

SPECIAL ASSISTANCE IN-HOME PROGRAM MANUAL

North Carolina Division of Social Services

Special Assistance In-Home Program

Revised: June 1, 2026



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Social Services

- S State/County Special Assistance In Home Program
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SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL

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SPECIAL ASSISTANCE IN-HOME PROGRAM MANUAL

SA-5000 INTRODUCTION TO SPECIAL ASSISTANCE IN-HOME PROGRAM

North Carolina Division of Social Services

Special Assistance In-Home Program

Revised: July 2024

**SPECIAL ASSISTANCE IN HOME PROGRAM MANUAL
SA-5000 INTRODUCTION TO SPECIAL ASSISTANCE IN HOME (SAIH)
PROGRAM**

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I. BACKGROUND

The Special Assistance In-Home Program (SAIH) provides an alternative to placement in a SA facility by providing a cash supplement to individuals who desire and are able to live at home safely with additional supportive services. Established in September 2000 as a demonstration project, SAIH became a permanent statutory program in 2007. In July 2012, Session Law (S.L.) 2012-142 required participation in the SAIH program by all county departments of social services by February 15, 2013.

The 2007 legislation allowed the number of SA In-Home recipients to expand up to 15% of the total state-wide SA caseload. [§108A-47.1](#). S.L. 2012 -142 allowed the Department of Health and Human Services (DHHS) to waive the 15% limit. In December 2021, Session Law (S.L.) 2021-180 removed the limit on the number of allowable SA In-Home recipients.

II. BASIC ELIGIBILITY REQUIREMENTS

Individuals who wish to receive an SAIH payment must be otherwise eligible for Special Assistance, have an FL- 2 indicating a need for licensed residential facility level of care (such as an adult care home or supervised living group home) signed by a licensed physician, physician assistant, or nurse practitioner, and have a case management assessment and service plan completed to identify what is needed for the individual to live safely at home with services and the SAIH payment.

III. COLLABORATION AND COMMUNICATION

The SAIH program requires a collaborative effort between the SA Income Maintenance Caseworker (IMC) and the adult services case manager in determining if an applicant and/or beneficiary (a/b) meets all eligibility criteria. The provision of services enables the adult to remain in a Private Living Arrangement (PLA) safely.

The eligibility criteria and the amount of the payment are determined by the SA IMC.

The determination of how the a/b's needs will be met safely in the home is made by the Adult Services Case Manager. A SAIH Case Management Assessment and service plan is completed by the Adult Services Case Manager and is utilized to identify needs and services that may be offered to the adult.

To provide the best assistance for the recipient, it is imperative for the IMC to establish and maintain open lines of communication with Adult Services staff.



SPECIAL ASSISTANCE IN-HOME PROGRAM MANUAL

SA-5100 INTAKE, REFERRAL AND TIME FRAMES

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STATE/COUNTY SPECIAL ASSISTANCE MANUAL

SA-5100 INTAKE, REFERRAL AND TIME FRAMES

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I. EXPLANATION OF SA IN-HOME OPTION

When an individual contacts the county department of social services regarding SA, the adult services intake worker or the SA income maintenance caseworker (IMC) must explain to the applicant about the SA In-Home (SAIH) payment option that allows eligible individuals the opportunity to live in a private living arrangement (PLA) and receive assistance as an alternative to residential facility care. Effective January 1, 2023, SAIH beneficiaries are automatically eligible for Medicaid.

Ask the individual if he/she is interested in this option. If the individual is not interested in SAIH, document the individual's choice to make application for SA and process the application using current Special Assistance policy.

II. COLLABORATION AND COMMUNICATION DURING ELIGIBILITY DETERMINATION

The determination of SAIH financial eligibility and the case management assessment is conducted simultaneously for SAIH applicants. In order to complete this process, it is essential that the SA IMC and the Adult Services Case Manager establish and maintain open lines of communication to keep each other informed about the status of the SAIH applicants.

A. Policy Manuals

The SA In-Home Program Manual has policy that is unique to the SA In-Home procedures for SAIH.

1. The SA In-Home Manual, sections SA-5000 through SA-5500, provides eligibility policy and procedures specific to the SAIH Program. Unless otherwise instructed in the SAIH Manual, follow policy in the SA Manual.
2. The [State-County Special Assistance In-Home Case Management Manual](#) is used for Adult Services case management policy and procedures.

B. Referral Process

1. When an individual applies for the SAIH program, a referral must be made to the Adult Services section.
2. Use the [DSS-0031 SAIH Program Interagency Referral Form](#) to

make the referral to the Adult Services section.

3. The [DSS-0031](#) must be sent to the Adult Services section by the end of the next business day after the applicant's date of application for SAIH. A case manager will be assigned and will begin to make arrangements with the applicant to conduct the case management assessment.
4. The [DSS-0031](#) referral must include the applicant's individual ID number.

C. Processing the SAIH Application

1. When the Adult Services Case Manager completes the case management assessment, they must provide that information via [DSS-0031](#) to the IMC. The IMC will file the DSS-0031 in the client record.
2. If the SA IMC or the Adult Services Case Manager finds that the applicant **meets the eligibility requirements**, they must communicate the findings to each other via the [DSS-0031 SAIH Program Interagency Referral Form](#).
3. If the SA IMC or the Adult Services Case Manager finds that the SAIH applicant **does not meet the eligibility requirements**, they must communicate this to each other in writing via the [DSS-0031](#).
 - a. If an applicant does not meet eligibility criteria for SAIH, the SA IMC must notify the Adult Services Case Manager immediately so they can close the case management assessment due to ineligibility.
 - b. If an applicant does not meet the needs criteria (needs **cannot** be met at home and is not eligible for SAIH as a result), the Adult Services Case Manager must notify the SA IMC immediately.
 - c. If it is determined the applicant is not eligible for SAIH, the SA IMC will deny the SAIH application.
 - d. The SA IMC **must** evaluate eligibility for SA if the applicant chooses placement, or for Medicaid if the applicant chooses to remain in the community.

III. TIME FRAMES

A. SAIH Eligibility Determination

1. The application processing time frame for SAIH is the same as it is for SA facility applications: 45 days for SAA and 60 days for SAD. The date the applicant signs the [DSS-8190 SSI/Non-SSI Application Workbook](#) starts the application process. All application processing rules for SA apply to SA In-Home applications. See [SA-3110 Application Process](#), for instructions.
2. The SA IMC must inform the Adult Services Case Manager of
 - the application date as well as the corresponding processing deadlines
 - the application number
 - the applicant's name and contact information
 - the applicant's individual ID number

Always inform the case manager of any applications pending beyond the application processing times.

3. The valid, signed [FL-2](#) indicating the appropriate residential facility level of care must be received during the application processing time period.
4. The effective date of SAIH benefits can **begin no earlier than the date of the SAIH application, and/or the date all SAIH eligibility requirements are met**. If the applicant does not meet all SAIH eligibility requirements until a later date during the processing time frame, the benefits will be effective the date all eligibility requirements are met.

