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APPLICATION PROCESS

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**SA-3110 APPLICATION PROCESS**  
**REISSUED January 2, 2018**

**I. INITIAL CONTACT**

- A. A face-to-face interview is required to apply for Special Assistance.
- B. A DAAS 8190, State/County Special Assistance application must be completed in entirety and signed by the applicant and maintained in the applicant's case record.
- C. All Special Assistance applications must be entered and submitted in NC FAST within **three** business days from the date the application is signed by the applicant.
- D. If the applicant decides at any time prior to signing the application that he or she does not want to apply for assistance at that time, an inquiry should be completed. The individual should be informed of his/her right to apply on that day and if he or she decides not to apply that he/she may apply at any time. This notification must be documented. The following must be included with each inquiry and given to the individual:
  - 1. Have the [DMA-5094/ DMA-5094sp: Notice of your Rights to Apply](#) completed and signed and retain a copy.
  - 2. Have the [DMA-5095/DMA-5095sp: Notice of Inquiry](#) completed and signed and retain a copy.

**II. PARTICIPATION IN THE APPLICATION PROCESS**

- A. Individuals have the right to apply on their own behalf at any time.
- B. Representatives may apply on behalf of someone else, and include
  - 1. **Non-authorized representative** - someone who applies on behalf of an individual but is not allowed access to that individual's personal information used to determine eligibility. Information received in the eligibility process cannot be shared with a non-authorized representative without written approval from the individual/s for whom benefits are being sought.
  - 2. **Authorized representative** - any individual who is legally authorized or designated in writing by the applicant/beneficiary (a/b) to act on behalf of the a/b.

The IMC must add the authorized representative to the Person page/Client Contact/Contacts folder in NC FAST the demographics of the authorized representative prior to application disposition or for ongoing cases, whenever there are any changes in the

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Authorized Representative information. Each type of Authorized Representative must be identified by type in NC FAST. They are listed below in hierarchy order

- a. Legal guardian (includes DSS with custody or guardianship);
- b. Power of attorney (POA);
- c. Health care power of attorney;
- d. Department of Social Services (placement responsibility only);
- e. Spouse (Not separated);
- f. Parent (For children under 21);
- g. Authorized representative (An individual designated in writing by the a/b to assist with eligibility issues and who can have access to the information in the case file.

**NOTE:** The DMA-5202-Appendix C is the authorized representative form for Medicaid.)

- h. Authorized representative as designated by SSA on SDX;
3. Request a written statement by the a/b from any individual who is applying on behalf of an individual authorizing the individual to act as his authorized representative who does not already have that designation from #2. above. Do not refuse to take or deny the application if the statement is unavailable at application. If the statement is unavailable at application, request the statement as additional information via the [DMA 5097](#). If the applicant is unable to write an authorization, document the reason in the case record on the income support application.
  4. Any time an application is being made by someone on the individual's behalf, the following questions should be addressed during the interview. **Document questions and responses.**
    1. Why is the individual not applying on his or her behalf?
    2. Does the applicant have a legal power of attorney or guardian appointed by the Clerk of Superior Court?
      - a. Guardianship – Appointed by Clerk of Superior Court
      - b. Guardianship is the legal relationship where an individual's authority to make decisions is replaced with the authority of another (the guardian) when the Clerk of Superior Court finds the individual no longer capable of making decisions for

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herself or himself. In North Carolina, the laws concerning guardianship are found in NC General Statute 35A.

- c. Power of Attorney – Appointed by the Competent Adult
- d. Power of Attorney (POA) is an official document by which a competent person (adult) appoints another competent person or persons to assist in managing affairs of the person making the appointment. The scope of the POA’s authority may be broad or narrow as specified in the official document. Both general and durable POA’s serve as attorneys-in-fact to act in legal matters. The POA ends when the person who made the POA appointment dies, or as a competent adult, revokes the POA authority.
- e. If applicant has a POA or guardian as described above.
  - 1) Document the POA or legal guardian’s name, address, and phone number.
  - 2) Obtain a copy of the legal guardianship or POA appointment and file the document in NC FAST.
  - 3) Include the guardian or POA on all case correspondence.
  - 4) The guardian or POA may designate a representative to apply on behalf of the applicant.
- 5. Is the individual able to be interviewed by the IMC either via telephone or a home visit? If not, why not?
- 6. Is the individual able to sign the “Release of Information” form for herself or himself? If not, document the reason.
- 7. Explain to a representative(s) who is not the applicant’s legally appointed guardian or POA that information regarding the application and/or ongoing case cannot be released to the acting representative without written authorization by the applicant.
- 8. If the representative holds the applicant/beneficiary's legal POA or legal guardianship, he/she can sign the consent for release of information form for a/b.
- 9. Complete the Reception Log contact and outcome steps per guidelines in Fast Help.

**NOTE: Throughout SA policy any references to the applicant or the beneficiary also always apply to the applicant’s/beneficiary’s (a/b’s) authorized representative.**

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### III. ACCEPTING THE APPLICATION

