

SA-3100 ELIGIBILITY REQUIREMENTS

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I. INTRODUCTION

State/County Special Assistance (SA) is a Supplemental Security Income (SSI) state supplement that pays cash benefits to eligible recipients who reside in licensed facilities authorized to receive SA payments. The SA payment is funded by 50% county dollars and 50% state dollars.

To be eligible for SA, an individual must be eligible for SSI, or ineligible for SSI **solely due to income**. Each applicant/recipient (a/r) for State/County Special Assistance must apply for **all** benefits to which he/she may be entitled, including receiving the maximum benefit for which the applicant is eligible. This includes, but is not limited to SSI. If the a/r's income is less than the Federal Benefit Rate for SSI, after applying appropriate income exclusion up to \$20, the a/r is required to apply for SSI. See [SA-3110, Application Processing](#). See [EIS-1109](#) for instructions on how to access the On Line Verification (OLV) system to verify SSI and Social Security incomes.

SA recipients are automatically eligible for Medicaid. SA recipients who do not receive SSI obtain Medicaid coverage because they are eligible for SA. SA recipients who receive SSI obtain Medicaid coverage because they are SSI recipients. Medicaid provides coverage for personal care services and other Medicaid covered services. This section outlines basic eligibility requirements for the receipt of Special Assistance.

Note: Throughout SA policy any references to the applicant or the recipient also always apply to the a/r's Authorized Representative.

II. GENERAL ELIGIBILITY

A. All recipients must meet the following requirements:

1. Meet North Carolina residency requirements. Refer to [SA-3250, Residence](#).
2. Be an individual who is age 65 or older; or is 18-64 and disabled or legally blind; or an individual who is under 18 and is legally blind. Refer to [SA-3230, Age](#).
3. Reside in a licensed facility authorized to receive SA payments, except for temporary absence not expected to exceed 30 days. Refer to [III. Licensed SA Approved Facilities](#) below and [EIS-1063](#).
4. Have a valid FL-2/MR-2 that is signed and dated by a physician, physician assistant, or nurse practitioner. See [IV. Valid FL-2 Requirement](#) below.

5. Not reside in a state institution, such as a state mental hospital or mental retardation center, except for temporary placement of 30 days or less.
6. Not be a patient in a facility for the treatment of mental disease, except for temporary placement of 30 days or less.
7. Not be an inmate in a jail or prison.

B. SSI Recipients

An SSI recipient automatically meets the categorical and financial requirements for SA.

C. Non-SSI Recipients

In order to receive SA, non-SSI recipients must meet the eligibility requirements for SSI except for income. In addition non-SSI recipients must meet the following requirements:

1. Provide documentation of U.S. citizenship or a qualified alien status. Refer to [SA-3240, Citizenship and Identity](#).
2. Provide documentation of identity. Refer to [SA-3240, Citizenship and Identity](#).
3. Meet the SA income requirements. Refer to [SA-3210, Income](#).
4. Meet resource requirements. Refer to [SA-3200, Resources](#).
5. Not have made a non-allowable transfer of resources (or established a non-allowable trust). Refer to [SA-3205, Transfer of Resources](#).

III. LICENSED SA APPROVED FACILITIES

In order to receive SA an a/r must reside in a licensed facility authorized to receive SA payments, except for temporary absence not expected to exceed 30 days. These facilities include:

- A. Adult care homes (ACHs)**
- B. Family care homes**
- C. Adult care home beds in some nursing facilities**
- D. Adult care home beds in some hospital facilities**

