

APPENDIX C
SPECIAL ASSISTANCE TO THE CERTAIN DISABLED (SCD)
REISSUED 8/1/2014

I. INTRODUCTION

Special Assistance to the Certain Disabled (SCD) is a program that provides a limited monetary payment each month to a beneficiary who meets the program's eligibility requirements. SCD beneficiaries are not eligible to receive Medicaid. County participation in this program is voluntary. It is each county's individual decision whether or not they choose to participate. Refer to [Appendix C Figure 1](#) for a list of counties that are participating in SCD.

II. ELIGIBILITY REQUIREMENTS

To receive assistance as a Certain Disabled person, an individual must:

A. Be age 18 through age 64.

B. Be a U.S. citizen or an alien lawfully admitted for permanent residence or an alien considered to be residing in the U.S. under color of law.

C. Be residing in North Carolina voluntarily with the intent to remain in the state.

D. Live in a private living arrangement.

E. Not be a patient in an institution for mental disease.

F. Not be an inmate of a public institution.

G. Not be a beneficiary of SSI (must have applied for SSI and been found ineligible on the basis of disability).

H. Be disabled according to the following definition of disability adopted for this group.

1. A disabled person is one who has some physical or mental impairment that substantially precludes him from obtaining gainful employment, and such impairment appears reasonably certain to continue without substantial improvement throughout his/her lifetime.
2. Disability is evaluated by the Disability Determination Section by a medical review based on medical and social information.

III. APPLICATION PROCEDURES

A. VERIFY SSI INELIGIBILITY

1. An applicant/beneficiary (a/b) must be found ineligible for SSI on the basis of disability.
2. Verify this by:
 - a. SOLQ.
 - b. Contacting Social Security Administration.
 - c. Viewing the notice of denial from SSA.

B. Taking the Application

1. Refer to [SA-3110, Application Process](#).
2. Applicants may apply for SCD and MAD at the same time.
3. Refer a/b to the Social Security Office for SSI reapplication since his/her condition may have changed.
4. When an a/b applies for SCD only, submit the following materials to DDS stapled together in the order listed:
 - a. [DMA-4037, Disability Determination Transmittal](#)
 - b. [DMA-5009, Social History Summary](#)
 - c. [DSS-1653, Report of Medical Examination](#)

NOTE: Refer to [MA-2525, Disability](#), for instructions to complete these forms. File a copy of the contents listed in [a-c](#). above in the case record.

5. When an a/b applies for both SCD and MAD, submit the following materials to DDS stapled together in the order listed:
 - a. A cover letter explaining that the a/b has applied for both SCD and MAD and that a disability determination is needed for both categories.
 - b. Two [DMA-4037, Disability Determination Transmittal](#) (one for each application).

Enter in the remarks section on each [DMA-4037](#) that there are 2 being submitted, both SCD and MAD.

- c. [DMA-5009, Social History Summary](#).
- d. [DSS-1653, Report of Medical Examination](#)

NOTE: Refer to [MA-2525, Disability](#) for instructions to complete these forms. File a copy of the contents listed in [a-d](#), above in the case record.

- 6. When the a/b is receiving SCD and applies for MAD, submit the following material to DDS stapled together in the order listed.
 - a. If a review of disability is due in SCD, submit two [DMA-4037, Disability Determination Transmittal](#) with current medical evidence, along with the prior SCD file.
 - b. If a review of disability is not due in SCD, submit the [DMA-4037, Disability Determination Transmittal](#). Cross reference to the current SCD case. Send all medical, social, and DDS evaluations in the SCD case with the current MAD-4037.
- 7. Discuss the Food Assistance program with the a/b.

C. Procedures for Applicant Moves

- 1. If a SCD applicant moves but leaves no forwarding address and you are unable to contact his/her representative, deny the application using a [DSS-8109, Notice of Denial/Withdrawal](#).
- 2. If an applicant in a private living arrangement moves to a second county before eligibility is determined, verify whether or not the second county has a SCD program.
 - a. If the second county does have a SCD program, deny the application using a [DSS-8109, Notice of Denial/Withdrawal](#) and advise the applicant to apply in the second county.
 - b. If the second county does not have a SCD program, deny the application using a [DSS-8109, Notice of Denial/Withdrawal](#).
- 3. The second county must request the applicant's record and process the application based on the application date in the first county.
- 4. If the second county approves an application before learning that the individual applied earlier in the first county, the second county must request the record and process the earlier application.

D. Disability Determination Decision

1. If the MAD is approved by DDS, no disability decisions will be made by DDS on the SCD [DMA-4037, Disability Determination Transmittal](#). The SCD [DMA-4037, Disability Determination Transmittal](#) will be marked N/A. The county can adopt the approved decision for either program.
2. If disability is approved for both programs, discuss with the applicant which program better suits his/her needs.

E. Determining Eligibility

1. If the a/b does not meet the disability requirements for either program, deny the application using a [DSS-8109, Notice of Denial/Withdrawal](#).
2. If the a/b is approved for benefits, notify the a/b using the [DSS-8108, Notice of Approval](#).

IV. RESOURCES

A. Budget Unit

1. Single Individual
Include countable resources of the a/b only.
2. Individual with a Spouse or Essential Person
Include countable resources of both the individual and the spouse or essential person.

