

SA-3110 APPLICATION PROCESS

Reissued 11-1-14

I. INITIAL CONTACT

A. Participation in the Application Process

In addition to allowing an individual to place his/her own application for Special Assistance (SA) allow an **authorized representative** to apply for SA on behalf of an individual. If a representative is making the application, it is preferable (though not required) that the representative has some knowledge of the individual's situation.

Note: Throughout SA policy any references to the applicant or the recipient also always apply to the applicant's/recipient's (a/r's) authorized representative.

1. Although an individual can ask anyone to apply for assistance on his/her behalf, in order for a representative to receive the same benefits notices as the a/r he/she must be an **authorized representative**.
2. An **authorized representative** is any individual who is legally authorized or designated in writing by the a/r to act on behalf of the applicant/recipient.

The IMC must enter the demographics of the authorized representative (including name and address) in EIS at application disposition or for ongoing case any changes in the Authorized Representative information.

Each type of Authorized Representative is identified by an indicator code in EIS. They are listed below in hierarchy order followed by the correct EIS indicator code, "A" being first in the hierarchy of preference and on down to "H", the lowest in the hierarchy of preference. See [DAAS Administrative Letter 10-14](#) for further instructions.

- a. Legal guardian (includes DSS with custody or guardianship): **Code 'A'** in EIS
- b. Power of attorney (POA); **Code 'B'** in EIS
- c. Health care power of attorney; **Code 'C'** in EIS
- d. Department of Social Services (placement responsibility only); **Code 'D'** in EIS
- e. Spouse (Not separated); **Code 'E'** in EIS
- f. Parent (For children under 21); **Code 'F'** in EIS

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- g. Authorized representative (An individual designated in writing by the applicant/recipient to assist with eligibility issues and who can have access to the information in the case file.); **Code ‘G’** in EIS.
- h. Authorized representative as designated by SSA on SDX; **Code ‘H’** in EIS

Example of Order of Hierarchy: John has a legal Guardian. He also has a spouse. The legal guardian would be the choice to key in EIS as the authorized representative.

- 3. Request a written statement by the applicant/recipient (a/r) from any non-relative who is applying on behalf of an individual authorizing the non-relative to act as his authorized representative. Do not refuse to take or deny the application if the statement is unavailable at application. If the statement is unavailable at application, request the statement as additional information. If the applicant is unable to write an authorization, document the reason in the case record.
- 4. Any time an application is being made by someone on the individual’s behalf, the following questions should be addressed during the interview. **Document questions and responses in the SA case file:**
 - a. Why is the individual not applying for himself?
 - b. Does the applicant have a legal power of attorney or guardian appointed by the Clerk of Superior Court?

(1) Guardianship – Appointed by Clerk of Superior Court

Guardianship is the legal relationship where an individual’s authority to make decisions is replaced with the authority of another (the guardian) when the Clerk of Superior Court finds the individual no longer capable of making decisions for himself. In North Carolina, the laws concerning guardianship are found in NC General Statute 35A.

See [SA-3000, Definitions](#), for an explanation of the various types of guardianship. For further information, see the Division of Aging and Adult Services website regarding guardianship.

(2) Power of Attorney – Appointed by the Competent Adult

Power of Attorney (POA) is an official document by which a competent person (adult) appoints another competent person or persons to assist in managing affairs of the person making the appointment. The scope of the POA’s authority may be broad or narrow as specified in the official document. Both general and durable POA’s serve as attorneys-in-fact to act in legal matters. The POA ends when the person who made the POA appointment dies, or as a competent adult, revokes the POA authority. See [SA-3000, Definitions](#), for an explanation of the different types of POA.

- c. If applicant has a POA or guardian as described above:
 - (1) Document the POA or legal guardian's name, address and phone number.
 - (2) Obtain a copy of the legal guardianship or POA appointment and file the document in the SA case file.
 - (3) Include the guardian or POA on all case correspondence.
 - (4) The guardian or POA may designate a representative to apply on behalf of the applicant
 - d. If the SA applicant does not have an appointed POA nor a court appointed guardian, document the name, address, or telephone number of the family member or other individual acting as representative of the applicant. Document the relationship of the acting representative to the applicant. Update this information in the SA case file at each review or change in situation. The applicant is not required to have a legally appointed decision maker in order to apply for SA.
 - e. Is the individual able to be interviewed by the Income Maintenance Caseworker either via the telephone or a home visit? If not, why not?
 - f. Is the individual able to sign the "Release of Information" form himself? If not, why not?
 - g. Explain to a representative(s) who is not the applicant's legally appointed guardian or POA that information regarding the application and/or ongoing case cannot be released to the acting representative without written authorization by the applicant.

If the representative holds the applicant/recipient's legal POA or legal guardianship, he/she can sign the consent for release of information form for a/r.
5. Complete the [DMA-5093](#), Daily Reception Log For Medical and Financial Assistance. Include the individual's name, address, date, purpose of the visit, and outcome of the visit.

B. Explaining the Relationship of Special Assistance to the Federal SSI Program

1. Explain to each applicant that the SA program is a state supplement to the federal SSI program. If the applicant's income is less than the federal benefit rate (FBR) for SSI, the individual is required to apply for SSI. (The FBR is the basic standard used in computing the amount of Federal SSI benefits for individuals and couples. The FBR is increased annually to reflect increases in the cost of living.)

2. Each applicant for SA must be informed that he/she must apply for **all** benefits to which the applicant may be entitled, including receiving the maximum benefit for which the applicant is eligible. This includes, but is not limited to SSI.

II. ACCEPTING THE APPLICATION

- A. Allow the applicant to apply without delay when he/she requests SA. *Without delay* is defined as on the same day the applicant, or a representative of the applicant's choice, appears at the county department of social services.
- B. Allow the applicant to apply when there is an anticipated need as long as the need will occur within the time standard for completing the application.
- C. Explain that an applicant may apply for the program of his/her choice. Discuss the advantages and disadvantages of each applicable program.
- D. Use the [DMA-5094, Notice of Your Right to Apply for Benefits](#), to inform the applicant verbally and in writing that:
 1. The applicant can apply without delay.
 2. A decision must be made concerning eligibility within 45 days of the date of the application for SAA or 60 days for SAD, unless the Social Security Administration (SSA) causes the delay. The 45 or 60 days cover the time from date of application to the date that the approval or denial notice is mailed.
 3. The application may pend up to 6 months if awaiting documentation of verification of citizenship and/or identity and the applicant is cooperating to the best of their ability or when it is the county responsibility to pursue verification on behalf of the applicant based on policy requirements. See [SA-3240, Citizenship and Identity](#).

