

Special Assistance In-Home (SAIH) Case Management Manual

(Effective March 1, 2025)



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

[NCDHHS DSS](#)

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Special Assistance In-Home (SAIH) Case Management Manual

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Special Assistance In-Home (SAIH) Case Management Manual

I. Introduction

I. Introduction

A. Structure of Manual

A systematic process has been established that county departments shall follow when providing Case Management Services to Special Assistance In-Home (SAIH) Program applicants and beneficiaries. This process begins with creating an effective procedure for receiving SAIH Interagency Referrals and continues through the termination of Case Management Services. This manual is organized accordingly and contains descriptions of the NC General Statute, Session Laws, administrative code, and State policy that Departments of Social Services shall use in fulfilling their responsibilities.

Statutory requirements, administrative codes, and State policies are outlined for each step in the SAIH application process, as well as for the provision of Case Management Services to SAIH beneficiaries.

State policies provide interpretation and guidance to departments in executing the provision of Case Management Services to SAIH Program beneficiaries in accordance with statutory requirements and administrative code.

B. Statement of Philosophy and Purpose

Some individuals who need care in a licensed residential facility may remain safely in a private living arrangement (PLA), with sufficient income, adequate housing, necessary health and social services, reliable informal support from family and friends, and case management, rather than move to a licensed residential facility, assisted living facility, supervised living/group home or what is also referred to as domiciliary care.

SAIH provides a choice to those eligible for care in a licensed residential care facility but who desire to, and can safely remain in a PLA, by providing them with financial assistance and Case Management Services.

The purpose of the SAIH payment is to help eligible individuals meet their basic financial needs. The SAIH payment is an income supplement and is intended to assist with the provision of daily necessities such as food, shelter, clothing, utilities, transportation, in-home aide services, essential household items, essential home repairs and modifications and other services that enable the client to live safely within their PLA.

C. Basic Principles

The following principles shall serve as the foundation for providing Case Management Services to SAIH applicants and beneficiaries:

- 1. Adults have a fundamental right to self-determination:** Autonomy through self-determination is a key principle of the SAIH Program. Adults have the right to make what others may consider bad or poor decisions.
- 2. Adults should be treated with honesty, care and respect:** It is important that

adults understand the role of the Adult Services Case Manager, the purpose of the SAIH Program, and the case management component. Concern for each adult should be conveyed in an honest and respectful manner without bias, ageism, racism, or sexism.

3. Always use the least restrictive alternative: The adult's life should be disrupted as little as possible in the provision of services and should enable them to live in the environment of their choosing whenever possible. Out-of-home placement should be a last resort, with in-home supports and/or services considered first.

4. Give highest priority to family and other support systems: Think broadly about who constitutes support and family for the adult. Consider family dynamics and past conflicts, and honor what adults have implemented in their own lives for support.

5. Inadequate or inappropriate interventions and/or services can be more harmful than no intervention at all: Interventions and/or services that do not meet the adult's essential needs can create an inaccurate perception of adequacy and may cause more harm than benefit for the adult.

6. Protecting disabled adults is a shared community responsibility: When there are reports or suspicions of abuse, neglect, or exploitation involving a disabled adult, the Adult Services Case Manager must promptly report these concerns to Adult Protective Services. Mandated reporters, including professionals working with vulnerable populations, have a legal obligation to report any suspected maltreatment. This collective responsibility highlights the important role the community plays in safeguarding the well-being of disabled adults.

7. Focus on safety and essential needs: When assessing and providing case management to SAIH clients, the primary focus is on ensuring the client's safety and ability to meet essential needs while remaining in their PLA.

8. Confidentiality and right to privacy should always be respected: The adult's confidentiality and right to privacy must always be respected and upheld. It is equally important that the adult's personal boundaries for privacy be respected to the extent that information is gathered only as it pertains to the individual's needs for services.

9. SAIH payments should be paid directly to the client: The client is responsible for using their SAIH payment to meet their essential needs in order to remain living safely within their PLA, unless they are unable to manage their finances or have a designated substitute payee. The client is not required to keep receipts for purchases made with SAIH funds.

10. SAIH payments do not replace formal and informal services and supports already available to a client: When clients need in-home or community-based services to continue to live safely in their PLA, Medicaid, Social Services Block Grant (SSBG), Home and Community Care Block Grant (HCCBG), mental health and other funding sources should be used to their fullest extent to provide these services.



Special Assistance In-Home (SAIH) Case Management Manual

II. Legal Base

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The N.C. General Assembly established the SAIH Program as a permanent statutory program in 2007 to help eligible individuals live independently in the community. Initially authorized in 1999, the program's goal is to allow individuals to stay in their homes rather than moving into adult care facilities. In 2012, legislation was passed requiring all 100 counties to participate and maintain a minimum number of slots. Session Law 2021-180 later removed the cap on SAIH payment slots, eliminating the program's waitlist.

The N.C. General Statutes guiding the SAIH Program include § 108A-47.1, which mandates the use of Special Assistance funds for in-home payments to eligible individuals aged 18 and older. All county departments of social services are required to offer SAIH slots to qualifying individuals.

A. NC General Statutes Related to SAIH

The current NC statute that guides SAIH services are as follows:

§ 108A-47.1. Special Assistance in-home payments.

1. The Department of Health and Human Services shall use funds from the existing State-County Special Assistance budget to provide Special Assistance payments to eligible individuals 18 years of age or older in in-home living arrangements. The standard monthly payment to individuals enrolled in the Special Assistance in-home Program shall be one hundred percent (100%) of the monthly payment the individual would receive if the individual resided in an adult care home and qualified for Special Assistance. The Department shall implement Special Assistance in-home eligibility policies and procedures to assure that in-home Program participants are those individuals who need and, but for the in-home Program, would seek placement in an adult care home facility. The Department's policies and procedures shall include the use of an assessment.

2. All county departments of social services shall participate in the State-County Special Assistance in-home Program by making Special Assistance in-home slots available to individuals who meet the eligibility requirements established by the Department pursuant to subsection (a) of this section. (2007-323, s. 10.14(a); 2010-31,

s. 10.19A(h); 2012-142, s. 10.23(a); 2021-180, s. 9A.3; repealed by 2021-180, s. 9A.3A(b); 2022-74, s. 9A.1(b); 2023-65, s. 1.3; 2023-134, s. 9A.1.)

B. NC Session Laws Related to SAIH

Through Session Law 2021-180 and 2022-74 the General Assembly's intent was to bring parity between individuals living in facilities and individuals living in the community. The change included allocating 100% of the monthly SAIH payment, removal of the CAP/SAIH waitlists, and eligible individuals residing in in-home living

arrangements to qualify for State-County Special Assistance in the same manner as individuals residing in adult care homes or special care units. This includes individuals being eligible to receive an enhanced rate, if they have a diagnosis of Alzheimer's disease or dementia.

The following session laws amended the original provisions in general statute and created the statute that we currently have today:

- Session Law 2021-180 established the SAIH Program to ensure parity between individuals in their homes and individuals in facilities. It increased both the basic and enhanced monthly rates, raised the personal needs allowance from \$46 to \$70, removed the cap and waitlist, allowing all eligible individuals to receive the program without delay, and extended Medicaid coverage to those living with in-home living arrangements who qualified for State-County Special Assistance under the Social Security Optional State Supplement Program.
- Session Law 2022-74 further adjusted Special Assistance rates based on the federally approved Social Security cost-of-living, effective January 1, 2023, and annually thereafter. It also confirmed that SAIH recipients with a diagnosis of Alzheimer's disease or dementia are eligible for the enhanced rate.



