
CHANGES IN SITUATION
SA-3310 CHANGES IN SITUATION
Reissued 04/10/12

04/01/12

I. GENERAL INSTRUCTIONS APPLICABLE TO ANY CHANGE IN SITUATION

- A. The a/r or a/r's representative is required to report any change in the a/r's situation within five (5) calendar days.
- B. When the county learns of a change in situation from any source, evaluate the change to determine if there is an effect on eligibility and the SA payment amount.
- C. When a change in situation is reported, ask if other changes have occurred. Be alert to any change that affects more than one eligibility requirement.
- D. When more than one change in situation is reported during the month, implement changes with the same effective date at the same time. When there are different effective dates, implement separately in the order in which they occurred.
- E. Document all verifications, including notations of telephone contacts.
- F. Enter changes in EIS according to the EIS Manual.
- G. Send the a/r notice of any change in benefits according to SA-3330, Notices.
- H. All appropriate actions must be completed within 30 calendar days after the county department of social services learns of the change.

II. CHANGES DURING APPLICATION PROCESS

A. Change of Address/Living Arrangement

- 1. From SA facility to SA facility
 - a. Verify and document change.
 - b. Verify new facility code in EIS.
 - c. Complete DSS-8125, EIS Data Sheet. (No notice is required from County DSS.)
- 2. From SA facility to Private Living
 - a. Verify and document change.
 - b. Evaluate for open/shut SA payments, refer to SA-3220, Budgeting.

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- c. Send the DMA-5002, Approval Notice, or DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn, to disposition the application.
- d. For SSI applicants complete and send the DMA-5049, Referral to Local Social Security Office, to SSA.
- e. For non-SSI applicants, always evaluate for potential Medicaid eligibility and other programs of assistance.

B. Change in Level of Care

- 1. SA facility Basic (ambulation code B) applicant moves to a Special Care Unit (SCU) for Alzheimer's (or related disorders).
 - a. Document the date applicant moved to the SCU.
 - b. Visit the facility to verify applicant is in a licensed SCU.
 - c. Verify the diagnosis on the current FL-2 is for Alzheimer's or a related disorder.
 - d. Budget using the SCU rate beginning with the date of the move to the SCU. See SA-3200, Resources.
 - e. When approving the application specify the effective date for the SA SCU payment on the DSS-8108, separately from the SA facility Basic payment effective date.
- 2. An SA facility SCU applicant moves to an SA facility Basic (ambulation code B) area of the facility.
 - a. Document the date recipient moved to the SA facility basic section of the facility.
 - b. Re-budget using the SA facility Basic rate effective the date the a/r moved to a room outside of the SCU. See SA-3220, Budgeting Principles.
 - c. Send a DSS-8110, Your Benefits Are Changing (Timely) to reduce the SA payment
- 3. SA facility to Long-Term Care (Not expected to return within 30 days)
 - a. Document date agency received FL-2/MR-2, Level of Care Recommendation/Mental Retardation Services, in the record;

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- b. If a bed is available, evaluate for open/shut SA payments, refer to SA-3220, Budgeting. Send DSS-8108, Notice of Benefits, or DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn, to disposition application. The SSI applicant must still be evaluated for long-term care Medicaid by appropriate IMC. If the applicant is Non-SSI, he/she must be evaluated for Private Living Medicaid and Long-Term Care Medicaid.

NOTE: If the applicant or representative chooses not to accept the bed, applicant is no longer eligible for SA.

- c. If there is no bed available at the appropriate level of care you may approve SA at the current rate until a bed is located. Review and document placement progress with the appropriate services staff each month until the applicant is placed. (Refer to DSS-8194, Income Maintenance Transmittal Form, for a suggested documentation format on these cases.)