When the applicant for SA **is not receiving but may be eligible for** SSA Retirement, Survivors, or Disability Income (RSDI), or, initial SSI award, the application for SA may pend up to one year awaiting SSA decision of eligibility.

- E. The applicant must apply in his/her county of residence. Refer to [SA 3110 XIII, Courtesy Applications](#), for exceptions. Allow the applicant to apply on the day he/she presents in the Department of Social Services unless the applicant/representative requests a return application appointment. See F. below for further instructions.
- F. When an appointment is requested or required , a staff member must:

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1. Have the individual sign a DSS-8124 application document, and
2. Explain the date the DSS-8124 is signed is protected as the application date, and
3. Explain that the application cannot be processed unless an application interview is completed, and
4. Document why the application appointment was made, and
5. Gather sufficient information to complete the DSS-8124 and to contact the individual later, if necessary, and
6. Schedule a mutually agreeable appointment for the interview. When possible, make the appointment for the next workday, and
7. Give or mail the [DMA-5097](#) or [DMA-5097s](#) Request for Information, with the scheduled date and time for the interview.
8. If the individual fails to keep the scheduled appointment, send a [DMA-5097](#) or [DMA-5097s](#) scheduling a second appointment. Schedule the appointment at least 13 days after the first appointment so there are 12 calendar days between appointments. If the individual fails to keep the second appointment, see [SA 3100, XII, Types of Disposition](#), for procedures to deny the application.

III. EXPLAINING ELIGIBILITY REQUIREMENTS AND APPLICATION PROCESS

- A. Explain that SA benefits cannot begin prior to the month in which an application is signed. There are no retroactive benefits for SA prior to the month of application.
- B. Discuss the applicant's current as well as retroactive medical needs. Explain retroactive Medicaid benefits in addition to Medicaid benefits provided ongoing with SA eligibility. Advise the applicant that he/she may make a separate Medicaid application. Document the offer for the Medicaid only application and make a referral to the appropriate-Medicaid staff as applicable. If the applicant does not request, or is clearly not eligible for Medicaid retroactive to the SA application month, document the SA case file with the offer of Medicaid for the 1, 2, or 3, month retroactive period and the reason that no retroactive application was taken.
- C. Explain that when the applicant accepts Medicaid, he/she assigns his/her right to third party insurance benefits to the state. Inform the applicant that it is a misdemeanor to fail to disclose the identity of any person or organization against which he/she has the right to recovery of medical expenses paid by Medicaid.

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- D. Explain that if an applicant must be referred to SSA, SA benefits cannot begin until SSA has made a determination of eligibility for benefits including disability for a person under age 65.

NOTE: Because SA is a state supplement to the federal SSI program, to be eligible for SA an individual must apply and be eligible for SSI or be found ineligible for SSI solely due to income. For additional information on SSI and the SA application see [SA-3110, VIII Establishing Disability for SAD](#) below.

- E. Explain that the application may pend up to 12 months if awaiting a decision from SSA.
- F. Explain the annual redetermination process. Refer to [SA-3320, Redetermination of Eligibility](#).
- G. Complete the DSS-8124, Application Processing Form, following the instructions in the [EIS User's Manual](#). The date of the application is the date the applicant or authorized representative signs the DSS-8124, Application Form, under penalty of perjury.

NOTE: If applicant is currently residing in a state institution, a properly completed referral, [DMA-5010](#), Referral for Inpatient Hospital and Intermediate Care Facilities, may serve as an application document. The date the referral is received by the agency will be used as the date of application

- H. If the applicant requests assistance by mail, send a follow-up letter to the applicant within three workdays after the request is received, asking the applicant to come to the Department of Social Services for an interview or to contact the agency so that other arrangements can be made. Offer to make a visit or to provide transportation, if needed. Explain that an application must be signed to initiate the application process.

Explain that a delay in signing an application may result in the loss or delay of benefits. Refer to [DAAS-3000 Appointment Follow-up Letter Regarding SA Assistance Request](#). The letter shall specify that the agency shall, if it does not hear from the applicant within 15 days of the date of the letter from the agency, consider that the applicant is no longer interested in receiving assistance.

- I. If the applicant requests SA by phone, explain that applications cannot be accepted over the phone. Explain application options. See H. above.
- J. If a [DMA-5000 Mail-in Application for Medicaid](#) is received and in talking to the client or representative it is found the client needed to apply for SA, explain that the DSS-8124, [DAAS-8190NS](#) or [DAAS-8190S](#) and other required application documents will need to be completed as appropriate in an intake interview. Schedule an intake appointment for the client and/or representative to come into the Department of Social Services to complete the SA application. Once the DSS-8124 application form has been signed, the date of application

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entered on the DSS-8124 application form will be the same as the date on the mail-in application.

- K. Discuss other available services and make appropriate referrals.