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III. Population Served

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A. Application for SAIH

An application for SAIH eligibility begins when the applicant/client first contacts the SA Income Maintenance Caseworker (IMC). To be eligible for SAIH, the applicant/client must meet the following criteria:

1. Be at least 18 years old;
2. Require the level of care provided in a licensed residential facility under [N.C. G.S. 131D](#) (adult care homes/assisted living residence), or [N.C. G.S. 122C](#) (supervised living/group homes) but prefer to remain living in their own PLA;
3. Meet all other SAIH eligibility requirements as outlined in SA-5200, Eligibility Requirements in the Special Assistance In-Home Program Manual;
4. Satisfy other SA general eligibility requirements, except the requirement to reside in a licensed residential care facility. See SA-3100, Eligibility Requirements in the Special Assistance Program Manual;
5. The client confirms that the SAIH payment will support their ability to live safely in their PLA, through the assessment;
6. The client requests the SAIH payment along with case management services to ensure appropriate in-home or community-based services;
7. The client and the Adult Services Case Manager work together to identify appropriate services through the SAIH Program Assessment and develop a Service Plan that ensures the individual's health, safety, and well-being are maintained while living in their PLA.

B. Procedures for Individuals Verified to be Approved for Supported Housing Slots Under the NC Transitions to Community Living (TCL) Program

Through the settlement agreement between the State and the United States Department of Justice (referred to as the NC Transition to Community Living of DOJ/TCL), the State:

“... agrees to develop and implement effective measures to prevent inappropriate institutionalization and 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 [serious mental illness], who are in or at risk of entry to an adult care home.”

Eligible individuals will receive Supported Housing Slots which provide rental subsidies for community-based supported housing and transition and tenancy support. The transition coordination and care coordination that accompany the Supported Housing Slots will be provided by the Managed Care Organizations (MCO) as needed. The individuals with Supported Housing Slots will also receive ongoing

tenancy supports involving at least a monthly face-to-face contact supporting housing-related services.

1. A large percentage of the Supported Housing Slots will be provided to individuals currently living in adult care homes (ACH). Others receiving Supported Housing Slots will be individuals who are seeking ACH placement, but can be diverted, and those discharged from state psychiatric hospitals who are unhoused.
2. Supported Housing Slots are offered to individuals who are Medicaid eligible, Special Assistance eligible in an ACH, would be SA eligible in an ACH though no longer residing in an ACH, or have a gross income equal to or less than 100% of the Federal Poverty Guidelines for a single individual.
3. Section IV and sections VI through XIV of this manual do not apply to the individuals receiving SAIH who have been approved for participation in the Transition to Community Living. These recipients will receive services through the MCO or contractor.



Special Assistance In-Home (SAIH) Case Management Manual

IV. Program Overview

IV. Program Overview

When an individual or their authorized representative applies for SAIH, the Income Maintenance Caseworker (IMC) refers the applicant to Adult Services by completing the SAIH Interagency Referral Form (DSS-0031) and submitting it to Adult Services. This must be done no later than close of business (COB) on the day following the application. This referral prompts the Adult Service's Case Manager to initiate an assessment of the individual's strengths and needs using the Special Assistance In-Home Program Assessment (DHHS-AS-6225). The case manager is required to complete an initial SAIH Program Assessment with the applicant.

The provision of Case Management Services is an eligibility requirement for the SAIH Program. During the case manager's initial home visit with the client, which must occur within 10 business days of the referral, the client will sign a Client Data Entry Form (DSS-5027), which serves as the client's formal request and application for Case Management Services. If the client declines Case Management Services, they will not meet the SAIH eligibility requirements.

During the assessment, the case manager should request the client's signed Consent for the Release of Information (DHHS-AS-0016) for service providers whom the Department of Social Services (DSS) determines may have information necessary to assist the case manager with ensuring the adult's safety in the home and/or providing SAIH services. Signing consents is voluntary, and if the client refuses, the case manager must assess whether the client can meet the SAIH Program requirements without consents. If consents are needed to verify safety in the home, and there are concerns for maltreatment, an Adult Protective Service (APS) referral should be made.

Based on the information gathered during the SAIH Program Assessment, and needs identified on the Adult and Family Service Plan, each SAIH client will be assigned a Case Management Support Plan by the case manager.

After completing the SAIH Program Assessment, the Adult Services Case Manager works with the client and their family/support system to develop an Adult and Family Service Plan (DHHS-AS-0011). This plan should leverage the client's strengths and address the needs identified in the assessment, focusing on health and safety concerns that may affect the client's ability to remain safely in their PLA.

In addition to receiving SAIH payments and case management services, the client may also qualify and receive Medicaid community services or services funded by the Social Service Block Grant (SSBG), the Home and Community Care Block Grant (HCCBG) or other funding sources. If the client is receiving mental health services, the Adult Services Case Manager must work with the mental health services provider and other agencies to develop a comprehensive service plan with the client.

Key participants in the SAIH Program include the client, their family, friends, the Adult Services Case Manager, the Income Maintenance Caseworker (IMC), the client's primary care provider (physician, physician's assistant or nurse practitioner), and other community agencies or individuals providing care and support, as authorized by

the client's signed consent.

The county Department of Social Services (DSS) manages the operation of the SAIH Program in the county to ensure that policies and procedures are followed. The county DSS is responsible for conducting client assessments, providing case management, verifying SAIH eligibility, and authorizing SAIH payments and Medicaid benefits.

Primary Steps for Adult Services SAIH Service Provision:

1. **SAIH Application and Eligibility Determination:** The IMC takes the SAIH application and determines whether the client meets all eligibility criteria for SAIH benefits.
2. **Referral to Adult Services:** The IMC notifies Adult Services of the new referral by submitting the SAIH Interagency Referral Form no later than COB on the day following receipt of application.
3. **Initial Home Visit:** Within 10 business days of receiving the referral, the Adult Services Case Manager conducts an initial home visit with the client and obtains a signed Client Data Entry Form DSS-5027.
4. **SAIH Program Assessment:** Within 30 calendar days of the initial home visit, the Adult Services Case Manager completes the SAIH Program Assessment. The assessment evaluates whether the client can be maintained safely in their PLA while addressing their essential needs. It also identifies the client's strengths, needs, and any barriers to service delivery. Based on the assessment findings, the case manager identifies the necessary services to ensure the client's safety in their PLA and collaborates with the client and service providers to arrange these services. The case manager and supervisor review the assessment and Service Plan and develop a Case Management Support Plan tailored to the client's needs. The case manager is responsible for implementing the case management activities outlined in the plan to support the client.
5. **Service Plan Development:** After completing the assessment, the Adult Services Case Manager collaborates with the client/authorized representative, and other service providers or support individuals (with the client's signed consent) to develop a comprehensive service plan. This plan addresses the needs identified during the assessment and leverages available community resources.
6. **Ongoing Case Management:** The Adult Services Case Manager provides Case Management Services to the SAIH client until the client requests to withdraw from the SAIH Program or no longer meets eligibility requirements and then the client receives termination notice.
7. **SAIH Benefit Payment Determination:** The IMC determines whether the SAIH client is program eligible and the benefit payment amount (Basic Rate or Enhanced Rate), based on whether the client has a diagnosis of Alzheimer's disease or dementia documented on a valid FL-2 and then lastly, authorizes the payment.

