

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

Section:	Chapter 9
Title:	Changes in Situation
Revision History:	Revised 08/02

CHANGES IN SITUATION

I. GENERAL INSTRUCTIONS APPLICABLE TO ANY CHANGE IN SITUATION

- A. The a/r or a/r's representative is required to report any change in the a/r's situation within five (5) calendar days.
- B. When the county learns of a change in situation from any source, evaluate the change to determine if there is an effect on eligibility and the SAB payment amount.
- C. When a change in situation is reported, ask if other changes have occurred. Be alert to any change that affects more than one eligibility requirement.
- D. When more than one change in situation is reported during the month, implement changes with the same effective date at the same time. When there are different effective dates, implement separately in the order in which they occurred.
- E. Document all verifications, including notations of telephone contacts.
- F. Send the a/r notice of any change in benefits according to Chapter 11, Notices.
- G. All appropriate actions must be completed within 30 calendar days after the SAB Eligibility Specialist learns of the change.

II. CHANGES DURING APPLICATION PROCESS

A. Change of Address/Living Arrangement

- 1. From Adult Care Home to Adult Care Home
 - a. Verify and document change.
- 2. From Adult Care Home to Private Living
 - a. Verify and document change.
 - b. Evaluate for open/shut SAB payments, refer to Chapter 7, Budgeting Principles.
 - c. Send letter to applicant to notify of disposition of application.

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- d. Send a copy of the letter of disposition to the County DSS so it may be used to make appropriate referrals to Medicaid or other programs.

B. Change in Level of Care

1. Adult Care Home to Long-Term Care

- a. Document date agency received FL-2/MR-2, Level of Care Recommendation/Mental Retardation Services, in the record;
- b. If a bed is available, evaluate for open/shut SAB payments, refer to Chapter 7, Budgeting Principles. Send a letter to a/r to notify of disposition of application.

NOTE: If the applicant or representative chooses not to accept the bed, applicant is no longer eligible for SAB.

- c. If there is no bed available at the appropriate level of care you may approve SAB at the current rate until a bed is located. Review and document placement progress with the appropriate services staff each month until the applicant is placed.

2. Adult Care Home to Hospital Acute Care

- a. If applicant returns to Adult Care Home within 60 days continue to process application.
- b. If applicant is hospitalized for more than 60 days:
 - (1) Evaluate for open/shut SAB payments.
 - (2) Send letter to a/r to notify disposition of application.
 - (3) Send DSB-7209, SAB Authorization Form, to County DSS for information in evaluating for Long-Term Care Medicaid.

3. Adult Care Home to a Public Institution

When a SAB applicant moves from an ACH to a public institution, take the following steps:

- a. Verify and document change.
- b. For SAB applicants:
 - (1) Evaluate for open/shut SAB payments, refer to Chapter 7, Budgeting Principles.
 - (2) Send letter to applicant stating the disposition of application.

- (3) Send DSB-7209, SAB Authorization Form to County DSS to make appropriate referrals for potential Medicaid eligibility and other programs of assistance.

C. Change in Resources

1. Verify and document change in resources according to instructions in Chapter 5, Resources.
2. Record all verifications, including those items which are excluded from resource determination.
3. Process all changes in resources and determine if value of resource will affect eligibility (i.e., real property, personal property and liquid assets in accordance with Chapter 5, Resources).
4. If eligibility is not affected by the value of the resource, continue to process the application.
5. If the value of the resource affects eligibility, send a letter to applicant along with a statement of countable resources. If resources are reduced to allowable limits, continue to process the application. Authorize SAB payment effective the month after the month the resource was reduced to the allowable limit, and all other eligibility requirements are met. Refer to Chapter 2 for application processing standards.
6. Send a copy of letter to applicant to County DSS for notification and referral purposes.

D. Change of Income

A change in income is defined as an acquired source of income, a change in rate or pay that will continue (not fluctuating income), or a termination of an existing source of income. Do not react to change until income is received.

1. Verify and document income change.
2. For SSI applicants, process application.
3. For Non-SSI applicants, calculate amount of new SAB payment. Refer to Chapter 8, Administration of Checks and Payments.
4. Send a letter to applicant stating disposition of application.
5. Send a copy of the letter to the applicant to the County DSS for information and referral purposes.

