
ELIGIBILITY REQUIREMENTS

SA-5200 ELIGIBILITY REQUIREMENTS

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To be eligible for the In-Home (SA/IH) Program, an applicant/ **beneficiary (ab)** must be eligible for Adult Medicaid under Medicaid categorically needy (CN) requirements. They must also meet all other Basic eligibility requirements, except the requirement to reside in an SA facility.

There are also other eligibility requirements that are unique to the SA/IH Program that do not apply to SA Basic **a/bs**. This section provides the policies and procedures that are specific to SA/IH and which differ from the eligibility policies and procedures in the [Special Assistance Manual](#) for **a/bs** residing in SA facilities.

For all other situations that are not covered in this manual, follow the instructions in the [Special Assistance Manual](#) and/or the [Economic Benefits Integrated Eligibility Policy Manual \(IEM\)](#).

Special instructions for SA/IH applications for individuals receiving Department of Health and Human Services (DHHS) Supported Housing Slots through the Transitions to Community Living Initiative can be found in [DAAS Administrative Letter 13-07 Instructions for Special Assistance In-Home Approvals for Individuals with Verified Supported Housing Slots](#).

The SA/IH option is only available for SAA or SAD. SCD **beneficiaries** are not eligible for SA/IH payments.

I. SA/IH AND MEDICAID

A. Requirement to Be Eligible for Full Medicaid as Categorically Needy

Eligibility for Medicaid for SA/IH **beneficiaries** is not automatic as it is for SA **beneficiaries**. **A/bs** in a private living arrangement (PLA) must be determined eligible for Medicaid separately.

1. The **a/b** must meet all MAABD CN requirements for Medicaid in a PLA. This includes meeting the income and resources requirements using the MAABD budgeting rules, which may differ from the SA or SA/IH rules.
2. Verify the **a/b's current** Medicaid eligibility status. The aid program/category is MAA, MAD, or MAB, with a Medicaid classification of C, G, N, or Q, and **resides in a private living arrangement**. An **a/b** receiving Medicaid as MQB with a Q, B or E classification **is** not eligible for SA/IH.

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3. If the SA/IH applicant is not **already receiving CN** Medicaid process a MA application to determine if eligible for CN Medicaid at the same time as the SA/IH application.

Refer the applicant to adult services for assignment of a case manager to begin the social work assessment. Do not approve the SA/IH application or the social work assessment until the a/b is determined eligible for full Medicaid as CN categorically needy.

4. If at any point the Medicaid application is denied, or the applicant is approved for some other type of Medicaid not described above, deny the SA/IH application. Notify the adult services case manager to close the assessment. Assist the applicant in determining his/her eligibility for other services.
5. SA/IH payments are not considered income for purposes of Medicaid eligibility.

B. SA/IH and the Medicaid Federal Poverty Guideline Income Limit Exceptions

1. Eligibility for Medicaid under a Medicaid CN classification **in most cases** means the a/b has TCMI at or below 100% of the federal poverty guideline. The federal poverty guideline may change every April. **Refer to the Medicaid CN income guidelines found in the Medicaid ABD manual.**
2. When an a/b qualifies for Medicaid as CN due to an exception, (See I.B. 4. and 5. below) and/or they may have a higher income than CN, the TCMI cannot exceed the SA Basic rate, and the countable resources cannot exceed the SA/IH resources limit using [SA-3200](#) and/or the [IEM](#).
3. **Although Medicaid CN is based on the** federal poverty guideline there are exceptions to the Medicaid CN federal poverty guideline income limit for SA-IH. It is *possible* for an a/b to receive Medicaid CN with income higher than the federal poverty guideline, and therefore be eligible for SA/IH **as long as he/she does not exceed the SA/IH income limit. Exceptions include:**

a. Married Couples:

In the determination of eligibility for Medicaid, a married a/b who lives with a spouse is budgeted differently than in SA. If an a/b is part of a married couple who live in the same household, they must qualify for Medicaid CN as a couple.

