Slot Availability and Assignment

When the LME/MCO care coordinator or individual approved for TCLI requests SA/IH, ensure that a slot is available.

A. When the DSS has available SA/IH slots

The DSS will assign the Individual approved for TCLI a slot on the DSS's internal/manual slot tracking system. Once SA/IH eligibility is determined favorable by the DSS IMC, assign a SA/IH slot in the NC FAST System.

B. When the DSS does not have all assigned slots filled, but has a waiting list

The DSS shall not place the Individual approved for TCLI on the waitlist. The DSS will assign the Individual approved for TCLI a slot on the DSS's internal/manual slot tracking system. Once SA/IH TCLI eligibility is determined favorable, assign a SA/IH slot in NC FAST.

C. When the DSS has active SA/IH cases in all assigned SA/IH slots

The DSS must request an additional SA/IH slot from DAAS and assign the new slot to the Individual approved for TCLI on the DSS's internal/manual slot tracking system. [Appendix G: SA/IH Slot Request](#) should be used to make the request via the SA listserv specialassistance@dhhs.nc.gov. Once SA/IH eligibility is determined favorable, assign a SA/IH slot in the NC FAST system. Do not hold up the application or request while waiting for a new slot assignment from DAAS. DAAS will make a slot available.

VI. SA/IH Eligibility Criteria for individuals eligible for TCLI

A. Medicaid

1. Establishing that the individual is eligible for Categorically Needy (CN) Medicaid eligibility in a PLA is the first step in determining SA/IH eligibility for Individuals approved for TCLIs. The income limit is 100% of the federal poverty level and can change annually. Refer to the Medicaid CN income and resource guidelines found in the Medicaid ABD manual. These income levels and resource limits must be maintained throughout the whole period of SA/IH eligibility. Once it is determined that a TCLI individual meets the Medicaid CN

requirements, a TCLI individual must also meet the SA-IH resource requirements, which may differ from the Medicaid CN rules. See guidelines found in the SA manuals.

2. SSI recipients automatically meets the Medicaid (CN) eligibility requirements, as well as the financial and assets requirements for SA eligibility. The financial need for health and safety related expenses in PLA is determined by the LME/MCO economic assessment.

B. SA Policy Section [SA-5200](#) has additional SA/IH eligibility requirements including a current FL-2 level of care (FL-2) and PLA requirement.

C. Community Living Assistance payments (CLA)

CLA is intended to assist Individuals approved for TCLIs who do not qualify, or have not yet qualified, for SA-IH to assist with ongoing community living health and safety expenses, including rent. CLA is not an entitlement program and approvals/payments are based on available funding. The LME/MCO transition coordinators determine eligibility for these funds.

CLA payments can be classified into two categories of funding:

1. Ongoing CLA because the individual is not qualified for SA/IH when he/she is not living in an Adult Care Home
2. Temporary CLA because the individual is changing Medicaid home county and/or SA-IH payments are likely to be delayed.

The combination of the individual's income plus CLA shall not exceed the maximum rate set by the legislature for the SA-IH Program. If SA-IH is approved, the CLA stops once those payments begin. If there is an overlap of CLA and SA-IH funding, the individual must pay back the excess CLA funds. CLA is intended to support the individual in a community setting by providing funding to meet health and safety needs including rental assistance for permanent housing but an individual may, on rare occasions, use his or her CLA funds for temporary housing if necessary. Use of CLA for temporary housing is time limited, not to exceed 28 days.

CLA funding is not a countable source of income for SA.

VII. Communication Between the LME/MCO and the DSS

Early and frequent communication between the LME/MCO transition coordinator and the DSS IMC regarding SA/IH is critical to avoid interruption and/or termination of benefits.

A. The DSS must receive an appropriate release of information form to release information.

The release must be signed by the a/r or his or her guardian, if appropriate, dated, with an end date no longer than 12 months from the date of signature, and is specific in what information is to be released.

B. Two forms are available for communication between the DSS IMC and the LME/MCO transition or care coordinator.

1. The SA/IH [Appendix E Supplement 1](#) is a form for the DSS IMC to communicate with the LME/MCO transition coordinator or care coordinator.
2. The [Appendix E, Supplement 2](#), provides a format for the LME/MCO transition or care coordinator to communicate with the DSS IMC.

