

**NORTH CAROLINA DIVISION OF SERVICES FOR THE BLIND  
PROGRAMS AND FACILITIES SECTION  
SPECIAL ASSISTANCE FOR THE BLIND PROGRAM**

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<b>Section:</b>	<b>Chapter 11</b>
<b>Title:</b>	<b>Notices</b>
<b>Revision History:</b>	<b>Revised 08/02</b>

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**NOTICES**

**INTRODUCTION**

This section contains regulations and procedures for notifying the applicant/recipient of case action/status. The a/r has a right to a written notice when the application is approved, denied, or withdrawn and when the payment is to be continued, changed, or terminated. The a/r also receives a notice when there is a need for additional information.

**I. NOTICE REQUIREMENTS**

**A. Disposition of SAB Application**

A letter will be written by the SAB E.S. to the applicant once all information necessary to determine his/her eligibility for SAB has been received. It will state the disposition, the date payment will begin if approved, or the reason for the denial. The applicant will be notified in this letter that if he/she is not satisfied with the decision, then he/she may request a conference with a DSB Area Social Services Supervisor by submitting an Application for Conference (DSB-7219) form. The Area Supervisor will schedule the location, date, and time for the conference and notify appropriate staff from the Division of Services for the Blind and the local Division of Social Services. **The conference will be held within 15 calendar days from the date the Area Supervisor receives the request.** The Area Supervisor will inform the a/r of his/her rights at the conference.

The Area Supervisor of Social Services will prepare a written summary of the conference and will send the original to the a/r **within 15 calendar days from the date of the conference and will send a copy to the Division Director.** A copy will also be sent to the local Department of Social Services. The summary will state the action necessary to resolve the issue that raised the request for a conference, such as: "Policy incorrectly applied and necessary correction recommended."

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If the a/r is satisfied with the interpretation of the policy, a signed statement must be secured from him/her stating satisfaction and that no further hearing is desired. The signed statement will be filed in a designated "applicant file" or the consumer's case record. A copy of the statement will be sent to the local Department of Social Services.

It should be noted that if a recipient requests a conference within the 15 calendar days notice period, he/she will continue to receive benefits until the conference (see pages 11-a through 11-c) unless he/she waives the right. Benefits will not continue if he/she request a fair hearing from OAH.

If the a/r is **not** satisfied with the decision from the conference with the Area Social Services Supervisor, then he/she will be notified in writing that he/she has **60 calendar days** from the date the Agency notice is received to request a fair hearing from the Office of Administrative Hearings (OAH).

The a/r must contact the OAH directly to request the specific forms which he/she must complete. Then the forms must be returned directly to the OAH by the a/r. The address for the OAH is:

Office of Administrative Hearings  
Capeheart-Crocker House  
424 North Blount Street  
Raleigh, N.C. 27601-2817

## **B. Change or Termination of SAB Payment**

A letter will be written by the SAB E.S. to the recipient of SAB when there is a change in payment or when the payment is being terminated. The letter should indicate that this notice pertains only to SAB. It should also indicate that he/she may request a conference with the DSB Area Social Services Supervisor if dissatisfied with the Agency's action in his/her case. The a/r should follow the procedure outlined in I. A. Disposition of SAB Application above if he/she wants to request a conference with the Area Social Services Supervisor.

The original of the letter should be sent or given to the recipient with one copy kept in the case record and one copy being mailed to the county DSS.

**Note:** A hearing does not have to be conducted when either State or Federal law requires automatic adjustments for classes of recipients unless the reason for the hearing is incorrect computation or there is a factual issue regarding whether the change applies.