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- (1) In Adult Medicaid budgeting there is always spouse-for-spouse financial responsibility when spouses live together. The spouse's income and resources are considered when determining the individual's financial eligibility.
- (2) Even though an **a/b**'s income/resources alone may be within the SA/IH limits, the **a/b**'s spouse's income/resources may make the **a/b** ineligible for full Medicaid CN, as part of a couple. In that case, the **a/b** is ineligible for SA/IH because he/she does not meet the requirement to be eligible for full Medicaid as CN.
- (3) If an **a/b** qualifies for full Medicaid as CN as part of a couple, he/she may also qualify for SA/IH as long as his/her individual income is not above the SA Basic maintenance amount, **his/her individual resources are not above the SA resource limit of \$2,000.00** and the SA/IH payment calculation results in an SA/IH payment.

b. Medicaid Passalong

- (1) **A/bs** receiving Medicaid under the Medicaid Passalong requirements receive Medicaid CN benefits.
- (2) An **a/b** who is Medicaid CN due to Medicaid Passalong may have income over the federal poverty guideline, and still qualify for SA/IH if his/her TCMI is less than the SA Basic maintenance amount.
- (3) This SA/IH income exception would not apply to **Passalong eligible Medicaid beneficiaries who received Passalong solely because they had received SA in a facility and lost SA only due to a COLA increase. To continue to receive Medicaid Passalong**, they must reside in an SA facility. Please see MA-2110 for Medicaid Passalong eligibility criteria.

II. LEVEL OF CARE (FL-2)

Eligibility for SA/IH requires **that the a/b needs** licensed residential level of care as documented on the FL-2 and signed by a licensed physician, physician assistant, or nurse practitioner.

- A. The SA/IH payment begins the date the application is made (if all eligibility criteria are met) and is not tied to the date the FL-2 is signed. This is different from a SA beneficiary. The FL-2 must not be dated more than 90 days prior to the date of SA/IH application and must be received during the application processing period.

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- B. The application cannot be approved until the signed FL-2 is received **and** the social work **comprehensive** assessment is completed. The case manager uses the assessment and the FL-2 to validate that the **a/b** meets the requirements for licensed residential level of care but can stay at home safely with the SA/IH payments and services.
- C. **The Adult Care Home FL-2 (DMA-372-124-ACH) is posted on the DMA Forms website and should be used for SA/IH cases. Paper supplies of the former FL-2 can be used until supplies are exhausted.**

III. LIVING ARRANGEMENT, COUNTY OF RESIDENCE, AND MOVING BETWEEN COUNTIES

A. Living Arrangement

An SA/IH applicant/beneficiary must live in PLA. The **a/b** does not have to live in his/her own home.

PLA means a private home, apartment, congregate housing, multi-unit housing with services, public or subsidized housing, shared residence, or **other similar living arrangement approved by the DSS**. Refer to SAIHCM-5600, Case Management Policies and Procedures, for complete definitions of PLA. The case manager verifies PLA.

Assisted living facility residents are not eligible for SA/IH. If the IMC or the adult services case manager determines that the **a/b** is residing in a licensed approved facility, and does not intend to return to a PLA, the SA/IH application should be denied. See SA-3330: Notices. Explain to the applicant that he/she can apply for SA.

B. County of Residence

The county of residence for an SA/IH beneficiary is the county in which the PLA is located. The beneficiary must live and receive SA/IH payments in the same county.

C. Moving Between Counties

1. An SA/IH **a/b**'s county of residence (and county of financial responsibility) changes when he/she moves to another county because he/she is in a PLA.

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2. SA/IH cases cannot transfer from one county to another. The individual must reapply for SA/IH in the second county. **The only exception is explained in [DAAS Administrative Letter 13-07 Instructions for Special Assistance In-Home Approvals for Individuals with Verified Supported Housing Slots](#).**
3. The first county must terminate the SA/IH case.
4. Transfer the Medicaid case to the second county.
5. If the applicant applies for SA/IH in the second county, that county must complete a new SA/IH eligibility determination and a new social work assessment. If there are no SA/IH slots available, the second county should place the individual on that county's waiting list and evaluate whether the individual is eligible for other services.