C. Providing Income Information to the LME The DSS may share Medicaid eligibility information and the following income information:

1. The amount of gross income before any deductions or exclusions (for earned income, Medicare premiums, etc. or for any exclusion including the \$20 general income exclusion.)
2. Source of income that is obtained through electronic matches cannot be shared. (Electronic data matches include matches from the Social Security Administration, Veterans' Administration, and the Employment Security Commission.) The amount of income can be shared, but not the type (SSI, RSDI, VA., etc.) Only provide the source of the income if it is verified through a source other than an electronic data match.

D. It is critical that the LME Transition Coordinator receives all eligibility correspondence.

Once the approval for TCLI is verified, and an appropriate release of information has been obtained, enter the LME/MCO contact information onto the Client Contact Tab of the Person Page in the NC FAST.

VIII. Request from the LME/MCO for SA/IH for Individuals Approved for TCLI

The LME/MCO, individual approved for TCLI, and/or a representative designated in writing may initiate a request for enrollment in the SA/IH Program. The LME/MCOs have been instructed in the Guidance Manual for State/County Special Assistance In Home and Transitions to Community Living Initiative to contact the county DSS where his/her Medicaid originates.

A. NO Face-to-Face Interview Required For Active SA-ACH cases:

1. **For an Active SA** case transitioning from an ACH, **NO face-to-face** application/interview for SA/IH is required. This will be a program transfer from SA to SA/IH using ADD Application in NC FAST.
2. LME/MCO transition coordinators have been instructed to contact the county of SA/Medicaid eligibility, first directly and then follow up using the [Appendix E, Supplement 2](#), to request SA/IH as soon as it is determined that he/she may be appropriate for SA/IH.
3. **Active SA/IH individuals with TCLI who move to another county should not be closed, but the case should be transferred to the new county. No face-to-face application is required. See Section XI below.**
4. **CASES INVOLVING AN INDIVIDUAL APPROVED FOR TCLI SHOULD NOT BE SUSPENDED OR TERMINATED BEFORE A DETERMINATION IS MADE ON THE INDIVIDUAL'S ELIGIBILITY FOR THE SA/IH PROGRAM.**

B. Face-to-Face Interview Required for Non-Active SA-ACH Cases:

1. If the individual does not have an active SA case, it will require a face-

to-face interview with the applicant or her or his representative.

2. Follow regular SA-IH application procedures to complete the application process.
3. If the eligible TCLI applicant for SA/IH has an active Medicaid case, the Medicaid county origin will complete a face-to-face interview with the applicant or his/her representative and if needed, transfer the case via NC FAST following procedures found in Section XI.

IX. SA/IH Requests and Processing for Individuals Approved for TCLIs

A. The LME/MCO transition coordinator has been instructed to directly contact the original Special Assistance/Medicaid County DSS of eligibility as soon as it is determined that the individual may be appropriate for SA/IH.

1. After the direct contact with the DSS income maintenance or SA/Medicaid supervisor, the transition coordinator has been instructed to send the Interagency Communication Form, [Appendix E, Supplement 2](#), checking the “Request SA/IH Eligibility” and other sections completed as needed and as information in known at that point.
2. After the direct contact with the DSS IMC, the LME/MCO transition coordinator will continue to use the Interagency Communication Form, [Appendix E, Supplement 2](#), to officially communicate the following:
 - a. Request for SA/IH determination;
 - b. Confirmation of completed Economic Assessment with the authorized partial payment and ongoing payment amounts. The LME/MCO does not need to submit the economic assessment worksheet to the IMC.
 - c. Report private living address within 5 calendar days of the Individual approved for TCLI moving into a PLA.
 - d. Changes in planned living arrangement

- e. Changes in county of PLA f. Any/all other changes that are pertinent to the determination of Medicaid (CN) eligibility and SA/IH.

B. Receipt and Confirmation of the Request

1. If the DSS receives the [Appendix E Supplement 2](#) only, from the LME/MCO and no direct contact, accept this document as a request for SA/IH and contact the LME/MCO transition coordinator to verify receipt of the request.
2. If the DSS that is contacted is NOT the Special Assistance/Medicaid County DSS of eligibility, the DSS will inform the LME/MCO of the correct DSS county of eligibility and provide contact information for that DSS.
3. The DSS will acknowledge receipt of the direct contact and inform the LME/MCO transition coordinator to submit the [Appendix E Supplement 2](#).
4. The DSS will determine and inform the LME/MCO if the case is an active SAACH case or if a face-to-face full interview is required for a non-active SA-ACH case.
5. Inform the LME/MCO transition coordinator that the individual may have a contractual agreement to provide a 14-day written notice to the facility when moving out of the facility. When the required notice is given, the individual owes the facility a per-diem amount through the notice period. This amount is the number of days in the month divided by the basic Special Assistance Rate.