IV. REQUESTING NECESSARY INFORMATION TO PROCESS APPLICATION

- A. Inform the applicant that his/her Social Security number(s) will be used to match information with other agencies such as the Internal Revenue Service and SSA. Further explain that the Social Security number will be used for the ESC/UI match. Inform the applicant that matches will be done unless withdrawal of the application is requested. Obtain applicant's signature on the [DMA-5001 Notice on the Use of Social Security Numbers](#).
- B. Request the applicant to sign a release of information. Only the applicant, the applicant's legal guardian or the applicant's duly appointed POA can legally sign the consent form. If a legal guardian or an appointed POA is signing for the applicant, they must sign the applicant's name followed by their own name. Refer to [DSS-6969, Consent for Release of Information](#) for a suggested form.
- C. Explain to the applicant that it is the county's responsibility to use collateral sources to substantiate or verify all necessary information to establish eligibility. Collateral sources of information include knowledgeable individuals, business organizations, public records, and documentary evidence.
- D. Inform the applicant that name(s) of collaterals, such as landlords, employers, and others with the knowledge of the applicant's situation must be provided. If the applicant denies permission to contact necessary collaterals, the application shall be denied due to failure to cooperate in establishing eligibility.
- E. Explain that a caseworker may visit the applicant's residence or SA facility if necessary to verify eligibility requirements.
- F. Explain Carolina ACCESS, the managed health care program for Medicaid and North Carolina Health Choice (NCHC) recipients. The county dss must either enroll recipients in Carolina ACCESS or exempt recipients at application, redetermination or any time a recipient contacts the agency to request a change in CA enrollment status. Refer to [MA-2425](#), Community Care of North Carolina/Carolina Access (CCNC/CA) for instructions.
- G. Explain that SSI payments and any other income the applicant receives will be considered in computing SA payments.
- H. Completing the FL-2:

Explain that SA facility placement is based on need as indicated by medical information and recommended level of on the FL-2.

If the FL-2 form has not been completed and presented to the caseworker in the intake interview, give a blank form to the applicant for completion by the applicant's physician (MD), physician assistant (PA), or nurse practitioner (NP). See [SA-3100 Eligibility](#), for complete instructions regarding the FL-2 requirement

V. EXPLAINING THE APPLICANT'S RIGHTS AND RESPONSIBILITIES:

A. Explain in detail, the applicant's rights:

1. Right to receive assistance if found eligible.
2. Right to be protected against discrimination on the grounds of race, creed, or national origin by Title VI of the Civil Rights Act of 1964. Appeals based on discrimination should be made to the agency director.
3. If approved for SA, the right to spend the SA payment as he/she wishes, but only if in the best interest of the recipient. A substitute payee may be appointed for those individuals who cannot manage the payment. The intent of this requirement is that "best interest" means paying the facility for cost of care.
4. If approved for SA, the right to receive his/her monthly check in advance until the payment is terminated by appropriate action.
5. Right to have any information given to the agency kept in confidence, in accordance with the federal and state laws and policies.
6. Right to appeal, if:
 - a. Assistance is denied, changed, or terminated.
 - b. Applicant believes the payment is incorrect based on the county's interpretation of state regulations.
 - c. A request for a change in the amount of assistance was delayed beyond 30 days or denied.
7. Right to reapply at any time, if found ineligible.
8. Right to withdraw from the SA program at any time.

B. Explain the applicant's responsibilities. Specifically, inform applicant that as an SA applicant/recipient that he/she must:

1. Apply for **all** benefits to which he or she may be entitled, **including receiving the maximum benefit for which he or she is eligible**. This includes, but is not limited to, SSI. All applicants must apply for SSI if their income is below the SSI Federal Benefit Rate (FBR). SSI recipients receiving less than the FBR must apply to receive the FBR or report changes to Social Security (SSA) which would affect their SSI payment amount. SSI recipients or their payees are responsible for reporting changes to SSA within 10 calendar days. There is a form, [SSA-8150-EV](#) that they may use. Explain that applicants/recipients of SA, who have applied for and receive **or** are entitled to receive SSI, but whose SSI payment amount is less than SSI FBR, will need to work with SSA to establish SSI FBR income in order to assure having appropriate income to pay toward the SA facility rate.

Explain that beginning with the first month in which the a/r is entitled to SSI FBR, SA payments **cannot be issued** in an amount to make up for SSI income deficit when the SSI payment amount is reduced for reasons other than SSA overpayment recoupment. Refer to [SA-3210, Income](#) for budgeting instructions.

2. Apply for RSDI/SSI within the SA application processing time standard if the applicant does not have a current application or is not currently receiving. Explain that SA cannot be approved until RSDI/SSI eligibility is determined, and that the SA application will pend up to 12 months awaiting the SSA decision.
 - a. If the applicant has been denied SSI/RSDI, and is **not** in appeal status **and** the appeal time frame **has** lapsed, and if either of the statements in (1) or (2) below applies **instruct the applicant via the DMA-5097 to reapply for SSI/RSDI** and pend the SA case up to 12 months awaiting a decision.
 - (1) If applicant was denied due to resources, and is now within the resources limit,
or
 - (2) If applicant was denied for a valid reason, and the situation has changed.
 - b. However, if the appeal timeframe has **not** lapsed and if either of the statements in (1) or (2) below applies, rather than reapplying for SSI/RSDI, instruct applicant to appeal the SSI/RSDI denial. This is crucial because a new application, if approved, would only approve benefits beginning with the *new* application date. If an appeal is won, benefits would be approved based on *initial* application date.

Examples of when to instruct an SA applicant to appeal the SSI/RSDI denial are:

- (1) The applicant was denied SSI/RSDI due to disability, and they still feel they are disabled, or

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(2) The applicant was denied SSI/RSDI due to resources, etc. and they disagree with the finding.

Note: SA does not pend applications while waiting for the SSI/RSDI appeal process. The SA application will need to be denied. Explain to the applicant that if the appeal results in a reversal to approve SSI/RSDI retroactive to the SA denial the SA case can be reopened and benefits approved.

3. Provide the necessary sources from which information needed to determine eligibility can be located. Provide the applicant with a [DMA-5097, Request for Information](#).
4. Report within 5 days any change in situation that may affect SA eligibility. Explain the meaning of fraud. Notify the applicant he/she may be suspected of fraud if the applicant/recipient fails to report a change in situation. Explain that in such situations, the applicant/recipient may have to repay assistance received in error and that he/she may also be tried by the courts for fraud.
5. Provide information about any person or organization against which he/she has a right to recovery of medical expenses paid by Medicaid.
6. Because Medicaid is automatic for SA facility recipients, inform applicants of the potential for estate recovery for the cost of PCS paid by Medicaid for beneficiaries age 55 and older. Regardless of age at application, have the applicant or his/her representatives sign [DMA-5052SA, State/County Special Assistance Recipient Estate Subject to Medicaid Recovery](#). Provide a signed copy to the applicant and/or representative and retain one copy for the case file.
7. Immediately report to the county department the receipt of a check, which he/she knows to be erroneous, such as two checks for the same month, or a check in the wrong amount. If the incorrect payments are not reported the recipient may be required to repay any overpayments.