Example 1: Mr. Davis applied for SAIH on January 12, 2022. However, he was not a NC resident for 90 days until February 2, 2022. Mr. Davis is not eligible for SAIH benefits until February 2, 2022.

Example 2: Mr. Brown applied for SAIH on January 12, 2022. He provided an FL-2, signed by his family physician dated January 3, 2022, recommending residential facility level of care. He met all other SAIH eligibility requirements. He is eligible to begin receiving SAIH payments effective January 12, 2022.

Example 3: Mr. Smith applied for SAIH January 3, 2022. He provided an FL-2, signed by his physician on January 12, 2022, recommending residential facility level of care. He met all other SAIH eligibility requirements. He is eligible to begin receiving SAIH payments effective January 3, 2022.

B. SAIH Case Management Assessments

1. Scheduling the Assessment

The Adult Services Case Manager schedules a face-to-face assessment at the Private Living Arrangement (PLA). See [State-County Special Assistance In-Home Case Management Manual VII.D.](#) for exceptions to this requirement.

In these cases, the assessment can be initiated elsewhere and the case manager will follow-up later with a home visit. The case manager must verify that the PLA is appropriate for SAIH.

2. Conducting the Assessment

An initial assessment will be conducted by the Adult Services Case Manager based on the [DSS-0031 SAIH Program Interagency Referral Form](#) received from the IMC indicating an SAIH application has been taken. The Case Manager must complete an assessment within 30 calendar days from the date they receive the [DSS-0031](#).

The assessment will determine the adult's need for ongoing case management using the SAIH Case Management Assessment form. The SAIH Case Management Assessment must be completed annually by the Adult Services Case Manager.

The adult services case manager must conduct the initial face-to-face assessment visit within 10 workdays of receiving the referral from the SA IMC. The case manager and the SA IMC should communicate to ensure that contact has been made between the applicant and the adult services case manager.

The adult services case manager must complete the client's service plan within 30 calendar days of the initial assessment visit. The service plan must be approved and signed by the adult services case manager and the applicant (and/or authorized representative) within 7 calendar days of the date the SAIH payment is approved and authorized in NC FAST by the SA IMC.



SPECIAL ASSISTANCE IN-HOME PROGRAM MANUAL
SA-5200 ELIGIBILITY REQUIREMENTS

North Carolina Division of Social Services
Special Assistance In-Home Program

Revised: January 2026

STATE/COUNTY SPECIAL ASSISTANCE MANUAL

SA-5200 ELIGIBILITY REQUIREMENTS

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To be eligible for the In-Home (SAIH) Program, an applicant/ beneficiary (a/b) must meet all other Basic Special Assistance eligibility requirements, except the requirement to reside in an SA facility.

There are also other eligibility requirements that are unique to the SAIH Program that do not apply to SA Basic a/bs. This section provides the policies and procedures that are specific to SAIH and which differ from the eligibility policies and procedures in the [Special Assistance Manual](#) for a/b's residing in SA facilities.

For all other situations that are not covered in this manual, follow the instructions in the [Special Assistance Manual](#).

Special instructions for SAIH applications for individuals receiving Department of Health and Human Services (DHHS) Supported Housing Slots through the Transitions to Community Living can be found in [DAAS Administrative Letter 13-07 Instructions for Special Assistance In-Home Approvals for Individuals with Verified Supported Housing Slots](#).

The SAIH option is only available for SAA or SAD. SCD beneficiaries are not eligible for SAIH payments.

I. SAIH AND MEDICAID

A. SAIH Beneficiaries Are Automatically Eligible for Medicaid

Based on legislative action established by the NC General Assembly effective January 1, 2023, SAIH automatically qualifies an SAIH beneficiary for Medicaid for non-SSI recipients.

Always remember to explain retroactive Medicaid to SAIH applicants and discuss if there is a need for retroactive Medicaid benefits. If the applicant does not request Medicaid that is retroactive to the SAIH application month, document in the SAIH case file that retroactive Medicaid was offered and the reason that no retroactive application was taken.

Also explain to SAIH applicants that when the applicant accepts Medicaid, they assign their right to third party insurance benefits to the state. Inform the applicant that it is a misdemeanor to fail to disclose the identity of any person or organization against which they have the right to recovery of medical expenses paid by Medicaid.

B. SAIH and PACE Cannot Be Received At the Same Time

Individuals who receive Special Assistance or SAIH cannot receive NC Program of All-Inclusive Care for the Elderly (PACE) coverage at the same time, as PACE provides all-inclusive care.

When an active PACE recipient applies for Special Assistance or SAIH, the PACE recipient must disenroll from PACE by the end of the SA or SAIH application processing time standard (45th/60th day) and meet all other SA or SAIH eligibility criteria in order for the SA or SAIH application to be approved.

- If the individual **has not been disenrolled from PACE** by the 45th/60th day, the SA or SAIH application must be denied.
- If the PACE recipient **has been disenrolled from PACE** by the 45th/60th day of the SA or SAIH application **and** meets all other SA and/or SAIH eligibility criteria, **the effective date of SA or SAIH benefits cannot be on or prior to the PACE disenrollment date.**
- “Disenrolled” refers to all parts of the PACE disenrollment being completed, with an effective end-date for PACE in NC FAST.

Important: For any month in which an SA or SAIH payment is received while the SA or SAIH beneficiary is also enrolled in PACE, that payment is an overpayment which must be recouped.
There can be no overlap of SA and PACE services.

C. NC Innovations Waiver and SAIH

Depending on individual circumstances and need as determined by the Adult Services Case Manager, an individual can potentially receive both Community Alternative Program (CAP) via the [NC Innovations Waiver](#) and SAIH at the same time. The client must meet all eligibility criteria for SAIH as outlined in the SA and SAIH policy manuals.

The IMC will determine financial eligibility and refer client to the Case Manager in Adult Services. The Case Manager will complete a functional assessment. The Case Manager handles ongoing oversight of SAIH services and needs, and will work very closely with the CAP Innovations Care Coordinators to ensure there is no duplication of services in case management functions.

CAP services via NC Innovations Waiver are the **only** type of CAP services that a Special Assistance or SAIH beneficiary may receive.

II. LEVEL OF CARE (FL-2)

Eligibility for SAIH requires that the a/b needs licensed residential level of care as documented on a valid [FL-2](#) and signed by a licensed physician, physician assistant, or nurse practitioner. Always thoroughly examine the FL-2 to determine if it is valid. (See SA-3100 VII.A.3.)

It is also necessary to thoroughly examine the Diagnosis section of the [FL-2](#) in order to determine if there is a diagnosis of Alzheimer's disease or dementia:

- SAIH beneficiaries **without** a diagnosis of Alzheimer's disease or dementia are budgeted with the SA Basic rate.
- SAIH beneficiaries **with** a diagnosis of Alzheimer's disease or dementia are budgeted with the SA Enhanced rate.

