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REDETERMINATION OF ELIGIBILITY  
Reissued June 30, 2017

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## I. INTRODUCTION

This section outlines the procedures for redetermination of eligibility for Special Assistance A redetermination/recertification of eligibility factors subject to change is required once every twelve (12) months for all Special Assistance (SA) and Special Assistance In-Home (SA/IH) cases. A signed SA redetermination form, [DAAS-8191](#) must be completed at every redetermination/recertification. Redeterminations/recertifications for SA and SA/IH are not completed as an exparte process.

## II. REDETERMINATION FORM [DAAS-8191](#)

The redetermination/recertification form [DAAS-8191](#) is sent automatically by NC FAST to all **SA beneficiaries**, including SSI beneficiaries, to be completed and returned. The [DAAS-8191](#) is sent the first of the month prior to the month in which the certification period ends. The beneficiary is instructed to return the completed [DAAS-8191](#) by the first day of the month in which the certification period ends.

All SA beneficiaries must complete, sign, and return the Redetermination/recertification form. This has been required since August 1, 2015.

**An interview for SA redetermination/recertification is not required. Because the North Carolina Families Accessing Services Through Technology system (NC FAST) is not currently able to send the [DAAS-8191](#) to the authorized representative, the caseworker must manually send the [DAAS-8191](#) to the authorized representative.**

## III. PROCEDURE FOR ALL SA REDETERMINATIONS

- A. The redetermination/recertification form [DAAS-8191](#) must be completed by the beneficiary or his/her representative.
- B. The SA facility administrator/designee or other individual may assist with completing the redetermination/recertification with a written statement from the beneficiary, if he/she is unable to complete the [DAAS-8191](#) and has no authorized representative. Request a written statement if there is none on file and the beneficiary has not completed his/her information on the [DAAS-8191](#).

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- C. Eligibility factors and the verifications required are found in [SA-3100](#).
- D. If necessary, the county should also send a release of information form for completion by the beneficiary and explain that it will be used to make necessary contacts.
- E. Complete on-line verifications. This includes SOLQ, AVS, DMV, RSDI, SSI, BENDEX, local property searches and any other available online verification.
- F. Verify that the facility is still a licensed SA facility by conducting a facility search in NCFAST.
- G. Request third party verifications, if necessary, to verify income, resources, and all other eligibility criteria. Do not verify resources or transfer of resources for SSI beneficiaries.
- H. **Verification of residence in the facility is required for all SA facility cases. Contact with the facility should be made to verify the beneficiary continues to reside in the facility.**
- I. If more information is needed, send a [DMA-5097, Request for Information](#) informing the beneficiary/representative of items needed to complete the redetermination/recertification. If the information is NOT received within twelve (12) calendar days after the date on the [DMA-5097](#), send a [DSS-8110, Notice of Benefits Changing](#) to propose termination of the SA benefits.
- J. All evidence, including any changes, must be documented/entered into NC FAST. Attach the returned, completed, and signed [DAAS-8191](#) to the case file.
- K. End date/update evidence in NCFAST and conduct recertification procedures in NCFAST.

#### IV. IMPORTANT REMINDERS

- A. If the [DAAS-8191](#) and required verifications are not completed by the end of the current certification period and entered into NC FAST, SA benefits will not be issued for the subsequent months.

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- B. [FL-2's](#) are valid for one year from the date of signature. If there is not a valid [FL-2](#) entered into NC FAST, benefits will not be issued.
- C. Verify that the current method of payment delivery is correct. If the method of payment requested is direct deposit, a valid [DSS-5023 Direct Deposit Authorization](#) form must be in the record. A new [DSS-5023 Direct Deposit Authorization](#) form only needs to be completed when there is a change to the delivery method or bank account.
- D. SA does not allow exparte reviews except for Transitions to Community Living Initiative cases (see [SA-5250](#)).
- E. For an a/b in a Special Care Unit (SCU), a visit to the facility by a DSS employee must be completed at every redetermination 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. 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.
  - 1. Verify the a/b is currently in the SCU by viewing the a/b's room.
  - 2. 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.
  - 3. The SA applicant and/or beneficiary must be notified in writing when an application is denied, withdrawn, approved, when there are any intended changes to the Special Assistance (SA) benefit or authorizing continuing eligibility with no change in benefits.
- F. The [DSS-8108](#) is the proper notice for all SA approvals at application and redetermination. However, it has come to our attention the DMA 5002 is also a correct approval/renewal notice for Special Assistance. Counties may use either the [DSS-8108](#) that will be issued by NCFast or may complete a manual [DMA 5002](#) for SA redeterminations.

**V. SA BENEFICIARIES WITH MEDICAL CARE SPECIAL EXPENSES (MCS)**

- A. Only cases that were active with Services for the Blind prior to September 1, 2010, and transferred to the SA Program in September 2010,

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can have MCS. If you need the original list, contact [specialassistance@dhhs.nc.gov](mailto:specialassistance@dhhs.nc.gov)

- B. At redetermination/recertification, the income maintenance caseworker (IMC) must also re-verify the MCS expenses for each beneficiary. Request verification of expenses for the past year via the [DMA-5097](#).
- C. Acceptable verification of MCS expenses can be an itemized, including costs, on the [DAAS-3006](#), MCS Medical Expense Form, signed by the facility pharmacist, or dated receipts for MCS items purchased by the facility for the beneficiary during the applicable verification period. Attach the verifications to the case file.
- D. Divide the annual total verified expenses for MCS items (those not covered by Medicare or Medicaid) and divide by 12 months to determine the monthly MCS expense amount to use in the SA payment calculation.