E. Other Changes

1. Unable to Locate

If an applicant moves, but leaves no forwarding address, and you are unable to contact the representative, deny the application. Refer to Chapter 2, SAB Application Process.

2. Change in State Residency

- a. Evaluate for open/shut SAB eligibility. Refer to Chapter 7, Budgeting Principles.
- b. Send a letter to applicant stating disposition of application.

3. Death

- a. Verify and document date of death.
- b. For any payments issued after death of applicant refer to Chapter 8, Administration of Checks and Payments.

III. CHANGES FOR ONGOING CASES

A. Change of Address/Living Arrangement

1. From Adult Care Home to Adult Care Home

- a. Verify and document change.
- b. Verify new facility code.
- c. Complete DSB-7209.

2. From Adult Care Home to Private Living

- a. Verify and document change.
- b. Prepare DSB-7209, SAB Authorization showing change in payment or termination, observing required timeframes (Refer to Chapter 11, Notices). Send DSB-7209 to County DSS for required signature and for notification/referral purposes. Recipient also is sent a letter explaining the reason for termination.
- c. Determine amount of SAB payment due to recipient.

(1) If the a/r is eligible for SAB on the first day of the month, then he/she is eligible for the entire SAB check for the month.

3. Payment Dispute Guidance

The SAB Eligibility Specialist may be asked for guidance regarding the settlement of payment disputes among adult care homes and the a/r, when the a/r leaves the adult care home. In all situations, settlement of payment to the ACH is between the ACH and the resident, as stipulated in the ACH's admission policy. Referrals should be made to

the agency's adult home specialist, who is familiar with all ACH rules unless it is a question which is specific to SAB.

Adult Care Home Rules state:

10 NCAC 42C.2003 Settlement of cost of care

(b) If the resident, after giving written notice to the home of his/her intent to leave, moves out of the home before the 14 days have elapsed, the resident owes the administrator an amount equal to the cost of care for the 14 days. If the 14- day period for a resident receiving Special Assistance extends into another month and the resident moves early, the former home is entitled to the required payment before the new home receives any payment.

(d) (6) Exceptions to the 14-day notice requirement are:

1. Cases where returning to the home would jeopardize the health or safety of the resident or others in the home as certified by the resident's physician or approved by the county department of social services;

2. In the case of the resident's death.

B. Change in Level of Care

1. Adult Care Home to Long-Term Care

- a. Document date SAB Eligibility Specialist received FL-2/MR-2, Level of Care Recommendation/Mental Retardation Services, in the record;
- b. If a bed is available, send DSB-7209, SAB Authorization, to terminate SAB benefits observing required time frames. Refer to Chapter 11, Notices. The SSI recipient must be evaluated for long-term care by appropriate IMC at the County DSS. If the recipient is Non-SSI, SAB recipient must also be evaluated for Medicaid by the IMC at the County DSS.

NOTE: If the recipient or representative chooses not to accept the bed, the recipient is no longer eligible for SAB.

- c. If there is no bed available at the appropriate level of care, you may continue SAB at the current rate until a bed is located. Review and document placement progress with the appropriate services staff each month until the recipient is placed.

2. Adult Care Home to Hospital Acute Care

- a. If recipient returns to Adult Care Home within 60 days make no changes.
- b. If recipient is hospitalized for more than 60 days:
 - (1) Send letter to recipient and prepare DSB- 7209, SAB Authorization, to terminate SAB benefits observing required time frames. Refer to Chapter 11, Notices.
 - (2) Send copy of letter and DSB-7209 to County DSS for notification and referral purposes.

3. Adult Care Home to a Public Institution When a SAB recipient moves from an ACH to a public institution, take the following steps:

- a. Verify and document change.
- b. Send letter to recipient and prepare DSB-7209 SAB Authorization to notify of termination observing required timeframes. Refer to Chapter 11, Notices.
- c. Send copy of letter to recipient and DSB-7209 to County DSS for notification and referral purposes.

