
REDETERMINATION OF ELIGIBILITY

04/01/12

SA-3320 REDETERMINATION OF ELIGIBILITY

REISSUED 04/01/2012

I. INTRODUCTION

This section outlines the procedures for redetermination of eligibility for Special Assistance.

II. FOR ALL RECIPIENTS

- A. To authorize assistance there must be a valid FL-2/MR-2, Level of Care Recommendation/Mental Retardation Services, in the eligibility file that is signed and dated by a physician, physician assistant, or nurse practitioner recommending the appropriate level of care.**

For complete instructions regarding FL-2 requirements see SA-3100, Eligibility.

- B. For SA Special Care Unit (SCU) recipients the FL-2 must show a diagnosis of Alzheimer's or a related disorder. See SA-3100 for the list of included diagnoses.**
- C. Use the Case Management Report to check for cases requiring a new valid FL-2/MR-2. Request an FL-2/MR-2, if needed, and update the Special Review Code date in EIS, if applicable.**

III. SSI RECIPIENTS

SSI recipients are not required to sign the redetermination document. However, the following should be completed by the SA pull check cutoff date for the last month of the payment review period.

Note: If completed after the pull-check cutoff of the last month of the payment review period, an SA check will be issued for the following month. If the recipient is not eligible for SA this will result in a county error:

- A. Print the online SOLQ to verify receipt of SSI. Update the budget if necessary.**
- B. Contact the SA facility to verify the recipient is still a resident of the facility.**
- C. Do not assume that a facility is still licensed and SA approved. Facility licensure status may change from one SA eligibility redetermination to the next. Check the on-line Facility Inquiry/Update Screen to verify the correct three-digit Facility Code and current licensure status for SA approved facilities.**
- D. For SA SCU a/r's verify the facility also has a licensed Special Care Unit. If they do there will be a "Y" in the "SCU Alzheimer's" field of the EIS Facility Inquiry/Update Screen.**
- E. Print a copy of the EIS Facility Inquiry/Update Screen and place it in the client file.**

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- F. Key DSS-8125, EIS Data screen and notify recipient of the result of the redetermination using the [DSS-8110, Your Benefits Are Changing](#), or [DMA-5002, Approval Notice](#), observing required time frames. [Refer to SA-3330, Notices](#).

NOTE: If SSI terminates, a full redetermination is required. Complete the redetermination within 30 days of when IMC learns the SSI is terminating. **It is not required that Citizenship and Identity be documented again for a former SSI recipient.**

IV. FOR 'M' RECIPIENTS

At redetermination the IMC must re-verify the Medical Care Special (MCS) expenses for each 'M' recipient. Prior to the redetermination interview with the authorized representative request verification of expenses for the past year via the [DMA-5097](#).

Acceptable verification of MCS expenses can be an itemized, including costs, on the [DAAS-3006](#), MCS Medical Expense Form, signed by the facility pharmacist, or dated receipts for MCS items purchased by the facility for the "M" recipient during the applicable verification period.

Take the annual total verified expenses for MCS items not covered by Medicare or Medicaid and divide by 12 months to determine the monthly MCS expense amount to use in the SA payment calculation. See [SA-3220 Budgeting](#) for further instructions.

V. NON-SSI RECIPIENTS

A complete redetermination of eligibility factors subject to change is required once every 12 months. The signed redetermination document should be completed and keyed by the SA pull check cutoff of the last month of the payment review period. If completed after the pull-check of the last month of the payment review period, an SA check will be issued for the following month. If the recipient is not eligible for SA this will result in a county error.

Refer to the Case Management Report to determine when the annual redetermination and/or FL-2/MR-2 is needed.

A. U.S. Citizenship and Identity Documentation

Review the case record(s) due for review to determine if it contains citizenship/identity documentation.

1. If the case record does not contain citizenship and identity documentation, then request documentation. Use a [DMA-5097](#), Request for Information, noting documents that may be acceptable. See [DMA-5178, U. S. Citizenship Documentation Desk Reference for acceptable documents](#). Make at least two requests 12 days apart, for this evidence. Documents must be original and/or certified by the issuing agency. In some situations, such as a mail-in or telephone review, a copy of the original document is acceptable.

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2. If the recipient has the documents to provide citizenship and/or identity documentation make copies, document the record, and complete the re-determination. Return the original documents to the recipient. Use the [DMA-5177, Documentation of Identity and Citizenship for U.S. Citizens and file in the permanent record](#)
3. If the recipient states he does not have documentation and is making a good faith effort to obtain the needed documents, document the record, complete the re-determination, and use Special Review Code "Z" on the DSS 8125 screen to follow up on the status of obtaining the documents. Use the third month of the new certification period for the date on the DSS 8125 screen. Begin to follow up on all documentation needs when the Special Review Code first appears on the Case Management Report. Contact the recipient to determine if the recipient has obtained the documents or needs assistance in obtaining them.
4. If the applicant/recipient requests assistance in obtaining the documents or if the a/r has special needs such as a mental or physical incapacity, the county must help. The county department of social services (DSS) is responsible for obtaining the documentation when there is a fee involved in obtaining the information, such as birth certificates. It is preferred the birth certificate be a certified copy.
5. Vital Records requires an authorization from the recipient, or legal guardian to provide a certified copy to the county. Use [DMA-5176, U.S. Citizenship Documentation Birth Certificate Request](#). Instructions on obtaining a certified birth certificate are on the Vital Records web site, <http://vitalrecords.dhhs.state.nc.us/vr/index.html>. When the redetermination is complete except for the citizenship/identity documentation, process and use the Special Review "Z" code on the DSS 8125.

