

**NC Division of Aging and Adult Services**  
**CHANGE NO. 01-10**

**DATE: February 23, 2010**

**Manual:** State/County Special Assistance for Adults  
**Subject:** Special Assistance for Adults Program Manual Updates  
**To:** County Directors of Social Services  
**Effective:** March 1, 2010

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**I. BACKGROUND**

This change notice provides revisions and clarifications in Special Assistance (SA) policy and includes the following:

- A.** The Division of Aging and Adult Services is changing SA policy regarding the required physician signature on the FL-2 form. This change is to comply with the NC Medical Practice Act (§ 90-18.3), which states that whenever a statute or State agency rule requires that a physical examination shall be conducted by a physician, the examination may be conducted and the form signed by a physician assistant or nurse practitioner, and a physician need not be present.
- B.** A clarification has been added defining “departments of social services” in the Conflict of Interest Section of SA-3100 to reflect State statutes.
- C.** The decrease in the SA adult care home basic rate effective October 1, 2009, addressed in Special Assistance Administrative Letter 09-15, has been incorporated into the policy manual and added to applicable examples.
- D.** Clarifications and other changes in policy have been added to enhance guidance for income maintenance caseworkers and to clarify policy.

**II. CONTENT AND IMPLEMENTATION OF CHANGE**

**Reissued manual sections listed below are effective March 1, 2010**

**A. SA-3000 Acronyms and Definitions**

Updates selected acronyms and definitions.

**B. SA-3100 Eligibility Requirements**

- 1. Adds throughout that FL-2s may be signed by a physician, physician assistant, or a nurse practitioner.
- 2. Adds explanations throughout about timeframes involved to make an FL-2 “current.”
- 3. II.A.g. Enhances instructions regarding use of correct facility code.

4. II.A.j. Changes to II.A.4. This references FL-2 instructions.
5. III.D. 1. Removes the word “dementia” from the diagnosis of those eligible to receive SA in a special care unit (SCU). This change is to align with the prior approval instructions for enhanced Medicaid reimbursement for individuals in licensed special care units. The Division of Medical Assistance will no longer accept a general diagnosis of “dementia”, therefore the FL-2 must reflect an acceptable diagnosis.
6. III. D. 2. a. – g. Added the list of acceptable DMA SCU-A (pre-screening tool) diagnoses for an a/r in an SCU.
7. IV. This section cites NC Statute prohibiting payments of Special Assistance to any person residing in an adult care home that is owned or operated, in whole or in part, by (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, or a spouse of any person in (1) or (2).
8. No new action is required for this section.

**C. SA-3110 Application Process**

1. References to DSS-8190 S and NS have been changed to DAAS-8190 S and NS. Links have been corrected.
2. II.A. and II.E. Restates that the applicant must be allowed to apply on the same day he/she presents in the department of social services for the purpose of applying for SA.
3. II.F. 2. Clarifies that the application form is the DSS-8124 and that a signature is required.
4. III. H, I, and J. Clarifies that the applicant/representative (a/r) must sign the DSS-8124, Application Processing Form to begin the application process.
5. IV.G. Moves part of this section to IV.I. to include more information about completion of the FL-2.
6. V. A.–B. Corrects formatting problems in prior version.
7. V. A. 3.-4. Adds the words “If approved for SA”.
8. VI.B. 3. Adds clarification that the FL-2 or MR-2 must be appropriately signed.

9. VI.B. Adds item 8 that the FL-2 may be signed by the applicant's physician, physician assistant, or a nurse practitioner.
10. VI. C. Rearranges and reformats this part into a more logical order.
11. VI.C.1.c. Reformats and clarifies the date of disability relative to SSI application.
12. VI.C.1.h. Adds guidance to the verification of resources for SSI and non-SSI applicants
13. VI.C.1.p. Adds guidance to the verification of SSI income and that the federal benefit rate (FBR) should be the minimum income.
14. X.B. Enhances the explanation of the applicable Medicaid Classifications for SA applicants including passalong.

#### **D. SA-3200 Resources**

1. Corrects numbering for Roman numerals III. through VI. to II. through V.
2. Corrects links to references to match the new numbering.
3. II. M. 3. Clarifies that the 'begin date' for the Case Level Special Use Code, 'LI' is the date it is entered in EIS, and the 'end date' is 999999.
4. II. M. 4. Incorporates and enhances policy previously addressed in Change Notice 02-09. Effective December 1, 2009, if an ongoing recipient purchases cash accruing life insurance with a total face value exceeding \$1,500, **treat it as a change in situation**. Verify the available cash value and count toward the individual resource limit of \$2,000.
5. II. M. 5. Incorporates and enhances policy previously addressed in Change Notice 02-09. If SA correctly terminates, and the exempted client later reapplies for SA, beginning December 1, 2009, the applicant will be subject to the new resources policy, counting the cash value of all cash accruing life insurance policies, if the face value exceeds \$1,500.
6. II N. 2. Provides instructions for verification of prepaid burial plans.
7. IV.C.6. Provides instructions for verification of all non-excluded burial property and how to determine the countable value of the property.

#### **E. SA- 3220 Budgeting Principles**

1. Updates the Basic rate references in policy and examples to the October 1, 2009 rate.
2. II.C. Changes reference regarding the personal needs allowance to align with adult care home/family care home rules.

3. VII. Removes reference to disenfranchised recipients from the reference regarding Medicaid PCS. There are no more “disenfranchised” SA recipients. This change also corrects the Medicaid PCS per diem allowable hours of service.

**F. SA 3300 Administration of Checks and Payments**

1. VIII.B.3.c. Revises the calculation of the SA per diem for recipients who moved to a private living situation to include the SA payment minus the \$46 personal needs allowance (PNA). The subtraction of the PNA was not previously included.
2. VIII.B.6. Updates examples to reflect current facility rates.
3. VIII. B. 6. Corrects Example 2 to show unreported **earned** income and corrects the order recipient reporting.

**III. DAAS ADMINISTRATIVE LETTERS OBSOLETE BY THIS POLICY**

**DAAS Administrative Letter 09-15 Reduction in the Special Assistance Adult Care Home (SA/ACH) Basic Rate and Maintenance Amount is obsolete by this change notice.**

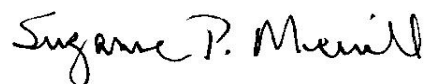
**IV. MAINTENANCE OF MANUAL**

The following manual sections are reissued to reflect the mandated requirements:

- A. [SA-3000 Acronyms and Definitions](#)
- B. [SA-3100 Eligibility Requirements](#)
- C. [SA-3110 Application Process](#)
- D. [SA-3200 Resources](#)
- E. [SA-3220 Budgeting](#)
- F. [SA-3300 Administration of Checks and Payments](#)

If you have any questions regarding this information, please contact your [Adult Programs Representative](#).

Sincerely,



Suzanne P. Merrill, Chief  
Adult Services Section