IV. RESOURCES

- A. Resource Limit
The resource limit for SA/IH applicants/beneficiaries is \$2000.
- B. Countable Resources
See [SA-3200](#) for resources policy.
- C. Transfer of Resources
See [SA-3205](#) for transfer of resources policy.

V. INCOME

Follow instructions in the [IEM](#) to determine countable monthly income, base periods, and verification requirements. When determining eligibility for the SA/IH payment, count only the income of the a/b.

- A. SA/IH a/bs are required to receive all benefits to which they are entitled at the maximum rate to which they are entitled. For those entitled to SSI, they must receive benefits at the Federal Benefit Rate (FBR). See [IEM-4100: Requirements to Obtain Maximum Entitlement Income](#) for further instructions on how to make certain that SA/IH a/bs apply for and receive at the FBR.
- B. If the SA/IH a/b has income below the individual SSI FBR because SSI counts them as a spouse in a married couple, the IMC is required to enter the Case Special Review Reason/Code 'N' - 'SSI Couple Deeming'. See [IEM-4100: Requirements to Obtain Maximum Entitlement Income](#) for further instructions.

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- C. Refer to [SAIH-5300: Payment Calculations](#), for instructions on calculating the SA/IH payment.

VI. Determining Eligibility When Applying for SA/IH from a Residential Facility

Individuals living in **residential facilities** may choose to move to a PLA and apply for SA/IH. It is critical that the SA facility beneficiary or representative, the IMC, the adult services case manager and others involved with the beneficiary work together and communicate effectively. Moving from a facility to PLA requires advance planning and timing of all activities needed for this change so that it does not pose health or safety risks for the beneficiary.

NOTE: For individuals who are in a residential facility or are being diverted from entering a residential facility and have been identified as being approved for Supported Housing Slots and/or Transition to Community Living through the US Department of Justice (DOJ) Settlement with North Carolina, refer to [DAAS Administrative Letter 13-07: Instructions for Special Assistance In-Home Approvals for Individuals with Verified Supported Housing Slots](#).

- A. When the SA facility beneficiary or representative inquires about SA/IH, an inquiry (DMA-5095) must be completed for documentation. Explain that the beneficiary must be CN Medicaid and explain the SA/IH requirements.
- B. If the **beneficiary** wants to apply for SA/IH, obtain a signed DSS-8124 as a reapplication. Verify income and any other eligibility criteria that are necessary to determine if the beneficiary is eligible for CN Medicaid.
- C. If the **beneficiary** is not eligible for CN Medicaid, they are not eligible for SA/IH.
- D. If the **beneficiary** meets the CN Medicaid requirements, continue to determine financial eligible for SA/IH. Verify if there is a SA/IH slot available.
- E. Refer the SA/IH applicant to the adult services case manager for a social work assessment, following time standards for applications.
- F. The adult services case manager follows [SAIHCM-5600: Case Management Policies and Procedures](#). The case manager must complete the assessment to ensure the PLA is safe and appropriate.
- G. If it is determined that the SA/IH applicant is not eligible, deny the SA/IH application. Notify the adult services case manager to close the social work assessment.

