
ELIGIBILITY REQUIREMENTS

I. INTRODUCTION

State/County Special Assistance (SA) is a Supplemental Security Income (SSI) state supplement that pays cash benefits to eligible beneficiaries who reside in licensed facilities authorized to receive SA payments. The SA payment is funded by 50% county dollars and 50% state dollars. SA beneficiaries are automatically eligible for Medicaid.

To be eligible for SA, an individual must be eligible for SSI, or ineligible for SSI **solely due to income**. Each applicant/beneficiary (a/b) for State/County Special Assistance must apply for **all** benefits to which he/she may be entitled, including receiving the maximum benefit for which the applicant is eligible. This includes, but is not limited to SSI. If the a/b's income is less than the Federal Benefit Rate (FBR) for SSI, after applying appropriate income exclusion up to \$20, the a/b is required to apply for SSI. See [SA-3110, Application Processing](#).

This section outlines basic eligibility requirements for the receipt of Special Assistance.

Note: Throughout SA policy any references to the a/b, always apply to the a/b's Authorized Representative as well.

II. GENERAL ELIGIBILITY

A. All beneficiaries must meet the following requirements:

1. Be an individual who is age 65 or older; or is 18-64 and disabled or legally blind; or an individual who is under 18 and is legally blind.
2. Reside in North Carolina with the intent to remain and meet residency requirements.
3. Reside in a licensed facility authorized to receive SA payments, except for temporary absence not expected to exceed 30 days.
4. Require the level of care provided in licensed adult care homes or supervised living and have a valid [FL-2](#) that is signed and dated by a physician, physician assistant, or nurse practitioner.
5. Not be an inmate in a jail or prison.
6. Receive SSI or is financially ineligible for SSI solely due to income;
7. Be a U.S. citizen or qualified alien.

B. SSI Beneficiaries

A current SSI beneficiary automatically meets the categorical and financial requirements for SA.

C. Non-SSI Beneficiaries

To receive SA, non-SSI beneficiaries must meet the eligibility requirements for SSI except for income. In addition, non-SSI beneficiaries must meet the following requirements:

1. Provide documentation of U.S. citizenship or a qualified alien status. Refer to [SA-3240, Citizenship and Identity](#).
2. Provide documentation of identity. Refer to [SA-3240, Citizenship and Identity](#).
3. Meet the SA income requirements. Refer to [IEM 4000](#)

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4. Meet resource requirements. Refer to [SA-3200, Resources](#).
5. Not have made a non-allowable transfer of resources (or established a non-allowable trust). Refer to [SA-3205, Transfer of Resources](#).

III. AGE AND DISABILITY ELIGIBILITY REQUIREMENT

A. SAA (Special Assistance for the Aged)

Be age 65 or older.

B. Verification of date of birth for SAA is required.

1. Verify applicant's age by SOLQIS.
2. If the applicant's age cannot be verified by SOLQIS or OLV and is **not** questionable, accept applicant's statement.
3. If applicant's age cannot be verified by SOLQIS or OLV and the applicant's statement of age is questionable, any one of the following sources can be used.
 - a. Birth certificate issued by a governmental body, or
 - b. Hospital records established at time of birth (including a hospital-issued birth certificate).
4. If neither of the verification documents are available and the applicant's statement of age is questionable, use any two of the following documents:
 - a. Driver's license
 - b. Marriage license
 - c. Family Bible records
 - d. Church documents such as baptismal or confirmation records
 - e. Passport
 - f. Military records
 - g. School records
 - h. Department or institution records
 - i. Court records, including adoption records
 - j. Immigration records
 - k. Naturalization records
 - l. U.S. census records
 - m. Witnessed statement from an individual having specific knowledge about the age of the a/b including:
 - (1) The name of the child;
 - (2) Date and place of birth;
 - (3) Name of father;
 - (4) Maiden name of mother;
 - (5) Why the verification is needed;
 - (6) A signed statement authorizing release of the information.

B. Other Verification Sources for Age

1. Individuals born in NC:
 - a. NC Vital Records

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1903 Mail Service Center
Raleigh, NC 27699-1903

OR

- b. The County Health Department where the individual was born. For individuals born in other states, contact the state vital records office to determine what agency to contact for birth verification.
2. Verification of age of children born to U.S. citizens who were in overseas governmental services may be accomplished by contacting:

Office of Authentications
U.S. Department of State
CA/PPT/S/TO/AUT
44132 Mercure CIR PO BOX 1206 Sterling, VA 20166 1206
Telephone: 202-485-8000

C. SAD (Special Assistance for the Disabled)

1. Be age 64 and under, and
2. Be determined permanently and totally disabled or legally blind by Social Security standards. Refer to [SA-3110, Application Process](#) for procedures to establish disability for applicants who have not had disability or blindness established.
3. If under 18 the a/b must have established that he/she is legally blind. The child or adolescent must reside in a specialized community residential center. A child or adolescent is eligible to receive SA in a specialized community residential center only until he/she turns 18. When he/she becomes **18**, he/she may be eligible for SA in an adult care home or other adult SA facility if he/she continues to meet all other SA requirements.