C. Active SA ACH Case

1. Once the written request via the [Appendix E. Supplement 2](#) is received for an active SA case in an adult care home, the DSS IMC in the county of Medicaid/SA eligibility will conduct a Medicaid ex-parte review immediately to determine continued Medicaid (CN) in a private living arrangement. Gather information relevant to establishing Medicaid CN eligibility in private living from the LME/MCO transition coordinator including details of the planned living arrangement, changes in finances or available resources/assets, county of private living residence, and other pertinent eligibility information.

2. Once a determination is completed, notify the LME/MCO transition coordinator within five (5) business days, (from receipt of the written request), regarding the individual's presumptive continued eligibility for Medicaid (CN) in a private living arrangement. Communicate this information to the LME/MCO transition coordinator using the [Appendix E, Supplement 1](#).
3. If the individual is eligible for Medicaid (CN), document actions taken on the case, determine the amount of the maximum SA payment and determine if the individual needs an updated [FL-2](#).
 - a. If the [FL-2](#) is current (will not expire within the next 30 days) and valid, a new FL-2 is not required. Ensure that the date of the FL-2 is recorded correctly at the Certification Start Date of the Level of Care Evidence in the NC FAST system.
 - b. If an [FL-2](#) is needed, inform the LME/MCO transition coordinator immediately that a new FL-2 is needed and what a valid FL-2 is for SA/IH. Information on a valid FL-2 is found in SA-IH 5200 and SA-3100 is one that states the individual requires a need for licensed residential level of care (Block #11) and is signed by a licensed physician, physician assistant, or nurse practitioner.
4. Send a [DMA-5097](#) with the [Appendix E, Supplement 1](#) requesting all information needed to determine eligibility.
5. The LME/MCO coordinator has been instructed to inform the original Special Assistance/Medicaid County DSS of eligibility immediately (within five (5) calendar days) of the individual moving into a private living arrangement. The IMC in the original Special Assistance/Medicaid County of eligibility verifies and documents the change in the case record. Appendix E Supplement 1 can be provided to the DSS IMC for communication of information.
6. Once all eligibility information has been received and the individual is confirmed to be in PLA, complete a [DSS-8110, Your Benefits Are Changing \(Timely\)](#), and send to the beneficiary, authorized representative, and LME/MCO transition coordinator. Inform on the notice that the individual's payment will change from Special Assistance in a residential facility to Special Assistance In-Home. The amount must be included even if the payment amount does not change. **The 5/10-day Rule does not apply as payment will not be terminated.**

7. Determine the correct county of SA/IH and Medicaid eligibility for PLA. The county of SA/IH and Medicaid eligibility is the county where the individual is physically residing in a PLA.
8. Following written notification of the program change and SA/IH payment amount, terminate the SA/ACH case in the NC FAST system, KEY a new application, or KEY an administrative application into the NC FAST system for the SA/IH program and process the SA/IH application through completion noting in the case narratives of the NC FAST case that the case is the active SA/IH case of an individual approved for TCLI.
9. New SA payment information Once the DSS has been notified by the LME/MCO transition coordinator that an individual has been approved by DHHS for TCLI and has moved to a PLA arrangement, end-date the banking evidence if the banking information is for a facility collective account. Discuss the direct deposit and EBT Cash Card options with the LME/MCO transition coordinator, the applicant, and/or authorized representative.
10. If direct deposit is requested, provide/send a [DMA-5097](#) to the transition coordinator, the individual or authorized representative must provide the completed [Direct Deposit Authorization Form, DSS-5023](#), Direct Deposit Enrollment Authorization Form. If no completed Direct Deposit Authorization Form, DSS-5023 is provided, do not hold up processing or place case in suspended status. Contact the LME/MCO transition coordinator and inform him or her that if the DSS-5023 is not received, the funds will be placed on an EBT cash card. If the individual has an FNS case, the funds will be placed on the FNS EBT Cash Card. If all eligibility criteria are met, and the [DSS-5023](#) has not been received, issue benefits to the client at the client's new address on an EBT Cash Card, informing all parties.