IMPORTANT NOTE: The term ***major neurocognitive disorder*** is the updated terminology used in the DSM-5 to describe what was previously known as *dementia*. Since these two terms are now used interchangeably in both clinical and medical contexts, the Special Assistance Program now also acknowledges *major neurocognitive disorder* as interchangeable with dementia. As such, **the use of *major neurocognitive disorder* shall be allowed and acknowledged to be the same as dementia when used on an FL-2.** (*Major neurocognitive disorder* must NOT be confused with similarly named but unapproved diagnoses, such as “mild neurocognitive disorder”, “neurocognitive disorder”, or any variation of “neurocognitive impairment”. When in doubt about a diagnosis, contact the SA Listserv.)

A. **The SAIH payment begins the date the application is made (if all eligibility criteria are met) and is not tied to the date the FL-2 is signed.**

This is different from a SA beneficiary. The [FL-2](#) must not be dated more than 90 days prior to the date of SAIH application and must be received during the application processing period.

B. **The application cannot be approved until the valid, signed FL-2 is received and the case management assessment is completed.**

The [FL-2](#) is used to validate that the a/b meets the requirements for licensed residential level of care and the assessment is used to identify services that will help the a/b stay at home safely.

- C. The Adult Care Home [FL-2 \(DMA-372-124-ACH\)](#) is posted on the DMA Forms website and should be used for SAIH cases.

Note: Assignment of the correct SA rate in NC FAST requires that the correct *Level of Care Type* is selected in Level of Care evidence on the NC FAST dashboard. For each placement type (facility, SA In-Home, and TCL) there is both a “Basic” and an “Enhanced” rate option. Choosing the correct *Level of Care Type* ensures appropriate rate budgeting. (Refer to NC FAST’s *Special Assistance – Level of Care Evidence* Job Aid in FAST Help for guidance.)

III. LIVING ARRANGEMENT, COUNTY OF RESIDENCE, AND MOVING BETWEEN COUNTIES

A. Living Arrangement

A SAIH applicant/beneficiary must live in PLA. The a/b does not have to live in their own home.

PLA means a private home, apartment, congregate housing, multi-unit housing with services, public or subsidized housing, shared residence, or other similar living arrangement approved by the DSS. Refer to [State-County Special Assistance In-Home Case Management Manual V.D.](#) for complete definitions of PLA. The case manager verifies PLA.

Assisted living facility residents are not eligible for SAIH. If the IMC or the Adult Services Case Manager determines that the a/b is residing in a licensed approved facility and does not intend to return to a PLA, the SAIH application should be denied. See [SA-3330: Notices](#). Explain to the applicant that he/she can apply for SA.

B. County of Residence

The county of residence for an SAIH beneficiary is the county in which the PLA is located. The beneficiary must live and receive SAIH payments in the same county.

C. Moving Between Counties

1. An SAIH a/b's county of residence (and county of financial responsibility) changes when he/she moves to another county because he/she is in a PLA.
2. SAIH cases cannot transfer from one county to another. The individual must reapply for SAIH in the second county. The only exception is explained in [DAAS Administrative Letter 13-07 Instructions for Special Assistance In-Home Approvals for Individuals with Verified Supported Housing Slots](#).
3. The first county must terminate the SAIH case.
4. Transfer the Medicaid case to the second county.
5. If the applicant applies for SAIH in the second county, that county must complete a new SAIH eligibility determination and a new case management assessment.

D. Absences of More Than 30 Days

If the a/b's absence due to hospitalization, facility placement, or temporary absence exceeds 30 days or is expected to exceed 30 days, the Adult Services Case Manager (or LME/MCO Transition Coordinator) must immediately notify the IMC of the change in the client's situation. Upon receiving this information, the IMC will initiate termination procedures for the client's participation in the SAIH Program. (Reference **XI.C-D** in the [State/County Special Assistance In-Home Case Management Manual](#) for additional information.)

IV. RESOURCES

A. Resource Limit

The resource limit for SAIH applicants/beneficiaries is \$2000.

B. Countable Resources

See [SA-3200](#) for resources policy.

C. Transfer of Resources

See [SA-3205](#) for transfer of resources policy.

V. INCOME

Follow instructions in [SA-3210](#) to determine countable monthly income, base periods and verification requirements. When determining eligibility for the SAIH payment, count only the income of the a/b.

A. SAIH a/bs are required to receive all benefits to which they are entitled at the maximum rate to which they are entitled.

For those entitled to SSI, they must receive benefits at the Federal Benefit Rate (FBR). See [SA-3210 V. SA Requirement to Obtain Maximum Entitlement Income](#) for further instructions on how to make certain that SAIH a/bs apply for and receive at the FBR.

B. If the SAIH a/b has income below the individual SSI FBR because SSI counts them as a spouse in a married couple, the IMC is required to enter the Case Special Review Reason/Code 'N' - 'SSI Couple Deeming'.

See [SA-3210 V. SA Requirement to Obtain Maximum Entitlement Income](#) for further instructions.

C. Refer to [SA-5300: Payment Calculations](#) for instructions on calculating the SAIH payment.

D. Special Assistance Rates and FBR Chart

RATE & FBR REFERENCE		
2026	2025	2024
<u>Basic Rate</u>	<u>Basic Rate</u>	<u>Basic Rate</u>
\$1,397	\$1,359	\$1,326
<u>Basic Maintenance Rate</u>	<u>Basic Maintenance Rate</u>	<u>Basic Maintenance Rate</u>
\$1,467	\$1,429	\$1,396
<u>Enhanced Rate</u>	<u>Enhanced Rate</u>	<u>Enhanced Rate</u>
\$1,792	\$1,743	\$1,700
<u>Enhanced Maintenance Rate</u>	<u>Enhanced Maintenance Rate</u>	<u>Enhanced Maintenance Rate</u>
\$1,862	\$1,813	\$1,770
<u>FBR</u>	<u>FBR</u>	<u>FBR</u>
\$994	\$967	\$943

VI. DETERMINING ELIGIBILITY WHEN APPLYING FOR SAIH FROM A RESIDENTIAL FACILITY

Individuals living in residential facilities may choose to move to a PLA and apply for SAIH. It is critical that the SA facility beneficiary or representative, the IMC, the adult services case manager and others involved with the beneficiary work together and communicate effectively. Moving from a facility to PLA requires advance planning and timing of all activities needed for this change so that it does not pose health or safety risks for the beneficiary.

NOTE: For individuals who are in a residential facility or are being diverted from entering a residential facility and have been identified as being approved for Supported Housing Slots and/or Transition to Community Living through the US Department of Justice (DOJ) Settlement with North Carolina, refer to [DAAS Administrative Letter 13-07: Instructions for Special Assistance In-Home Approvals for Individuals with Verified Supported Housing Slots](#)

- A. When the SA facility beneficiary or representative inquires about SAIH, an inquiry ([DMA-5095](#)) must be completed for documentation.**

Explain that the beneficiary is automatically eligible for Medicaid, and explain the SAIH requirements.