IV. STATE RESIDENCE REQUIREMENT

A. An individual must be residing in North Carolina voluntarily with the intent to remain.

1. To be eligible for SA, the individual must be a resident of North Carolina for at least 90 consecutive days immediately prior to receiving this assistance. See IV. D. below for only exception.
2. When an individual moves into North Carolina, and states his or her intent to remain, a written statement of intent must be obtained.
3. An individual visiting in the state without a stated intent to remain is not considered a North Carolina resident.
4. An applicant cannot declare an intent to remain in North Carolina and sign an intent to return home to exclude his/her home site in another state. Refer to [SA-3200, Resources](#), for information on intent to return.

B. Verification

If the applicant's statement of residency is questionable, obtain one of the following documents for verification:

1. Post-marked letters
2. Public utilities records or credit accounts records

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3. Voter Registration Records
4. Rental records
5. Real property ownership records
6. Employment records
7. Other documentary evidence presented by the applicant. (Example: whether applicant has their belongings in this residence)

C. Date of application and eligibility

1. If the applicant applies before the 90-day requirement is met, the a/b is not eligible for SA. Deny the application and document the date the applicant moved to North Carolina (with the intent to remain) and when the 90th day of state residency will be met; unless the 90-day requirement can be met during the processing time. The application may be approved if the residency requirement will be met during the application processing time frame and if all other eligibility criteria are met. The SA benefit cannot be authorized prior to the applicant meeting residency requirements.
3. If an applicant applies on or after the 90th day of state residency, the a/b is eligible for SA effective the day all other eligibility requirements are met. If the 90th day falls after the first day of the month, authorize a partial payment for that month, prorated from the 90th day of state residency, even if the applicant was in an SA facility on the first day of that month. A Special Assistance payment cannot be made for any days in an SA facility during the waiting period. The effective date for retroactive payments cannot be earlier than the 90th day of residency in the state. As always, when computing a partial payment, include the full personal needs allowance, but do not count the applicant's income for that month.
4. Ask the a/b when he/she voluntarily moved and decided to remain in North Carolina to determine the 90th day of residency. Beginning with, and including the date of intent to remain, count forward 90 days (or add 89 days to the date of intent to remain). Payment may begin effective the 90th day, if all other eligibility criteria have been met.

D. Exception to the 90-day residency requirement:

When the applicant is discharged from a State facility who was a patient in the facility because of an interstate mental health compact.

1. There is no 90-day waiting period for applicants who meet this criterion.
The state facility discharging the applicant must provide the county DSS with verification that the applicant was a patient in the state facility on a [DMA-5010, Referral for Inpatient Hospital and Intermediate Care Facilities](#).
2. For purposes of this provision in the law, a state facility is a facility listed under G.S.122C-181. This includes the three state psychiatric hospitals (Cherry, Central Regional, Broughton); the three regional developmental centers (Caswell, Murdoch, J. Iverson Riddle); the three alcohol/substance abuse centers (Julian F. Keith, R.J. Blackley, Walter B. Jones); Whitaker Psychiatric Residential Treatment Facility; and the neuro-medical treatment centers (Black Mountain, O'Berry, Longleaf).

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3. A person who was a patient in a state facility because of an interstate mental health compact arrangement and who is discharged from the state facility directly into an SA facility becomes a legal resident of the county in which the SA facility is located.

V. LICENSED SA APPROVED FACILITIES

To receive SA, an a/b must reside in a licensed facility authorized to receive SA payments, except for temporary absence not expected to exceed 30 days.

Civil Rights Agreement: all facilities accepting SA residents must have a Civil Rights Agreement, DSS-1464-(ia) signed by the facility owner or operator on file with the Division of Aging and Adult Services (DAAS). Once verified by DAAS, NC FAST will reflect on the facility screen that a facility has a valid Civil Rights Agreement. Combination nursing facilities and hospitals (with adult care beds) for Medicare and Medicaid Certification must have signed these agreements and submitted them to the Centers for Medicare and Medicaid Services as a requirement of licensure. If the facility shows “Medicaid Certified”, it meets the criteria for the Civil Rights Agreement.