4. SA facility to Hospital Acute Care

- a. If the applicant returns to the SA facility within 30 days, continue to process the application.
- b. If the applicant is hospitalized for more than 30 days:
- (1) Evaluate for open/shut SA payments.
 - (2) Send DSS-8108, Notice of Benefits, or DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn, to disposition application.
 - (3) For SSI applicants, complete and send DMA-5049, Referral to Local Social Security Office, to SSA.
 - (4) For Non-SSI applicants, always evaluate for potential Medicaid eligibility and other program assistance, including long-term care Medicaid.

5. SA facility to a Public Institution

When a SA applicant moves from an SA facility to a public institution, take the following steps:

- a. If the applicant is admitted to a public institution other than jail or prison and is expected to return to the SA facility within 30 days, continue to process the application.
- b. Verify and document change.

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- c. If the applicant is admitted to a public institution and is not expected to return within 30 days, or if the applicant is incarcerated:
- (1) Evaluate for open/shut SA payments, refer to SA-3220, Budgeting.
 - (2) Send DSS-8108, Notice of Benefits, or DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn to disposition application.
 - (3) For SSI applicants complete and send DMA-5049, Referral to Local Social Security Office, to SSA.
 - (4) For non-SSI applicants, always evaluate for potential Medicaid eligibility and other programs of assistance.

NOTE: SAD applicants under age 21 (or under age 22, who had their 21st birthday while in the state mental hospital), and all SAA applicants must be evaluated for Long-Term Care Medicaid.

C. Change in Resources

1. For applicants receiving SSI, complete and send a DMA-5049, Referral to Local Social Security Office to SSA. Refer to SA-3110, Application Processing for instructions for pending an application while awaiting information from SSA.
2. For applicants not receiving SSI, verify and document change in resources according to instructions in SA-3200, Resources.
 - a. Record all verifications, including those items that are excluded from resource determination, on forms DAAS-8190-NS, Special Assistance Workbook for Non-SSI Recipients and DAAS-8190-S, Special Assistance Workbook for Non-SSI Recipients, and DMA-5030, Reserve History Sheet.
 - b. Process all changes in resources and determine if the value of resources affects eligibility (i.e., real property, personal property and liquid assets) in accordance with SA-3200, Resources.
 - c. If eligibility is not affected by the value of the resource, continue to process the application.
 - d. If the value of the resources exceeds the resource allowance, send a DMA-5097, Request for Information, along with a statement of countable resources. If

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resources are reduced to allowable limits within the processing time standards, continue to process the application.

Authorize SA payment effective the month after the month the resource was reduced to the allowable limit and all other eligibility requirements are met. Refer to SA-3110, Application Process, for application processing time standards.

D. Change of Income

A change in income is defined as an acquired source of income, a change in rate or pay that will continue (not fluctuating income), or a termination of an existing source of income. Do not react to change until income is received.

1. For applicants receiving SSI, complete and send a DMA-5049, Referral to Local Social Security Office, to SSA. Refer to SA-3110, Application Process for instructions for pending an application while awaiting information from Social Security.
2. For applicants not receiving SSI, verify and document change in income according to instructions in SA-3210, Income.
 - a. Calculate the amount of the new SA payment. Refer to SA-3210, Income for information on determining base period for changing income during the application process.
 - b. Send DSS-8108, Notice of Benefits, or DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn to disposition application.
 - c. If applicant is denied for SA payments, always evaluate for potential Medicaid eligibility.

E. Other Changes

1. Unable to Locate

If an applicant moves, but leaves no forwarding address, and you are unable to contact the representative, deny the application. Refer to SA-3110, Application Process.

2. Change in State Residency

- a. Evaluate for open/shut SA eligibility. Refer to SA-3220, Budgeting.
- b. Send DSS-8108, Notice of Benefits, or DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn, to disposition application.