E. Residential hospice facilities which have agreements with the Division of Aging and Adult Services

F. Certain mental health facilities licensed under G.S. 122C

1. A facility, designated with the letter “A” which serves adults whose primary diagnosis is mental illness but who may also have other diagnosis. This facility type is designated in [NC Administrative Code 10A NCAC 27G.5600](#).
2. A facility, designated with the letter “C” which serves adults whose primary diagnosis is a developmental disability but who may also have other diagnoses. This facility type is designated in [NC Administrative Code 10A NCAC 27G.5600](#).
3. Facilities known as Specialized Community Residential Centers designated in [NC Administrative Code 10A NCAC 27G.2100](#). In this group only mental health facilities with a designation of 27G.2101 for children and adolescents under age 18 are SA eligible facilities. Facilities which are ICF/MR are not eligible for SA funds. (Only children and adolescents under age who are legally blind are eligible for SA.)
4. Refer to [SA-3120](#), and [EIS-1063, II. Determining the Facility Code; and, III. Facility Code Validation](#), to determine the following:
 - a. Correct facility code, and
 - b. Whether the facility is licensed as SA eligible, and
 - c. Whether the facility code is valid for the SA Basic level and/or the SA SCU level.

Note: Licensed facilities listed by type are found on the [Division of Health Service Regulation](#) website. Pay particular attention to the Mental Health facilities list when processing an application for SA.

IV. VALID FL-2 REQUIREMENT

In order to receive SA the a/r must have a valid FL-2/MR-2 that is signed and dated by a physician, physician assistant, or nurse practitioner recommending domiciliary care. *Domiciliary care* is a term that includes care provided in ACHs, assisted living, supervised living, mental health group homes, hospice residential facilities, or specialized community residential centers. A legible copy of the FL-2/MR-2 must be placed in the eligibility record. Also Refer to [SA-3110, Application Process](#). To be valid:

A. Applications

1. At application the FL-2/MR-2 must be dated no more than 90 calendar days prior to the date of application to be considered valid if the applicant is not already a resident of an SA facility.
2. If the applicant resides in an SA facility prior to the date of the SA application, and has a valid FL-2/MR-2, the FL-2/MR-2 cannot be dated more than 12 months prior to the processing deadline for the SA application.
3. If the FL-2/MR-2 will be over 12 months old **by** the end of the processing deadline, the IMC must request an updated FL-2/MR-2 via the [DMA-5097](#) 12 days before the FL-2/MR-2 becomes invalid. This will give the applicant time to provide it in a timely manner and assure a valid FL-2/MR-2 is on file at all times.

Example: The FL-2/MR-2 was completed June 7th of the past year. The SA application processing deadline is June 7th of the current year. The IMC needs to request an updated FL-2/MR-2 as part of verifications needed during the application process.

4. When the completed FL-2/MR-2 form is received:
 - a. Review the form for current level of care - block #10, and
 - b. Recommended level of care - block #11. It is acceptable for block #11 of the FL-2 to indicate the need for supervised living, assisted living or group home care which is equivalent to “domiciliary” or “adult care home” level of care.
 - c. The completed FL-2/MR-2 form must be signed by a physician, physician assistant, or nurse practitioner.
5. SA applicants who also receive or are applying for CAP-MR/DD must have an MR-2, Mental Retardation Services form recommending the CAP services and reflecting a prior approval number. To be eligible for SA the FL-2/MR-2 must recommend domiciliary or supervised living level of care.

6. SA benefits can begin *no earlier* than the date the FL-2/MR-2 is appropriately signed. The FL-2/MR must be received during the application processing time standard.
7. SA cases should be "flagged" as to when the FL-2/MR-2 will expire, using the appropriate Special Review code and date on the DSS-8125, EIS Data Sheet. Refer to [EIS-3551, V.](#) If flagged in this manner, the Case Management Report will notify the caseworker one month before the FL-2/MR-2 is due to expire.

B. Ongoing Cases

1. For ongoing cases a new FL-2/MR-2 must be obtained within 12 months from the date of the last one, before reauthorizing assistance. This could occur during the redetermination process or at any time during the payment review period.

