

SA-3120 EIS INSTRUCTIONS FOR SA
RE-ISSUED 11-22-2010

I. INTRODUCTION

This section is an overview of certain items that need to be addressed when processing Special Assistance (SA) cases. It is intended to be a quick reference, and does not replace the detailed instructions found in the EIS manual for processing and maintaining SA cases.

II. Authorized Representative

The IMC must enter the demographics of the Authorized Representative (including name and address) in EIS at application disposition or for the ongoing case, any changes in the Authorized Representative information. See [DAAS Administrative Letter 10-14](#) for further instructions.

When the a/r has more than one representative, the county must be able to identify which representative has priority so that notices can be sent to the proper individual. A hierarchy has created for the county to use to determine which representative should receive notices. The chart below lists the various types of representatives and provides a code to be entered in EIS in the relationship field for each type. Representative type “A” is given the highest priority and representative type “H”, the lowest.

Hierarchy	Relationship Type	EIS Code
first	Legal Guardian (includes DSS with custody or guardianship)	A
second	Power of Attorney	B
third	Health Care Power of Attorney	C
fourth	Department of Social Services (placement responsibility only)	D
fifth	Spouse (Not separated)	E
sixth	Parent (for children under 21, a parent who is not the casehead but who lives in the home).	F
seventh	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.)	G
eighth	Authorized Representative as designated by SSA on SDX	H

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

III. DOMICILIARY RATE AND MAINTENANCE AMOUNT

A. Domiciliary Rate

The SA/ACH domiciliary rate in EIS is the current amount enacted by the General Assembly. There are two SA facility rates; one for the SA basic level, and one for SA special care unit (SCU) for Alzheimer's or related disorders.

1. The current SA Basic rate is \$1,182 per month.
2. The current SA SCU rate is \$1,515 per month.

B. Personal Needs Allowance (PNA)

A monthly personal needs allowance is retained by the SA recipient. These funds are available to meet the costs of certain expenses not covered by the monthly rate such as personal articles, Medicaid co-payments (Refer to [MA-2905, Medicaid Covered Services](#), for co-payment amounts), clothing, and other personal needs.

1. The PNA, set by the General Assembly, is currently \$46.
2. The PNA (and where applicable the \$20 General Income Exclusion) **is** added to the monthly rate for all SA recipients when calculating the SA payment.
3. See [SA-3220](#) Budgeting, for more information on the PNA.

C. Maintenance Amount (MAIN-AMT)

1. The maintenance amount for the SA applicant/recipient is the sum of the appropriate SA facility rate (**basic or SCU**) plus the personal needs allowance. This is the actual amount that is used to calculate the SA payment. The SA a/r's total countable monthly income (TCMI) must be below the maintenance amount for his/her current level of care (basic or SCU).
2. The SA maintenance amount is \$1228.
 $\$1,182$ (current SA basic rate) + $\$46$ PNA = $\$1,228$.
3. The SA SCU maintenance amount is \$1561.

\$1,515 (current SA SCU) rate + \$46 PNA = \$1,561.

4. **The SA payment is calculated by subtracting the TCMI from the maintenance amount.** The TCMI + the SA payment cannot exceed the Maintenance Amount for the appropriate SA rate for that a/r when keying into EIS (see [EIS-2264, Approving an SAA or SAD New Application or Reapplication](#)).
5. The maintenance amount for recipients who are blind and who receive Medical Care Special (MCS) payments **can be greater than \$1, 228.00**. The ambulation capacity code for these recipients is “M” in EIS. Only SAB cases that were active with Services for the Blind prior to September 1, 2010, and transferred to SA in September 2010, can have MCS.
 - a. Recipients who are blind and who receive MCS payments to reimburse them for over-the-counter medical needs can have a **variable maintenance amount**.
 - b. The **SA payment amount + TCMI = the variable maintenance amount**. Complete the [DAAS-8190S Attachment A](#) or [DAAS-8190NS, Attachment A](#); Ambulation Code “M” Verification of Eligibility Budget to determine the payment and the variable maintenance amount.

IV. Case Special Review Codes Required for cases with Total Countable Monthly income (TCMI) less than the FBR.

- A. Effective November 22, 2010 cases are required to use an SA *Case Special Review Code* when entering income into the EIS form 8125 screen if the income is an amount less than the FBR for SSI.**

Case Special Review Codes allowing for less than FBR TCMI are for use as a case management tool for the IMC and are only to be used for a specified situation and for the specified timeframe designated. See B. below.