The following facility types may accept Special Assistance:

- A. Adult care homes (ACHs)**
- B. Family care homes**
- C. Adult care home beds in some nursing facilities and hospital facilities (combination facilities).** NC FAST will only allow one facility type to display. If the facility is a combination/dual facility, it will display “Nursing Home” on the Facility Search Screen rather than “domiciliary.”
- E. Residential hospice facilities**
- F. Certain mental health facilities licensed under G.S. 122C**
 1. A facility, designated with the letter “A” which serves adults whose primary diagnosis is mental illness, but who may also have other diagnosis. This facility type is designated in [NC Administrative Code 10A NCAC 27G.5600](#).
 2. A facility, designated with the letter “C” which serves adults whose primary diagnosis is a developmental disability, but who may also have other diagnoses. This facility type is designated in [NC Administrative Code 10A NCAC 27G.5600](#).
 3. Facilities known as Specialized Community Residential Centers designated in [NC Administrative Code 10A NCAC 27G.2100](#). In this group, only mental health facilities with a designation of 27G.2101 for children and adolescents under age 18 are SA eligible facilities. Facilities which are ICF/MR are not eligible for SA funds. (Only children and adolescents under age who are legally blind are eligible for SA.)
 4. Licensed facilities listed by type are found on the [Division of Health Service Regulation](#) website.

VI. CONFLICT OF INTEREST

- A. General Statute 108A-47**

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North Carolina General Statute 108A-47 prohibits payments of Special Assistance to any person residing in an adult care home that is owned or operated, in whole or in part, by any of the following:

1. A member of the Social Services Commission, any county board of social services, or any board of county commissioners;
2. An official or employee of the Department, unless the official has been appointed temporary manager of the facility pursuant to NCGS 131E-237, or of any county department of social services; ("County department of social services" means a county department of social services, consolidated human services agency, or other local agency designated to administer Special Assistance.)
3. A spouse of any person in (1) or (2).

B. Contact for Questions Regarding NCGS 108A-47

If your county agency has any questions regarding this provision, or if a situation exists in your county that may violate this provision, please contact a Special Assistance Representative via the SA listserv at specialassistance@dhhs.nc.gov

VII. VALID FL-2 REQUIREMENT-LEVEL OF CARE

To receive SA, the a/b must have a valid Adult Care Home [FL-2](#) that is signed and dated by a physician, physician assistant, or nurse practitioner recommending domiciliary care. A legible copy of the [FL-2](#) must be placed in the eligibility record. FL-2's are valid for 12 months. Also, Refer to [SA-3110, Application Process](#).

A. Applications

1. At application the [FL-2](#) must be dated no more than 90 calendar days prior to the date of application to be considered valid if the applicant is not already a resident of an SA facility.
2. If the applicant resides in an SA facility prior to the date of the SA application, and has a valid [FL-2](#), the [FL-2](#) cannot be dated more than 12 months prior to the processing deadline for the SA application. If the [FL-2](#) will be over 12 months old **by** the end of the processing deadline, the Income Maintenance Caseworker (IMC) must request an updated [FL-2](#) via the [DMA-5097](#) 12 calendar days before the [FL-2](#) becomes invalid.
3. When the completed [FL-2](#) form is received:
 - a. Review the recommended level of care - block #11. Recommended level of care must indicate the need *Domiciliary care* which is a term that includes care provided in ACHs, assisted living, supervised living, mental health group homes, hospice residential facilities, rest homes, or specialized community residential centers. Any of these terms are acceptable if written in block #11.
 - b. The completed [FL-2](#) form must be signed by a physician, physician assistant, or nurse practitioner.
4. SA benefits can begin **no earlier** than the date the [FL-2](#) is appropriately signed for an adult care home SA case. For SA In-home cases see [SA-5200](#). The [FL-2](#) must be received during the application processing time standard.

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B. Ongoing Cases

1. For ongoing cases, a new [FL-2](#) must be obtained within 12 months from the date of the last one, before reauthorizing assistance. This could occur during the redetermination process or at any time during the certification period.
2. A new [FL-2](#) must also be completed when the beneficiary returns to the SA facility following time spent in a facility with a higher level of care, or
3. A new [FL-2](#) must also be completed when the beneficiary **enters a different** SA facility following hospitalization.

C. Additional Requirements for Special Care Unit Payments

There is a higher SA rate for SA beneficiaries who reside in an SCU for Alzheimer's or a related disorder. To qualify for the SCU rate a/b's must meet additional requirements.

1. **To approve SA for the SCU rate, the [FL-2](#) must have a diagnosis of Alzheimer's disease or other forms of dementia**, characterized by dementing or memory impairing conditions with irreversible memory dysfunction, **and the a/b must be placed in a licensed SA approved SCU**. For a list of license SCUs, see the Division of Health Service Regulation website for [licensed SCU's](#).
2. For an SCU a/b, **a visit to the facility by a DSS employee** must be completed at both application, every redetermination, or a when a move from "basic" to SCU is reported, to verify placement in the SCU unless the facility only has SCU beds. The onsite visit may be completed and the residence in an SCU verified by any DSS staff.
3. Document the findings listed below.
4. If the facility has ACH Basic beds, and SCU beds, verify the date the a/b entered the SCU by **viewing** the a/b's facility record.
 - a. Verify the a/b is currently in the SCU by viewing the a/b's room.
 - b. If the ACH has *only* SCU beds, telephone the facility to verify the date of entry.
 - c. If the a/b is not a resident of the county of eligibility, a request to the DSS where the facility is located should be made to complete the required visit for verification purposes.