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- c. For SSI applicants complete and send DMA-5049, Referral to Local Social Security Office, to SSA.
3. Death
- a. Verify and document date of death.
 - b. Evaluate for open/shut SA payments. Refer to SA-3220, Budgeting.
 - c. Send DSS-8108, Notice of Benefits, or DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn, to disposition application.
 - d. For SSI applicants, complete and send DMA-5049, Referral to Local Social Security Office, to SSA.
 - e. For any payments issued after death of applicant refer to SA-3300, Administration of Checks and Payments.

III. CHANGES FOR ONGOING CASES

A. Change of Address/Living Arrangement

- 1. From SA facility to SA facility
 - a. Verify and document change.
 - b. Verify new facility code in EIS.
 - c. Complete the DSS-8125, EIS data screen.
- 2. From SA facility to Private Living
 - a. Verify and document change.
 - b. Send the DSS-8110, Your Benefits Are Changing (Timely), to terminate Special Assistance payments observing required time frames. Refer to SA-3330, Notices.
 - (1) For SSI recipients, transfer to MA per instructions in EIS. Complete and send DMA-5049, Referral to Local Social Security Office, to SSA.
 - (2) For non-SSI recipients, always evaluate for potential Medicaid eligibility and other programs of assistance.

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- c. Determine amount of SA overpayment owed by the recipient.
- (1) Apply 5/10 day rule. Using a calendar, count 5 calendar days beginning the day following the date the change occurred and add 10 working days.
 - (2) Subtract the date determined by applying the 5/10 day rule from number of days in the month.
 - (3) Divide the recipient's monthly SA payment minus the \$46 personal needs allowance (PNA) by the number of days in the month to determine the per diem rate for that month.
 - (4) Multiply the number of days of recoupment times the per diem rate to determine the amount of SA overpayment.

EXAMPLE:

Mr. Brown was discharged to a Private Living Situation on January 2. His January SA payment after subtracting the PNA of \$46 is \$500. Mr. Brown would receive an SA payment for 5 calendar days (5 days allowed to report change to IMC) plus 10 working days (10 days timely notice period) after the day he left. Mr. Brown is eligible for SA payment through January 20 (Refer to calendar below). The amount of SA payment to be refunded is calculated below.

Number of days in month	31
Date 5/10 day rule ends	<u>- 20</u>
	11
SA Payment (Minus \$46 PNA)	500
Number of Days in Month	<u>÷ 31</u>
Per Diem Rate	16.13
Number of Days of Recoupment	<u>x 11</u>
Amount of refund	177.42
Amount of refund (rounded)	\$177.00

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Change occurred	3 Count 5 days from the change starting here	4	5	6	7
8 Count 10 working days from here	9 Sunday not a working day, so start 10 day count here	10	11	12	13	14
15	16	17	18	19	20 10 day count ends here	21 Recoup the remainder of the month starting here
22 Recoup	23 the	24 remainder	25 of	26 the	27 month	28
29	30	31				

- d. Ask the recipient to refund the recoupment voluntarily. Refer to SA-3300, Administration of Checks and Payments, for collection options.
- e. If the recipient refuses to refund the recoupment, refer to SA-3410, Fraud.

Note: The 5/10 day rule does not apply for changes involving a move from the SA facility to a higher level of care or when the recipient dies. In those situations, the recipient is entitled to the payment for the entire month of change if he was in the facility on the first day of the month. The facility is required by licensure rules to refund to the recipient or his estate the portion of the payment after his discharge or death.

1. Payment Dispute Guidance

The IMC may be asked for guidance regarding the settlement of payment disputes among adult care homes and the a/r, when the a/r leaves the adult care home. In all situations, settlement of payment to the SA facility is between the SA facility and the resident, as stipulated in the SA facility's admission policy. Referrals should be made to the agency's adult home specialist, who is familiar with all SA facility rules.

Adult Care Home Rules state:

10 NCAC 42C.2003 Settlement of cost of care

(b) If the resident, after giving written notice to the home of his/her intent to leave, moves out of the home before the 14 days have elapsed, the resident owes the administrator an amount equal to the cost of care for the 14 days. If the 14- day period for a resident receiving Special Assistance extends into another month and the resident moves early, the former home is entitled to the required payment before the new home receives any payment.