D. SA/IH Applications for an Individual Approved for TCLI with No Active SA Case

1. A TCLI individual may already be living in a PLA or may be recently discharged from a State Psychiatric Hospital and may be homeless.
2. This situation requires a face-to-face interview and a completed DAAS 8190. This policy has been communicated to the LME/MCO, however, if a request arrives via the individual via the [Appendix E Supplement 2](#),

inform the LME/MCO immediately of the requirement for a face-to face application interview.

3. Once eligibility for Medicaid (CN) has been established and before the SA/IH application can be dispositioned, the LME/MCO transition coordinator will provide to the DSS IMC in writing on the [Appendix E, Supplement 2](#), confirmation that the Economic Assessment has been completed and the amount of the maximum SA/IH payment.
4. Determine information relevant to establishing SA/IH eligibility the same as for other SA/IH cases.
5. As always process as soon as possible, but no later than processing deadlines in SA-IH 5100.
6. Once all needed information has been received including the recommended payment from the LME/MCO transition coordinator, determine eligibility. If the individual is eligible for SA/IH, complete a [DSS-8108, Notice of Benefits](#), and send to the recipient, authorized representative and LME/MCO transition coordinator. Inform on the notice that the individual is eligible for Special Assistance In-Home. The authorized payment amount and payment begin date will also be included.
7. If individual is found not eligible for SA/IH, deny the application and send a [DSS-8109, Notice of Denial](#).

X. Requirements for Annual SA/IH Eligibility Recertification

Eligibility for the SA/IH Program must be recertified annually. The LME/MCO transition coordinator may have transferred the coordination to another care coordinator. The DSS IMC and the LME/MCO care coordinator **MUST** coordinate early in the redetermination process to ensure that the ongoing eligibility for SA/IH is correct.

Notify the LME/MCO care coordinator that a [DAAS-8191](#) is being sent and must be completed for recertification. Exparte redeterminations are not allowed. Failure to give the LME/MCO care coordinator sufficient notice of the SA/IH eligibility redetermination due date could jeopardize a SA/IH beneficiary's eligibility for the program. Utilize the [Appendix E Supplement 1](#) to inform the LME/MCO care coordinator of the information needed to process the redetermination.

A valid [FL-2](#) is required for ongoing eligibility. Therefore, whenever a FL-2 expires because the health care provider's signature is over 12 months, a new FL-2 must be obtained prior to the expiration. Communicate to the LME/MCO, the need for a current and valid [FL2](#) in sufficient enough time for the LME/MCO care coordinator to assist with getting it.

The payment review period for SA/IH eligibility begins with the month of application and ends on the last day of the twelfth month. When the DSS IMC is notified of the upcoming eligibility redetermination, the DSS IMC **MUST immediately** notify the LME/MCO transition coordinator and all other appropriate authorized representatives, power of attorneys, legal guardians, etc. of the redetermination due date(s) for the SA/IH beneficiary.

XI. When an active SA/IH Individual approved for TCLI moves to another county in PLA

Contact the DSS in the new county of Medicaid eligibility by phone and in writing to inform the Special Assistance Supervisor and or the DSS IMC that a new case is being transferred to them and that the new case is an individual approved for TCLI who is eligible for both Medicaid (CN) and SA/IH. Confirm with the new county of SA/IH eligibility that there is an available slot in the new county. If the new county indicates that they do not have any available slots, the new county can request more slots by submitting a completed Appendix G: SA/IH Slot Request via the listserv at specialassistance@dhhs.nc.gov. Do not hold up the application or request while waiting for a new slot assignment from DAAS. DAAS will make a slot available.

- A. The active SA/IH case of an individual approved for TCLI can be transferred to another county using the NC FAST system. TCLI cases are the only SA/IH cases that can be transferred from county to county.**
- B. Transfer the case in the NC FAST system to the new county.**
- C. If the case has a redetermination due before the effective date of the county transfer (payment review period), the current/original county of eligibility must complete the redetermination prior to transferring the case to another**

county DSS as the active SA/IH case of an individual approved for TCLI.

- D. The DSS IMC in the county of eligibility **MUST** assign one of their own SA/IH slot numbers to the case to process & transfer the case in the NC FAST system.
- E. The first county must also complete and send a [DMA-5049, Referral to Local Social Security Office](#), to SSA to report the change of address.
- F. Report changes for other programs as needed, such as FNS.



SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL

SA-5300 CALCULATION OF PAYMENTS

North Carolina Division of Aging and Adult Services

Adult Services Section

Special Assistance Program

Revised: April 2014

STATE/COUNTY SPECIAL ASSISTANCE MANUAL

SA-5300 CALCULATION OF PAYMENTS

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I. EFFECTIVE DATE OF PAYMENT

The effective date of the SA/IH payment can **be no earlier than the date of the SA/IH application, and/or the date all SA/IH eligibility requirements are met.**

If the applicant/beneficiary (a/b) does not meet all SA/IH eligibility requirements until a later date during the application processing time frame, benefits will be effective on the date that all eligibility requirements are met. Unlike SA for SA facility residents, SA/IH eligibility is not tied to the date the FL-2 is signed. See [SA-5200: Eligibility Requirements, II. Level of Care](#).

II. MAXIMUM MONTHLY PAYMENT

Legislation governing the SA In-Home Program authorizes a maximum monthly payment up to 100% of the payment an a/b would receive if he/she resided in an SA facility and applied for and received the SA Basic rate. The maximum SA Basic payment is \$1,228 (the SA Basic rate of \$1,182 + \$46 personal needs allowance.)

The appropriate payment may be less than the maximum allowable payment, based upon the assessment and service plan completed by the adult services case manager. The adult services case manager will determine the actual amount of the SA/IH payment.

A. Steps the IMC must take to determine the amount of the SA/IH payment

1. The SA IMC must verify the SA/IH a/b's countable monthly income.
2. The SA IMC must calculate the maximum allowable payment (partial payment or full payment as applicable).
3. The SA IMC must communicate to the adult services case manager in writing, using [Appendix E, SA/IH Program Interagency Transmittal Form](#) the maximum allowable payment amounts for the partial month and ongoing full months as applicable.
4. The adult services case manager will use this information to assess the SA/IH a/b's financial needs.

B. Steps the adult services case manager must take to determine the amount of the SA/IH payment

1. The adult services case manager, after completing the needs assessment with the a/b, will notify the SA IMC using the Appendix E, SA/IH Program Interagency Transmittal Form of the amount of the SA/IH payment needed, when approving the SA/IH application or at redetermination.
2. The adult services case manager will communicate the actual approved payment in writing to the SA caseworker.
3. The SA IMC will then key the appropriate payment amount. Note: The adult services case manager may approve a SA/IH payment less than the maximum allowable payment, but can never approve a SA/IH payment for more than the maximum allowable amount as calculated by the SA IMC.

III. COUNTABLE INCOME FOR CALCULATION OF PAYMENT

A. When calculating the amount of the SA/IH payment, count only the income of the a/b.

This may be a different amount from countable income used to determine eligibility for Medicaid.

B. The \$20 general income exclusion does apply when calculating the SA/IH Payment.

See Economic Benefits Integrated Eligibility Policy Manual (IEM) for instructions on calculating total countable monthly income (TCMI).

C. Do not consider the applicant's income in calculating the partial month payment during the application process.

IV. CALCULATING THE SA/IH PAYMENT

A. Minimum Payment

The minimum SA/IH payment is \$5.00. This is consistent with current SA

policy. There can be zero pay recipients in SA/IH. For cases where the payment is less than \$5.00 there will be no payment made, but the SA/IH recipient is eligible for an adult services case manager to be assigned to work with the recipient in maximizing the services he/she receives.

B. Calculating the Maximum SA/IH Payment

The amount of the SA/IH payment is determined by the adult services case manager's assessment of the a/b's needs. However, the payment must not exceed the maximum allowable payment amount, which is based on the a/b's income. To calculate the maximum SA/IH payment:

1. Compute the a/b's total countable monthly income (TCMI). This is the amount of countable income after all allowable deductions and exclusions. See IEM for instructions on calculating TCMI.
2. Subtract the a/b's TCMI from the basic SA maintenance amount, \$1,228 (\$1,182 + \$46 personal needs allowance). The remainder is the maximum allowable SA/IH payment.
3. Round to the nearest whole dollar \$.49 or less, round down; \$.50 or more, round up).
4. The result is the maximum allowable SA/IH payment.

Note: The actual payment may be less than the maximum allowable payment, based on the needs assessment by the case manager.

The SA/IH payment added to the TCMI is the maintenance amount.