B. Prior to Interview

1. Review the case record(s) to determine:
 - a. Other items needed to complete the redetermination;
 - b. The type of interview:
 - (1) Determine if the recipient or his/her representative can read, write, and understand written forms.
 - (2) Examine the recipient's or representative's previous signature, educational level, and other problems noted in the record that would help you decide which type of interview to conduct. If the educational level is documented in the record as being ninth grade or below, the recipient or representative may not be a good candidate for a mail redetermination.

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- e. Recipient/representative has the right to request a change in date, time, location, and type of interview
5. File a copy of the appointment letter in the record.

C. Conducting the Interview

1. General Instructions

- a. Explain to the recipient/representative the redetermination process.
- b. Explain to the recipient or his/her representative that he/she has the right to:
 - (1) Receive assistance if found eligible.
 - (2) Be protected against discrimination on the grounds of race, creed, or national origin by Title VI of the Civil Rights Act of 1964. The recipient may appeal if he/she feels there has been such discrimination.
 - (3) Spend his/her assistance payment as he/she wishes, but it must be in his/her best interest. The intent of this requirement is that “best interest” means paying the facility for cost of care. A substitute payee may be appointed for those individuals who mismanage the payment. Refer to SA-3300, Administration of Checks and Payments.
 - (4) Receive his/her monthly check in advance until the payment is terminated by appropriate action.
 - (5) Have any information given to the agency kept in confidence.
 - (6) Receive a notice of action regarding recipient’s case.
 - (7) Appeal, if:
 - (a) Recipient’s assistance will be changed or terminated
 - (b) Recipient’s payment is incorrect based on the county's interpretation of state regulation.
 - (c) Recipient’s request for a change in the amount of assistance was delayed beyond 30 days or rejected.
 - (8) Withdraw from the assistance program at any time if recipient does not want to give the required information or for any other reason.

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- (9) Reapply at any time, if found ineligible.
 - c. Discuss other services available and make appropriate referrals.
 - d. Explain to the recipient or representative that he/she must cooperate in establishing eligibility and failure to cooperate is a reason for termination of SA benefits.
 - e. Have recipient/representative sign a release of information and explain that it will be used to make necessary contacts.
 - f. Discuss all eligibility requirements with the recipient or representative and document the answers in the DAAS-8190-NS, Special Assistance Workbook for Non-SSI Recipients
 - g. If recipient is an SAD recipient in a Carolina Access county, discuss Carolina Access and ensure that the recipient is linked to the correct provider or otherwise exempt.
 - h. Recipient/representative must sign the redetermination document.
 - i. Inform the recipient/representative of items needed to complete the redetermination and if the information is NOT received within ten workdays after the interview, his/her SA benefits will be terminated.
 - j. Inform the recipient that he/she will receive a notice of action regarding the results of his/her redetermination.
2. Face-to-Face Redetermination
- a. The recipient or his/her representative may have other persons participate in the interview if he/she wishes. If the interview is held in an SA facility or the representative's home, remember to protect the right to privacy.
 - b. The county DSS must visit the SA facility in ten percent of cases due for review each month.
 - c. If a visit is planned, the recipient or representative must be informed prior to the visit.
 - d. Inform the recipient/representative, in writing, of information needed to complete the redetermination.

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- e. Notify recipient/representative that if information is not received within ten (10) workdays SA benefits will be terminated
3. Telephone Redetermination
- a. Telephone recipient/representative on the date and at the time specified on the appointment notice, unless he/she has requested a change in the appointment.
 - b. Send the recipient the redetermination form and instructions, along with any other forms requiring completion of the review (i.e., consent form).
 - c. Enclose a self-addressed envelope to facilitate the return of the forms.
 - d. Notify the recipient in writing of the date that all forms above must be returned.
 - e. Notify recipient/representative that if information is not received within ten (10) workdays SA benefits will be terminated.
4. Mail Redetermination
- a. Send the recipient/representative the redetermination form and instructions, along with any other forms, requiring completion of the review, i.e. consent form.
 - b. Enclose a self-addressed envelope to facilitate the return of the forms.
 - c. Notify the recipient in writing of the date that all forms above must be returned.
 - d. Notify recipient/representative that if information is not received within ten (10) workdays SA benefits will be terminated.

D. Completing Redetermination

- 1. Document the case record regarding the recipient's statement and all third party verifications.
- 2. Evaluate ongoing eligibility.
- 3. Key DSS-8125, EIS Data screen and send appropriate notice, DMA-5002, Approval Notice or DSS-8110, (Adequate or Timely) Your Benefits are Changing.