- B. The following Case Special Review Codes are required in order to allow an EIS SA budget with a TCMI less than the FBR. The codes and corresponding case situations are**

1. **Case Special Review Code ‘E’: ‘SSI 1/3 Reduced:** Allows TCMI at less than FBR for SA applicants who have recently moved into an SA eligible facility from a private living arrangement where he/she was receiving SSI at the one-third reduced income rate based on SDX Living Arrangement Code “J”.

Use of EIS Case Special Review Code ‘E’ is **time limited** for SA Basic and SCU cases and provides for budgeting of the SA payment for not more than a two month period following the a/r’s month of admission to an SA eligible facility. **It is not time limited for SA/IH cases.**

2. **Case Special Review Code ‘I’: ‘SSI In Kind Support/Maint:** Allows TCMI at less than FBR for SA applicants who have recently moved into an SA eligible facility from private living arrangement where he/she was receiving SSI income based on in-kind support and maintenance (ISM) SDX Living Arrangement Code “H

Use of EIS Case Special Review Code ‘I’ is **time limited** for SA Basic and SCU cases, and provides for budgeting of the SA payment for not more than a two month period following the a/r’s month of admission to an SA eligible facility. **It is not time limited for SA/IH cases.**

3. **Case Special Review Code ‘LI’: ‘Life Insurance (with) Cash Accruing Face Value Greater Than \$1500’:** Required for cases with TCMI less than the FBR who were denied SSI due to -cash accruing life insurance whose total FV is more than \$1500, and who were receiving SA prior to December 1, 2009.

Use of the “LI” code, once assigned to a case is allowed ongoing until the SA case is correctly terminated. It is not time limited.

NOTE: The case must also have the Case Level Special Use Code ‘LI’. See [SA-3200, Resources](#).

4. **Case Special Review Code ‘RS’: ‘SSI/SS Recoupment’:** **Allows** TCMI at less than FBR for SA and SA/IH only for the months of continuing SSA overpayment recoupment. In the case of an SSA recoupment, the recoupment amount must be waived or adjusted to the lowest possible monthly amount. In

many cases this can be \$10.00. The time limit on the use of this code varies for each SA recipient depending on the projected end date for recoupment.

5. **Use Case Special Review Code 'VA': 'VA only OR VA/other income only'**. If any combination of VA and other income is less than \$674 after the allowable exclusion up to \$20 is applied, require a/r to apply for SSI. See [SA 3210 XIIC.13.c.](#) for information on when the (up to) \$20 general exclusion is applied to VA income. When discovered, use time frame and follow procedures in SA 3210 III.
6. **An additional Case Special Review Code, "N" is valid for SA In-Home cases only; "H" ambulation code.** See SA/In-Home policy section [SA-5200](#).

Note: The Eligibility System Case Management report, produced monthly on the last working day of the month, reflects SA cases flagged with the Case Special Review Codes listed above. It is imperative that the SA caseworkers/supervisors review the Case Management Report each month and immediately follow up as appropriate for each case reflected on the report. See [EIS-3551](#)-Case Management Report.

V. LIVING ARRANGEMENT CODE

The living arrangement code in EIS for an SA a/r residing in an SA facility must be one of the following:

- A. **Code 51: Domiciliary Care, licensed for 2-6 residents. These are referred to as family care homes.**
- B. **Code 52: Domiciliary Care, licensed for 7 or more residents. These are referred to as adult care homes.**
- C. **Code 56: Adult group homes. These are referred to as mental health facilities.**
- D. **Code 57: Specialized community residential centers. These are referred to as mental health facilities.**

See [EIS-4000](#), Codes Appendix.

VI. FACILITY INQUIRY/UPDATE SCREEN

Always complete a facility inquiry in EIS when approving an SA application or making a change to an SA case, by accessing the Facility Inquiry/Update screen. See EIS-1063 II. Determining the Facility Code, for instructions. This is necessary to determine the correct three-digit facility code for the a/r based on the facility in which he/she *currently* resides.

Note: Licensure rules do not apply to private living arrangements. There is no 3-digit facility code for SA/IH recipients in private living.