Community stakeholders may assist in meeting the needs of the client, including:

1. **Medicaid Providers:** These providers offer community services in accordance with Medicaid guidelines. Examples include Managed Care Organization (MCO) programs, in-home aide services, Medicaid Consolidated Personal Care Services, home health services or nursing services. For a list of covered services, refer to [MA-2905](#), in the NC Medicaid, Division of Health Benefits, Aged, Blind and Disabled Medicaid Manual for a list of covered services.
2. **Home and Community Service Providers:** These include organizations such as Area Agencies on Aging and local service agencies, Vocational Rehabilitation Services for the Blind, the Veterans Administration, and Employment and Independence for People with Disabilities.



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V. Definitions

V. Definitions

Congregate Housing: A type of housing arrangement typically designed for older adults or individuals with disabilities where supportive services are available, including the opportunity for occupants to have at least one meal a day in a central dining area. The term is used to describe a wide range of independent housing where services may vary a great deal. Services may be tailored to individual needs including recreational and social activities, housekeeping, laundry, and transportation.

Licensed Residential Care: This refers to a state-licensed facility that provides adults with room and board, 24-hour supervision, and assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). However, it does not provide medical care. This term typically applies to facilities eligible for Special Assistance payments, such as facilities licensed under 131D, 131E, or 122C.

Medicaid Administrative Claiming (MAC): MAC is a process that allows states to receive federal reimbursement for certain administrative activities that support North Carolina's Medicaid Plan. These activities do not involve the direct provision of medical services but are necessary to ensure efficient operation and access to services.

Multiunit Assisted Housing with Services (MUAHS): As defined by N.C. General Statute 131D-2.1, a MUAHS is a type of assisted living residence where housing management arranges hands-on personal care and nursing services through licensed home care or hospice agencies, based on the individual's written care plan. MUAHS must register annually with the Division of Health Service Regulation and provide a disclosure statement in rental contracts. Residents or their legal representative must independently enter contracts without needing 24-hour supervision. Trained staff may assist with self-administration of medications under a licensed nurse's delegation, following the home care agency's plan of care. For further details, refer to Section VIII, G of the manual.

Private Living Arrangement (PLA): A private residence or home, apartment, congregate housing, housing with services, public housing, subsidized housing, shared group residence, home-sharing arrangement, or other similar living arrangement approved by the county department of social services. Residential hotels may be considered PLAs but only on a temporary basis while more permanent housing is sought. A PLA does not include any facilities licensed under NC General Statutes 131D or 122C. MUAHS are not licensed and are an eligible PLA.

Public Housing: An affordable rental housing provided by local public housing authorities for low-income individuals, families, seniors, and people with disabilities. The housing programs are funded and overseen by the U.S. Department of Housing and Urban Development (HUD) to ensure access to safe and affordable housing.

Subsidized Housing: Any public housing or privately owned housing where a government or non-profit subsidy helps to make rents affordable for low or moderate-income people. Specific units or entire complexes may or may not be specifically designated for older and disabled occupants.



**Special Assistance In-Home (SAIH)
Case Management Manual
VI. Administration and Operation**

VI. Administration and Operation

This program is governed by Special Assistance policies and procedures, with specific additions tailored to the SAIH Program. This section provides an overview of the key aspects of administering and operating the SAIH Program, focusing on the primary responsibilities of the county Departments of Social Services (DSS), with further details outlined in other sections.

The county DSS is responsible for the day-to-day management and operation of the program. This involves the IMC determining SAIH eligibility and authorizing SAIH payments, while the Adult Services Case Manager conducts assessments, develops service plans, delivers on-going case management as outlined within the client's Case Management Support Plan, and arranges or provides necessary services to ensure the client can live safely in their PLA.

The Adult Services Case Manager monitors the services specified in the client's Service Plan to ensure ongoing support for their identified needs. This is done through direct observation, client feedback, collateral contacts, and communication with relevant service providers. It is important to monitor these services as frequently as necessary, as the client's needs may change.

A. Identifying Potential Clients

Potential clients for the SAIH Program may be identified through screening of SA clients at the county DSS, but referrals can also come from various other sources. To support this process, the county DSS should build and maintain relationships with public and private agencies, such as mental health and developmental disabilities coordinators at the Managed Care Organization (MCO), mental health programs, consumer advocacy groups, and organizations serving disabled and older individuals, to raise awareness of SAIH as an alternative to placement. SAIH brochures, available on the NCDHHS website, can be used to promote the program.

Anyone has a right to apply for SAIH at any time. Neither the IMC nor the Adult Services Case Manager should discourage potential applicants or suggest they withdraw their application.

Screening for SAIH eligibility begins at the initial contact between the client and the IMC. Once an application request is received, the IMC must initiate contact with the client to explain the program and initiate the application process. The purpose and benefits of the SAIH Program should be clearly communicated to gauge the applicant's interest. All SAIH applications are managed and processed through the IMC.

B. Referral Process

1. During the initial SAIH application interview, the IMC will inform the applicant about the FL-2 requirement and any additional documentation or information needed to determine program eligibility.
2. On the day of the initial SAIH application interview or by the COB on the next

business day, the IMC will complete and submit a SAIH Interagency Referral Form (DSS-0031) to Adult Services.

3. Upon receipt of the SAIH Interagency Referral Form from the IMC, the Adult Services Case Manager will schedule a face-to-face home visit with the applicant to initiate the SAIH Program Assessment.

4. After completing the SAIH Program Assessment and comprehensive service plan, the Adult Services Case Manager will complete the SAIH Interagency Referral Form and return it to the IMC, indicating whether the applicant can be safely supported in their home and is appropriate for the program, based on the assessment.

5. The Adult Services Case Manager will provide ongoing Case Management Services to SAIH clients until the client requests to withdraw from the program or if/when the client no longer meets eligibility requirements and receives termination notice.

C. SAIH Benefit Eligibility Requirements

An individual is eligible for the SAIH Program benefits if the following conditions are met:

1. **Age Requirement:** The individual is at least 18 years old. This is documented on the FL-2, SAIH Program Assessment, and the SAIH application.

2. **Level of Care Requirement:** The individual must require a licensed residential level of care, as defined in Section V. Definitions, in a facility licensed under North Carolina General Statutes 131D, 131E, or 122C. This is documented by an FL-2 form indicating the need for such care, signed by a licensed physician, nurse practitioner (NP), or physician assistant (PA). 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. Sample request letters for an Initial FL-2 and a Reassessment FL-2 are available in the appendices of this manual to assist medical professionals in understanding the purpose of the SAIH Program.

3. **Living Arrangement:** The individual must either currently live in or intend to live in a PLA, as documented in the case management narrative.

4. **Preference for In Home Services:** The individual must request SAIH payments, case management, and appropriate in-home or community-based services as an alternative to placement in a licensed residential facility. This preference is indicated by the individual or their authorized representative signing the SAIH application form.

5. **Eligibility Criteria:** The individual must meet all SAIH benefit eligibility requirements, as documented by the IMC.

NOTE: A client can receive both CAP Innovations and SAIH, depending on their specific circumstances and needs. To qualify for SAIH, the client must meet all eligibility criteria as outlined in the [SAIH Policy and Procedures manual](#). The IMC will begin determining the client's financial eligibility and notify Adult Services, via the SAIH Interagency Referral Form. The Adult Services Case Manager will complete a SAIH

Program Assessment with the client. The case manager will then complete an Adult and Family Service Plan with the client, based on the needs identified during the assessment. The case manager will provide ongoing case management to the client, based on the activities outlined within the client's Case Management Support Plan.