- A. Allow the applicant to apply without delay when he/she requests SA. *Without delay* is defined as on the same day the applicant, or a representative of the applicant's choice, appears at the county department of social services. See Applications and County of Residence below.
- B. Allow the applicant to apply when there is an anticipated need if the need will occur within the time standard for completing the application.
- C. Explain that an applicant may apply for the program of his/her choice. Discuss the advantages and disadvantages of each applicable program.
- D. Use the [DMA-5094/ DMA-5094sp Notice of your Rights to Apply](#) to inform the applicant verbally and in writing that:
  - 1. A decision must be made concerning eligibility within 45 days of the date of the application for SAA or 60 days for SAD, The 45 or 60 days cover the time from date of application to the date that the approval or denial notice is mailed. Exceptions to these timeframes include:
    - a. The application may pend up to 6 months if awaiting documentation of verification of citizenship and/or identity and the applicant is cooperating to the best of their ability or when it is the county responsibility to pursue verification on behalf of the applicant based on policy requirements.
    - b. When the applicant for SA is not receiving, but may be eligible for SSA Retirement, Survivors, or Disability Income (RSDI), or SSI, the application for SA may pend up to one year awaiting SSA decision of eligibility.
- E. When an appointment is requested or required, a staff member must:
  - 1. Have the individual sign a [DMA 5094](#) on the day the request for financial assistance is received.
  - 2. Explain the [DAAS-8190](#) is the Special Assistance application and a face to face interview is required to complete the application process. The signed [DMA 5094](#) is protected as the application date;
  - 3. Explain that the application cannot be processed unless an application interview is completed;
  - 4. Document why the application appointment was made;

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5. Obtain the name of applicant, the name of their person requesting the appointment, the address and contact information.
6. Schedule a mutually agreeable appointment for the interview. When possible, make the appointment for the next workday; and
7. Give or mail the [DMA-5097](#) or [DMA-5097s](#) Request for Information, with the scheduled date and time for the interview.
8. If the individual fails to keep the scheduled appointment, send a [DMA-5097](#) or [DMA-5097s](#) scheduling a second appointment. Schedule the appointment at least 13 days after the first appointment so there are 12 calendar days between appointments. If the individual fails to keep the second appointment, see [SA 3110, Types of Disposition](#), for procedures to deny the application.
9. If a [DMA-5200 Mail-in Application for Medicaid](#) is received, and in talking to the client or representative it is found the client wants to apply for SA, explain that the [DAAS-8190](#), and other required application documents, must be completed as appropriate in a face to face intake interview. Schedule an intake appointment for the client and/or representative to come into the Department of Social Services to complete the SA application. The date of SA application is the same as the date on the mail-in Medicaid application.
10. If the applicant or representative is unable to apply at a DSS, interview the applicant at the SA facility unless one of the exceptions below applies:
  - a. The applicant resides in a state institution (mental hospital, developmental center, or prison). In this case, information shall be obtained from a responsible person or staff member of the institution.
  - b. If the applicant is currently residing in a state institution, a properly completed referral, DMA-5010, Referral for Inpatient Hospital and Intermediate Care Facilities, may serve as an application document. The date the referral is received by the agency is the date of application
  - c. If the application has been made and a home or facility visit is necessary to obtain additional information, do not deny the application if the applicant is unavailable during an unannounced visit.

#### IV. APPLICATIONS AND COUNTY OF RESIDENCE

The DSS staff begins the application process by determining the county of residence. This is important because SA benefits are 50% State and 50% county funds. When an individual or his representative appears at a county DSS outside of the individual's county of residence, an

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application must be taken following all guidelines in III. ‘Accepting Applications,’ above. The applicant shall not be required to travel to place an application. NC Administrative Code 10A 71P .0601 (1)-(3) requires that an application for SA may be made in any county DSS without delay or on the same day the applicant appears at the county department. Applications taken in a county DSS outside of the individual’s county of residence are referred to as ‘courtesy applications.’

**A. The county of residence/responsibility for Special Assistance In-Home a/b/s is the county where the individual resides in private living.**

**Exception:** Identified Transitions to Community Living Initiative (TCLI) individuals who are Special Assistance In-Home Approvals with Verified Supported Housing Slots are approved in the county of SA/Medicaid origin and then transferred to the county in which the a/b/r is currently residing in private living. **These cases are the only SA cases that are allowed to be transferred to another county and transferred as a SA-IH case.** See [SAIH 5250](https://www2.ncdhhs.gov/info/olm/manuals/doa/saih/man/SAIH-5250.pdf)  
<https://www2.ncdhhs.gov/info/olm/manuals/doa/saih/man/SAIH-5250.pdf>

**B. The county of legal residence for SA cases facility cases is the county in which the individual maintained or intended to establish a private living arrangement prior to entering an SA facility with the following exceptions:**

1. A child (under age 18) is always a resident of the State and County which is the legal residence of the parent(s) who have legal custody of the child. If the parent(s) with legal custody of the child move(s) out of a county and the child remains in a specialized community residential center, the new county of residence of the parent(s) will be financially responsible for the child the month following the month the parent(s) move to the new county. Transfer the case to the new county following transfer procedures in NC FAST Job Aids.
2. If the child is in the custody of a county department of social services, that county is the child’s legal residence and thus financially responsible for the child until the child turns 18.
3. Once the child turns 18, if a county DSS becomes the legal guardian of the adult, then the adult continues to be/becomes a resident of the county named as guardian.
4. A disabled adult child (DAC) in a facility is a resident of the county and state in which the DAC’s parent(s) had residence immediately prior to the DAC reaching age 18.
5. If the applicant IS NOT a resident of the county in which the a/b is currently applying for SA, and has no intent to remain in that county, determine county financial responsibility.