VI. ELIGIBILITY DETERMINATION

Review each eligibility factor following the regulations in the appropriate manual sections. Document all factors of eligibility on form [DAAS-8190S](#) for applicant/recipients of SSI, or form [DAAS-8190NS](#) for non-applicant/recipients of SSI.

A. Visits

Make a visit to the applicant's residence or the SA facility if the applicant is unable to visit the agency unless one of the exceptions below applies:

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1. The applicant resides in a state institution (mental hospital or retardation center or prison). In this case, information shall be obtained from a responsible person or staff member of the institution.
2. The applicant resides in an SA facility in a county other than the county of legal residence from which he/she was admitted to assisted living level of care. A visit is not required, if a responsible person can act, and agrees to act on the applicant's behalf. If no responsible person can be found to act on the applicant's behalf, the county of legal residence may ask the county where the facility is located to complete the required forms within time standards.
1. If the application has been made and a home or facility visit is necessary to obtain additional information, do not deny the application if applicant is unavailable during an unannounced visit.

B. FL-2 Requirements

For instructions regarding the requirement to have a valid FL-2. See [SA-3100, Eligibility](#).

C. Verification and Documentation

1. Thoroughly complete each item on the [DAAS-8190NS](#) booklet for non-SSI recipients applying for SA. Thoroughly complete the [DAAS-8190S](#) booklet for applicants receiving SSI and applying for SA. Verify and document each of the following factors on the appropriate application booklet.
 - a. Eligibility Requirements: [SA-3100](#)
 - b. Age: [SA-3230](#)
 - c. Disability or blindness if under age 65. See [SA3110, Application Process, VIII](#); and [EIS-1105, III. C](#).
 - (1) For SSI a/r's, view SDX Disability Onset, which indicates if there is a date of disability onset as alleged by the claimant during the period in which the case is awaiting a medical determination, or if the case has been medically denied.
 - (2) After a final disability or blindness determination has been made, the date of onset will be either the date of disability onset established for Title II (RSDI) purposes in a concurrent Title II/Title XVI allowance or the date of onset established for Title XVI only medical allowances.

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(3) This date will be no earlier than the effective month of the SSI application unless information in the medical file supports an earlier onset.

d. Automated Inquiry and Match Procedures: [SA-3400](#)

e. U.S. Citizenship for non-SSI or non-Medicare a/r's if not already documented in the Permanent Verifications folder. See [SA-3240](#), Citizenship and Identity.

f. Identity: for non-SSI or non-Medicare applicant/recipients if not already documented in the Permanent Verifications folder. See [SA-3240](#).

g. Residence: [SA-3250](#).

h. Resources: [SA-3200](#).

(1) For SSI recipients

(a) View SDX Resources, showing the resource information that the applicant has provided to Social Security. Recipients of SSI automatically meet the resource requirements of SA; however, SSI resource information could provide eligibility leads that need further exploration. For example, if the SDX reflects ownership of a home which is excluded for SSI, document the SA case file with the physical location of the home for purposes of state/county residency.

(b) SDX also provides information on transfer of assets for SSI recipients.

(2) For non-SSI recipients review SOLQ/BENDEX thoroughly for leads on resources. An example of **resource** lead is a direct deposit indicator ("S" for savings, "C" for checking account).

i. Transfer of Resources: [SA-3205](#)

j. Income: [IEM- 4000 \(SA- 3210\)](#)

k. Budgeting: [SA-3220](#)

l. Health Insurance: [MA-2400](#).

For SSI recipients, view Third Party Insurance, which is an indicator of third party liability for health care expenses, and the effective date of the recipient's third party liability enrollment.

m. SA facility information required:

- (1) Verify in EIS that the facility is an SA eligible facility. There will be a “Y” in the SA Eligible Indicator for the facility if it is a facility approved to accept SA. For information on facilities that are designated “Y”, see [SA 3100 II.3](#).
 - (2) Print the EIS facility inquiry (FI) screen for the facility of the applicant’s physical residence.
 - (3) Use the printed EIS FI screen to verify/document the facility’s correct name, physical location, licensure status, correct facility code and other important eligibility data.
 - (4) Document applicant’s date of admission to the facility on the [DAAS-8190S](#) or [DAAS-8190NS](#) as applicable.
 - (5) Update SA recipient case files with the above facility/physical residence information each time the applicant/recipient moves to a different SA facility.
 - (6) File the FI screen printout with the application booklet.
- n. Enter the applicant’s physical location address (from the EIS FI screen) on the DSS-8124 application form **or** document why the applicant’s mailing address is different from the physical address of the facility in which he or she resides. See [EIS-1063](#). For SSI recipients/applicants, view SDX to verify the mailing address and residence address. The SSI check and Medicaid card are mailed to this address unless a payee exists.
- o. Carolina Access/Managed Care Program. (Refer to [DMA-Admin. Letter No. 28-01](#)).
- (1) For SAD recipients who have Medicare in a Carolina Access county, an exempt code of “9999903” is system generated in EIS if it is not keyed on the DSS-8125, EIS Data Sheet
 - (2) All SAD recipients without Medicare must choose a Carolina Access provider or have one appointed and provider number entered on the DSS-8125, EIS Data Sheet. Ensure that the primary care provider is located conveniently to the facility in which the recipient resides, which may be in a different county from the county of financial responsibility.
 - (3) All SAA recipients are exempt from Carolina Access (Code 9999901).
- p. Verification of SSI benefits: Use SDX to verify the SSI status of the SA applicant. Instructions on using SDX are included in the EIS Manual [EIS-1105](#).