NOTE: The essential person is a person who gives an essential service to an a/b, and if in need, is eligible to be included in the assistance unit.

B. Computation

Refer to [SA-3200, Resources](#).

C. Transfer of Resources

1. If the a/b transfers any real property, personal property, or liquid resources out of his/her name without receiving compensation equal to the fair market value for the transferred resource, the transfer may result in a period of ineligibility (sanction) of:
 - a. Up to 36 months for SCD

- b. Up to 36 months if the a/b needs assistance now or in the future for long term cost of care during the period of sanction.
2. Refer to [MA-2240](#), Transfer of Resources, to determine the sanction period.

V. INCOME

A. Budget Unit

1. Single Individual

Include countable income of the a/b only.

2. Individual with a Spouse or Essential Person

Include countable income of both the individual and the spouse or essential person

NOTE: An essential person is a person who gives an essential service to an a/b and if in need, is eligible to be included in the assistance unit.

B. Computation

Refer to [Economic Benefits Integrated Eligibility Policy Manual \(IEM\) -4000: Income](#).

VI. BUDGETING AND PAYMENTS

A. Individual A/B

1. Budget \$127.00 for maintenance at home. This is the maximum payment that can be received.
2. Subtract net income from the above maintenance amount. Refer to [IEM -4000: Income](#).
3. The difference, rounded to the nearest dollar, is the amount of the SCD payment.
4. The minimum SCD payment that can be received is \$5.00.

B. A/B with Spouse or Other Essential Person Residing in own Home or in a Multiple Household

1. Budget \$165.00 for maintenance at home. This is the maximum payment that can be received.

2. Subtract the combined net income of the a/b and spouse or essential person from the above maintenance amount. Refer to [IEM -4000: Income](#).
3. The difference, rounded to the nearest dollar, is the amount of SCD payment.
4. The minimum SCD payment that can be received is \$5.00.

EXAMPLE:

Bob Brown received no income. He applies for the SCD program and meets all eligibility requirements.

127	Maintenance
<u>- 0</u>	Income
\$127.00	Monthly SCD payment Mr. Brown receives

VII. REDETERMINATION

- A. Follow all policies in [SA-3320, Redetermination of Eligibility](#) .**
- B. Include the entire budget unit in the verification of eligibility process.**

VIII. ON-GOING CASES

A. Temporary Absence from the Home

Temporary absence from the state/county of residence with subsequent return or intent to return does not make the SCD beneficiary in a private living arrangement ineligible. Acceptable reasons for temporary absence include but are not limited to:

1. Visits to friends or relatives residing in another county/ state.
If a visit to another county/state exceeds three months:
 - a. Request a signed statement from the beneficiary or his representative stating intent to return home.
 - b. Document reason for continuing absence, which may include, but is not limited to:
 - (1) Illness of the beneficiary.
 - (2) Continued illness of someone the beneficiary had been caring for in another county/state.
 - c. Determine whether a home is being maintained in the responsible county.
 - (1) Are rent/house/utility payments being made?

- (2) Has electricity or water been turned off?
 - (3) Has the address been changed with the post office?
2. Need for hospitalization, skilled nursing, intermediate care, or treatment for emotional disturbance.

B. Moves

If the beneficiary is placed in an ACH, continue assistance if the beneficiary meets all other eligibility factors.

1. First County Responsibilities
 - a. When a SCD beneficiary or his representative notifies you that he/she plans to move to a second county, determine whether the other county has a SCD program.
 - (1) If the second county does not have a SCD Program, send a [DSS-8110](#) and terminate the case.
 - (2) If the second county has a SCD program,
 - (a) "Flag" the case for review in the month of anticipated move.
 - (b) Explain reassignment procedures.
 - (c) Request that the beneficiary notify you as soon as he/she moves.
 - b. When the beneficiary notifies you that he/she has moved,
 - (1) Inform him/her verbally when possible, and always by use of the reassignment letter that:
 - (a) The first county will continue assistance for at least one month following the month he moves.
 - (b) The a/b must immediately contact the second county to request a review of eligibility.
 - (2) Reassign the case to the second county.
 - (3) If a beneficiary's review is overdue or due the month of move, and overpayments are discovered, the first county is responsible.

- (4) Upon receipt of a request for records, immediately send the records to the second county.
- (5) Retain the case profile in your records.

2. Second County Responsibilities:

a. When the reassignment letter is received:

- (1) Establish a case record.
- (2) Refer the record to the appropriate worker for action.
- (3) Contact the beneficiary immediately.
- (4) Redetermine SA eligibility.

b. If a beneficiary's review is overdue or due the month of the move and overpayments are discovered, the first county is responsible.

c. If the case remains eligible, proceed with the county reassignment.

- (1) Request the beneficiary's record.
- (2) Send the beneficiary a notice of any changes in his case.

d. If the beneficiary is no longer eligible, send him/her an advance notice and terminate the case **according to policy in SA-3330, Notices**.

e. If a beneficiary notifies you he/she has moved from another county but has no reassignment letter, contact that county immediately. Inquire about his/her assistance status there.

IX. OVERPAYMENTS

A. If a/b moves to a Second County

- 1. Responsibility of collection remains in first county unless the case becomes active in a second county.
- 2. When the second county assumes the administrative costs for collection, it will not reimburse the first county when collections are received.