- B. If the beneficiary wants to apply for SAIH, obtain a signed DSS-8190 SSI/Non-SSI Application Workbook as a reapplication.**

Verify income and any other eligibility criteria that are necessary to determine if the beneficiary is eligible for SAIH.

- C. If the beneficiary is eligible for SAIH, they are automatically eligible for Medicaid.**
- D. Refer the SAIH applicant to the adult services case manager for a case management assessment, following time standards for applications.**
- E. The Adult Services Case Manager follows the State-County Special Assistance In-Home Case Management Manual.**

The Case Manager must complete the assessment to ensure the PLA is safe and appropriate.

F. If it is determined that the SAIH applicant is not eligible, deny the SAIH application.

Notify the adult services case manager to close the case management assessment.

G. If the application for SAIH is approved, coordinate with the Adult Services Case Manager to ensure the transition to PLA occurs without placing the applicant at risk.

1. Advise the individual to give notice if he/she signed a contract requiring advance notice when leaving the facility. Facilities can require up to 14 days notice if included in the resident contract. Beneficiaries who do not give notice when required may be responsible for payment for those days.
2. Advise the facility that they must refund any remaining advance payment made to the facility after the end of the required notice period.
3. Use the 5/10 day rule to determine when the SA payment ends. The beneficiary is entitled to keep the SA payment for this period.
4. Calculate a partial SAIH payment for the remainder of the month in which the 5/10-day period ends, beginning the day after the last day of the 5/10-day period. The beneficiary is not eligible for SAIH payments during the 5/10-day period. Refer to [SA-5300: Calculation of Payments](#) for instructions for calculating partial SAIH payments.
5. Do not authorize SA facility payment and SAIH payment for the same days when the individual goes from a licensed residential facility to PLA.
6. Terminate the SA facility on the last day of the month. Send a [DSS-8110, Your Benefits Are Changing](#). This is an adequate notice because the beneficiary has requested the SA be terminated and the change is beneficial to the beneficiary.
7. Approve the SAIH application with an effective date the month following the termination of the SA facility case. Enter the full SAIH payment amount beginning with this month.

8. The payment review period begins with the first full SAIH month and can be authorized for 12 months from that date, just as in SA facility cases.
9. **Do not allow the Medicaid to be terminated at any point.**

VII. REDETERMINATIONS

In order to complete the SAIH recertification process, it is essential that the SA IMC and the Adult Services Case Manager establish and maintain open lines of communication to keep each other informed about the status of SAIH beneficiaries. Failure by the IMC to give the Adult Services Case Manager sufficient notice of the SAIH eligibility redetermination due date (via the [DSS-0031 SAIH Program Interagency Referral Form](#)) could jeopardize successful completion of the recertification process.

A. Requirement for Annual Eligibility Redetermination

The payment review period for SAIH eligibility begins with the month of application and ends on the last day of the twelfth month. Eligibility for the SAIH Program must be redetermined annually. When the IMC is notified of the upcoming eligibility redetermination, the IMC must immediately notify the appropriate adult services case manager of the redetermination due date(s) for individual SAIH beneficiaries via DSS-0031.

B. Requirement for Annual Reassessment

A case management reassessment must be completed annually by the Adult Services Case Manager. When the Adult Services Case Manager completes the reassessment, they must provide that information via [DSS-0031](#) to the IMC. The IMC will file that DSS-0031 Referral in the client record and document in case notes in NC FAST the date the confirmation of annual reassessment was received.

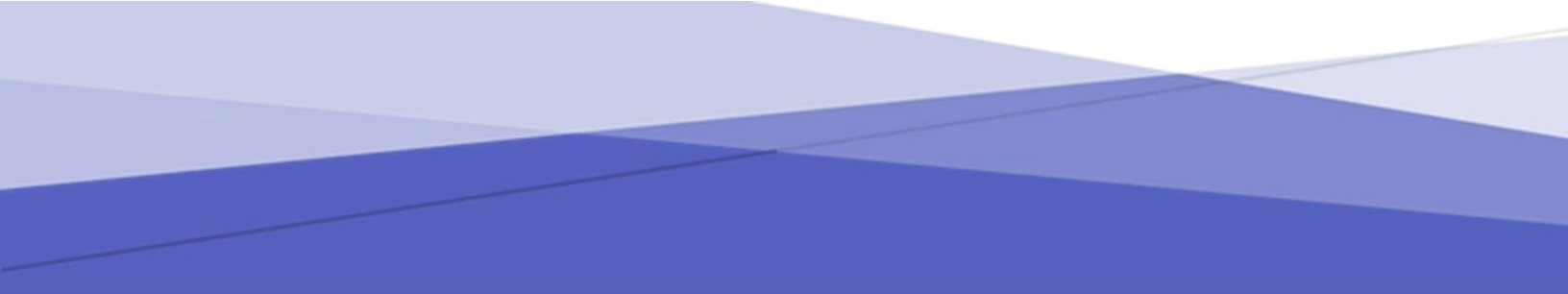
VIII. CHANGES IN SITUATION

- A. **The IMC and the adult services case manager must notify each other of any changes in the beneficiary's situation that might affect eligibility for SAIH or the amount of the SAIH payment.**

Document these changes. All appropriate changes must be completed within 30 days of the agency learning of the change.

B. Determining Eligibility When Applying for SA from SAIH

1. If an SAIH beneficiary moves to a residential facility, explain to the beneficiary that he/she can apply for SA.
2. If the beneficiary applies for SA, obtain a signed [DSS-8190 SSI/Non-SSI Application Workbook](#) as a reapplication. Verify eligibility according to the SA policy.
3. Notify the adult services case manager when the beneficiary applies for SA via [DSS-0031 SAIH Program Interagency Referral Form](#). Keep the case manager informed regarding the status of the application.
4. If the beneficiary is found eligible for SA, terminate the SAIH case effective the last day of the month. Send a [DSS-8110, Your Benefits Are Changing](#), adequate notice because the beneficiary has requested the SAIH be terminated and the change is beneficial to the beneficiary.
5. Provide written notification via [DSS-0031 SAIH Program Interagency Referral Form](#), to the Adult Services Case Manager the day the SA is approved so the case manager can close the case management assessment. Verify the case manager has received the DSS-0031.
6. Approve the SA with an effective date the month following the determination of the SAIH case. Enter the full SA payment beginning with this month.
7. If the individual enters the residential care facility after the first day of the month, calculate a partial SA payment for that month, following instructions in [SA-3220, Budgeting](#).
8. Do not count the individual's income, including the SAIH payment, in determining the SA partial payment.
9. If the beneficiary does not apply for SA or if SA is not approved, terminate the SAIH case effective the last day of the month. Send the appropriate notice to terminate the SAIH case. See [SA-3330: Notices](#).