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- (1) The State Data Exchange (SDX) provides critical information about individuals receiving SSI. When a recipient of SSI applies for SA, SDX SSI information must be reviewed for use in correctly determining SA eligibility.
- (2) View the SDX for SSI recipients as it may provide an indication of the applicant's competency status. Reference SA-3110 I.
- (3) The Competency Code indicates the representative payee's status as to legal guardianship and/or competency of the recipient.
- (4) Check to see if there is a payee indicated for the SSI check.
- (5) SDX provides the SSI Eligible Date, the date the recipient was first determined eligible or most recently redetermined eligible after a period of ineligibility. This is the effective date of the first SSI payment. SSA also calls this the Application Effective Date.
- (6) View the SDX Federal Eligibility Code which identifies eligibility for SSI payment in the current month.
- (7) SDX Payment Status, consists of two data elements:
 - (a) The first position reflects the status of the SSI payment.
 - (b) The second and third positions reflect the reason for the status.
- (8) Assess whether applicant is receiving federal benefit rate (FBR) or a reduced rate. The applicant may be receiving a reduced SSI rate due to one or more of the following reasons:
 - (a) One-Third Reduced SSI (SDX Unearned Income Information). If the SDX reflects unearned income code "J" for the SA applicant/recipient this indicates that the applicant's SSI payment is based on the applicant residing in the home of another person.

The IMC must inform the SSA via [DMA-5049](#) (Referral to Local Social Security Office) of the change in living arrangements in order to reinstate the FBR. SSI recipients or their payees are responsible for reporting changes to SSA within 10 calendar days. There is a form, [SSA-8150-EV](#) that they can use. Refer to [SA 3210](#) for budgeting instructions.

- (b) SDX Federal Living Arrangement Code. If the SDX reflects the SSI recipient resides in a Title XIX (Medicaid) institution (federal living arrangement code "D") instead of an SA facility (field is blank), the SSI

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payment is reduced to \$30/month or terminated if the SSI applicant has other countable income greater than \$30.

As an SA applicant, this SSI recipient would need the SSI FBR reinstated because Medicaid does not pay cost of care in an SA facility. The IMC must inform the SSA via [DMA-5049](#) (Referral to Local Social Security Office) of the change in living arrangements in order for SSA to reinstate the FBR. SSI recipients or their payees are responsible for reporting changes to SSA within 10 calendar days. There is a form, [SSA-8150-EV](#) that they can use Refer to [SA 3210](#) for budgeting instructions.

- (c) SSA Recoupment of Overpayment/s: SSA recoupment of SSI benefits or Social Security (RSDI) benefits reduce the recipient's monthly payment to an amount less than the monthly entitlement amount due the recipient. This reduction is reflected in a dollar amount assessed each month to collect the overpayment/s. The **recoupment amount** must be adjusted to the lowest possible monthly amount.

For further instructions on applicants with an SSA/SSI recoupment see [SA-3210 Income](#).

- (9) SDX Denial Code-Date provides the reason and date a claimant was initially denied for SSI. This will indicate whether the SSI applicant was denied for the reason of excess income. If the applicant was denied SSI for any reason other than income, the SA application must also be denied.
- (10) The IMC should track and verify that necessary changes have been made by SSA/SSI in order for the SA beneficiary to receive the maximum federal benefits to which he or she may be entitled. Changes made by SSA will reflect on the SDX for SSI applicant/recipients.
2. Document in the case record all applicant, collateral, and telephone contacts. Always include the name of contacts providing information and the date of the contact.
 3. Stamp all information with date of receipt in DSS.
 4. Document the exact date that an applicant/recipient leaves a adult care facility and moves to the next adult care facility, or, moves to a higher level of care, moves to a public institution, or moves to PLA. This information is very important for keeping accurate track of the SA recipient's physical location and provides information needed in applying the 5/10 day rule when applicable.

VII. TIME STANDARD

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The time standard covers the time from the date the application is signed to the date of disposition.

A. Processing Time Standard

Process SAA applications within 45 days from the date the application is signed.

B. SAD Processing Time Standard

Process SAD applications within 60 days from the date the application is signed.

C. Pending An Application

1. Information, Including a Disability or Blindness Determination, Needed From SSA

- a. Hold an application pending for up to 12 months while awaiting a determination of eligibility for benefits and/or a disability or blindness determination and/or other information needed from SSA. Refer to VI. for instructions for establishing disability.
- b. Discuss the applicant's current and retroactive medical needs and advise the applicant that he/she may make a separate application for Medicaid. Refer to instructions in [MA-2525, Disability](#) for establishing disability for Medicaid.
- c. If the applicant refuses to apply or does not apply for Social Security benefits within the 60 day processing standard, deny the application at the 60th day. Do not hold the application pending.

Exception: In those few situations where the applicant has applied for Social Security benefits within the last 12 months and was denied for a reason that does not affect SA eligibility (such as income), do not require the applicant to reapply. Verify and document the reason for the SSA denial. Refer to [SA 3110, Application Process VI.](#) for instructions for establishing disability if appropriate.

- d. If SSA denies the SSDI/SSI application based on non-disability or not meeting criteria for legal blindness; or being denied based on eligibility criteria other than income (such as resources, transfers, fleeing felon, etc.), deny the SA application. An individual must be eligible for SSI or ineligible solely due to income to qualify for SA.

Note: Do not deny the SA application if the reason for the SSA denial of SSI benefits is a transfer of resources that occurred prior to November 1, 2002.

- e. If dss denies an SA application based on an SSA decision, advise the applicant that he may appeal the SSA decision. If SSA reverses their denial, the SA application may be

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reopened. See instructions in [SA 3110, VII. Application Process](#) for reopening applications due to SSA appeal reversals.