Example:

	<u>SSI Recipient</u>	<u>Non-SSI Recipient</u>
SA Basic Maintenance Amt	\$1,228	\$1,228
Subtract TCMI	<u>-\$678</u>	<u>-\$700</u>
Balance	\$550	\$528
Maximum SA/IH payment	\$550	\$528
Round to nearest dollar	\$550	\$528
Maximum SA/IH payment	\$550	\$528

C. Partial SA/IH Payments

If an applicant applies after the first day of the month, or becomes eligible after the first day of any given month during the application

processing time frame, the applicant is entitled to a partial payment for that month effective the date of application, or effective the date eligibility began. All eligibility factors must be met.

See the Example below. Do not consider the applicant's income for a partial pay month.

The amount of the SA/IH partial payment is determined by the adult services case manager's assessment of the a/b's needs. However, the payment must not exceed the maximum allowable partial payment amount. Determine the partial payment as follows:

Determine the partial payment as follows:

1. Determine the number of days in the month of application.
2. Determine the numbers of days of eligibility for the SA/IH payment. This is the number of days in the month minus the date of eligibility plus 1.
3. Divide the SA Basic Rate of \$1,182 by the number of days in the month, and round to the nearest cent. This is the per diem amount.
4. Multiply the per diem amount times the number of days of eligibility in the month.
5. Add personal needs allowance (\$46.00) to the SA Basic rate.
6. Round amount to the nearest dollar for partial month payment.
7. The SA/IH payment added to the TCMI is the maintenance amount

Example: Application made on Dec 12

Number of days in month of application (28, 29, 30, 31)	31
Date of SA/IH eligibility	<u>-12</u>
Number of days eligible for payment	19 + 1 = 20
SA Basic Rate	\$1,182.00
Divide by Number of Days in the Month	<u>÷31</u>
Per diem (rounded to nearest cent)	38.129 = 38.13
Multiply by eligible days in the month	X 20 = \$
Total Per Diem for month	\$762.60
Add Personal Needs Allowance	+ \$46.00
Maximum Allowable SA/IH Partial Payment (not rounded)	\$808.60
Maximum Allowable SA/IH Partial Payment (rounded to nearest dollar)	\$809.00

Note: The actual payment may be less than the maximum partial payment, based on the needs assessment by the case manager.

D. Partial Payment for Change in Living Arrangement

A beneficiary may receive both an SA/IH payment and an SA payment in the same month when the eligible individual changes living arrangement.

This may occur when an SA/IH beneficiary moves to an SA facility and is eligible for SA. If the beneficiary enters the SA facility after the first day of the month, the first SA payment in the facility will be a partial payment. Calculate the partial SA payment following instructions in SA-3220, Budgeting.

This may also occur when an SA beneficiary moves to private living arrangement, applies for and is eligible for SA/IH. The beneficiary may be eligible for a partial SA/IH payment for the remainder of the month after the 5/10-day period ends. Calculate the partial SA/IH payment following instructions in C., above.

Refer to [SA-5200 VI.](#) for eligibility procedures and the need for collaboration in planning when the recipient changes living arrangement.



SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL

SA-5400 ELIGIBILITY FOR OTHER BENEFITS

North Carolina Division of Aging and Adult Services

Adult Services Section

Special Assistance Program

Revised: April 2014

STATE/COUNTY SPECIAL ASSISTANCE MANUAL
SA-5400 ELIGIBILITY FOR OTHER BENEFITS

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I. FOOD AND NUTRITION SERVICES (FNS)

The SA/IH payment is countable unearned income when determining eligibility for FNS. The SA/IH payment may affect a beneficiary's eligibility for FNS. See the Integrated Eligibility Policy Manual (IEM).

II. ENERGY PROGRAMS

The SA/IH payment is countable unearned income when determining eligibility for Energy Programs and may affect a beneficiary's eligibility for Energy Assistance. See the IEM.

III. SUBSIDIZED HOUSING

According to the communication with the HUD Greensboro Office, SA/IH payments are excluded as income in the HUD housing assistance programs. The federal rule allowing this is found in 24 CFR, Section 5.609 (c)(8)(iii).

The a/b should report any HUD benefits received by the household to the adult services case manager to have this subsidy included in the social work Economic Assessment.

IV. HOUSING REHABILITATION PROGRAMS

The North Carolina Housing Finance Agency administers a variety of housing programs for North Carolina citizens. Two that have relevance to the SA/IH program are the Single Family Rehabilitation Program and the Urgent Repair Program, which are operated by the North Carolina Housing Finance Agency. The income limits for both these programs are set above the maximum income level for SA/IH (100% federal poverty guideline). Thus, SA/IH payments are not a barrier to eligibility for either of these programs.