The Adult Services Case Manager must ensure that there is no duplication in case management functions or supplanting of services or items that might be covered under the NC Innovation Waiver. All case management activities and procedures should align with the guidelines outlined in this manual.

D. Requirements to Receive Ongoing Case Management Services

SAIH clients are required to receive Case Management Services through the county DSS. A client is eligible to receive case management services based on the following criteria:

1. The client or their authorized representative must sign the **Client Data Entry Form (DSS-5027)**, which serves as the official request for Case Management Services through the county DSS.
2. The client or their authorized representative must **actively collaborate** with the Adult Services Case Manager to ensure all case management activity requirements are fulfilled.
3. The client or their authorized representative must participate in developing the **Adult and Family Service Plan (DHHS-AS-0011)**.
4. The client or their authorized representative must comply with the services and activities outlined in the client's **Adult and Family Service Plan**.
5. The client must continue to **live safely** within their PLA while **meeting their essential needs**.

If a SAIH client does not comply with all criteria listed above, they will no longer be eligible for case management through the county DSS. Prior to termination from case management services, the Adult Services Case Manager should address any concerns/needs with the client or their authorized representative. The case manager must document all efforts to provide services to the client and the client's response to the attempted assistance.

The Adult Services Case Manager will notify the IMC of the client's termination from case management via the SAIH Interagency Referral Form (DSS-0031). The Adult Services Case Manager will send the client a 10-day Notice of Termination of Case Management Services, via the DSS-5027, along with the client's Rights and Responsibilities, and this information will be recorded in the client's case management file.

If an Adult Services Case Manager suspects that a client is a disabled adult experiencing abuse, neglect, or exploitation the case manager shall make an Adult

Protective Services (APS) referral without delay.

Once an APS referral is made to the county DSS, it is screened in accordance with policy, administrative code and general statute. If the referral is accepted as an APS report, the standard process is followed, which includes conducting a thorough APS evaluation, making a case decision, determining the adult's capacity, and offering protective services as appropriate based on the case decision and identified protective needs. During this evaluation process, SAIH services, including case management, should continue without interruption.

At the conclusion of the APS evaluation, if no maltreatment is found and no protective services are identified, case management services may proceed as long as the client remains eligible for the SAIH Program. However, if maltreatment is confirmed and there are identified protective services needs, the adult or their legal representative must agree to accept protective services to meet the criteria to live safely within their PLA while meeting their essential needs. The Adult Services Case Manager should thoroughly discuss the protective services needs with the client or representative and document this information. If the adult is determined to have capacity and refuses services, the case manager must provide the client with a copy of the DSS-5027 Rights & Responsibilities Form. This form will outline the ineligibility determination and serve as the 10-day notice.

E. Communication with Income Maintenance

The IMC and Adult Services Case Manager should share relevant and necessary information to assess and determine eligibility for the SAIH Program.

This includes, but is not limited to, DSS Notices, FL-2 forms, and any other information that could impact the health and safety of SAIH applicants and recipients, as well as any details pertinent to eligibility determination.

1. Processing SAIH Applications

The county IMC receives and processes applications for all Special Assistance payments including SAIH payments. The IMC is responsible for providing the client with a list of needed documentation at the end of the initial SAIH application interview. It may be necessary for the Adult Services Case Manager to assist the IMC and the client in obtaining needed information.

The SAIH application process is unique because it requires coordination between Adult Services and Income Maintenance staff. Communication between the IMC and the Adult Services Case Manager related to a client's appropriateness and eligibility for the SAIH Program must be documented on the SAIH Interagency Referral Form (DSS-0031). Timely communication is critical to the SAIH application process.

The role of the IMC is to verify whether the client meets all SAIH eligibility requirements and to determine the SAIH payment, if applicable. When a client is referred to Adult Services for case management, the case manager is required to complete a SAIH Program Assessment to determine if/how the client can meet their needs and live safely within their PLA.

The SAIH Interagency Referral Form is utilized to communicate the Adult Services Case Manager's determination, based on the SAIH Program Assessment, regarding a client's appropriateness for the program as well as the IMC's determination of the client's eligibility for SAIH.

2. Denials

If the IMC determines that the client does not meet the eligibility criteria for SAIH, the IMC will send a denial notice to the client explaining the reason for denial. The IMC will notify the Adult Services Case Manager of the denial and the reason for denial.

Once the client is notified of the denial, the client has the right to appeal the decision. If the client wishes to appeal the decision the IMC will follow the Appeals Process in the Requirements for the Provision of Services by County Departments of Social Services Manual.

If the Adult Services Case Manager determines the client cannot remain in their PLA safely, based on the SAIH Program Assessment, the case manager will communicate the information to the IMC via the SAIH Program Interagency Referral Form. The IMC will then deny the SAIH application and send a written notice of denial to the client.

If the client signed the DSS-5027 for Case Management Services, the Adult Services Case Manager can offer to continue case management to assist the client with identified needs. If the client requests ongoing Case Management Services, after being terminated from the SAIH Program, the case manager will close SIS code 386 and 387 on the DSS-5027 and utilize an appropriate SIS code (such as SIS code 330 Individual and Family Adjustment or a SIS code the client is currently already open for on the DSS-5027). The Adult Services Case Manager must ensure the most appropriate SIS code is being utilized based on the [Services Information System \(SIS\) manual and policies](#).

If the client declines Case Management Services, the Adult Services Case Manager will send the client a 10-day Notice of Termination of Case Management Services via the DSS-5027.

NOTE: Notices of termination of services must include a copy of the client's Rights and Responsibilities. The Adult Services Case Manager should document in the client's case management record that the client received a copy of the DSS-5027 and Rights and Responsibilities.

The Adult Services Case Manager should staff cases with the Adult Services supervisor and/or other agency leadership prior to a final determination of SAIH case management.

If the Adult Services Case Manager has concerns that a client is a disabled adult experiencing abuse, neglect or exploitation then the case manager must make an Adult Protective Services referral without delay.

The county DSS should also coordinate closely with other agencies that provide services to the target population served by SAIH to prevent duplication of services. This will also ensure the best use of available community resources. When the

county DSS determines that clients who need services are not eligible for SAIH, the Adult Services Case Manager should make appropriate referrals based upon the client's individual needs.

F. Allocation of SAIH Slots

There is no cap/limit on the number of SAIH slots allocated to a county DSS. Additional slots can be requested through the Special Assistance Listserv (specialassistance@dhhs.nc.gov) by completing and submitting the Request for Additional Slots Form. Slots can be tracked through NC FAST. The NCDHHS allocates slots in NC FAST for each county. The DSS Special Assistance eligibility supervisor and lead workers are given the authority in NC FAST to assign a slot to each case. NC FAST tracks available/unassigned slots. The Request for Additional Slots Form is in the appendices of this manual.



**Special Assistance In-Home (SAIH)
Case Management Manual**
VII. Referral to Adult Services Case Manager

VII. Referral to Adult Services Case Manager

The county DSS is responsible for establishing clear and effective referral procedures for the SAIH Program and communicating these procedures to relevant community stakeholders, local agencies, and organizations. This includes healthcare providers, social service organizations, advocacy groups, and other community-based entities that may encounter individuals in need of these services.

Effective outreach and information sharing are critical to ensuring that the community is well-informed about the availability and benefits of the SAIH Program. By proactively engaging these partners, the DSS can ensure that individuals who may benefit from the program are identified and referred appropriately. This collaboration increases access to services, helping individuals who need assistance to remain safely in their homes through the support of the SAIH Program.