SPECIAL ASSISTANCE IN-HOME PROGRAM MANUAL
SA-5250 Special Assistance In-Home (SAIH) and Transitions
to Community Living (TCL)
North Carolina Division of Social Services
Special Assistance In-Home Program
Revised: June 1, 2026

STATE/COUNTY SPECIAL ASSISTANCE MANUAL
**SA-5250 SPECIAL ASSISTANCE IN-HOME (SAIH) AND TRANSITIONS
TO COMMUNITY LIVING (TCL)**

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I. BACKGROUND

With a 2012 settlement agreement between the State of North Carolina (NC) and the US Department of Justice (DOJ), the State of North Carolina agreed to develop and implement effective measures to prevent inappropriate institutionalization of individuals with serious mental illness (SMI). The State also agreed to provide adequate and appropriate public services and supports identified through person-centered planning in the most integrated setting appropriate to meet the needs of individuals with SMI, who are in or at risk of entry to an adult care home (ACH).

This settlement agreement led to the Transitions to Community Living (TCL). SAIH is one key public service available to support individuals eligible for TCL slots.

II. TCL Supported Housing Slots are offered to the following eligible individuals

A. TCL Supported Housing Slots are offered to the following eligible individuals

Individuals approved for TCL residing in an adult care home (ACH, but can live independently in the community with assistance from the SAIH program supports.

B. Individuals in Private Living Arrangement (PLA)

Individuals approved for TCL residing in a PLA who are seeking ACH placement, but can be diverted from ACH placement if he or she can live independently in the community with supports. PLA is a private home, apartment, congregate housing, multi-unit housing with services, public or subsidized housing, shared residence, or other similar living arrangement.

C. Individuals Discharged from State Psychiatric Hospitals who are Homeless or Have Unstable Housing

Individuals approved for TCL who have been discharged from state psychiatric hospitals and are living in a homeless or unstable housing situation, but may be able to live independently in the community with supports.

III. The County Department of Social Services (DSS) is Notified of the Individuals Approved for TCL

The DHHS Special Assistance section receives a list of Individuals approved for TCL regularly from the Department of Health and Human Services (DHHS) TCL Team.

If the DSS receives a request for SAIH from the LME/MCO and has not been informed of the individual's eligibility for TCL, immediately contact the **Adult Services listserv at DHHS.AdultServices@dhhs.nc.gov. -Do not send confidential information through email.**

IV. Case Management Provision

The Division of Aging and Adult Services waived the requirement of the DSS adult services social worker providing the comprehensive assessment, service planning, and ongoing case management for these SAIH cases. Because TCL requires transition and ongoing care coordination along with tenancy supports, the LME/MCO and its contracted providers will coordinate the services needed and provide ongoing support. The transition coordinator usually works with the individual until the individual has settled into a PLA and then others will take over the role of over-seeing the SAIH, among other responsibilities. This section refers to "transition coordinators" and "care-coordinators" depending on the situation.

The Division of Aging and Adult Services issued the [Guidance Manual for State/County Special Assistance In-Home and Transitions to Community Living Initiative](#) for the LME/MCOs in regards to SAIH applications and care coordination. The LME/MCO transition coordinators have been instructed to explore all other resources before requesting a SAIH payment.

V. SAIH Eligibility Criteria for individuals eligible for TCL

A. Medicaid

1. Based on legislative action established by the NC General Assembly effective January 1, 2023, SAIH automatically qualifies an SAIH beneficiary for Medicaid for non-SSI recipients
2. SSI recipients automatically meets the Medicaid (CN) eligibility requirements, as well as the financial and assets requirements for SA eligibility.

B. SA Policy Section [SA-5200](#) has SAIH eligibility requirements including a current [FL-2](#) level of care (FL-2) and PLA requirement.

C. Community Living Assistance payments (CLA)

CLA is intended to assist Individuals approved for TCL who do not qualify, or have not yet qualified, for SAIH to assist with ongoing community living health and safety expenses, including rent. CLA is not an entitlement program and approvals/payments are based on available funding. The LME/MCO transition coordinators determine eligibility for these funds.

CLA payments can be classified into two categories of funding:

1. Ongoing CLA because the individual is not qualified for SAIH when he/she is not living in an Adult Care Home
2. Temporary CLA because the individual is changing Medicaid home county and/or SAIH payments are likely to be delayed.

The combination of the individual's income plus CLA shall not exceed the maximum rate set by the legislature for the SAIH Program. If SAIH is approved, the CLA stops once those payments begin. If there is an overlap of CLA and SAIH funding, the individual must pay back the excess CLA funds. CLA is intended to support the individual in a community setting by providing funding to meet health and safety needs including rental assistance for permanent housing but an individual may, on rare occasions, use CLA funds for temporary housing if necessary. Use of CLA for temporary housing is time limited, not to exceed 28 days.

CLA funding is not a countable source of income for SA.

VI. Communication Between the LME/MCO and the DSS

Early and frequent communication between the LME/MCO transition coordinator and the DSS IMC regarding SAIH is critical to avoid interruption and/or termination of benefits.

A. The DSS must receive an appropriate release of information form to release information.

The release must be signed by the a/b or the a/b's guardian, if appropriate, dated, with an end date no longer than 12 months from the date of signature, and is specific in what information is to be released.

B. Two forms are available for communication between the DSS IMC and the LME/MCO transition or care coordinator.

1. The [DSS-0033 Appendix E, Supplement 1](#) is a form for the DSS IMC to communicate with the LME/MCO transition coordinator or care coordinator.
2. The [DSS-0034 Appendix E, Supplement 2](#) is a form for the LME/MCO transition or care coordinator to communicate with the DSS IMC.

C. Providing Income Information to the LME

The DSS may share Medicaid eligibility information and the following income information:

1. The amount of gross income before any deductions or exclusions (for earned income, Medicare premiums, etc. or for any exclusion including the \$20 general income exclusion.)
2. Source of income that is obtained through electronic matches cannot be shared. (Electronic data matches include matches from the Social Security Administration, Veterans' Administration, and the Employment Security Commission.) The amount of income can be shared, but not the type (SSI, RSDI, VA., etc.) Only provide the source of the income if it is verified through a source other than an electronic data match.

D. It is critical that the LME Transition Coordinator receives all eligibility correspondence.

Once the approval for TLC is verified, and an appropriate release of information has been obtained, enter the LME/MCO contact information onto the Client Contact Tab of the Person Page in the NC FAST.

VII. Request from the LME/MCO for SAIH for Individuals Approved for TCL

The LME/MCO, individual approved for TCL, and/or a representative designated in writing may initiate a request for enrollment in the SAIH Program. The LME/MCOs have been instructed in the *Guidance Manual for State/County Special Assistance In Home and Transitions to Community Living Initiative* to contact the county DSS where their Medicaid originates.