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6. The county in which the applicant last resided in a private living arrangement is the county of residence. Document applicant's previous private living arrangement.
  7. If the applicant's county of residence cannot be established:
    - (a) The county of residence is the county in which the a/b is currently applying for SA.
    - (b) If the applicant resides in a facility at the time of application, the county of residence is the county in which the SA facility is located.
  8. If the applicant states an intent to return home, thereby excluding the real property home site, the county of residence must be the county where the property is located.
- C. When an applicant presents for an application in a county DSS which is not his/her legal SA county of residence the DSS will obtain the following:**
1. A completed, signed and legible, [DAAS-8190](#), State/County Special Assistance SSI/non-SSI Application Workbook with complete name, address, and contact number for applicant and/or representative
  2. A [DMA-5094, Notice of Your Right to Apply for Benefits](#)
  3. A signed DMA-5052SA, State/County Special Assistance Applicant Medicaid Estate Recovery Notice.
  4. A [DSS-3431, Request for Financial Information](#), if appropriate;
  5. Tax check information at a minimum (including parents' names, spouse's name(s), spouse's parents' names), and any other leads, if appropriate;
  6. Verify all other available online verifications (SOLQI, OVS, On Line Data, AVS) as appropriate;
  7. A [DMA-5097, Request for Information](#) (which must include the request for FL-2, if not provided)

**NOTE:** If a disability determination is necessary or being requested, refer to Medicaid policy.

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**D. The DSS that accepts the application must:**

1. Submit the application in NC Fast.
2. Follow the NC FAST Job Aid: “Working with MA and SA Courtesy Applications” to transfer the application to the county of residence within two (2) workdays.
3. Contact the county of residence to ensure that they are aware of the application. The application should appear as a task in the county of residence’s work queue for processing.

**E. Send all items concerning the complete application electronically or by US Mail to the DSS in the applicant’s county of residence within 24 hours or one workday.** If the application date falls on the day before a weekend or holiday, forward all the information the following workday. Notify the contact person at the applicant’s county of residence that the application has been mailed. The county who took the application should also maintain a copy of the information in case the information is lost or destroyed in the mailing process.

1. Additional information received must be delivered to the county of residence within two workdays of receipt.
2. The date of application is the date the applicant and/or authorized representative requested financial assistance and signed the [DMA 5094](#).

**F. The county of residence must:**

1. Document the initial contact from the county taking the application.
2. Acknowledge receipt of the application in writing.
3. Process the application following SA procedures.
4. Maintain the case.

**G. If more than two work days have passed after taking an application, the DSS learns that the applicant is a resident of another county, the DSS with the open application must process the application.** Once the application is approved, clearly document the now ongoing beneficiary’s SA case file with verification of correct county of residence. Call the designated contact person in the beneficiary’s correct county of residence to facilitate reassignment of the now ongoing case to the correct county of residence.

A suggested form to notify the beneficiary of the change in the county DSS which will be maintaining the case is provided in [DAAS-3001](#) Notice of County of Residence Reassignment/Transfer.



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1. If the county DSS discovers that an active, ongoing case SA beneficiary is a resident of another county, clearly document the beneficiary's SA case file with verification of correct county of residence. Call the designated contact person in the correct county of residence to facilitate reassignment of the active SA case. The county of residence should use the [DSS-2216](#) to request the records of the application or active case.
2. If an applicant applies in more than one North Carolina county, the county of legal residence will process the application protecting the first date (earliest date) of application.

**NOTE:** If there is a dispute between counties concerning the above procedures, contact the SA Program Representatives through the listserv at [specialassistance@dhhs.nc.gov](mailto:specialassistance@dhhs.nc.gov).

**V. EXPLAINING ELIGIBILITY REQUIREMENTS AND THE APPLICATION PROCESS**

- A. Explain that SA benefits cannot begin prior to the month in which an application is signed. There are no retroactive benefits for SA prior to the month of application.
- B. Discuss the applicant's current as well as retroactive medical needs. Explain retroactive Medicaid benefits in addition to Medicaid benefits provided ongoing with SA eligibility. If the applicant does not request, or is clearly not eligible for Medicaid retroactive to the SA application month, document the SA case file with the offer of Medicaid for the 1, 2, or 3, month retroactive period and the reason that no retroactive application was taken.
- C. Explain that when the applicant accepts Medicaid, he/she assigns his/her right to third party insurance benefits to the state. Inform the applicant that it is a misdemeanor to fail to disclose the identity of any person or organization against which he/she has the right to recovery of medical expenses paid by Medicaid.
- D. Explain that if an applicant must be referred to SSA to apply for SSA benefits, SA benefits cannot begin until SSA has decided on eligibility for benefits including disability for a person under age 65.

**NOTE:** Because SA is a state supplement to the federal SSI program, to be eligible for SA an individual must apply and be eligible for SSI or be found ineligible for SSI solely due to income. For additional information on SSI and the SA application see [SA-3110, VIII Establishing Disability for SAD](#) below.

- E. Explain that the application may pend up to 12 months if awaiting a decision from SSA.
- F. Explain the annual recertification process. Refer to [SA-3320, Redetermination of Eligibility](#).

**NOTE:** If applicant is currently residing in a state institution, a properly completed referral, [DMA-5010](#), Referral for Inpatient Hospital and Intermediate Care Facilities, may serve as an

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application document. The date the referral is received by the agency will be used as the date of application

- G. If the applicant requests assistance by mail, send a follow-up letter to the applicant within three workdays after the request is received, requesting the applicant to come to the DSS for an interview or to contact the agency so that other arrangements can be made. Offer to make a visit or to provide transportation, if needed. Explain that an application must be signed to initiate the application process.

Explain that a delay in signing an application may result in the loss or delay of benefits. Refer to [DAAS-3000](#) Appointment Follow-up Letter Regarding SA Assistance Request. The letter shall specify that the agency shall, if it does not hear from the applicant within 15 days of the date of the letter from the agency, consider that the applicant is no longer interested in receiving assistance.