2. Information Needed From Applicant or Other Third Party

- a. The application may pend up to 6 months if awaiting documentation of verification of citizenship and/or identity and the applicant is cooperating to the best of their ability, or when it is the county responsibility to pursue verification on behalf of the applicant based on policy requirements. Assistance in obtaining Citizenship and Identity documentation must be provided upon the applicant's request or if the applicant has special needs, such as a mental or physical incapacity. See [SA-3240, Citizenship and Identity](#).
- b. Do not hold applications pending beyond the processing time standards for information from the applicant or a third party if the following requirements are met:
 - (1) Request any information needed to process the application during the initial interview using the [DMA-5097, Request for Information](#), and enter the date requested. Include information the applicant/representative needs to provide from a third party or other agency such as SSA/SSI or VA.
 - (2) Make at least two requests for information needed from the applicant or third party. There must be at least 12 calendar days between the requests.
 - (3) Explain to the applicant that if more time is needed to provide the required information, an extension may be allowed. If an extension is requested, allow additional time of at least 12 calendar days.
 - (4) The application is not pending for information from SSA. If you are waiting for information on eligibility or disability from SSA, continue to pend until that information is received. Do not pend an application if you are waiting for the SSI payment to increase to FBR. Instead follow procedure in [SA 3210](#). Once the information from SSA is received, do not continue to pend for other applicant or third party information.
- c. If at least two requests for information have been made and the information is not provided, and you are not waiting for information from SSA or for information on citizenship and identity, deny the application on the 45/60th day or 12 days after the second request or the extension, whichever is later.

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- a. If the applicant has excess resources and states he/she does not intend to reduce resources (including rebuttal of value) within the processing time standard, accept and document the applicant's statement and deny the application.
 - b. If the applicant states intent to reduce resources, explain that the resources must be reduced by the 45th/60th day. If resources are not reduced within the application processing time standard, the applicant is ineligible. Advise the applicant that he/she must provide verification of reduction of resources within the application processing time.
 - c. If the applicant has not provided verification of reduced resources by the 45th/60th day and the requirements above for requesting information have been met, deny the application.
 - d. If the requirements for requesting information were not met, pend the application until the end of the second 12-day period or extension or until ineligibility is verified.
 - e. If the applicant provides verification that resources were reduced prior to the 45/60th, determine eligibility based on the new resource amount. Eligibility begins the month after the month in which resources were reduced to allowable limits.
4. Obtaining a Signed FL-2.
- Do not hold an application pending beyond the time standard awaiting a signed (and/or appropriately completed) FL-2 if the requirements for requesting information are met. Deny the application.
5. Document all attempts to verify necessary information.
6. If the application pends beyond the processing time standard, dispose of the application within 5 workdays after the last piece of information is received.
7. If the application pends beyond the processing time standard for both applicant/third party and SSA information, dispose of the application within 5 workdays after the SSA decision is received.
8. When disposing of a pending application, determine eligibility on a monthly basis for all months from date of application onward. Clearly document the application booklet for each month of non eligibility listing the reason/s for non eligibility. Notify the applicant accordingly. When all factors of eligibility are met, clearly document the basis for eligibility, including 1st moment resource balance when applicable. Reference [SA 3110, Application Process, XII](#).

VIII. ESTABLISHING DISABILITY FOR SA

To be eligible for SAD, an individual must be age 64 and under, and must be determined disabled according to Social Security disability standards or meet criteria for legal blindness.

A. Already Receiving SSI/SSDI

An applicant who is receiving SSI/SSDI based on disability meets the disability requirement.

B. Not Receiving SSI/SSDI, No Pending Application

1. If the SA applicant is not receiving SSI/SSDI based on disability or legal blindness has not been established, and does not have a disability application pending, advise the applicant that he/she must apply for Social Security benefits within 60 days of the date of the SA application.
2. Discuss the applicant's current and retroactive medical needs and advise the applicant that he/she may make a separate application for Medicaid. Refer to instructions in [MA-2525, Disability](#) for establishing disability for Medicaid. A Disability Determination Services (DDS) decision of disability for Medicaid does not apply to SA, except for situations described in D.
3. If the applicant applies for SSI/SSDI within the 60 day processing time standard, hold the SA application pending up to 12 months awaiting the SSA decision.
4. If SSA denies the application due to not meeting criteria for disability or legal blindness, deny the SA application. Advise the applicant that if he appeals the SSA decision and the denial is overturned, the SA application may be reopened.

C. SSI/SSDI Application Pending

1. If the applicant has an application for SSI/SSDI pending with SSA, hold the SA application pending for up to 12 months awaiting the Social Security decision. Check the SDX monthly to determine if a decision has been made.
2. If the disability application is denied due to not meeting criteria for disability or legal blindness, deny the SA application. Advise the applicant that the SA application may be reopened if he appeals the SSA decision and the denial is overturned in appeal.

D. SSA Makes No Disability Determination

1. In some cases, SSA may approve or deny benefits without determining disability. For example, the applicant may be financially ineligible for both SSDI and SSI and the

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application is denied without a disability determination, or an applicant may be approved for a benefit that does not require a disability determination such as early retirement.

2. When SSA approves or denies benefits, determine the reason for the decision and whether a disability decision was rendered. Refer to the SDX, SOLQ, award or denial letter or contact with SSA.
3. In those situations where SSA will not make a disability determination, disability must be established by Disability Determination Services. Follow instructions in [MA-2525, Disability](#) to submit a request for a disability determination for an SAD applicant.
4. The only time DDS makes a disability determination for SAD is when SSA will not make a disability determination.
5. In those situations where SSA will not make a legal blindness determination, blindness must be established by the Division of Services for the Blind. Proof of an individual's visual acuity will be based on a completed eye examination report which reflects his/her current visual condition. The eye examination report must be dated and signed by a medical or eye care professional. Acceptable report forms are:
 - a. [DSB-2202: Report of Eye Examination](#), which is completed, dated, and signed by a medical or eye care professional; or
 - b. A written statement on official letterhead signed and dated by a medical or eye care professional which states, at minimum, the individual's visual acuity in both eyes with best correction, date of examination, and primary diagnosis.
 - c. Mail to: Division of Services for the Blind, 2601 Mail Service Center, Raleigh, NC, 27999-2601

IX. REOPENING A DENIED SA APPLICATION DUE TO APPEAL REVERSAL

A. SA Appeal Reversal

When an SA application was denied but is subsequently approved as the result of a state appeal, reopen the original application within 5 work days of the date the Notice of Decision is final and process the reversed decision.

B. SSA Appeal Reversal

If an SA application is denied based on a decision by SSA but the SSA denial is reversed on appeal, the reversal of the SSA decision is considered a reversal of the SA decision. The applicant is not required to make a separate SA appeal. This applies to determinations of

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eligibility based on disability or as well as other eligibility factors such as resources or transfers.