A. NO Face-to-Face Interview Required For Active SA-ACH cases:

1. **For an Active SA case** transitioning from an ACH, **NO face-to-face** application/interview for SAIH is required. This will be a program transfer from SA to SAIH using ADD Application in NC FAST.
2. LME/MCO transition coordinators have been instructed to contact the county of SA/Medicaid eligibility, first directly and then follow up using the [DSS-0034 Appendix E, Supplement 2](#), to request SAIH as soon as it is determined that he/she may be appropriate for SAIH.
3. **Active SAIH individuals with TCL who move to another county should not be closed, but the case should be transferred to the new county. No face-to-face application is required. See Section VIII below.**
4. **CASES INVOLVING AN INDIVIDUAL APPROVED FOR TCL SHOULD NOT BE SUSPENDED OR TERMINATED BEFORE A DETERMINATION IS MADE ON THE INDIVIDUAL'S ELIGIBILITY FOR THE SAIH PROGRAM.**

B. Face-to-Face Interview Required for Non-Active SA-ACH Cases:

1. If the individual does not have an active SA case, it will require a face-to-face interview with the applicant or the applicant's representative.
2. Follow regular SAIH application procedures to complete the application process.
3. If the eligible TCL applicant for SAIH has an active Medicaid case, the Medicaid county origin will transfer the case via NC FAST following procedures found in Section X.

VIII. SAIH Requests and Processing for Individuals Approved for TCL

A. The LME/MCO transition coordinator has been instructed to directly contact the original Special Assistance/Medicaid County DSS of eligibility as soon as it is determined that the individual may be appropriate for SAIH.

1. After the direct contact with the DSS income maintenance or SA/Medicaid supervisor, the transition coordinator has been instructed to send the [DSS-0034 Appendix E, Supplement 2](#), checking the “Request SAIH Eligibility” and other sections completed as needed and as information is known at that point.
2. After the direct contact with the DSS IMC, the LME/MCO transition coordinator will continue to use the [DSS-0034 Appendix E, Supplement 2](#), to officially communicate the following:
 - a. Request for SAIH determination; .
 - b. Report private living address within 5 calendar days of the Individual approved for TCL moving into a PLA.
 - c. Changes in planned living arrangement
 - d. Changes in county of PLA. Any/all other changes that are pertinent to the determination of SAIH.

B. Receipt and Confirmation of the Request

1. If the DSS receives the [DSS-0034 Appendix E, Supplement 2](#) only from the LME/MCO and no direct contact, accept this document as a request for SAIH and contact the LME/MCO transition coordinator to verify receipt of the request.
2. If the DSS that is contacted is NOT the Special Assistance/Medicaid County DSS of eligibility, the DSS will inform the LME/MCO of the correct DSS county of eligibility and provide contact information for that DSS.

3. The DSS will acknowledge receipt of the direct contact and inform the LME/MCO transition coordinator to submit the [DSS-0034 Appendix E Supplement 2](#).
4. The DSS will determine and inform the LME/MCO if the case is an active SAACH case or if a face-to-face full interview is required for a non-active SA-ACH case.
5. Inform the LME/MCO transition coordinator that the individual may have a contractual agreement to provide a 14-day written notice to the facility when moving out of the facility. When the required notice is given, the individual owes the facility a per-diem amount through the notice period. This amount is the number of days in the month divided by the basic Special Assistance Rate.

C. Active SA ACH Case

1. Once the written request via the [DSS-0034 Appendix E. Supplement 2](#) is received for an active SA case in an adult care home, the DSS IMC in the county of Medicaid/SA eligibility will gather information relevant to establishing the planned living arrangement, changes in finances or available resources/assets, county of private living residence, and other pertinent eligibility information.
2. Document actions taken on the case, determine the amount of the maximum SA payment and determine if the individual needs an updated [FL-2](#).
 - a. If the [FL-2](#) is current (will not expire within the next 30 days) and valid, a new FL-2 is not required. Ensure that the date of the FL-2 is recorded correctly at the Certification Start Date of the Level of Care Evidence in the NC FAST system.
 - b. If an [FL-2](#) is needed, inform the LME/MCO transition coordinator immediately that a new FL-2 is needed and what a valid FL-2 is for SAIH. Information on a valid FL-2 is found in [SA-5200](#) and SA-3100. The FL-2 must indicate the individual requires a need for licensed residential level of care (Block #11) and be signed by a licensed physician, physician assistant, or nurse practitioner.
4. Send a [DHB-5097](#) with the [DSS-0033 Appendix E, Supplement 1](#) requesting all information needed to determine eligibility.

5. The LME/MCO coordinator has been instructed to inform the original Special Assistance/Medicaid County DSS of eligibility immediately (within five (5) calendar days) of the individual moving into a private living arrangement. The IMC in the original Special Assistance/Medicaid County of eligibility verifies and documents the change in the case record. [Appendix E Supplement 1](#) can be provided to the DSS IMC for communication of information.
6. Once all eligibility information has been received and the individual is confirmed to be in PLA, complete a [DSS-8110, Your Benefits Are Changing \(Timely\)](#), and send to the beneficiary, authorized representative, and LME/MCO transition coordinator. Inform on the notice that the individual's payment will change from Special Assistance in a residential facility to Special Assistance In-Home. The amount must be included even if the payment amount does not change. **The 5/10-day Rule does not apply, as payment will not be terminated.**
7. Determine the correct county of SAIH and Medicaid eligibility for PLA. The county of SAIH and Medicaid eligibility is the county where the individual is physically residing in a PLA.
8. Following written notification of the program change and SAIH payment amount, terminate the SA/ACH case in the NC FAST system, KEY a new application, or KEY an administrative application into the NC FAST system for the SAIH program and process the SAIH application through completion noting in the case narratives of the NC FAST case that the case is the active SAIH case of an individual approved for TCL.
9. New SA payment information: once the DSS has been notified by the LME/MCO transition coordinator that an individual has been approved by DHHS for TCL and has moved to a PLA arrangement, end-date the banking evidence if the banking information is for a facility collective account. Discuss the direct deposit and EBT Cash Card options with the LME/MCO transition coordinator, the applicant, and/or authorized representative.
10. If direct deposit is requested, provide/send a [DHB-5097](#) to the transition coordinator, the individual or authorized representative must provide the completed [Direct Deposit Authorization Form, DSS-5023](#), Direct Deposit Enrollment Authorization Form. If no completed Direct Deposit Authorization Form, DSS-5023 is provided, do not hold up

processing or place case in suspended status. Contact the LME/MCO transition coordinator and inform him or her that if the DSS-5023 is not received, the funds will be placed on an EBT cash card. If the individual has an FNS case, the funds will be placed on the FNS EBT Cash Card. If all eligibility criteria are met, and the [DSS-5023](#) has not been received, issue benefits to the client at the client's new address on an EBT Cash Card, informing all parties.

