
EIS INSTRUCTIONS

SA-5500 EIS INSTRUCTIONS

REISSUED 11-01-12

I. DOMICILIARY RATE AND MAINTENANCE AMOUNT

A. Domiciliary Rate

To be eligible for SA/IH a person must first be eligible for full Medicaid benefits under a Medicaid Categorically Needy classification. This usually means that the a/r's countable monthly income must be at or below 100% of the federal poverty guideline. The federal poverty guideline usually changes every April.

However, there are situations when the a/r receives full Medicaid, but has countable income that is higher than the federal poverty guideline. An example of this is if the a/r is Medicaid Categorically Needy due to qualifying for Medicaid under the Medicaid Passalong guidelines. See [MA-2110, Passalong](#), for further information, and for the correct Special Use code to key in EIS.

For other exceptions to the FPL Medicaid Categorically Needy Countable income limit see [SA-5200, Eligibility Requirements](#).

Effective October 1, 2009, the SA/IH Domiciliary Rate in EIS is \$1,182, which is the same as the SA Basic rate. The maximum SA/IH maintenance amount in EIS is \$1,228, which is the same as the SA Basic maintenance amount.

B. Maintenance Amount (MAIN-AMT)

1. The maintenance amount that the SA caseworker keys in EIS will depend on the Adult Services case manager's service plan and the recommended level of the SA/IH payment. The actual payment may be less than the maximum allowable payment.

The SA caseworker must key in the maintenance amount in EIS based on what the Adult Services case manager recommends. This requires collaboration between the two.

2. The formula for calculating the maintenance amount is:
Maintenance amount = TCMI + Payment

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3. The maximum maintenance amount in EIS is \$1,228.00.
4. The maximum allowable SA/IH payment is 100% of the payment they would receive if residing in an SA facility.

II. ADDRESS FIELDS

EIS requires two address fields. In the first address field key "SA/IH Program". In the second address field, key the applicant private living arrangement address.

III. LIVING ARRANGEMENT CODE

The living arrangement code must be 10, 11, 12, or 13. See [EIS-4000](#), Codes Appendix.

IV. SPOUSE INDICATOR CODE

SA/IH requires the EIS Spouse Indicator to be 'Y' (Has a Spouse) or 'N' (No Spouse) for approvals, redeterminations or change in situation.

V. Case Special Review Codes

SA cases are required to use an SA **Case Special Review Code** if the TCMI in the EIS DSS-8125 screen is less than the FBR for SS

The following case special review codes are required in order to allow an EIS SA budget with a TCMI less than the FBR. The commonly occurring situations for which these codes are appropriate are found in [SA-3210](#).

Note: Case Special Review codes allowing for less than the FBR TCMI are for use as a case management tool for the IMC and are only to be used for a specified situation and for the specified timeframe designated.

- A. **Case Special Review Code 'N'- 'SSI Couple Deeming' is required** if the a/r's TCMI is below the FBR for SSI due to SSI couple deeming. The IMC is required to enter the code in the EIS

DSS-8125 screen at application processing or the next change in situation if the SA Case Special Review Code field is blank.

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- B. **Case Special Review Code 'E': 'SSI 1/3 REDUCED ENDING'** – to be used for a period of not more than two months, unless the a/r is SA/IH. Then it is not time-limited. See [SA-3210, Income](#)
- C. **Case Special Review Code 'I': 'SSI IN KIND SUPPORT/MAINT. ENDING'** – to be used for a period of not more than two months, unless the a/r is SA/IH. Then it is not time-limited. For SA budgeting instructions, see [SA-3210, Income](#)
- D. **Case Special Review Code 'LI': 'LIFE INSURANCE (with) CASH ACCRUING FACE VALUE GREATER THAN \$1500'** – use of the “LI” code, once assigned to a case is allowed ongoing until the SA case is terminated. See VII. C. For SA budgeting instructions see [SA-3210, Income](#). See [SA-3200, Resources](#) for information on life insurance.
- E. **Case Special Review Code 'RS': 'SSI/SS RECOUPMENT'** – to be used only for the months of continuing SSA recoupment. See VII. E. below.
- F. **Case Special Review Code 'VA': 'VA ONLY OR SSI/VA ONLY'** – To be used only for cases in which the a/r receives *only* a VA benefit not eligible for the \$20 general exclusion *or* SSI and a VA benefit not eligible for the \$20 general exclusion. Do not use this code if the recipient has income from any other source that is eligible for a \$20 exclusion. See [SA-3210, Income](#) to determine if the VA benefit is eligible for the \$20 exclusion.
- G. **An additional Case Special Review Code, “N” is valid for SA In-Home cases only;** “H” ambulation code. See SA/In-Home policy section [SA-5200](#).

Note: The Eligibility System Case Management Report, produced monthly on the last working day of the month, reflects SA cases flagged with the Case Special Review Codes listed above. It is imperative that the SA caseworkers/supervisors review the Case Management Report each month and immediately follow up as appropriate for each case reflected on the report. See [EIS-3551](#)-Case Management Report.

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VI. Authorized Representative

The IMC must enter the demographics of the Authorized Representative (including name and address) in EIS at application disposition or for the ongoing case, any changes in the Authorized Representative information. See [DAAS Administrative Letter 10-14](#) for further instructions.

When the a/r has more than one representative, the county must be able to identify which representative has priority so that notices can be sent to the proper individual. A hierarchy has created for the county to use to determine which representative should receive notices. The chart below lists the various types of representatives and provides a code to be entered in EIS in the relationship field for each type. Representative type "A" is given the highest priority and representative type "H", the lowest.

Hierarchy	Relationship Type	EIS Code
first	Legal Guardian (includes DSS with custody or guardianship)	A
second	Power of Attorney	B
third	Health Care Power of Attorney	C
fourth	Department of Social Services (placement responsibility only)	D
fifth	Spouse (Not separated)	E
sixth	Parent (for children under 21, a parent who is not the casehead but who lives in the home).	F
seventh	Authorized Representative (An individual designated in writing by the applicant/recipient to assist with eligibility issues and who can have access to the information in the case file.)	G
eighth	Authorized Representative as designated by SSA on SDX	H

Example of Order of Hierarchy: John has a legal guardian. He also has a spouse. The legal guardian would be the correct choice to key in EIS as the authorized representative.

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VII. FACILITY INQUIRY NOT NECESSARY

Because licensure rules do not apply to private living arrangements, **there is no 3-digit code for SA/IH recipients in private living**. Therefore no EIS Facility Inquiry is necessary.

VIII. AMBULATION CAPACITY CODE

The ambulation capacity code for recipients of SA/IH is "H". This code identifies a recipient receiving an SA/IH payment in a private living arrangement.

Ambulation capacity codes "B" and "C" refer to SA recipients and are not applicable to SA/IH recipients.

IX. CHANGE IN AMBULATION CAPACITY ("B" and "C" TO "H" OR "H" TO "B" and "C")

Do not transfer cases from SA/IH ("H") to SA ("B" or "C") or from SA ("B" or "C") to SA/IH ("H"). If an SA/IH recipient chooses to enter an SA facility and requests SA, a new application is required. SA recipients who choose to return home and request SA/IH must also complete a new application.

Key the DSS-8124, Application Processing screen in EIS as a reapplication.

Use the DMA-5022 screen in EIS to issue supplemental payments when a recipient changes living arrangement and ambulation capacity.