(d) (6) Exceptions to the 14-day notice requirement are:

1. Cases where returning to the home would jeopardize the health or safety of the resident or others in the home as certified by the resident's physician or approved by the county department of social services;
2. In the case of the resident's death.

B. Change in Level of Care

1. SA facility Basic (ambulation code B) recipient moves to a Special Care Unit (SCU) for Alzheimer's (or related disorders).
 - a. Document the date recipient moved to the SCU.
 - b. Visit the facility to verify recipient is in a licensed SCU.
 - c. Verify the diagnosis on the current FL-2 is for Alzheimer's or a related disorder.
 - d. Re-budget using the SCU rate beginning with the date of the move to the SCU. See SA-3220.
 - e. Send a DSS-8110, Your Benefits Are Changing, Adequate notice for the increased payment amount.
2. An SA facility SCU recipient moves to the SA facility Basic (ambulation code B) area of the facility.
 - a. Document the date recipient moved to the SA facility basic section of the facility.
 - b. Re-budget using the SA facility Basic rate. See SA-3220.

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- c. Send a DSS-8110, Your Benefits Are Changing, Timely Notice to reduce the SA payment.
3. SA facility to Long-Term Care (Not expected to return within 30 days)
 - a. Document the date the agency received FL-2/MR-2, Level of Care Recommendation/Mental Retardation Services, in the record.
 - b. If a bed is available, send the DSS-8110, Your Benefits Are Changing (Adequate), to terminate SA benefits observing required time frames. Refer to SA-3330, Notices. If the recipient receives SSI, process DSS-8125, EIS Data Sheet, to transfer the case to Private Living Medicaid. The SSI recipient must still be evaluated for long-term care by appropriate IMC. If the recipient is Non-SSI, evaluate for Medicaid.
 - c. If the recipient or representative chooses not to accept the bed, the recipient is no longer eligible for SA.
 - d. If there is no bed available at the appropriate level of care, you may continue SA at the current rate until a bed is located. Review and document placement progress with the appropriate services staff each month until the recipient is placed using the DAAS-3005, Documentation Regarding Continuation of Special Assistance When the LOC Is Upgraded, But No Bed Is Available.
 4. SA facility to Hospital Acute Care
 - a. If recipient returns to SA facility within 30 days make no changes.
 - b. If recipient is hospitalized for more than 30 days:
 - (1) Send the DSS-8110, Your Benefits Are Changing (Adequate), to terminate SA benefits observing required time frames. Refer to SA-3330, Notices.
 - (2) For SSI recipients, transfer to MA per instructions in EIS. Complete and send DMA-5049, Referral to Local Social Security Office, to SSA.
 - (3) For Non-SSI recipients, always evaluate for potential Medicaid eligibility and other program assistance.

NOTE: SAD applicants under age 21 (or age 22 who had their 21st birthday while a patient in the state mental hospital) and all SAA applicants must be evaluated for Long-Term Care Medicaid.

5. SA facility to a Public Institution

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When an SA recipient moves from an SA facility to a public institution and is not expected to return within 30 days, or is incarcerated, regardless of when they may return, take the following actions:

- a. Verify and document change.
- b. Send the DSS-8110, Your Benefits Are Changing (Adequate), to notify of termination observing required time frames. Refer to SA-3330, Notices.
- c. For SSI recipients, transfer to MA per instructions in EIS. Complete and send DMA-5049, Referral to Local Social Security Office, to SSA.
- d. For non-SSI recipients, always evaluate for potential Medicaid eligibility and other programs of assistance.

NOTE: If SAD a/r is under age 21 (or age 22, and had 21st birthday while a patient in the state mental hospital), evaluate for long term care.

