

---

**BLINDNESS M-SB**

**MA-2530 - BLINDNESS M-SB**

**REVISED 05/01/05 – CHANGE NO. 16-05**

---

**I. POLICY RULES APPLICABLE TO SPECIAL ASSISTANCE FOR THE BLIND (SAB) RECIPIENT**

- A. Eligibility for Special Assistance for the Blind (SAB) is determined by the Division of Services for the Blind (DSB).**
- B. Other than one time payments, once the SAB payment is verified by DSB, the client is automatically eligible for M-SB.**
- C. SAB payments are not made to individuals in NF except for one-time payments.**
- D. SAB payments are listed on the SAB Register.**
- E. A revision in the amount of the SAB payment, other than termination, does not affect eligibility for Medicaid. The recipient remains eligible for Medicaid as long as he receives SAB.**
- F. County workers are not required to complete the DSB-7209, SAB Authorization, or the DSB-7207, Verification of Eligibility – Budget.**

**These forms are originated from DSB. Copies of these forms are to be filed in the eligibility record.**

**II. SAB AUTHORIZATION (DSB-7209)**

**A. Verification of Receipt of SAB**

- 1. When an SAB payment or payment revision is authorized, the DSB sends the DSB-7209 with a copy of the SAB Budget DSB-7207 to the county department of social services for the county director's signature.**
- 2. After the county director has signed the DSB-7209, the white and yellow copies of the DSB-7209 are returned to DSB. The pink copy and the DSB-7209 are to be routed to the county income maintenance director or supervisor for action and must be filed in the eligibility record as verification of receipt of SAB.**
- 3. DSB often authorizes a blind individual for a one-time SAB payment to pay for a specific service; i.e., a hearing aid for an individual over age 21 in an NF. Payments are authorized on the DSB-7209. A note is written at the top of the DSB-7209 stating, "one-time payment only".**

**BLINDNESS M-SB**

**REVISED 05/01/05 - CHANGE NO. 16-05**

(II.A.3.)

Individuals receiving this type of SAB payment are not automatically eligible for Medicaid because they will not receive SAB on an ongoing basis.

4. **DSB authorizations are not completed for change in payment resulting from legislative increases for rest home rate change and COLA increases for Social Security (SSA) and Supplemental Security Income (SSI.) The payee is notified by letter.**

**B. SAB Check Register**

Each month DSB sends an SAB Paper Check Register to the county. The check register lists each SAB payment made to residents of that county and is mailed for receipt by the first week of the month for which the payments listed are issued. The check register gives the following information:

1. Name of Recipient
2. Address
3. Social Security Number
4. SAB review date
5. Amount of SAB payment - Listed in the column labeled, "ST. SSA."
6. Amount of Social Security payment
7. Amount of SSI payment
8. Code for living arrangement:

In own home or rental quarters	01
In household of another	02
In medical institution:	
Mental Hospital	21
Chronic Disease Hospital	22
Skilled Nursing Home	23
Intermediate Care Facility	24
Other Medical Institution	25
In Non-medical institution:	
Room and Board Facility	31
Foster Care Home	32
Domiciliary Care Facility	33
Other Institution	34
In group quarters containing 5 or more persons unrelated to person in charge	99

---

**BLINDNESS M-SB**

---

**REVISED 05/01/05 – CHANGE NO. 16-05**

(II.)

**C. Documentation of Receipt of SAB**

Document receipt of SAB as follows:

1. Enter on the DMA-5008/5007 the method used to verify the SAB payment.
2. File a copy of the DSB-7209 in the eligibility case record.

**III. AUTHORIZING MEDICAID FOR AN SAB RECIPIENT**

Receipt of an SAB payment entitles an individual to Medicaid coverage with no separate application, except for one-time payments.

**A. Procedures for Application Processing to Authorize Medicaid for SAB Recipients**

1. Upon receipt of the pink copy of the DSB-7209 authorizing an SAB payment or review of the SAB check register, complete the DSS-8124 or DSS-8125 to authorize M-SB for the SAB recipient.
2. A signed application is not required. Show the date of application as the effective date of the first SAB payment.
3. Authorization for the MSB Program is effective the first day of the month of the first SAB payment.
4. Authorization for Medicaid for SAB recipients are for twelve month periods. A "Thru" date must be entered for the period authorized.