- A. **Case applications and changes to ongoing cases cannot be processed unless the facility associated with the three-digit facility code has a “Y” in both the SA eligible, and the civil rights agreement fields in the EIS Facility/Inquiry Update Screen.**
- B. **EIS edit to prevent authorization in unlicensed facilities and facilities that are not SA approved.**

There is an edit in EIS which will not allow entries or changes to cases with invalid facility codes. If an incorrect facility code is entered, an error message **DOM FACILITY MUST BE SA ELIGIBLE & HAVE CIVIL RIGHTS AGREEMENT** will be displayed. Invalid facility codes for this edit will consist of those codes where the SA eligible indicator or the civil rights indicator is not a “Y”. **The correct facility code must be entered before a change will be allowed.** See EIS-1063 III. Facility Code Validation.

- C. **If you cannot find an accurate code for the facility:**
 - 1. Check to verify that the facility is a licensed facility by using the [licensed facilities list](http://www.ncdhhs.gov/dhsr/reports.htm) on the Division of Health Service Regulation website. (<http://www.ncdhhs.gov/dhsr/reports.htm>)
 - 2. If the facility is a mental health facility, make certain the facility is licensed as a 27G. 5600 A, 27G. 5600 C, or (for children and adolescents) 27G.2101 facility, the only mental health facilities that are SA eligible. ICF/MR facilities are not eligible.
- D. **There are several cases of identified residents of 5600 F facilities that have been receiving SA.**

1. These SA residents may continue to receive SA as long as they remain in the same 5600 F facility in which they resided on September 15, 2008, and they meet all other eligibility requirements.
2. These residents are identified in EIS with an exempt code which will allow counties to make cases changes, except for the three digit facility codes. The case data page in EIS will display **EXEMPT DOM FACILITY CASE** across the bottom of the screen. If the facility code is changed, the case will lose its exempt status.

Note: Because the SA eligible indicator and/or the civil rights agreement indicator are “N” (no), counties will not be able to view the EIS facility inquiry page for 5600 F facilities.

3. A monthly report identifying exempt SA 5600 F cases is found in NCXPTR, titled **DHREJ EXEMPT SA CASES**. If there are no cases listed for a county, the county has no residents receiving SA in 5600 F facilities. This report is not mailed to counties.

E. SA eligible or civil rights status change.

1. The status of a facility may change from SA eligible to non-SA eligible due to change, expiration, or revocation of the facility’s license.
2. NCXPRTR cumulative daily report **DHREJ SA ELIG DAILY IND CHANGE** lists changes in SA eligible or civil rights status by facility code, type, SA and civil rights indicator change, date of change and site county. Counties should review this report frequently.
3. SA recipients living in an SA eligible facility which changes to SA facility ineligible to accept SA must be issued a timely notice of termination via the DSS 8110. Assure that continuing eligibility for Medicaid is evaluated.

VII. AMBULATION CAPACITY CODE

- A. **The ambulation capacity code for recipients of SA basic is “B”.**
- B. **The ambulation capacity code for recipients of SA SCU for Alzheimer’s or related disorders is “C”.**

- C. The ambulation capacity code for SA recipients with the additional MCS payment is “M”. Only SAB cases that were active with the Services for the Blind prior to September 1, 2010, and transferred to the SA Program in September of 2010, are allowed to have MCS. No new SA cases can be approved in EIS with ambulation capacity code “M” after September 30, 2010.

VIII. ADDRESS FIELDS

In the second address field, key the applicant’s private living arrangement address.

IX. CHANGE IN AMBULATION

A. “B”, “C”, “E” or “M” TO “H” OR “H” TO “B”, “C”, “E” or “M”

Do not transfer cases from SA/IH (“H”) to SA (“B”, “C”, “E” or “M”) or from SA (“B”, “C”, “E” or “M”) to SA/IH (“H”). If an SA/IH recipient chooses to enter an SA facility and requests SA, a new application is required. The same is true for SA recipients residing in a SA facility who choose to return home and request SA/IH.

No new “E” cases are allowed to be keyed after December 1, 2009.

B. “B”, “C”, “E” or “H” to “M” or “M” to “B” or “C”.

Do not transfer “B”, “C”, “E” or “H” cases to “M”. A transfer is allowed from “M” cases to “B” or “C”.

No new “M” cases are allowed to be keyed after September 30, 2010.

Key the DSS-8124, Application Processing screen, in EIS as a reapplication. Use the DMA-5022 screen in EIS to issue supplemental payments when a recipient changes living arrangement and ambulation capacity. The paper version of the DMA-5022 is available online at the following link:
<http://info.dhhs.state.nc.us/olm/forms/dma/dma-5022-ia.pdf>

Use the DB/PML screen to request retroactive or replacement Medicaid cards. See [EIS-3105](#) for instructions.