D. SAIH Applications for an Individual Approved for TCL with No Active SA Case

1. A TCL individual may already be living in a PLA or may be recently discharged from a State Psychiatric Hospital and may be homeless.
2. This situation requires a face-to-face interview and a completed [DSS-8190 SSI/Non-SSI Application Workbook](#). This policy has been communicated to the LME/MCO, however, if a request arrives via the [DSS-0034 Appendix E Supplement 2](#), inform the LME/MCO immediately of the requirement for a face-to face application interview.
3. Before the SAIH application can be dispositioned, the LME/MCO transition coordinator will provide to the DSS IMC in writing on the [DSS-0034 Appendix E, Supplement 2](#), confirmation that the Case Management Assessment has been completed.
4. Determine information relevant to establishing SAIH eligibility the same as for other SAIH cases.
5. As always process as soon as possible, but no later than processing deadlines in [SA-5100](#).
6. Once all needed information has been received from the LME/MCO transition coordinator, determine eligibility. If the individual is eligible for SAIH, complete a [DSS-8108SA, Notice of Special Assistance Approval](#) and send to the beneficiary, authorized representative and LME/MCO transition coordinator. Inform on the notice that the individual is eligible for Special Assistance In-Home. The authorized payment amount and payment begin date will also be included.
7. If individual is found not eligible for SAIH, deny the application and send a [DSS-8109, Notice of Denial](#).

IX. Requirements for Annual SAIH Eligibility Recertification

Eligibility for the SAIH Program must be recertified annually. The LME/MCO transition coordinator may have transferred the coordination to another care coordinator. The DSS IMC and the LME/MCO care coordinator **MUST** coordinate early in the redetermination process to ensure that the ongoing eligibility for SAIH is correct.

Notify the LME/MCO care coordinator that a [DSS-8191](#) is being sent and must be completed for recertification. Ex parte redeterminations are not allowed. Failure to give the LME/MCO care coordinator sufficient notice of the SAIH eligibility redetermination due date could jeopardize successful completion of the SAIH beneficiary's recertification. Utilize the [DSS-0033 Appendix E, Supplement 1](#) to inform the LME/MCO care coordinator of the information needed to process the redetermination.

A valid [FL-2](#) is required for ongoing eligibility. Therefore, whenever an FL-2 expires because the health care provider's signature is over 12 months, a new FL-2 must be obtained prior to the expiration. Communicate to the LME/MCO, the need for a current and valid [FL2](#) in sufficient enough time for the LME/MCO care coordinator to assist with getting it.

(Reference [SA-3100 VII. A. 3](#) for the requirements that must be met for an FL-2 to be considered valid for SA and SAIH.)

The payment review period for SAIH eligibility begins with the month of application and ends on the last day of the twelfth month. When the DSS IMC is notified of the upcoming eligibility redetermination, the DSS IMC **MUST immediately** notify the LME/MCO transition coordinator and all other appropriate authorized representatives, power of attorneys, legal guardians, etc. of the redetermination due date(s) for the SAIH beneficiary.

X. When an active SAIH Individual approved for TCL moves to another county in PLA

Contact the DSS in the new county of eligibility by phone and in writing to inform the Special Assistance Supervisor and or the DSS IMC that a new case is being transferred to them and that the new case is an individual approved for TCL who is eligible for both Medicaid (CN) and SAIH.

A. The active SAIH case of an individual approved for TCL can be transferred to another county using the NC FAST

system. TCL cases are the only SAIH cases that can be transferred from county to county.

- B. Transfer the case in the NC FAST system to the new county.**
- C. If the case has a redetermination due before the effective date of the county transfer (payment review period), the current/original county of eligibility must complete the redetermination prior to transferring the case to another county DSS as the active SAIH case of an individual approved for TCL.**
- D. The first county must also complete and send a [DMA-5049, Referral to Local Social Security Office](#), to SSA to report the change of address.**
- E. Report changes for other programs as needed, such as FNS.**



SPECIAL ASSISTANCE IN-HOME PROGRAM MANUAL

SA-5300 CALCULATION OF PAYMENTS

North Carolina Division of Social Services

Special Assistance In-Home Program

Revised: January 2026

STATE/COUNTY SPECIAL ASSISTANCE MANUAL
SA-5300 CALCULATION OF PAYMENTS

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I. EFFECTIVE DATE OF PAYMENT

The effective date of the SAIH payment can be no earlier than the date of the SAIH application, and/or the date all SAIH eligibility requirements are met.

If the applicant/beneficiary (a/b) does not meet all SAIH eligibility requirements until a later date during the application processing time frame, benefits will be effective on the date that all eligibility requirements are met. Unlike SA for SA facility residents, SAIH eligibility is not tied to the date the FL-2 is signed. See [SA-5200: Eligibility Requirements, II. Level of Care](#).

II. MONTHLY PAYMENT RATES

Legislation governing the SA In-Home Program authorizes a maximum monthly payment of 100% of the payment an a/b would receive if he/she resided in an SA facility and applied for and received the SA Basic rate or the SA Enhanced rate.

Basic Rate – Effective January 1, 2026, the maximum SA Basic monthly payment for the SA In-Home Program for recipients residing in in-home living arrangements *without* a diagnosis of Alzheimer's disease or dementia is \$1,467 per month (the SA Basic rate of \$1,397 + \$70 personal needs allowance).

Enhanced Rate – Effective January 1, 2026, the maximum SA Enhanced monthly payment for the SA In-Home Program for recipients with in-home living arrangements *with* a diagnosis of Alzheimer's disease or dementia is \$1,862 per month (the SA Enhanced rate of \$1,792 + \$70 personal needs allowance).

A. Steps the IMC must take to determine the amount of the SAIH payment

1. The SA IMC must verify the SAIH a/b's countable monthly income.
2. The SA IMC must calculate the maximum allowable payment (partial payment or full payment as applicable).
3. The SA IMC must communicate to the adult services case manager in writing, using [DSS-0031 SAIH Program Interagency Transmittal Form](#), the payment amounts for the partial month and ongoing full months as applicable.

B. Steps the adult services case manager must take

The adult services case manager, after completing an assessment with the a/b, will notify the SA IMC of assessment results using the [DSS-0031 SAIH Program Interagency Transmittal Form](#) when approving the SAIH application, or at redetermination.

III. COUNTABLE INCOME FOR CALCULATION OF PAYMENT

A. When calculating the amount of the SAIH payment, count only the income of the a/b.

B. The \$20 general income exclusion does apply when calculating the SAIH Payment.

See [SA-3210, Income](#) for instructions on calculating total countable monthly income (TCMI).

C. Do not consider the applicant’s income in calculating the partial month payment during the application process.

IV. CALCULATING THE SAIH PAYMENT

A. Income Limit

1. Compute Total Countable Monthly Income (TCMI) after all deductions according to instructions in [SA-3210, Income](#).
2. The \$20 general income exclusion, when applicable, is applied when calculating the TCMI. Do not apply this exclusion again when calculating the SAIH payment.
3. For the SA Basic rate, if the a/b’s TCMI is \$1,466.51 or more, the a/b is not eligible for SAIH.
4. For the SA Enhanced rate, if the a/b’s TCMI is \$1,861.51 or more, the a/b is not eligible for SAIH.