Since the Special Review code for the FL-2 will only show up on the Case Management Report the month before the FL-2 is due, it is suggested that the IMC use a tickler file to make certain they do not overlook this important eligibility requirement

Example: The FL-2 is completed July 6 of the current year; it is due within 12 months, or by July 6th of the following year. The IMC should request an updated FL-2 via the [DMA-5097](#) in time to propose termination via a timely notice effective July 31st if the updated FL-2/MR-2 is not received by July 7th.

2. A new FL-2 must also be completed when the recipient returns to the SA facility following time spent in a facility with a higher level of care, or
3. A new FL-2 must also be completed when the recipient **enters a different** SA facility following hospitalization.

Note: For additional requirements to receive SA in a licensed SCU, See [SA-3100 V. C. Eligibility Requirements.](#)

V. ADDITIONAL REQUIREMENTS

A. SAA (Special Assistance for the Aged)

1. The individual must meet the requirements in II. above, and
2. Be age 65 or older.

B. SAD (Special Assistance for the Disabled)

1. The individual must meet the requirements in II. above, and

2. Be age 64 and under, and
3. Be determined disabled or legally blind by Social Security standards. Refer to [SA-3110, Application Process](#) for procedures to establish disability for applicants who have not had disability or blindness established.
4. If under 18 the a/r must have established that he/she is legally blind. The child or adolescent must reside in a specialized community residential center as described in [III.F.3.](#) above. A child or adolescent is eligible to receive SA in a specialized community residential center only until he/she turns 18. When he/she becomes **18**, he/she may be eligible for SA in an adult care home or other adult SA facility if he/she continues to meet all other SA requirements.

C. Special Assistance for those in a Special Care Unit (SCU)

There is a higher SA rate for SA recipients who reside in an SCU for Alzheimer's or a related disorder. In order to qualify for the SCU rate a/r's must meet additional requirements.

1. **To approve SA for the SCU rate the FL-2 must have a diagnosis of Alzheimer's or a related disorder, and the a/r must be placed in a licensed SA approved SCU.**
2. Disorders/diseases that meet the DMA SCU diagnosis criteria include the following:
 - a. Alzheimer's Disease
 - b. Multi-Infarct Dementia (Vascular dementia)
 - c. Creutzfeldt-Jakob Disease
 - d. Pick's Disease
 - e. Lewy Body Dementia
 - f. Parkinson's Disease
 - g. Huntington's Disease

Note: Although the SA/SCU payment is not contingent on DMA prior approval, in order for Medicaid to pay the facility the SCU enhanced care rate the ACH facility must obtain prior approval by completing and mailing to the Division of Medical Assistance (DMA), the **DMA SCU-A Prior Approval Request Form**. For information regarding this process please see the [Medicaid Bulletin](#) January 2008 and August 2008. Subsequent [Medicaid Bulletins](#) may also address this issue.

3. For an SCU a/r, a visit to the facility by the DSS must be completed to verify placement in the SCU, unless the facility only has SCU beds. Document the SA case file with any of the findings listed below.
 - a. If the facility has ACH Basic beds, and SCU beds, verify the date the a/r entered the SCU by viewing the a/r's facility record.
 - b. Verify the a/r is currently in the SCU by viewing the a/r's room.
 - c. If the ACH has only SCU beds, telephone the facility to verify the date of entry.

VI. CONFLICT OF INTEREST

A. General Statute 108A-47

North Carolina General Statute 108A-47 prohibits payments of Special Assistance to any person residing in an adult care home that is owned or operated, in whole or in part, by any of the following:

1. A member of the Social Services Commission, any county board of social services, or any board of county commissioners;
2. An official or employee of the Department, unless the official has been appointed temporary manager of the facility pursuant to NCGS 131E-237, or of any county department of social services; ("County department of social services" means a county department of social services, consolidated human services agency, or other local agency designated to administer Special Assistance.)
3. A spouse of any person in (1) or (2).

B. Contact for Questions Regarding NCGS 108A-47

If your county agency has any questions regarding this provision, or if a situation exists in your county that may violate this provision, please contact your [Adult Programs Representative](#) for assistance.