- H. If the applicant requests SA by phone, explain that applications cannot be accepted by phone, fax or email. Explain application options.
- I. If a [DMA-5000 Mail-in Application for Medicaid](#) is received and in talking to the client or representative it is found the client needed to apply for SA, the [DAAS-8190](#) and other required application documents will need to be completed as appropriate in an intake interview. Schedule an intake appointment for the client and/or representative to come into the Department of Social Services to complete the SA application.
- J. Discuss other available services and make appropriate referrals.

## **VI. EXPLAINING THE PROCESS FOR PAYMENT IF APPLICATION IS APPROVED**

Explain to the applicant the options for receiving an SA benefit. Refer to the [IEM 16000](#) Administration of Payments for information on payment methods and establishing a payee.

## **VII. REQUESTING NECESSARY INFORMATION TO PROCESS APPLICATION**

- A. Inform the applicant that his/her Social Security number(s) will be used to match information with other agencies such as the Internal Revenue Service and SSA. Further explain that the Social Security number will be used for the ESC/UI match. Inform the applicant that matches will be done unless withdrawal of the application is requested. Obtain applicant's signature on the [DMA-5001 Notice on the Use of Social Security Numbers](#).
- B. Request the applicant to sign a release of information. Only the applicant, the applicant's legal guardian or the applicant's duly appointed POA can legally sign the consent form. If a legal guardian or an appointed POA is signing for the applicant, they must sign the applicant's name followed by their own name. Refer to [DSS-6969, Consent for Release of Information](#) for a suggested form.

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- C. Explain to the applicant that it is the county's responsibility to use collateral sources to substantiate or verify all necessary information to establish eligibility. Collateral sources of information include knowledgeable individuals, business organizations, public records, and documentary evidence.
- D. Inform the applicant that name(s) of collaterals, such as landlords, employers, and others with the knowledge of the applicant's situation must be provided. If the applicant denies permission to contact necessary collaterals, the application shall be denied due to failure to cooperate in establishing eligibility.
- E. Explain that a caseworker may visit the applicant's residence or SA facility if necessary to verify eligibility requirements.
- F. Explain Carolina ACCESS, the managed health care program for Medicaid and North Carolina Health Choice (NCHC) recipients. Refer to [MA-2425](#), Community Care of North Carolina/Carolina Access (CCNC/CA) for instructions.
- G. Explain that SSI payments and any other income the applicant receives will be considered in computing SA payments.
- H. Explain that SA facility placement is based on need as indicated by medical information and recommended level of on the Adult Care Home [FL-2](#) form. If the Adult Care Home [FL-2](#) form [FL-2](#) form has not been completed and presented to the caseworker in the intake interview, print and provide a blank form to the applicant for completion by the applicant's physician (MD), physician assistant (PA), or nurse practitioner (NP). See [SA-3100 Eligibility](#), for complete instructions regarding the Adult Care Home [FL-2](#) requirement

**VIII. EXPLAINING THE APPLICANT'S RIGHTS AND RESPONSIBILITIES:**

**A. Explain in detail, the applicant's rights:**

1. The right to receive assistance if found eligible.
2. The right to be protected against discrimination on the grounds of race, creed, or national origin by Title VI of the Civil Rights Act of 1964. Appeals based on discrimination should be made to the agency director.
3. The beneficiary will be payee for the SA payment unless he or she designates a substitute payee for the payment.
4. If approved for SA, the right to receive his/her monthly payment until the payment is terminated by appropriate action.

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5. The right to have any information given to the agency kept in confidence, in accordance with the federal and state laws and policies.
6. The right to appeal, if:
  - a. Assistance is denied, changed, or terminated.
  - b. Applicant believes the payment is incorrect based on the county's interpretation of state regulations.
  - c. A request for a review of his or her eligibility decision including payment amount was delayed beyond 30 days or the request for review was denied.
7. The right to reapply at any time, if found ineligible.
8. The right to withdraw from the SA program at any time.

**B. Explain the applicant's responsibilities. Specifically, inform applicant that as an SA applicant/beneficiary that he/she must:**

1. Apply for **all** benefits to which he or she may be entitled, **including receiving the maximum benefit for which he or she is eligible**. This includes, but is not limited to, SSI. All applicants must apply for SSI if their income is below the SSI Federal Benefit Rate (FBR). SSI recipients receiving less than the FBR must apply to receive the FBR or report changes to Social Security (SSA) which would affect their SSI payment amount.
  - a. Explain to the a/bs of SA, who have applied for and receive **or** are entitled to receive SSI, but whose SSI payment amount is less than SSI FBR, will need to work with SSA to establish SSI FBR income.
  - b. Explain that beginning with the first month in which the a/b is entitled to SSI FBR, SA payments **cannot be issued** in an amount to make up for SSI income deficit when the SSI payment amount is reduced for reasons other than SSA overpayment recoupment. See [IEM 4100](#).
2. Apply for RSDI/SSI within the SA application processing time standard if the applicant does not have a current RSDI/SSI application or is not currently receiving. Explain that SA cannot be approved until RSDI/SSI eligibility is determined, and that the SA application will pend up to 12 months awaiting the SSA decision.
3. If the applicant has been denied SSI/RSDI, and is **not** in appeal status **and** the appeal time frame **has** lapsed, **instruct the applicant via the DMA-5097 to reapply for SSI/RSDI** by the SA application processing deadline. Once verified a SSI/RSDI application has been made, pend the SA case up to 12 months awaiting a decision.

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4. If the appeal timeframe has **not** lapsed rather than reapplying for SSI/RSDI, instruct applicant to appeal the SSI/RSDI denial. This is crucial because a new application, if approved, would only approve benefits beginning with the *new* application date. If an appeal is won, benefits would be approved based on *initial* application date.