B. Calculating the Maximum SAIH Payment

To calculate the maximum SAIH payment:

1. Compute the a/b's total countable monthly income (TCMI). This is the amount of countable income after all allowable deductions and exclusions. See [SA-3210, Income](#) for instructions on calculating TCMI.
2. Subtract the a/b's TCMI from the applicable SA maintenance amount.
 - * The SA Basic Maintenance Amount is \$1,467.
 - * The SA Enhanced Maintenance Amount is \$1,862.

The remainder is the maximum allowable SAIH payment.

3. When determining the SAIH payment amount, always round to the nearest whole dollar \$.49 or less, round down; \$.50 or more, round up.

The SAIH payment added to the TCMI is the maintenance amount.

Example:

	<u>SSI Recipient</u>	<u>Non-SSI Recipient</u>
SA Basic Maintenance Amt	\$1,467	\$1,467
Subtract TCMI	<u>-\$994</u>	<u>-\$999.75</u>
Balance	\$473	\$467.25
Maximum SAIH payment	\$473	\$467.25
Round to nearest dollar	\$473	\$467
Maximum SAIH payment	\$473	\$467

C. Partial SAIH Payments

If an applicant applies after the first day of the month, or becomes eligible after the first day of any given month during the application processing time frame, the applicant is entitled to a partial payment for that month effective the date of application, or effective the date eligibility began. All eligibility factors must be met.

See the Example below. Do not consider the applicant's income for a partial pay month.

Determine the partial payment as follows:

1. Determine the number of days in the month of application.

2. Determine the numbers of days of eligibility for the SAIH payment. This is the number of days in the month minus the date of eligibility plus 1.
3. Divide the applicable SA Rate (Basic or Enhanced) by the number of days in the month, and round to the nearest cent. This is the per diem amount.
4. Multiply the per diem amount times the number of days of eligibility in the month.
5. Add personal needs allowance (\$70.00) to the SA rate.
6. Round amount to the nearest dollar for partial month payment.
7. The SAIH payment added to the TCMI is the maintenance amount

Example 1: Application made on Dec 12

Number of days in month of application (28, 29, 30, 31)	31
Date of SAIH eligibility	<u>-12</u>
Number of days eligible for payment	19 + 1 = 20
SA Basic Rate	\$1,397.00
Divide by Number of Days in the Month	<u>÷31</u>
Per diem (rounded to nearest cent)	45.064 = 45.06
Multiply by eligible days in the month	x 20
Total Per Diem for month	\$901.20
Add Personal Needs Allowance	+ 70.00
Maximum SAIH Partial Payment (not rounded)	\$971.20
Maximum SAIH Partial Payment (rounded to nearest dollar)	\$971.00

Example 2: Application made on March 18

Number of days in month of application (28, 29, 30, 31)	31
Date of SAIH eligibility	<u>-18</u>
Number of days eligible for payment	13 + 1 = 14
SA Enhanced Rate	\$1,792.00
Divide by Number of Days in the Month	<u>÷31</u>
Per diem (rounded to nearest cent)	57.806 = 57.81
Multiply by eligible days in the month	x 14
Total Per Diem for month	\$809.34
Add Personal Needs Allowance	+ 70.00
Maximum SAIH Partial Payment (not rounded)	\$879.34
Maximum SAIH Partial Payment (rounded to nearest dollar)	\$879.00

D. Partial Payment for Change in Living Arrangement

A beneficiary may receive both an SAIH payment and an SA payment in the same month when the eligible individual changes living arrangement.

This may occur when an SAIH beneficiary moves to an SA facility and is eligible for SA. If the beneficiary enters the SA facility after the first day of the month, the first SA payment in the facility will be a partial payment. Calculate the partial SA payment following instructions in SA-3220, Budgeting.

This may also occur when an SA beneficiary moves to private living arrangement, applies for and is eligible for SAIH. The beneficiary may be eligible for a partial SAIH payment for the remainder of the month after the 5/10-day period ends. Calculate the partial SAIH payment following instructions in C., above.

Refer to [SA-5200 VI.](#) for eligibility procedures and the need for collaboration in planning when a beneficiary changes living arrangement.



SPECIAL ASSISTANCE IN-HOME PROGRAM MANUAL

SA-5400 ELIGIBILITY FOR OTHER BENEFITS

North Carolina Division of Social Services

Special Assistance In-Home Program

Revised: June 1, 2026

STATE/COUNTY SPECIAL ASSISTANCE MANUAL
SA-5400 ELIGIBILITY FOR OTHER BENEFITS

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I. FOOD AND NUTRITION SERVICES (FNS)

The SAIH payment is countable unearned income when determining eligibility for FNS. The SAIH payment may affect a beneficiary's eligibility for FNS.

II. ENERGY PROGRAMS

The SAIH payment is countable unearned income when determining eligibility for Energy Programs and may affect a beneficiary's eligibility for Energy Assistance.

III. SUBSIDIZED HOUSING

According to the communication with the HUD Greensboro Office, SAIH payments are excluded as income in the HUD housing assistance programs. The federal rule allowing this is found in 24 CFR, Section 5.609 (b)(12)(ii).

The a/b should report any HUD benefits received by the household to the adult services case manager to have this subsidy included in the social work Assessment.

IV. HOUSING REHABILITATION PROGRAMS

The North Carolina Housing Finance Agency administers a variety of housing programs for North Carolina citizens. Two that have relevance to the SAIH program are the Single Family Rehabilitation Program and the Urgent Repair Program, which are operated by the North Carolina Housing Finance Agency. The income limits for both these programs are set above the maximum income level for SAIH (100% federal poverty guideline). Thus, SAIH payments are not a barrier to eligibility for either of these programs.

These programs may be of particular help to individuals participating in the Special Assistance/In-Home Program. Information on these programs can be found at <https://www.nchfa.com/>. The a/b should report any housing rehabilitation assistance received by the household to the adult services case manager to avoid the duplication of payment.

V. SSI

The Social Security Administration has determined that SAIH payments are excluded income for SSI purposes. Contact the local Social Security Office if

you have questions concerning Social Security's interpretation of the rules of exclusion.

SAIH beneficiaries must apply for SSI if they appear eligible. If the only eligibility requirement pending is the SSI payment FBR amount, authorize the SAIH payment and calculate the payment amount using any countable income the beneficiary may have. Use the appropriate reason code for income below the FBR. Once the SSI payment is determined, adjust the SAIH payment to reflect the SSI amount. This is for cases where SSI has determined a beneficiary to be disabled by Social Security standards but is still determining the payment amount.

If a beneficiary is denied SSI due to spousal income but the beneficiary meets all other eligibility criteria for SAIH with countable income less than 100% of the federal poverty guideline, authorize the SAIH payment and calculate the payment amount using countable income. This may result in a larger payment. The adult services case manager should be made aware of all household income where possible so they can consider it when developing a service plan.