Action cannot be taken to reduce or terminate a payment without giving a fifteen calendar day notice (following the date of the notice) to the recipient **except** in the following circumstances:

1. The change is beneficial to the recipient.
2. A recipient dies.
3. A recipient is admitted to a public institution and no longer qualifies for assistance.
4. A recipient signs and dates a written statement or requests to have his/her assistance terminated or reduced.
5. A recipient is placed in skilled nursing care, intermediate care, or long-term hospitalization.
6. A recipient's whereabouts are unknown and Agency mail sent to him/her has been returned by the post office indicating no known forwarding address.
7. Assistance authorized for a specific period is terminated and the recipient was informed in writing at approval that such benefits would stop at a specific time.

Example: Mr. Cook had been a resident of a rest home and recipient of SAB for several years. His health deteriorated and he had to move to a skilled nursing facility. On 3/15/02 the county DSS worker notified the SAB ES that he entered SNF on 3/10/02. His SAB payment was terminated on 3/15/02 with an effective date of 3/10/02. It was **not** necessary to give a 15 day notice .

### C. Effective Dates for Notices

#### 1. Reduction or Termination of Payment

The recipient must be provided with a fifteen (15) calendar day notice by letter from the SAB E.S. before any reduction or termination of his/her SAB payment can occur (**except** as noted above in I. B. 1-7).

##### a. Pull Cut Off Date

If the fifteenth calendar day falls on any day after the pull cut off date for that month, the change must be effective the second calendar month from the month of the notice.

Example: If the pull cut off is January 26, any notice in which the fifteenth day falls on January 27 or later (28, 29, 30, 31) must be effective March, not February.

## b. Rescinding the Reduction or Termination of Payment

- (1) If the recipient responds to a fifteen day notice by requesting an appeal or by successfully establishing continuing eligibility and there is no other change to the case, the SAB E.S. will rescind the action.
- (2) The SAB Eligibility Specialist will send a letter to the recipient stating that the reduction or termination has been rescinded, giving the reasons for this action. The letter will also state whether there had been any interruption in payment and the effective date of the rescission.

## 2. Change in Situation

A change in situation is a change that does not result in a reduction or termination of the SAB payment such as a change of address, a move from one county to another, a change in substitute payee or correcting the spelling of the a/r's name.

### a. Reported Before Pull Cut Off Date

The SAB Eligibility Specialist makes this change in the record upon receipt of the report of the change and issues a new DSB-7209 which indicates the change in Section I. Name of Applicant. Only the pink copy of the DSB-7209 will be sent to the county DSS and marked "FYI" since no expenditure of funds is being authorized. The SAB Eligibility Specialist will send a letter to the a/r which states the change being made and the effective date. This not only assures the a/r that the change has been made but the pink copy alerts the county DSS of the change if they are not already aware of it.

Example: Ms. Jones reported to the SWB that she had moved to a new rest home on 5/10/02. The SWB then called the SAB Eligibility Specialist reporting this change and providing the new address for Ms. Jones since she cannot make long distance calls from the rest home. The SAB Eligibility Specialist then completes Section I of the DSB-7209 with the new address and forwards this to the Controller's Office for the change to be made on the next printed check. The SAB Eligibility Specialist then sends a letter to the a/r stating the change that has been made and the effective date and sends the pink copy of the DSB-7209 marked "FYI" to the County DSS.

b. Reported After Pull Cut Off Date

If the change is reported after the pull cut off date, the change cannot be made when the check is written. The SAB Eligibility Specialist will keep a “hold check list” which includes checks effected by changes reported too late to be made in the printing of the next month’s SAB check, checks being held due to recipient’s failure to return the review form or other necessary documentation, death of recipient after pull cut off date, change of address, etc. This “hold check list” will be sent to the Controller’s Office to prevent checks from being mailed in error.

Example: Ms. Smith reported that she had moved on 6/25/02 which was after the pull cut off date. It is too late to change the address on her July SAB check and thus her name and new address is added to the “hold check list” which is forwarded to the Controller’s Office. The address change is then done manually for the July check by the Controller’s Office. The August check will have the new address printed on it because the SAB Eligibility Specialist will have submitted a DSB-7209 with the new information indicated.