**B. Identification of SAB Recipients for Which There is No DSB-7209**

When the county identifies SAB recipients on the check register for which the county has no DSB-7209 on file, either in eligibility or services records, you must:

1. **Contact DSB staff at (919) 733-9744 to assure the individual is a resident of the county.**
2. DSB is responsible for establishing correct county of residence.
3. If a resident of the county, follow procedures in III. A. above.
4. If not a resident of the county, initiate transfer procedures.

---

**BLINDNESS M-SB**

---

**REISSUED 05/01/05 – CHANGE NO. 16-05**

(III.)

**C. Redetermination of Medicaid Eligibility for SAB Recipients**

1. The DSB eligibility specialist redetermines eligibility for SAB annually. Redeterminations are completed by DSB staff during the quarter in which they are due.
2. Redetermine Medicaid eligibility for individuals receiving Medicaid due to receipt of SAB every 12 months.
  - a. Verify continued receipt of SAB by examining the latest SAB Check Register and the last DSB-7209.
  - b. Document receipt of SAB per instructions in II. C. above.
  - c. If SAB continues to be received, authorize Medicaid for the next 12 months.
  - d. If SAB is no longer received, take action to terminate the individual's Medicaid per instructions in VI. below.

**D. Transfer to M-SB Program**

1. Medicaid recipients in programs authorized for SAB must be transferred to the MSB Program. Follow procedures outlined in the EIS Manual for program transfers.
2. For cases being transferred to the MSB Program due to receipt of SAB, update the review date to the month prior to the effective month of the program transfer to assure case management reports are received on a timely basis.

**IV. AUTHORIZATION OF MEDICAID PRIOR TO SAB AUTHORIZATION**

- A. Authorization for Medicaid prior to the month of SAB authorization requires a separate determination of eligibility by the IMC per MA-2370, Retroactive Coverage.**
- B. The applicant requesting retroactive coverage must meet Medicaid eligibility criteria.**
- C. Retroactivity is limited to three months prior to the month of application.**

---

**BLINDNESS M-SB**

---

**REVISED 05/01/05 – CHANGE NO. 16-05**

**V. CHANGES IN SITUATION**

If the IMC learns of a change in situation, i.e. change in address, income, etc., which may affect SAB payment amount and/or eligibility, immediately notify the social worker for the blind in the county department, requesting he notify the DSB eligibility specialist. The types of changes may include but are not limited to:

**A. Change of Address**

1. A change of the address to which an SAB check is sent does not require the county director's signature on the DSB-7209. DSB send the pink copy of the DSB-7209, changing the address, to the county with the SAB Check Register.
2. Upon receipt of notification of a change in the SAB recipient's address, complete a DSS-8125 to change the address for Medicaid.

**B. County Transfers**

1. **Once a recipient notifies the county DSS that he is establishing residence in another county:**
  - a. **The county DSS initiates the county transfer and carries the SAB case for the first two months.**
  - b. **The transfer is effective in the second county the third month.**

**DSB is responsible for establishing correct county of residence and continuing eligibility.**
2. Once DSB has established the SAB recipient is eligible in his new living situation and that he has resided in the second county for ninety days, the case is closed in the first county and opened in the second county. (G.S. 111-19 rules DSB transfers.)
  - a. A DSB-7209, terminating SAB effective the end of the third month, is sent to the first county for the director's signature. The DSB-7209 is annotated "Transfer to (Second) County".
  - b. A DSB-7209, opening the SAB case, is sent to the second county for the director's signature.

---

**BLINDNESS M-SB**

---

**REISSUED 05/01/05 – CHANGE NO. 16-05**

(V.B.)

3. County responsibility

a. First county

Upon receipt of the DSB-7209 terminating the SAB payment in the county, key a DSS-8125 terminating the MA case.

b. Second county

Upon receipt of the DSB-7209 authorizing the SAB payment in the county, key a DSS-8124 authorizing Medicaid per instructions in III.A. above.

**VI. TERMINATION OF SAB AND MEDICAID**

When the SAB payment is terminated, the individual's Medicaid must also be terminated.

The caseworker must evaluate the individual to determine whether he is eligible for Medicaid in any other aid program/category. Do not terminate Medicaid until a determination is made, and the timely notice period has expired.

- A. DSB sends a copy of the timely notice to the county. File the copy in the eligibility record as documentation that timely notice of termination was sent.**
- B. The 15 day timely notice sent by DSB notifying the recipient of the intent to terminate his SAB payment, also serves as timely notice for termination of the Medicaid.**
- C. The IMC completes a DSS-8125 terminating the Medicaid effective the date of the SAB payment termination. (This is always the last day of the month.)**