NOTE: If/When prior approval for nursing level of care is received, transfer to MA in accordance with MA, LTC eligibility criteria.

C. Change in Resources

1. For SSI recipients, complete and send a DMA-5049, Referral to Local Social Security Office, to SSA. Do not take any action to terminate SA unless the change affects SSI eligibility.
2. For non-SSI recipients, verify and document change in resources according to instructions in SA-3200, Resources.
 - a. Record all verifications, including those items that are excluded from resource determination, on forms DAAS-8190-NS, Special Assistance Workbook for Non-SSI Recipients, and/or DMA-5030, Reserve History Sheet.
 - b. Process all changes in resources (i.e., real property, personal property and liquid assets) in accordance with SA-3200, Resources.
 - c. Contact the recipient and verify the resource the first day of the month following receipt.
 - d. If resources have been reduced to the allowable limit, verify reduction of resources. SA benefits continue.

- e. If the value of the resources exceeds the resource allowance, send a timely DSS-8110, Your Benefits Are Changing (Timely) to propose termination. If the recipient provides documentation that resources are reduced to allowable limits within the timely notice period, SA benefits continue. If not, the SA payment terminates. Evaluate for potential Medicaid eligibility.

D. Change of Income

A change in income is defined as an acquired source of income, a change in rate or pay that will continue (not fluctuating income), or a termination of an existing source of income. Do not react to change until income is received.

1. For SSI recipients, send a DMA-5049, Referral to Local Social Security Office, to SSA. Do not take any action to change the SA payment unless the change affects SSI.
2. For non-SSI recipients, verify and document change in income according to instructions in SA-3210, Income.
 - a. To calculate the amount of new SA payment for increased or new income:
 - (1) Re-budget the payment effective the month the income is increased or the new source of income is received. Refer to SA-3220, Budgeting Principles.
 - (2) Send the DSS-8110, Your Benefits Are Changing (Timely), to terminate or reduce SA payment observing required time frames. The effective date of the revised payment is the month following expiration of the DSS-8110, Your Benefits Are Changing.
 - (3) If the SA payment terminates, evaluate eligibility for Medicaid.

EXAMPLE 1: Increased/New Source of Income:

On July 30, Mr. Brown reports that he will begin receiving his VA benefits effective August 1. IMC verified receipt of VA income on August 4 and rebudgeted a/r's September and ongoing SA payments, including the new source of income. IMC keyed DSS-8125, EIS Data Sheet, generating an automated DSS-8110, Your Benefits Are Changing (Timely), on August 4 to notify recipient of change. Due to notice requirements, Mr. Brown's VA benefits do not affect his August SA payment.

- b. To calculate the amount of the new SA payment for terminated or decreased income:

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- (1) Re-budget the payment effective the month the income changed and ongoing months.
- (2) Send the DSS-8110, Your Benefits Are Changing (Adequate), to notify recipient of change in payment. Key DSS-8125, EIS Data Sheet. Also send a manual DSS-8110, Your Benefits Are Changing (Adequate), to notify recipient of supplemental payments for months prior to the month of the effective date of the change in EIS. Issue these supplemental payments using the DMA-5022 Screen, Retroactive Eligibility Checks/ID Cards.

EXAMPLE 2: Decreased/Terminated Income:

On July 29 (after EIS pull-check deadline), Mr. Brown reported that his VA benefits decreased effective May 1. Rebudget a/r's May, June, July August and ongoing payments using decreased income.

Send the manual DSS-8110, Your Benefits Are Changing (Adequate), to notify recipient of change in September payment. Key DSS-8125, EIS Data Sheet. Send a manual DSS-8110, Your Benefits Are Changing (Adequate), to notify recipient of supplemental payments for May, June, July and August.

- c. To determine impact of overpayment and underpayment, refer to SA-3300, Administration of Checks and Payments.