1. Administratively reopen the SA application if:
 - a. The applicant or the representative notifies the county dss within 60 days of the date of the reversal decision and requests SA, and
 - b. The onset date for disability or blindness (or the beginning date of eligibility) is the same as or prior to the date of the SA denial, and
 - c. There is a period of cost of care that SA can cover.
2. It is recommended that you periodically check to determine if the appeal process has been completed, through the SDX or contact with SSA or the applicant. If you learn of the appeal decision through some source other than the applicant, contact the applicant to determine if he/she wishes to reopen the SA application based on these criteria.
3. Approve assistance based on the original date of application if all other eligibility factors are met. Payment can begin no earlier than the month of SSI approval. Refer to Item X below for the effective date of payment.
4. Request For Override

If the applicant is authorized for more than 12 months prior to disposition, send a letter to the Payment Benefits Section. Also, if Medicaid is authorized more than 12 months prior to disposition, request an override of the 12 months Medicaid claims processing time limit. Follow instructions in [MA-2395, Corrective Actions and Responsibility for Errors](#), to complete the Request For Claims Override.

X. EFFECTIVE DATE OF PAYMENT AND CLASSIFICATION

A. Payment

1. In general, the effective date of payment is the day when the FL-2 is signed and all other eligibility requirements are met.
2. If an applicant is in an SA facility for an entire month and eligibility requirements are met after the first day of the month, the applicant is not eligible for a full month's payment until the following month. An exception is for an applicant reaching age 65. In these situations, if the applicant meets all other eligibility requirements, they are eligible the month they attain age 65.
3. Do not authorize SA Payment for months prior to the month of application.

4. For SA applicants who are also applicants for SSI, authorize SA payments the first month the applicant becomes eligible for SSI (even if no SSI payment was issued/received) if applicant resides in a licensed SA facility and applied for SA that month, and met all other factors of eligibility.
 - a. The first month the SSI applicant meets all factors of SSI eligibility is identified by SDX/SSI Payment Status Code E02 (Reference [EIS-1105, III. B.47](#)). Code E02 indicates the SSI application month for which no SSI payment is issued. The first SSI payment is issued the month following the first E02 month of SSI eligibility.
 - b. Because the SSI payment will not be issued to the SSI applicant for the E02 month, the SA payment will be calculated for the SSI E02 month at zero SSI payment. The SA payment will need to be recalculated for subsequent months for which the SSI applicant is awarded/issued SSI payments ongoing. These months are coded on the SDX as C01 months.

Please Note: If SSI ongoing payments are not awarded at SSI FBR for the current calendar year, budget the case according to the instructions in [SA 3210](#) Income.

Example 1: This example illustrates how the new SSI eligibility and payment date will be applied in SA cases when the individual attains age 65.

Mr. Smith files an SSI application in the Social Security Office on 8-12-2009. He will become 65 on 8-15-2009. The Social Security Office determines that he meets all other factors of eligibility on 8-12-2009. His first SSI payment will be 9-1-2009. The E02 month is 8/2009. Mr. Smith will be issued his first SA payment beginning 8-1-2009, the first day of the month in which he attained age 65 and providing all other factors of SA eligibility are in place.

Example 2:

Mrs. Jones, who is 45, contacts the Social Security Office by phone on 11-30-2008. The Social Security Office schedules an application appointment for 12-15-2008. A disability application is taken on 12-15-08 and it is determined that Mrs. Jones is disabled as of 1-3-09. Since she first meets all of the eligibility requirements on 1-3-2009, her first SSI payment will be for 2-1-2009. (The E02 month is 1/09.) Mrs. Jones will be eligible for her first SAD payment beginning 1-1-2009.

5. Do not authorize SA payment prior to the date a current FL-2 is signed by a physician, a physician assistant, or a nurse practitioner. Calculate a partial payment beginning with the date the FL-2 is signed and all other factors of eligibility are met, if that date falls after the first day of the month.

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6. Do not authorize SA payment prior to the date the state residency requirements are met. Calculate the partial month payment beginning with the day the residency requirement is met and all other factors of eligibility are met, if that date falls after the first day of the month.

B. Medicaid Classification

1. The Medicaid classification in EIS is “C” if the applicant/recipient is not enrolled in Medicare A or B or is enrolled in Medicare A or B but has total countable income (TCMI) above 100% of federal poverty guidelines. [EIS-2264, II. E. 4.](#)
2. The classification in EIS is “Q” if the applicant/recipient is enrolled in Medicare (Part A and/or B) and has total countable income (TCMI) that does not exceed-100% of federal poverty guidelines. [EIS-2264, II. E. 4.](#)
3. The classification in EIS is “N” for individuals protected by the Passalong provision. These individuals are “deemed” to be SSI recipients. Reference [MA-500, I. B. b.](#)

XI. EFFECTIVE DATE OF MEDICAID

A. Authorize Medicaid as instructed in [EIS-2264, E. Medicaid Data.](#)

B. Explain use of Medicaid card for all applicants. Refer to [MA-2380, Medicaid Identification Card.](#)

XII. TYPES OF DISPOSITION

Notify the applicant/representative of the county’s decision in accordance with SA-3300, Notices. Disposition the application following instruction in [SA-3330](#) and using correct automated codes as applicable from [EIS-4000](#), Codes Appendices as appropriate.

A. Approvals – Reference [SA-3330](#) and [EIS 2264](#)

Approve assistance when all factors of eligibility have been verified and eligibility has been established. Complete the DSS-8108, Notice of Benefits.

B. Open/Shut

Refer to [SA-3220, Budgeting](#), when an application is approved and terminated at the same time.

C. Denials – Reference [SA-3330](#) and [EIS-2150](#)

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Deny assistance anytime ineligibility has been established and complete the [DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn](#). Always evaluate for Medicaid eligibility when SA is denied.