C. Change in Resources

1. Verify and document change in resources according to instructions in Chapter 5, Resources. A family unit (one or more persons living under one roof and existing as an Unit) may not have more than \$2,000 in reserves and be eligible for SAB.
2. Record all verifications, including those items which are excluded from resource determination, on forms.
3. Process all changes in resources, i.e. real property, personal property and liquid assets in accordance with Chapter 5, Resources.
4. Contact recipient and verify the resource the first day of the month following receipt.
 - a. If the recipient has disposed of the resource, verify reduction of resource.
 - b. If the resource is still available, send a letter to the recipient and prepare DSB-7209, SAB Authorization, to terminate SAB payment observing required time frames. Refer to Chapter 11, Notices.
 - (1) Send a letter to the recipient and the DSB-7209 to County DSS for notification and referral purposes.

D. Change of Income

A change in income is defined as an acquired source of income, a change in rate or pay that will continue (not fluctuating income), or a termination of an existing source of income. Do not react to change until income is received.

1. Procedures

- a. Verify and document income change.
- b. Calculate amount of new SAB payment (rebudget, refer to Chapter 7, Budgeting Principles).
- c. Send a letter to the recipient and prepare the DSB- 7209, SAB Authorization, to terminate or reduce SAB payment observing required time frames. Refer to Chapter 11, Notices.

(1) If SAB case terminates:

- (a) Send a copy of letter to recipient and a copy of the DSB- 7209 to the County DSS for notification and referral purposes.

NOTE: To determine impact on overpayment and underpayment, refer to Chapter 8, Administration of Checks and Payments.

EXAMPLE #1 INCREASED/NEW SOURCE OF INCOME:

When SAB Eligibility Specialist learns of an increase or new source of income, rebudget the case effective the month the income is increased or the new source of income is received. The effective date of payment is the month following expiration of the 15 calendar day notice.

On July 30, Mr. Brown reports that he will begin receiving his VA benefits effective August 1. SAB Eligibility Specialist verified receipt of VA income on August 4 and rebudgeted a/r's September and ongoing SAB payments, including the new source of income. The SAB Eligibility Specialist sent a letter to the recipient on August 4 to notify recipient of change.

NOTE: Mr. Brown was eligible for SAB on 8/1 since Eligibility Specialist had not verified receipt of VA until 8/4.

Thus, his VA benefits do not affect his August SAB payment.

EXAMPLE #2 DECREASED/TERMINATED INCOME:

When SAB Eligibility Specialist learns of a decrease or termination of income, rebudget case effective the month the income changed and ongoing months.

On July 29 (after SAB pull-check deadline), Mr. Brown reported that his VA benefits decreased effective May 1. Rebudget a/r's May, June, July August and ongoing payments using decreased income. Send a letter to notify recipient of change in September payment and to notify recipient that he will receive the additional payment for May, June, July, and August in the September check. Increase the September payment by preparing a DSB-7209 and then prepare another DSB-7209 to lower the October payment to the on-going rate. The white copies of the DSB-7209's should be sent with transmittals and two copies of Check Register to the Controller's Office.

E. Other Changes

1. Unable to Locate

If recipient moves but leaves no forwarding address and you are unable to contact the representative:

- a. Send a letter to the recipient and prepare the DSB- 7209 to terminate case observing required timelines. Refer to Chapter 11, Notices.
- b. Send copy of letter to recipient and DSB-7209 to County DSS for notification and referral purposes.

2. Legally Blind

- a. Verify and document when a recipient is determined no longer legally blind.
- b. Send a letter to recipient and prepare the DSB-7209 to terminate SAB observing required timelines. Refer to Chapter 11, Notices.

- (1) Send a copy of the letter to recipient and the DSB-7209, SAB Authorization, to the County DSS for notification and referral purposes.

3. Death

- a. Verify and document date of death.
- b. Prepare the DSB-7209, SAB Authorization, to terminate SAB.
- c. For any payments issued after death of recipient, refer to Chapter 8, Administration of Checks and Payments.

4. Change in State Residence

- a. Document change of residence.
- b. Send a letter to the recipient and prepare the DSB- 7209, SAB Authorization, to terminate the SAB payment observing required timelines. Refer to Chapter 11, Notices.
- c. Send a copy of the letter to the recipient and the DSB-7209, SAB Authorization, to the County DSS.