Additionally, the county DSS should regularly review and update referral procedures, ensuring that they remain aligned with program policies and are easily accessible to community partners. Ongoing communication with stakeholders ensures that the program continues to meet the needs of eligible clients while promoting awareness of the resources available to those who may otherwise be placed in residential facilities.

A. Critical Timeframes and References for the Adult Services Case Manager

Adult Services Case Managers must adhere to specific timeframes when planning and delivering services under the SAIH Program. These timeframes ensure that services are provided in a timely manner and that the program operates efficiently while meeting the needs of clients. Below are the key timeframes, organized by action, along with reference materials designed to guide case managers through the process.

Key Critical Timeframes:

1. Initial Assessment and Documentation:

- a) **Initial Home Visit for Program Assessment:** The initial home visit must occur within **10 workdays** from the date of referral to the Adult Services Case Manager.
- b) **Completion of the Initial SAIH Program Assessment:** The SAIH Program Assessment must be completed and signed by both the client or their representative and the case manager within **30 calendar days** of the initial home visit.

2. Service Plan Development and Implementation:

- a) **Adult and Family Service Plan:** The plan must be developed, approved, and signed by the client or their representative and the case manager within **30 calendar days** of the initial home visit and after completing the assessment. The service plan can be completed the same day after completing the SAIH Program Assessment.

b) **Implementation of the Service Plan:** Activities and services outlined in the Adult and Family Service Plan must be implemented within **15 calendar days** after the service plan is signed by the client/representative and the case manager.

3. **FL-2 Form and Medical Documentation:**

a) **FL-2 Form Signed by Healthcare Provider:** A completed FL-2 form, signed by a licensed physician, nurse practitioner, or physician assistant. 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. This form verifies that the client requires adult care home level of care.

b) **Annual Renewal of FL-2 Form:** A new FL-2 form must be obtained **every 12 months** to maintain eligibility for the program.

4. **Ongoing Program Monitoring:**

a) **First Annual SAIH Program Assessment:** The first annual reassessment must occur within the **12th month** following the initial DSS-5027 signing by the client or their representative. Future annual SAIH Program Assessments will be due in the same month the first annual SAIH Program Assessment was completed.

Example: When a client signs a DSS-5027 for Case Management Services in December, all annual SAIH Program Assessments will be due in December each of the following years.

b) **Case Management Activities:** Case management activities with the client and relevant collaterals should be completed as per the client's individual Case Management Support Plan, ensuring services are continually monitored and adjusted to meet the client's needs.

Reference Materials:

- **SAIH Case Management Critical Timeframes:** This document provides a detailed list of required deadlines, ensuring all actions are completed on time.
- **SAIH Case Management Flowchart:** A visual guide that helps case managers navigate through the process from referral to service implementation.
- **SAIH Case Manager's Checklist:** A comprehensive checklist that case managers can use to ensure all tasks, including necessary forms, assessments, and service plan implementation, are completed within the specified timeframes.

By following these critical timeframes and utilizing the supporting reference materials, Adult Services Case Managers can ensure that clients receive timely, effective services that meet program standards while maintaining eligibility and compliance.

B. Initial Assessment and Service Plan Deadlines

1. The SAIH Program Assessment must be initiated within 10 workdays from the date of the SAIH Interagency Referral from the IMC indicating a SAIH application has been made. The Adult Services Case Manager must conduct the initial face-to-face home visit with the client and begin the assessment process within this 10-workday timeframe.
2. The SAIH Program Assessment must be completed within 30 calendar days of the initial assessment home visit. The date the Adult Services Case Manager and supervisor signs and dates the assessment form serves as the assessment completion date.
3. The Adult and Family Service Plan must be developed based on the needs identified during the SAIH Program Assessment, in collaboration with the client and/or their authorized representative. The plan must be approved and signed by both the client/authorized representative and the Adult Services Case Manager within 30 calendar days of the initial home visit and after completing the assessment.
4. Promptly upon completion of the assessment and service plan, the Adult Services Case Manager will utilize the SAIH Interagency Referral Form to communicate both the completion of the assessment and the determination of the client's appropriateness for SAIH (whether the client can be supported safely within their PLA while meeting their essential needs) to the IMC.
5. Implementation of the services and activities outlined within the service plan must begin within 15 calendar days of the plan being signed.



Special Assistance In-Home (SAIH) Case Management Manual

VIII. Case Management Provision

VIII. Case Management Provision

The provision of Case Management Services is a requirement and serves as an additional benefit to SAIH clients. These services include conducting thorough client assessments, detailed service planning, and coordinating and overseeing the provision of services to SAIH clients. The county DSS provides ongoing case management for all SAIH clients, except those assigned housing slots through the Transitions to Community Living (TCL) Program.

After completing the SAIH Program Assessment, case managers will review the "Determination of Case Management Needs" sections for each domain. They will identify all domains with identified needs and ensure these are fully addressed in the Adult and Family Service Plan. If any identified needs cannot be addressed, the client will be ineligible for the SAIH Program, and a detailed explanation must be provided outlining why the needs cannot be met. If all needs can be addressed, this must be documented to confirm that the relevant domains have been incorporated into the Adult and Family Service Plan. Using this plan as a foundation, the case manager and supervisor will then create a Case Management Support Plan tailored to effectively meet the client's needs.

A. Case Management Support Plan

Adult Services Case Managers create personalized Case Management Support Plans for SAIH clients based on the strengths and needs identified in their person-centered SAIH Program Assessment. These plans should be tailored to address each client's unique needs, strengths, and circumstances, ensuring a coordinated and effective approach to achieving their goals. Guidance on developing Case Management Support Plans is also outlined in the final section of the SAIH Program Assessment Form.

Process for Developing the Personalized Case Management Support Plan:

1. **Assessment Review:** The completed assessment should be thoroughly reviewed, with a focus on the sections labeled "Determination of Case Management Needs." Identify any areas marked "Yes" and ensure these identified needs are adequately addressed in the Adult and Family Service Plan.
2. **Evaluating and Establishing Support Levels:** Following the completion of the Adult and Family Service Plan, the Adult Services Case Manager and Supervisor must assess the level of support required to meet the client's needs and provide the level of support necessary for the client to remain in their PLA safely. This level of support will vary for each client based on the informal and formal supports identified in their Adult and Family Service Plan, as well as the degree of assistance needed from the case manager.

At a minimum, clients must have at least two contacts per year, with one of these being a face-to-face visit conducted in the client's PLA. Annual reassessments, which must also be completed during a face-to-face home visit, may count as one of these required contact. Beyond this minimum requirement, the supervisor and case manager should work together to determine the appropriate frequency of additional

contacts needed to ensure service plan activities are implemented effectively and the client's needs are consistently addressed.

3. Plan Development and Finalization: The finalized Case Management Support Plan is designed to support the client's stability and overall well-being. It should be clearly documented in the "Individualized Case Management Support Plan" section of the SAIH Program Assessment and include the required activities and the frequency of contacts necessary to meet the client's needs.

The Case Management Support Plan is person-centered and designed to meet the client's unique needs.

Ongoing Case Management Responsibilities:

Case managers are responsible for carrying out the activities specified in the client's Case Management Support Plan, which includes conducting at least one annual face-to-face reassessment using the SAIH Program Assessment Form and developing a new Adult and Family Service Plan. Clients must have at least two contacts per year, including one face-to-face visit in their PLA. The annual reassessment may count as one of these visits. Service plans should be reviewed during each contact and updated as needed to reflect changes in the client's circumstances, with additional contacts scheduled as necessary to address significant changes.