**NOTE: SA does not pend applications while waiting for the SSI/RSDI appeal process. The SA application will need to be denied. Explain to the applicant that if the appeal results in a reversal to approve SSI/RSDI retroactive to the SA denial the SA case can be reopened and benefits approved.**

5. Provide the necessary sources from which information needed to determine eligibility can be located. Provide the applicant with a [DMA-5097, Request for Information](#).
6. Report within 5 days any change in situation that may affect SA eligibility. Explain the meaning of fraud. Notify the applicant he/she may be suspected of fraud if the applicant/beneficiary fails to report a change in situation. Explain that in such situations, the applicant/beneficiary may have to repay assistance received in error and that he/she may also be tried by the courts for fraud.
7. Provide information about any person or organization against which he/she has a right to recovery of medical expenses paid by Medicaid.
8. Sign a [DMA-5052SA, State/County Special Assistance Recipient Estate Subject to Medicaid Recovery](#). Because Medicaid is automatic for SA facility beneficiaries, inform applicants of the potential for estate recovery for the cost of PCS paid by Medicaid for beneficiaries age 55 and older. Regardless of age at application, have the applicant or his/her representatives sign [DMA-5052SA, State/County Special Assistance Recipient Estate Subject to Medicaid Recovery](#). Provide a signed copy to the applicant and/or representative and retain one copy for the case file.
9. Immediately report to the county department the receipt of a payment, which he/she knows to be erroneous, such as two payments for the same month, or a payment in the wrong amount. If the incorrect payments are not reported, the beneficiary may be required to repay any overpayments.

## IX. ELIGIBILITY DETERMINATION

Review each eligibility factor following the regulations in the appropriate manual sections. Document all factors of eligibility on the [DAAS- 8190](#).

### A. Explain the Relationship of Special Assistance to the Federal SSI Program

1. Explain to each applicant that the SA program is a state supplement to the federal SSI program. If the applicant's income is less than the federal benefit rate (FBR) for SSI, the

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individual is required to apply for SSI. (The FBR is the basic standard used in computing the amount of Federal SSI benefits for individuals and couples. The FBR may be increased annually to reflect increases in the cost of living.)

2. Each applicant for SA must be informed that he/she must apply for **all** benefits to which the applicant may be entitled, including receiving the maximum benefit for which the applicant is eligible. The individual cannot waive or renounce benefits that he/she may be eligible to receive. This includes, but is not limited to SSI.
3. SA applicants with income/benefit evidence entered into NC FAST less than the FBR, excluding individuals that qualify for a 'Reason not receiving SSI FBR, will fail the income test in NC FAST. See [IEM 4150](#) for appropriate reasons for not receiving SSI at the FBR.

#### **B. Visits**

Make a visit to the applicant's residence or the SA facility if the applicant is unable to visit the agency unless one of the exceptions below applies:

1. The applicant resides in a state institution (mental hospital or retardation center or prison). In this case, information shall be obtained from a responsible person or staff member of the institution.
2. If the application has been made and a home or facility visit is necessary to obtain additional information, do not deny the application if applicant is unavailable during an unannounced visit.

#### **C. FL-2 Requirement**

Every applicant must have a valid FL-2 before a SA case can be approved. For instructions regarding the FL-2, see [SA-3100, Eligibility](#).

#### **D. Verification and Documentation**

Verify and document each of the following factors on the [DAAS- 8190](#)

1. Age: Eligibility Requirements: [SA-3100](#)
2. Disability or blindness if under age 65: See SA3110, Application Process, VIII.
  - (a) For SSI a/b's, view SDX Disability Onset, which indicates if there is a date of disability onset as alleged by the claimant during the period in which the case is awaiting a medical determination, or if the case has been medically denied.

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- (b) After a final disability or blindness determination has been made, the date of onset will be either the date of disability onset established for Title II (RSDI) purposes in a concurrent Title II/Title XVI allowance or the date of onset established for Title XVI only medical allowances.
- 3. Automated Inquiry and Match Procedures: SA-3400
- 4. U.S. Citizenship for non-SSI or non-Medicare a/b's if not already documented in the Permanent Verifications folder. See [SA-3240](#), Citizenship and Identity.
- 5. Identity: for non-SSI or non-Medicare applicant/beneficiaries if not already documented in the Permanent Verifications folder. See [SA-3240](#).
- 6. Resources: SA-3200.

For SSI recipients:

- (a) View SDX Resources, showing the resource information that the applicant has provided to Social Security. Recipients of SSI automatically meet the resource requirements of SA; however, SSI resource information could provide eligibility leads that need further exploration. For example, if the SDX reflects ownership of a home which is excluded for SSI, document the SA case file with the physical location of the home for purposes of state/county residency.
  - (b) SDX also provides information on transfer of assets for SSI recipients.
  - (c) For non-SSI recipients review all leads thoroughly for resources. See SA-3200.
- 7. Transfer of Resources: SA-3205.
  - 8. Income: See IEM 4000
  - 9. Budgeting: See SA-3220
  - 10. Health Insurance: MA-2400. For SSI recipients, view Third Party Insurance, which is an indicator of third party liability for health care expenses, and the effective date of the recipient's third party liability enrollment.
  - 11. SA facility information required:
    - (a) Verify in NC FAST that the facility is SA eligible by conducting a facility search. Verify the facility is correct by matching the license number. There are many facilities with the same or similar names.