These programs may be of particular help to individuals participating in the Special Assistance/In-Home Program. Information on these programs can be found at <https://www.nchfa.com/>. The a/b should report any housing rehabilitation assistance received by the household to the adult services case manager to avoid the duplication of payment.

V. SSI

The Social Security Administration has determined that SA/IH payments are excluded income for SSI purposes. Contact the local Social Security Office if

you have questions concerning Social Security's interpretation of the rules of exclusion.

SA/IH beneficiaries must apply for SSI if they appear eligible. If the only eligibility requirement pending is the SSI payment FBR amount, authorize the SA/IH payment and calculate the payment amount using any countable income the beneficiary may have. Use the appropriate reason code for income below the FBR. Once the SSI payment is determined, adjust the SA/IH payment to reflect the SSI amount. This is for cases where SSI has determined a beneficiary to be disabled by Social Security standards but is still determining the payment amount.

If a beneficiary is denied SSI due to spousal income but the beneficiary meets all other eligibility criteria for SA/IH with countable income less than 100% of the federal poverty guideline, authorize the SA/IH payment and calculate the payment amount using countable income. This may result in a larger payment. The adult services case manager should be made aware of all household income where possible so they can consider it when developing a service plan.

VI. MEDICAID

The SA/IH payment is non-countable unearned income when determining eligibility for Medicaid.



SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL

SA-5500 EIS INSTRUCTIONS

North Carolina Division of Aging and Adult Services

Adult Services Section

Special Assistance Program

Revised: November 2012

STATE/COUNTY SPECIAL ASSISTANCE MANUAL

SA-5500 EIS INSTRUCTIONS

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I. DOMICILIARY RATE AND MAINTENANCE AMOUNT

A. Domiciliary Rate

To be eligible for SA/IH a person must first be eligible for full Medicaid benefits under a Medicaid Categorically Needy classification. This usually means that the a/r's countable monthly income must be at or below 100% of the federal poverty guideline. The federal poverty guideline usually changes every April.

However, there are situations when the a/r receives full Medicaid, but has countable income that is higher than the federal poverty guideline. An example of this is if the a/r is Medicaid Categorically Needy due to qualifying for Medicaid under the Medicaid Passalong guidelines. See [MA-2110, Passalong](#), for further information, and for the correct Special Use code to key in EIS.

For other exceptions to the FPL Medicaid Categorically Needy Countable income limit see SA-5200, Eligibility Requirements.

Effective October 1, 2009, the SA/IH Domiciliary Rate in EIS is \$1,182, which is the same as the SA Basic rate. The maximum SA/IH maintenance amount in EIS is \$1,228, which is the same as the SA Basic maintenance amount.

B. Maintenance Amount (MAIN-AMT)

1. The maintenance amount that the SA caseworker keys in EIS will depend on the Adult Services case manager's service plan and the recommended level of the SA/IH payment. The actual payment may be less than the maximum allowable payment. The SA caseworker must key in the maintenance amount in EIS based on what the Adult Services case manager recommends. This requires collaboration between the two.
2. The formula for calculating the maintenance amount is:
Maintenance amount = TCMI + Payment.
3. The maximum maintenance amount in EIS is \$1,228.00.
4. The maximum allowable SA/IH payment is 100% of the payment they would receive if residing in an SA facility.

II. ADDRESS FIELDS

EIS requires two address fields. In the first address field key "SA/IH Program". In the second address field, key the applicant private living arrangement address.

III. LIVING ARRANGEMENT CODE

The living arrangement code must be 10, 11, 12, or 13. See EIS-4000, Codes Appendix.

IV. SPOUSE INDICATOR CODE

SA/IH requires the EIS Spouse Indicator to be 'Y' (Has a Spouse) or 'N' (No Spouse) for approvals, redeterminations or change in situation.

V. Case Special Review Codes

SA cases are required to use an SA Case Special Review Code if the TCMI in the EIS DSS-8125 screen is less than the FBR for SS.

The following case special review codes are required in order to allow an EIS SA budget with a TCMI less than the FBR. The commonly occurring situations for which these codes are appropriate are found in SA-3210.

Note: Case Special Review codes allowing for less than the FBR TCMI are for use as a case management tool for the IMC and are only to be used for a specified situation and for the specified timeframe designated.