Guidelines for Addressing Client Risk and Service Plan Updates:

If changes arise that affect a client's risk or safety, a home visit must be conducted promptly to complete a new assessment form and update the service plan. The revised service plan should clearly outline how the identified needs will be addressed.

Social workers and supervisors should collaborate to review and approve the Case Management Support Plan, making adjustments as necessary. If the agency identifies a need for more or less frequent client contact, the visit schedule should be adjusted accordingly, with a clear rationale documented.

Additionally, any updates or changes to address unmet needs in the client's service plan should be thoroughly documented in the appropriate sections to ensure accurate and effective case management.

B. Verification of Current Medicaid Status

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

Section 1A MD CL on the client's DSS-5027 Form must be completed by entering "Yes" or "No" verifying the SAIH client's Medicaid eligibility status.

C. Coding the Provision of Case Management Services to SAIH Applicants and Recipients

All SAIH applicants/recipients must sign the DSS-5027 Form to acknowledge their request to receive Case Management Services, a requirement of the SAIH Program. During the initial SAIH Program Assessment home visit, the DSS-5027 should be signed/dated by the client or their authorized representative and case manager.

Adult Services Case Managers should document their time on the Daysheet (DSS-4263) using the appropriate SIS codes open on the client's DSS-5027.

Case managers should open the SAIH client for 386 (Case Management SA In-Home Services) and SIS code 387 (SAIH Assessments) on the DSS-5027.

NOTE: Both SIS codes 386 (Case Management SA In-Home Services) and 387 (SAIH Assessments) are associated with Medicaid Administrative Claiming (MAC) Program codes. As a result, all time spent with a SAIH applicant or current SAIH recipient can be recorded as MAC on the case manager's Daysheet (DSS-4263).

The case manager will utilize SIS code 387 (SAIH Assessments) to record time spent completing the initial SAIH Program Assessment on the Daysheet. After completing the SAIH Program Assessment, all subsequent time spent with the SAIH client should be recorded on the Daysheet to SIS code 386 (Case Management SA In-Home Services), while SIS code 387 will be closed.

It is the agency's responsibility to utilize the appropriate SIS codes when providing Case Management Services to SAIH applicants and SAIH recipients.

D. Managing Caseloads

Ensuring the health, safety, and well-being of SAIH clients should remain a top priority and must not be compromised due to insufficient county DSS staff resources or a lack of available community services. Proper management of caseloads is essential to providing quality, individualized care and support to each client.

To maintain safe and effective service delivery, the North Carolina Association of County Directors of Social Services recommends a caseload size of 25-30 cases per Adult Services Case Manager. This recommended caseload allows case managers to allocate adequate time and attention to each client's needs, including assessments, development of service plans, ongoing case management, and coordination of necessary services.

Overburdened caseloads can lead to delays in service delivery, reduced quality of care, and missed opportunities to address changing client needs. It is important that DSS leadership regularly evaluate staffing levels, and service demands to ensure that caseload sizes remain manageable. If the caseload exceeds the recommended size, the county DSS should explore solutions such as hiring additional staff, redistributing cases, or leveraging community partnerships to support client needs.

In doing so, the DSS can help ensure that Adult Services Case Managers are able to

uphold the quality of care required to support client safety in their PLAs while meeting their essential needs.

E. Assessing the Client

The Adult Services Case Manager completes a thorough assessment using the SAIH Program Assessment Form. The case manager utilizes the SAIH Program Assessment Form to identify client strengths, informal and formal supports and services being received and/or needed by the client, and any barriers the client may have with meeting their essential needs or receiving essential services.

The Adult Services Case Manager is responsible for coordinating the assessment. The client and family are responsible for cooperating in providing the information required to complete the assessment. Once an assessment is complete, the case manager uses the information gathered to determine the client's appropriateness for SAIH (whether they can remain in their PLA safely and meet their essential needs). The information gathered from the assessment also serves as the basis for the development of the Adult and Family Service Plan.

The assessment is completed by an Adult Services Case Manager who meets the case manager qualifications of the program billing source. The case manager must reassess clients at a minimum, annually to determine if they remain appropriate for the SAIH Program.

Each SAIH client will have a Case Management Support Plan, based on the information gathered during their person-centered SAIH Program Assessment and the needs identified on their Adult and Family Service Plan. The case manager is responsible for completing the case management activities as defined by the client's Case Management Support Plan.

All SAIH clients will receive at least one annual SAIH Program Assessment during a face-to-face home visit. Based on this reassessment, a new Adult and Family Service Plan will be developed in collaboration with the client. Clients must have a minimum of two contacts per year; one must occur face-to-face in their PLA during the annual reassessment.

During initial assessment/reassessment, the Adult Services Case Manager may need additional contacts to finalize the Case Management Support Plan and ensure all service providers identified in the Adult and Family Service Plan are in place.

Changes in a client's situation may also require additional client and collateral contacts. In each of these cases, the Adult Services Case Manager should consult with their supervisor to discuss and determine the most appropriate level of support the client needs from the agency.

Consideration of Substance Use Disorder: It is important to note that the presence of a substance use disorder does not, by itself, determine a client's appropriateness, or lack thereof, for the SAIH Program or their eligibility for Case Management Services.

Instead, the assessment must be viewed within the context of globally assessing all the functional domains.

The SAIH Program Assessment is designed to capture a well-rounded picture of the client's overall functioning within each functional domain. During the assessment process, Adult Services Case Managers should evaluate if/how the presence of a substance use disorder affects the client's health, safety, overall well-being and ability to receive needed services. While a substance use disorder may impact certain areas of functioning, it should be considered alongside other factors that contribute to the client's ability to meet their essential needs to remain safely in their PLA.

F. Where the Client is Assessed

1. The client's initial and all reassessments using the SAIH Program Assessment must be conducted at the client's current place of residence. This assessment within the PLA allows the Adult Services Case Manager to evaluate the client's functional capacity in their actual living environment.
2. If the client does not have a PLA or lacks a suitable living arrangement, the Adult Services Case Manager is responsible for assessing an identified potential living arrangements to ensure they meet the client's needs.
3. In cases where the client is temporarily housed in a hospital, licensed residential facility, or other interim accommodations while permanent housing is being arranged, the Adult Services Case Manager may begin the assessment in that temporary location. Once a PLA is secured, the case manager must visit the new living environment to gather necessary information to complete the SAIH Program Assessment. Upon completing the assessment, a service plan will be developed with the client, and both parties will sign the plan prior to the client's discharge or move. The case manager must then verify the appropriateness of the service plan by visiting the client's PLA within 30 days of their discharge or move. During this visit, the case manager will review and update the service plan as needed, ensuring services can begin as soon as the client is settled in the PLA.

G. Multiunit Assisted Housing with Services (MUAHS)

Clients residing in a Multiunit Assisted Housing with Services (MUAHS), which serve as a client's PLA, can receive Case Management Services through the county DSS.

The Adult Services Case Manager's role is to ensure that SAIH clients living within a MUAHS framework receive suitable services, including an individualized written care plan and an annual rental contract to ensure the client's essential needs are and continue to be met.