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- (b) There will be a “Yes” in the SA Eligible Indicator and a “Yes” for Civil Rights Agreement for the facility if it is a facility approved to accept SA. For information on facilities that are designated as a SA Facility, see SA- 3100.
  - (c) Document applicant’s date of admission to the facility in NC FAST and on the [DAAS-8190](#) as applicable.
  - (d) Follow the NC FAST SA Application Job Aid if facility is not found in NC FAST.
12. Verification of SSI benefits: Use Online Data to verify the SSI status of the SA applicant.
- (a) When a recipient of SSI applies for SA, Online Data SSI information must be reviewed for use in correctly determining SA eligibility
  - (b) The Competency Code indicates the representative payee's status as to legal guardianship and/or competency of the recipient.
  - (c) Check to see if there is a payee indicated for the SSI check.
  - (d) Online Data provides the SSI Eligible Date, the date the recipient was first determined eligible or most recently re-determined eligible after a period of ineligibility. This is the effective date of the first SSI payment. SSA also calls this the Application Effective Date.
  - (e) View the Online Data Federal Eligibility Code which identifies eligibility for SSI payment in the current month.
  - (f) Online Data Payment Status, consists of two data elements ;
    - 1. The first position reflects the status of the SSI payment.
    - 2. The second and third positions reflect the reason for the status.
  - (g) Assess whether applicant is receiving federal benefit rate (FBR) or a reduced rate. The applicant may be receiving a reduced SSI rate due to one or more of the following reasons:
    - 1. One-Third Reduced SSI (Unearned Income Information). If the Online Data reflects unearned income code “J” for the SA applicant/beneficiary this indicates that the applicant’s SSI payment is based on the applicant residing in the home of another person.



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2. SDX Federal Living Arrangement Code. If the Online Data reflects the SSI recipient resides in a Title XIX (Medicaid) institution (federal living arrangement code “D”) instead of an SA facility (field is blank), the SSI payment is reduced to \$30/month or terminated if the SSI applicant has other countable income greater than \$30.
  3. The IMC must inform the SSA via [DMA-5049](#) (Referral to Local Social Security Office) of the change in living arrangements for SSA to reinstate the FBR if reasons 1. or 2. above are applicable. Remind the applicant/authorized representative that is their responsibility to notify SSA within 10 days of any change in situation.
  4. SSA Recoupment of Overpayment/s: SSA recoupment of SSI benefits or Social Security (RSDI) benefits reduce the recipient’s monthly payment to an amount less than the monthly entitlement amount due the recipient. This reduction is reflected in a dollar amount assessed each month to collect the overpayment/s. The **recoupment amount** must be adjusted to the lowest possible monthly amount.  
  
**For further instructions on applicants with an SSA/SSI recoupment see [IEM 4100](#).**
  5. The IMC should track and verify that necessary changes have been made by SSA/SSI for the SA beneficiary to receive the maximum federal benefits to which he or she may be entitled. Changes made by SSA will reflect on the SDX for SSI applicant/recipients.
  6. The Online Data Denial Code-Date provides the reason and date a claimant was initially denied for SSI. This will indicate whether the SSI applicant was denied for the reason of excess income. **If the applicant was denied SSI for any reason other than income, the SA application must also be denied.**
- (h) Document in the case record all applicant, collateral, and telephone contacts. Always include the name of contacts providing information and the date of the contact.
  - (i) Stamp all information with date of receipt in DSS.
  - (j) Document the exact date that an applicant/beneficiary leaves an adult care facility and moves to another adult care facility, or, moves to a higher level of care, moves to a public institution, or moves to PLA. This information is very important for keeping accurate track of the SA beneficiary’s physical location and provides information needed in applying the 5/10-day rule, when applicable.

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**X. TIME STANDARD**

The time standard covers the time from the date the application is signed to the date of disposition.

**A. Processing Time Standard**

Process SAA applications within 45 days from the date the DMA 5094 is signed.

**B. SAD Processing Time Standard**

Process SAD applications within 60 days from the date the DMA 5094 is signed.

**C. Reasons to Pend an Application**

**1. Additional Information, including a Disability or Blindness Determination, needed from SSA**

- a. Hold an application pending for up to 12 months while awaiting a determination of eligibility for benefits and/or a disability or blindness determination and/or other information needed from SSA. Refer to VI. for instructions for establishing disability.
- b. Discuss the applicant's current and retroactive medical needs and advise the applicant that he/she may make a separate application for Medicaid. Refer to instructions in [MA-2525, Disability](#) for establishing disability for Medicaid.
- c. If the applicant refuses to apply or does not apply for Social Security benefits within the 60-day processing standard, deny the application at the 60th day. Do not hold the application pending.

**Exception:** In those few situations where the applicant has applied for Social Security benefits within the last 12 months and was denied for a reason that does not affect SA eligibility (such as income), do not require the applicant to reapply. Verify and document the reason for the SSA denial. Refer to [SA 3110, Application Process VI.](#) for instructions for establishing disability if appropriate.

- d. If SSA denies the SSDI/SSI application based on non-disability or not meeting criteria for legal blindness; or being denied based on eligibility criteria other than income (such as resources, transfers, fleeing felon, etc.), deny the SA application. An individual must be eligible for SSI or ineligible solely due to income to qualify for SA.

**NOTE:** Do not deny the SA application if the reason for the SSA denial of SSI benefits is a transfer of resources that occurred prior to November 1, 2002. See SA 3200.

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- e. If the DSS denies an SA application based on an SSA decision, advise the applicant that he may appeal the SSA decision. If SSA reverses their denial, the SA application may be reopened. See instructions in [SA 3110, VII. Application Process](#) for reopening applications due to SSA appeal reversals.