- A. Case Special Review Code 'N'** - 'SSI Couple Deeming' is required if the a/r's TCMI is below the FBR for SSI due to SSI couple deeming. The IMC is required to enter the code in the EIS DSS-8125 screen at application processing or the next change in situation if the SA Case Special Review Code field is blank.
- B. Case Special Review Code 'E'** - 'SSI 1/3 REDUCED ENDING' – to be used for a period of not more than two months, unless the a/r is SA/IH. Then it is not time-limited. See SA-3210, Income
- C. Case Special Review Code 'I'** : 'SSI IN KIND SUPPORT/MAINT. ENDING' – to be used for a period of not more than two months, unless the a/r is SA/IH. Then it is not time-limited. For SA budgeting instructions, see SA-3210, Income.

- D. Case Special Review Code ‘LI’:** ‘LIFE INSURANCE (with) CASH ACCRUING FACE VALUE GREATER **THAN \$1500**’ – use of the “LI” code, once assigned to a case is allowed ongoing until the SA case is terminated. See VII. C. For SA budgeting instructions see SA-3210, Income. See SA-3200, Resources for information on life insurance.
- E. Case Special Review Code ‘RS’:** ‘SSI/SS RECOUPMENT’ – to be used only for the months of continuing SSA recoupment. See VII. E. below.
- F. Case Special Review Code ‘VA’:** ‘VA ONLY OR SSI/VA ONLY’ – To be used only for cases in which the a/r receives only a VA benefit not eligible for the \$20 general exclusion or SSI and a VA benefit not eligible for the \$20 general exclusion. Do not use this code if the recipient has income from any other source that is eligible for a \$20 exclusion. See SA-3210, Income to determine if the VA benefit is eligible for the \$20 exclusion.
- G. An additional Case Special Review Code, “N” is valid for SA In-Home cases only;** “H” ambulation code. See SA/In-Home policy section [SA-5200](#).

Note: The Eligibility System Case Management Report, produced monthly on the last working day of the month, reflects SA cases flagged with the Case Special Review Codes listed above. It is imperative that the SA caseworkers/supervisors review the Case Management Report each month and immediately follow up as appropriate for each case reflected on the report. See EIS-3551- Case Management Report.

VI. Authorized Representative

The IMC must enter the demographics of the Authorized Representative (including name and address) in EIS at application disposition or for the ongoing case, any changes in the Authorized Representative information. See DAAS Administrative Letter 10-14 for further instructions.

When the a/r has more than one representative, the county must be able to identify which representative has priority so that notices can be sent to the proper individual. A hierarchy has created for the county to use to determine which representative should receive notices. The chart below lists the various types of representatives and provides a code to be entered in EIS in the relationship field

for each type. Representative type “A” is given the highest priority and representative type “H”, the lowest.

Hierarchy	Relationship Type	EIS Code
first	Legal Guardian (includes DSS with custody or guardianship)	A
second	Power of Attorney	B
third	Health Care Power of Attorney	C
fourth	Department of Social Services (placement responsibility only)	D
fifth	Spouse (Not separated)	E
sixth	Parent (for children under 21, a parent who is not the casehead but who lives in the home).	F
seventh	Authorized Representative (An individual designated in writing by the applicant/recipient to assist with eligibility issues and who can have access to the information in the case file.)	G
eighth	Authorized Representative as designated by SSA on SDX	H

Example of Order of Hierarchy: John has a legal guardian. He also has a spouse. The legal guardian would be the correct choice to key in EIS as the authorized representative.

VII. FACILITY INQUIRY NOT NECESSARY

Because licensure rules do not apply to private living arrangements, **there is no 3-digit code for SA/IH recipients in private living.** Therefore no EIS Facility Inquiry is necessary.

VIII. AMBULATION CAPACITY CODE

The ambulation capacity code for recipients of SA/IH is “H”. This code identifies a recipient receiving an SA/IH payment in a private living arrangement.

Ambulation capacity codes “B” and “C” refer to SA recipients and are not applicable to SA/IH recipients.

IX. CHANGE IN AMBULATION CAPACITY (“B” and “C” TO “H” OR “H” TO “B” and “C”)

Do not transfer cases from SA/IH (“H”) to SA (“B” or “C”) or from SA (“B” or “C”) to SA/IH (“H”). If an SA/IH recipient chooses to enter an SA facility and requests SA, a new application is required. SA recipients who choose to return home and request SA/IH must also complete a new application.

Key the DSS-8124, Application Processing screen in EIS as a reapplication.

Use the DMA-5022 screen in EIS to issue supplemental payments when a recipient changes living arrangement and ambulation capacity.