A MUAHS is defined by **NC General Statute 131D-2.1 (10)**:

Multiunit assisted housing with services - An assisted living residence in which hands-on personal care services and nursing services which are arranged by housing management are provided by a licensed home care or hospice agency through an individualized written care plan. The housing management has a

financial interest or financial affiliation or formal written agreement which makes personal care services accessible and available through at least one licensed home care or hospice agency. The resident has a choice of any provider, and the housing management may not combine charges for housing and personal care services. All residents, or their compensatory agents, must be capable, through informed consent, of entering into a contract and must not be in need of 24-hour supervision. Assistance with self-administration of medications may be provided by appropriately trained staff when delegated by a licensed nurse according to the home care agency's established plan of care. Multiunit assisted housing with services programs are required to register annually with the Division of Health Service Regulation. Multiunit assisted housing with services programs are required to provide a disclosure statement to the Division of Health Service Regulation. The disclosure statement is required to be a part of the annual rental contract that includes a description of the following requirements:

- a. Emergency response system;***
- b. Charges for services offered;***
- c. Limitations of tenancy;***
- d. Limitations of services;***
- e. Resident responsibilities;***
- f. Financial/legal relationship between housing management and home care or hospice agencies;***
- g. A listing of all home care or hospice agencies and other community services in the area;***
- h. An appeals process; and***
- i. Procedures for required initial and annual resident screening and referrals for services.***

Continuing care retirement communities, subject to regulation by the Department of Insurance under Chapter 58 of the General Statutes, and temporary family health care structures, as defined in G.S. 160D-915, are exempt from the regulatory requirements for multiunit assisted housing with services programs.

Per NC General Statute 131D-2.2 the following individuals cannot be cared for in a multiunit assisted housing with services, except when a physician certifies that appropriate care can be provided on a temporary basis to meet the resident's needs and prevent unnecessary relocation.

§ 131D-2.2. Persons not to be cared for in:

(b) Multiunit Assisted Housing with Services. - Except when a physician certifies that appropriate care can be provided on a temporary basis to meet the resident's needs and prevent unnecessary relocation, multiunit assisted housing with services shall not care for individuals with any of the following

conditions or care needs:

- (1) Ventilator dependency;**
- (2) Dermal ulcers III and IV, except those stage III ulcers which are determined by an independent physician to be healing;**
- (3) Intravenous therapy or injections directly into the vein, except for intermittent intravenous therapy managed by a home care or hospice agency licensed in this State;**
- (4) Airborne infectious disease in a communicable state that requires isolation of the individual or requires special precautions by the caretaker to prevent transmission of the disease, including diseases such as tuberculosis and excluding infections such as the common cold;**
- (5) Psychotropic medications without appropriate diagnosis and treatment plans;**
- (6) Nasogastric tubes;**
- (7) Gastric tubes, except when the individual is capable of independently feeding himself or herself and caring for the tube, or as managed by a home care or hospice agency licensed in this State;**
- (8) Individuals requiring continuous licensed nursing care;**
- (9) Individuals whose physician certifies that placement is no longer appropriate;**
- (10) Unless the individual's independent physician determines otherwise, individuals who require maximum physical assistance as documented by a uniform assessment instrument and who meet Medicaid nursing facility level-of-care criteria as defined in the State Plan for Medical Assistance. Maximum physical assistance means that an individual has a rating of total dependence in four or more of the seven activities of daily living as documented on a uniform assessment instrument;**
- (11) Individuals whose health needs cannot be met in the specific multiunit assisted housing with services as determined by the residence; and**
- (12) Such other medical and functional care needs as the Medical Care Commission determines cannot be properly met in multiunit assisted housing with services.**

Complaints or concerns about abuse, neglect or exploitation of an individual living in a MUAHS facility should be made to Adult Protective Services of the local county Department of Social Services.

In addition to concerns related to abuse or neglect, complaints about a MUAHS facility's compliance with regulatory standards - such as issues involving medication administration, staffing, or 24-hour supervision - should be directed to the **Division of**

Health Service Regulation (DHSR) Complaint Intake Unit.

In many instances, both an APS report and a DHSR complaint are filed at the same time, as the two agencies handle different aspects of the complaint. While APS focuses on the protection and well-being of the individual, DHSR addresses facility compliance with state regulations. Coordinating reports to both entities ensures a comprehensive response to concerns about both the care of the individual and the overall functioning of the facility.

H. Case Management Activity Requirements

Case management activities are guided by the client's SAIH Program Assessment and directed by the personalized Case Management Support Plan, as outlined in the SAIH Program Assessment Form. These activities are designed to address the client's individual needs and ensure their safety and well-being.

Contact Requirements

- **Minimum Contacts:** Clients must have at least two contacts per year, one of these contacts must be face-to-face in the client's Private Living Arrangement (PLA).
- **Annual Reassessment:** The annual reassessment, completed during a face-to-face home visit, may count as one of the required contacts.
- **Additional Contacts:** Beyond the minimum, the case manager and supervisor will determine if more contacts are necessary to implement the service plan effectively and address any emerging client needs.

Risk and Safety Concerns

- **Supervisory Consultation:** If threats to the client's safety, well-being, or access to services are identified, the case must be reviewed with a supervisor.
- **Adult Protective Services Referrals:** In cases of suspected abuse, neglect, or exploitation of a disabled adult, the case manager must immediately file an Adult Protective Services referral without delay.

Flexibility and Responsiveness

Additional visits may be scheduled by DSS as needed to address the client's changing circumstances or risks. This ensures that the Case Management Support Plan remains effective and aligned with the client's needs.

I. Contacts with Collaterals and Providers

When a client signs the DSS-5027 for Case Management services, the Adult Services Case Manager, with the client's signed **Consent for the Release of Information**, may make collateral contacts and gather information from individuals such as family members, caregivers, and medical professionals to assess the client's condition and functioning. This consent enables the case manager to coordinate services effectively and ensure the client's needs are met. Clients have the right to

revoke their consent at any time, and if this impacts the case manager's ability to ensure the client's safety or service provision, a reassessment may be required.

To maintain proper coordination of care, **a new Consent for the Release of Information must be completed annually.** This allows continued communication with relevant service providers and individuals involved in the client's care. Contacts with these collaterals are essential for monitoring the effectiveness of the services that the Adult Services Case Manager outlines in the client's Case Management Support Plan and addressing any changes in the client's condition or needs.

J. Forms Utilized when Providing Case Management Services

1. **SAIH Program Assessment (DHHS-AS-6225):** The completion of the SAIH Program Assessment helps determine whether the client meets and continues to meet the conditions of SAIH case management. It helps identify any factors and/or barriers that could pose a threat to a client's overall safety, health, well-being, and/or ability to receive services to help the client attain an optimal level of independence and self-sufficiency. The assessment documents: the client's strengths; areas of vulnerability; the support available from and/or needed by informal caregivers; the help being provided and/or needed from additional sources and services; the client's living situation and environment; and the client's preferences regarding their care.

The Adult Services Case Manager evaluates six key functional domains through the SAIH Program Assessment Form, structured around the SEEMAP framework: Social, Environmental, Economic, Activities of Daily Living (ADL)/Instrumental Activities of Daily Living (IADL), Mental/Emotional Functioning, and Physical Health. This structured approach ensures a comprehensive assessment of each domain, allowing the case manager to identify the client's strengths and needs across these critical areas. By addressing these domains, the assessment provides a detailed understanding of the client's overall situation.

The information obtained during the SAIH Program Assessment helps the Adult Services Case Manager develop the Adult and Family Services Plan and create a personalized Case Management Support Plan for the client.