**2: Information Needed from Applicant or Other Third Party**

- a. The application may pend up to 6 months if awaiting documentation of verification of citizenship and/or identity and the applicant is cooperating to the best of their ability, or when it is the county responsibility to pursue verification on behalf of the applicant based on policy requirements. Assistance in obtaining Citizenship and Identity documentation must be provided upon the applicant's request or if the applicant has special needs, such as a mental or physical incapacity. See [SA-3240, Citizenship and Identity](#).
- b. Do not hold applications pending beyond the processing time standards for information from the applicant or a third party if the following requirements are met:
  - (1) Request any information needed to process the application during the initial interview using the [DMA-5097, Request for Information](#), and enter the date requested. Include information the applicant/representative needs to provide from a third party or other agency such as SSA/SSI or VA.
  - (2) Make at least two requests for information needed from the applicant or third party. There must be at least 12 calendar days between the requests.
  - (3) Explain to the applicant that if more time is needed to provide the required information, an extension may be allowed. If an extension is requested, allow additional time of at least 12 calendar days.
  - (4) The application is not pending for information from SSA. If you are waiting for information on eligibility or disability from SSA, continue to pend until that information is received. Do not pend an application if you are waiting for the SSI payment to increase to FBR. Instead follow procedure in [JEM 4100](#). Once the information from SSA is received, do not continue to pend for other applicant or third party information.
- c. If at least two requests for information have been made and the information is not provided, and you are not waiting for information from SSA or for information on citizenship and identity, deny the application on the 45/60th day or 12 days after the second request or the extension, whichever is later.

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### 3: Reducing Resources

- a. If the applicant has excess resources and states he/she does not intend to reduce resources (including rebuttal of value) within the processing time standard, accept and document the applicant's statement and deny the application.
  - b. If the applicant states intent to reduce resources, explain that the resources must be reduced by the 45th/60th day. If resources are not reduced within the application processing time standard, the applicant is ineligible. Advise the applicant that he/she must provide verification of reduction of resources within the application processing time.
  - c. If the applicant has not provided verification of reduced resources by the 45th/60th day and the requirements above for requesting information have been met, deny the application.
  - d. If the requirements for requesting information were not met, pend the application until the end of the second 12-day period or extension or until ineligibility is verified.
  - f. If the applicant provides verification that resources were reduced prior to the 45/60th, determine eligibility based on the new resource amount. **Eligibility begins the month after the month in which resources were reduced to allowable limits.** The exception to this rule is if the burial exclusion is sufficient to reduce resources to the allowable limit.
1. Obtaining a valid and signed [FL-2](#)  
Do not hold an application pending beyond the time standard awaiting a valid [FL-2](#) if the requirements for requesting information are met. Deny the application.
  2. Document all attempts to verify necessary information.
  3. If the application pends beyond the processing time standard, dispose of the application within 5 workdays after the last piece of information is received.
  4. If the application pends beyond the processing time standard for both applicant/third party and SSA information, dispose of the application within 5 workdays after the SSA decision is received.
  5. When disposing of a pending application, determine eligibility on a monthly basis for all months from date of application onward. Clearly document the application booklet for each month of non-eligibility listing the reason/s for non-eligibility. Notify the applicant accordingly. When all factors of eligibility are met, clearly document the basis for eligibility, including 1<sup>st</sup> moment resource balance when applicable. Reference [SA 3110, Application Process, XII](#).

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## **XI. ESTABLISHING DISABILITY FOR SA**

To be eligible for SAD, an individual must be age 64 and under, and must be determined disabled by Social Security or meet criteria for legal blindness.

### **A. Already Receiving SSI/SSDI**

An applicant who is receiving SSI/SSDI based on disability meets the disability requirement.

### **B. Not Receiving SSI/SSDI, No Pending Application**

1. If the SA applicant is not receiving SSI/SSDI based on disability or legal blindness has not been established, and does not have a disability application pending, advise the applicant that he/she must apply for Social Security benefits within 60 days of the date of the SA application.
2. Discuss the applicant's current and retroactive medical needs and advise the applicant that he/she may make a separate application for Medicaid. Refer to instructions in [MA-2525, Disability](#) for establishing disability for Medicaid. A Disability Determination Services (DDS) decision of disability for Medicaid does not apply to SA, except for situations described in D.
3. If the applicant applies for SSI/SSDI within the 60-day processing time standard, hold the SA application pending up to 12 months awaiting the SSA decision.
4. If SSA denies the application due to not meeting criteria for disability or legal blindness, deny the SA application. Advise the applicant that if he appeals the SSA decision and the denial is overturned, the SA application may be reopened.

### **C. SSI/SSDI Application Pending**

1. If the applicant has an application for SSI/SSDI pending with SSA, hold the SA application pending for up to 12 months awaiting the Social Security decision. Check the SDX monthly to determine if a decision has been made and document this.
2. If the SSA disability application is denied due to not meeting criteria for disability or legal blindness, deny the SA application. Advise the applicant that the SA application may be reopened if he appeals the SSA decision and the denial is overturned in appeal.

### **D. SSA Makes No Disability Determination**

1. In some cases, SSA may approve or deny benefits without determining disability. For example, the applicant may be financially ineligible for both SSDI and SSI and the

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application is denied without a disability determination, or an applicant may be approved for a benefit that does not require a disability determination such as early retirement.