E. Other Changes

1. Unable to Locate

If the recipient moves but leaves no forwarding address and you are unable to contact the representative:

- a. For SSI recipients, transfer the case to MA per instructions in EIS. Complete and send DMA-5049, Referral to Local Social Security Office, to SSA.
- b. For non-SSI recipients, send the DSS-8110, Your Benefits Are Changing (Timely), to terminate case observing required time frames. Refer to SA-3330, Notices.

2. SAD recipient reaches age 65

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- a. The Eligibility Information System (EIS) automatically transfers the case from SAD to SAA for both SSI and non-SSI recipients. This occurs at the end of the month in which the recipient turns age 65.
 - b. Assure that Medicaid begins paying Medicare premiums. Refer to MA-2410, Procedures for Medicare Buy-In. Evaluate for classification change to “Q” (Dual eligibility).
3. Disability
- a. Verify and document when a recipient is determined no longer disabled.
 - b. Send the DSS-8110, Your Benefits Are Changing (Timely), to terminate Special Assistance observing required time lines. Refer to SA-3330, Notices.
 - (1) For SSI recipients, transfer to MA per instructions in EIS.
 - (2) For non-SSI recipients, terminate SA and evaluate for potential Medicaid eligibility and other programs of assistance.
4. Death
- a. Verify and document date of death.
 - b. Send the DSS-8110, Your Benefits Are Changing (Adequate), to terminate Special Assistance.
 - (1) For SSI recipients, transfer to MA per instructions in EIS. Complete and send DMA-5049, Referral to Local Social Security Office, to SSA.
 - (2) For non-SSI recipients, terminate the case.
 - c. For any payments issued after death of the recipient, refer to SA-3300, Administration of Checks and Payments.
5. Change in State Residence
- a. Document change of residence.
 - b. Send the DSS-8110, Your Benefits Are Changing (Timely), to terminate Special Assistance payment observing required time lines. Refer to SA-3330, Notices.
 - (1) For SSI recipients, transfer to MA per instructions in EIS. Complete and send DMA-5049, Referral to Local Social Security Office, to SSA.

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- (2) For non-SSI recipients, terminate the case.

IV. TERMINATION OF SA PAYMENT

A. Evaluate for Medicaid

When an SA payment terminates, always evaluate ongoing eligibility for Medicaid prior to terminating Medicaid coverage.

B. Medicaid Passalong

The evaluation of terminated SA cases for Medicaid must include evaluating eligibility for Medicaid passalong protection. Special Medicaid eligibility provisions allow certain groups of recipients whose SA terminates to retain their Medicaid coverage through a disregard of certain RSDI benefits if they remain in the adult care home. This is called Medicaid passalong. Refer to MA-2110, Passalong, in the Aged, Blind, and Disabled Medicaid manual for instructions on evaluating and documenting passalong eligibility when an SA payment terminates.

The following are two examples of Medicaid passalong for terminated SA cases. Note that there are a number of passalong provisions applicable to SA that are explained in detail in the Aged, Blind, and Disabled Medicaid manual.

Example 1: (COLA Passalong): Mr. Stokes is an SAA recipient living in an SA facility. He received \$1,210 RSDI in 2008. After the 2009 COLA, his RSDI increased to \$1,281. The RSDI COLA increase caused his countable monthly income to exceed the SA/ACH Basic monthly rate, making him ineligible for SA. Under Medicaid passalong regulations, he is eligible for continuation of his Medicaid coverage (if he remains in the SA facility) because **after disregarding the COLA his countable income is less than the current SA income limit.**

Example 2: (DAC Passalong): Ms. Alleghany is an SAD recipient living in an SA facility. She receives a monthly annuity payment of \$600. In March 2009 her father died and she became eligible for RSDI of \$1,400 on his record based on her disability. She is no longer eligible for SA due to excess income. Under Medicaid passalong regulations, she is eligible for continuation of her Medicaid (if she remains in the SA facility) because disregarding her RSDI check leaves countable income that is less than the SA income limit.