D. Withdrawals – Reference [SA-3330](#) and [EIS 2200](#)

Withdraw application anytime the applicant voluntarily requests withdrawal of the application and complete the [DSS-8109, Your Application for Benefits Is Being Denied or Withdrawn](#). Explain all options to withdrawal, including a separate application for Medicaid. Explain that the applicant may reapply for SA at any time.

NOTE: Notify all appropriate program staff, such as Medicaid, Food and Nutrition Services, etc. using [DSS-8194, Income Maintenance Transmittal Form](#).

XIII. COURTESY SPECIAL ASSISTANCE APPLICATIONS/INTERVIEWS

A. Introduction

SA policy requires that an application for SA (SA) be made in the applicant's county of residence. The definition for county of residence for SA is found in [SA 3250, Residence](#). Applicants or their representatives may appear at the county DSS where they are currently residing in an SA facility or at a county that is convenient for the representative to apply. The a/r must not be required to travel to the county of residence. An application taken by an income maintenance caseworker (IMC) at a DSS outside of the individual's county of residence is a courtesy application.

NC law requires that an application shall be allowed without delay or on the same day the applicant appears at the county department. When it is discovered that an individual is a resident of another county by SA definition, the county must follow the procedures listed below.

Each DSS must have a designated contact person for courtesy applications. The contact for the county taking the courtesy application will assure that the correct procedure is followed. The county of residence contact will approve the acceptance of the courtesy application and follow through on its completion. Prior to beginning the application process, the county in which the individual or his representative appears must verify with the contact person in the county of residence that a courtesy application will be accepted.

If the county of residence agrees to accept the application, staff at the DSS where the a/r presented to apply, will complete the courtesy application process, ensuring that information is accurate, legible, and thorough. A thorough application includes the items listed under B. Procedures, below.

B. Procedures

It is the county of residence's discretion whether to allow a courtesy application interview to be completed by another county DSS. If the county of residence does not wish to allow a courtesy application to be taken by the county where the applicant/representative has presented, **the county of residence must determine how the applicant can apply without delay.**

1. An applicant appears at his/her local county DSS to make application for SA. (Usually this is the DSS in the county where the SA facility is located but could also be where the applicant's representative lives).
2. Local county DSS staff begins the application process, determining county of residence.
3. If it is determined that the county DSS taking the application is not in the county residence, staff will notify their agency's appointed contact person. The agency appointed contact is the staff person responsible for assuring that the agency's courtesy applications procedures are followed.
4. The contact person will immediately phone the contact person at the DSS in the applicant's county of residence to request permission to take the SA application. The contact person should document name and phone number of the staff contact giving permission and give his/her name and phone number, as well as that of staff taking the application, to the county of residence DSS.
5. Staff completes the application process, ensuring that information is accurate, legible, and thorough. A thorough application includes, but is not limited to:
 - a. [DAAS-8190-NS, Special Assistance Workbook for Non-SSI Recipients](#), or [DAAS-8190-S, Special Assistance Workbook for SSI Recipients](#), with complete name, address, and contact number for applicant and/or representative;
 - b. [DMA-5094, Notice of Your Right to Apply for Benefits](#)
 - c. DSS-8124, Application Processing Form;
 - d. [DSS-3431, Request for Financial Information](#);
 - e. General Consent;
 - f. Income Information;
 - g. Resource Information;

- h. Tax check information (including parents' names, spouse's name(s), spouse's parents' names);
 - i. All other available online verifications (IMS, SOLQ, ESC, FSIS, DOT).
 - j. [DMA-5097, Request for Information](#) (which must include the request for FL-2);

Note: If a disability determination is necessary or being requested, refer to [MA-2525, Disability](#).
 - k. Complete all necessary computer matches.
 6. It is recommended that the contact person review the completed courtesy application information and approve it prior to forwarding the application to the county of residence. The contact person should sign the application as reviewed when it meets courtesy application standards.
 7. The completed, thorough, and legible application will be faxed to the DSS in the applicant's county of residence within 24 hours or one work day, if the application date falls on day before a weekend or holiday and mailed via USPS or state courier within 2 work days. Notify the contact person at the applicant's county of residence that the application has been mailed. Be sure to maintain a copy of the information in the event that the information is lost or destroyed in the mailing process.
 8. Within two workdays of receipt, mail any additional information that is received to the county of residence.
 9. The date of application is the date the application form or base document was signed by the individual.
 10. The county of residence must:
 - a. Document the initial contact from the county taking the application.
 - b. Acknowledge receipt of the application in writing.
 - c. Process the application following SA procedures.
 - d. Maintain the case.
 11. If the county of residence will not accept the courtesy application, notify the individual or his representative that he must file the application in the county of residence. Provide the individual or representative with the office address and phone number of the DSS agency in

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the county of residence. The county of residence must determine how the applicant can apply without delay on the same day that the individual presents to the DSS.

12. If after taking the application, the DSS learns that the applicant is a resident of another county, the DSS with the open application must process the application.

Once the application is approved, clearly document the now ongoing recipient's SA case file with verification of correct county of residence. Reference [SA 3250, Residence](#), II. B. Call the designated contact person in the recipient's correct county of residence to facilitate reassignment of the now ongoing case to the correct county of residence. Follow procedures in [EIS 3500, County Transfers for Active Cases](#) to transfer/reassign the case to the correct county. The county of residence should use the [DSS-2216](#) to request the records of the application or active case.

A suggested form to notify the recipient of the change in the county DSS which will be maintaining the case is provided in [DAAS-3001 Notice of County of Residence Reassignment/Transfer](#).

13. If the county DSS discovers that for an active, ongoing case, the SA recipient is a resident of another county, clearly document the recipient's SA case file with verification of correct county of residence. Reference [SA 3250, Residence, II. B](#). Call the designated contact person in the correct county of residence to facilitate reassignment of the active SA case. Follow procedures in [EIS 3500, County Transfers for Active Cases](#) to transfer/reassign the case to the correct county.

The county of residence should use the [DSS-2216](#) to request the records of the application or active case.

14. If an applicant applies in more than one North Carolina county, the county of legal residence will process the application protecting the first date of application.
15. In the event there is a dispute between counties concerning the above procedures, contact the SA Program Representatives through the listserv at specialassistance@dhhs.nc.gov.