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- H. If the application for SA/IH is approved, coordinate with the adult services case manager to ensure the transition to PLA occurs without placing the applicant at risk.
1. Advise the individual to give notice if he/she signed **a contract requiring advance notice when leaving the facility. Facilities can require up to 14 days notice if included in the resident contract.** Beneficiaries who do not give notice when required **may be** responsible for payment for those days.
 2. Advise the facility that they must refund any remaining advance payment made to the facility after the end of the **required** notice period.
 3. Use the 5/10 day rule to determine when the SA payment ends. The beneficiary is entitled to keep the SA payment for this period.
 4. Calculate a partial SA/IH payment for the remainder of the month in which the 5/10-day period ends, beginning the day after the last day of the 5/10-day period. The beneficiary is not eligible for SA/IH payments during the 5/10-day period. Refer to [SAIH-5300: Calculation of Payments](#) for instructions for calculating partial SA/IH payments.
 5. The amount of the SA/IH partial payment is determined by the adult services case manager's assessment of the a/b's needs. However, the payment must not exceed the maximum SA/IH allowable partial payment amount.
 6. Do not authorize SA facility payment and SA/IH payment for the same days when the individual goes from **a licensed residential** facility to PLA.
 7. Terminate the SA facility on the last day of the month. Send a [DSS-8110](#), Your Benefits Are Changing. This is an adequate notice because the beneficiary has requested the SA be terminated and the change is beneficial to the beneficiary.
 8. Approve the SA/IH application with an effective date the month following the termination of the SA facility case. Enter the full SA/IH payment amount beginning with this month.
 9. The payment review period begins with the first full SA/IH month and **can be authorized** for 12 months from that date, just as in SA **facility** cases.
 - 10. Do not allow the Medicaid to be terminated at any point.**

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VII. REDETERMINATIONS

The IMC and the adult services case manager must coordinate to ensure that the ongoing eligibility for the SA/IH is correct. The annual eligibility redetermination and the annual reassessment are completed together. Failure by the IMC to give the adult services case manager sufficient notice of the SA/IH eligibility redetermination due date could jeopardize an SA/IH beneficiary's eligibility.

A. Requirement for Annual Eligibility Redetermination

The payment review period for SA/IH eligibility begins with the month of application and ends on the last day of the twelfth month. Eligibility for the SA/IH Program must be redetermined annually. When the IMC is notified of the upcoming eligibility redetermination, the IMC must immediately notify the appropriate adult services case manager of the redetermination due date(s) for individual SA/IH **beneficiaries**.

B. Requirement for Annual Reassessment

A reassessment of needs must be completed annually by the adult services case manager. The eligibility redetermination and the reassessment are completed **during the same timeframe**. It will generally take at least 30 days to complete the annual reassessment and service plan, once the face-to-face interview is scheduled.

VIII. CHANGES IN SITUATION

A. The IMC and the adult services case manager must notify each other of any changes in the beneficiary's situation that might affect eligibility for SA/IH or the amount of the SA/IH payment. Document these changes.

All appropriate changes must be completed within 30 days of the agency learning of the change.

B. Determining Eligibility When Applying for SA from SA/IH

1. If an SA/IH beneficiary moves to a residential facility, explain to the **beneficiary** that he/she can apply for SA.
2. If the beneficiary **applies for SA, obtain a signed DSS-8124 as a reapplication**. Verify **eligibility according to the SA policy**.

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3. Notify the adult services case manager **when the beneficiary applies** for SA via [Appendix E, SAIHCM Program Interagency Transmittal Form](#). Keep the case manager informed regarding the status of the application.
4. If the beneficiary is found eligible for SA, terminate the SA/IH case effective the last day of the month. Send a [DSS-8110, Your Benefits Are Changing](#), **adequate notice because the beneficiary has requested the SA/IH be terminated and the change is beneficial to the beneficiary.**
5. Provide written notification via [Appendix E, SAIHCM Program Interagency Transmittal Form](#), to the adult services case manager the day the SA is approved so the case manager can close the social work assessment in the automated system. Verify that the adult services case manager has received the transmittal form.
6. Approve the SA with an effective date the month following the termination of the SA/IH case. Enter the full SA payment beginning with this month.
7. If the individual enters the residential care facility after the first day of the month, calculate a partial SA payment for that month, following instructions in SA-3220, Budgeting.
8. Do not count the individual's income, including the SA/IH payment, in determining the SA partial payment.
9. **If the beneficiary does not apply for SA or if SA is not approved**, terminate the SA/IH case effective the last day of the month. Send the appropriate notice to terminate the SA/IH case. See [SA-3330: Notices](#).