2. When SSA approves, or denies benefits, determine the reason for the decision and whether a disability decision was rendered. Refer to the SDX, SOLQ, award or denial letter or contact with SSA.
3. In those situations, where SSA will not make a disability determination, disability must be established by Disability Determination Services. Follow instructions in [MA-2525, Disability](#) to submit a request for a disability determination for an SAD applicant.
4. The only time DDS makes a disability determination for SAD is when SSA will not make a disability determination.
5. In situations where SSA will not make a legal blindness determination, blindness must be established by the Division of Services for the Blind. Proof of an individual's visual acuity will be based on a completed eye examination report which reflects his/her current visual condition. The eye examination report must be dated and signed by a medical or eye care professional. Acceptable report forms are:
  - a. [DSB-2202: Report of Eye Examination](#), which is completed, dated, and signed by a medical or eye care professional; or
  - b. A written statement on official letterhead signed and dated by a medical or eye care professional which states, at minimum, the individual's visual acuity in both eyes with best correction, date of examination, and primary diagnosis.
  - c. Mail to: Division of Services for the Blind, 2601 Mail Service Center, Raleigh, NC, 27699-2601

## **XII. REOPENING A DENIED SA APPLICATION DUE TO APPEAL REVERSAL**

### **A. SA Appeal Reversal**

When an SA application was denied but is subsequently approved as the result of a state appeal, reopen the original application within 5 work days of the date the Notice of Decision is final and process the reversed decision.

### **B. SSA Appeal Reversal**

If an SA application is denied based on a decision by SSA but the SSA denial is reversed on appeal, the reversal of the SSA decision is considered a reversal of the SA decision. The applicant is not required to make a separate SA appeal. This applies to determinations of

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eligibility based on disability or as well as other eligibility factors such as resources or transfers.

1. Administratively reopen the SA application if:
  - a. The applicant or the representative notifies the county DSS within 60 days of the date of the reversal decision and requests SA, and
  - b. The onset date for disability or blindness (or the beginning date of eligibility) is the same as or prior to the date of the SA denial, and
  - c. There is a period of cost of care that SA can cover.
2. It is recommended that the IMC periodically check to determine if the appeal process has been completed, through the SDX or contact with SSA or the applicant. If you learn of the appeal decision through some source other than the applicant, contact the applicant to determine if he/she wishes to reopen the SA application based on these criteria.
3. Approve assistance based on the original date of application if all other eligibility factors are met. Payment can begin no earlier than the month of SSI approval. See Effective Date of Payment in this section.
4. Request For Override

If the applicant is authorized for more than 12 months prior to disposition, send a letter to the Payment Benefits Section. Also, if Medicaid is authorized more than 12 months prior to disposition, request an override of the 12 months Medicaid claims processing time limit.

## **X. EFFECTIVE DATE OF PAYMENT**

### **A. Payment**

1. In general, the effective date of payment is the day when the [FL-2](#) is signed and all other eligibility requirements are met for adult care cases. SA/IH cases are not tied to the date of the FL-2.
2. If an applicant is in an SA facility for an entire month and eligibility requirements are met after the first day of the month, the applicant is not eligible for a full month's payment until the following month. An exception is for an applicant reaching age 65. In these situations, if the applicant meets all other eligibility requirements, they are eligible the month they attain age 65
3. Do not authorize SA payment for months prior to the month of application.



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4. For SA applicants who are also applicants for SSI, authorize SA payments the first month the applicant becomes eligible for SSI (even if no SSI payment was issued/received) if applicant resides in a licensed SA facility and applied for SA that month, and met all other factors of eligibility.
  - a. The first month the SSI applicant meets all factors of SSI eligibility is identified by SDX/SSI Payment Status Code E02. Code E02 indicates the SSI application month for which no SSI payment is issued. The first SSI payment is issued the month following the first E02 month of SSI eligibility.
  - b. Because the SSI payment will not be issued to the SSI applicant for the E02 month, the SA payment will be calculated for the SSI E02 month at zero SSI payment. The SA payment will need to be recalculated for subsequent months for which the SSI applicant is awarded/issued SSI payments ongoing. These months are coded on the SDX as C01 months.

**NOTE:** If SSI ongoing payments are not awarded at SSI FBR for the current calendar year, budget the case per the instructions in IEM 4100.

5. Do not authorize the SA payment prior to the date a current valid [FL-2](#) is signed by a physician, a physician assistant, or a nurse practitioner for adult care home cases. Calculate a partial payment beginning with the date the valid [FL-2](#) is signed, and all other factors of eligibility are met, if that date falls after the first day of the month.
6. Do not authorize SA payment prior to the date the state residency requirements are met. Calculate the partial month payment beginning with the day the residency requirement is met, and all other factors of eligibility are met, if that date falls after the first day of the month.

## **XI. TYPES OF DISPOSITION**

Notify the applicant/representative of the county's decision in accordance with SA-3300, Notices. Disposition the application.

### **A. Approvals – Reference [SA-3330](#)**

Approve assistance when all factors of eligibility have been verified and eligibility has been established. Complete the DSS-8108, Notice of Benefits or a DMA 5002- Important Notice About Your Medicaid or Special Assistance Approval Notice

### **B. Open/Shut**

Refer to [SA-3220, Budgeting](#), when an application is approved and terminated at the same time.



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**C. Denials – Reference [SA-3330](#)**

Deny assistance anytime ineligibility has been established and complete the [DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn](#). Always evaluate for Medicaid eligibility when SA is denied.

**D. Withdrawals – Reference [SA-3330](#)**

Withdraw application anytime the applicant voluntarily requests withdrawal of the application and complete the [DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn](#). Explain all options to withdrawal, including a separate application for Medicaid. Explain that the applicant may reapply for SA at any time.

**NOTE:** Notify all appropriate program staff, such as Medicaid, Food and Nutrition Services, etc. using [DSS-8194, Income Maintenance Transmittal Form](#).

**XII. DISCOURAGEMENT**

An applicant or representative must not be discouraged from applying for SA and Medicaid which is automatic with SA. Discouragement can occur with or without a signed application and can be discovered in several ways, including a report by the applicant or potential applicant, through a second-party review, or by the application monitor. Please refer to the [ABD Medicaid Manual, MA-3200, Medicaid Section IV on Discouragement](#).