2. **FL-2 (DMA 372-124):** SAIH clients are required to provide the IMC with a valid FL-2 dated no more than 90 days prior to the date of application and must be received during the application processing period. Subsequently, a new FL-2 must be obtained every 12 months. The client's FL-2 should be reviewed to ensure that the correct level of care is referenced, diagnoses are indicated, and medications are listed. The FL-2 must be legible. This will help the Adult Services Case Manager to thoroughly assess the overall needs of the client. The FL-2 must be signed by the client's physician, physician's assistant or nurse practitioner. A copy of the form should be maintained in the client's case record.

3. **Client Entry Form (DSS-5027):** SAIH applicants/clients are required to receive Case Management Services provided by their local DSS. The DSS-5027 serves as the client's application and request for Case Management Services. As a result, a DSS-5027 must be signed and dated by SAIH applicants/clients. The Adult Services

Case Manager will have the client sign the DSS-5027 during the initial assessment visit. The case manager is also required to sign and date the DSS- 5027. A copy of the signed DSS-5027 and Rights and Responsibilities must be provided to the applicant/client. The case manager should utilize the comment box located on the DSS-5027 to document that a copy of the DSS-5027 and these rights were provided to the client and the date it was provided. A copy of the form must be maintained in the client's case record.

4. **SAIH Program Interagency Referral Form (DSS-0031):** The SAIH Interagency Referral Form is used as a method of communication between the IMC and Adult Services Case Manager. A copy of all SAIH Interagency Referral Forms must be maintained in the client's case record.

5. **Adult and Family Service Plan (DHHS-AS-0011):** Adult and Family Service Plans are an essential tool for case managers and their clients. See section K below for more information.

6. **Consent for the Release of Information (DHHS-AS-0016):** Consent for the Release of Information forms allow clients to select who they authorize the Adult Services Case Manager to contact and/or share their personal or sensitive information with. Signed consent forms expire one year from the date the client signed the form and/or upon termination of services. Clients have the right to revoke their consent at any time.

K. Service Plan

Adult and Family Service Plans need to be individualized for each client to provide more effective and personalized care to address the client's unique concerns and goals. The Adult Services Case Manager should encourage and empower clients to take an active role in their own life changes and collaborate with the client to create a plan that meets their needs, preferences, and perspectives.

Service plans provide a clear framework for organizing and prioritizing services, ensuring that the case manager's actions are systemic and aligned with the client's goals. They include specific, measurable, attainable, relevant and time-bound (SMART) goals and activities, which help the case manager monitor the client's progress and make necessary adjustments to the plan. Additionally, these plans assist in identifying and coordinating the resources, services and support systems needed to effectively meet the client's needs. Regular reviews and updates are essential to maintain a consistent and focused approach, reducing the risk of overlooking important aspects of the client's situation.

The Adult Services Case Manager develops the service plan with the client/authorized representative and additional individuals, with the client's signed Consent for the Release of Information Form. Service plans facilitate clear communication with the client and any additional individuals listed within the plan by providing a shared understanding of the goals and steps involved and documents how all participants in the plan will work together to achieve and make progress toward those goals.

The Adult Services Case Manager should prioritize and arrange services in order for the client to receive the necessary services to safely remain in the PLA. Both the client and the provider must agree on how these services will be delivered. Additionally, the case manager should collaborate with other providers the client is currently working with, such as the MCO Case Manager, to ensure a coordinated approach. This collaboration ensures that all services are aligned and effectively meet the client's needs.

Purpose of Service Plan

The Adult and Family Service Plan enhances the efficiency and effectiveness of case management by providing a structured approach to achieving the client's goals.

To help address needs identified during a SAIH Program Assessment and to assist the case manager with monitoring and ensuring the delivery of services, the Adult and Family Service Plan should include all formal and informal services the client is currently receiving and/or may need, to effectively meet their needs. The formal and informal services in the plan must meet the needs identified in the client's SAIH Program Assessment.

1. Service Plan Preparation

After a client is assessed, the Adult Services Case Manager, client/authorized representative, and others involved in the client's services and support network develop a comprehensive service plan. The Adult and Family Service Plan (DHHS-AS-0011) should be utilized to document the client's concerns/needs, goals, activities, those responsible for completing activities, target dates, and the client's progress toward reaching their goals. The Adult Services Case Manager reviews and revises the plan as the client's services and support needs change.

The Adult and Family Service Plan must include:

1. Assessment activities;
2. Ongoing monitoring and coordination of activities;
3. In-home and community-based services the client is receiving or will receive;
4. Responsible parties that include the client, family and other informal caregivers;
5. Goals for all identified needs based on the comprehensive SAIH Program Assessment and services the client requires. The goals should address all of the client's needs to live safely within their PLA;
6. Signatures of the Adult Services Case Manager and client/authorized representative.

The county DSS must ensure that SAIH clients have freedom of choice in selecting service providers. The Adult Services Case Manager can document the client's choice by informing the client of providers available in their area verbally or by providing the client with a provider list generated by the DSS. The client's choice should be documented in the case record.

The SAIH Program benefit payment is not intended to replace or duplicate services and resources that are already available to the client. The Adult Services Case Manager must help assure that the client gets the best available services and care by carefully coordinating the services with the resources available in the community. For clients with a broader array of needs, the Adult Service Case Manager should explore what the community has to offer, such as assistance from community groups, private individuals, public agencies and other entities.

When coordinating services with other providers, workers should be aware of limitations regarding the use of Medicaid-funded services.

2. Critical Timeframes for the Service Plan

The Adult and Family Service Plan must be developed based on the needs identified during the SAIH Program Assessment, in collaboration with the client and/or their authorized representative. The plan must be approved and signed by both the client/authorized representative and the Adult Services Case Manager within 30 calendar days of the initial home visit and after completing the assessment.

Completion of the service plan does not constitute authorization of regular Medicaid services. Providers of regular Medicaid services must follow Medicaid policies and procedures for those services.

Once the service plan has been developed and approved and signed by the client and case manager, the case manager must assure that the services outlined in the client's Adult and Family Service Plan are initiated within 15 calendar days of the plan being signed and begin to monitor those services and activities.

If there are delays in starting services, the Adult Services Case Manager should consider alternative sources of care and services. The client's record must show the reason for any delays and include documentation of all actions taken to ensure proper care and services for the client. If services cannot start promptly, the Adult Services Case Manager must determine whether the service plan can be revised to meet the client's needs. If the service plan can be revised, the Adult Services Case Manager will prepare a revision. If it is not possible to meet the client's needs, the Adult Services Case Manager will notify the IMC, via the SAIH Interagency Referral, to initiate the client's termination from the SAIH Program.



**Special Assistance In-Home (SAIH)
Case Management Manual**
IX. Ongoing Case Management Provision

IX. Ongoing Case Management Provision

Ongoing service provision includes monitoring the services being provided to the client, contacts with the client, collateral contacts with service providers and/or individuals with knowledge of the client's functionality (with the client's signed Consent for the Release of Information), service plan revisions/updates, and annual assessments. Frequency of required case management activities are determined by the client's personalized Case Management Support Plan.

The client's Adult and Family Service Plan must be reviewed with the client during each client contact to assure the continuing need for services outlined within the plan. The case manager will modify the service plan as needed to reflect any updates/changes to the client's current situation. Revisions should be agreed upon by the Adult Services Case Manager and the client before changes are made and then signed and dated by the client and case manager.

A. Delivering and Monitoring Services

1. The Case Management Support Plan is embedded in the SAIH Program Assessment

Each SAIH client has a Case Management Support Plan tailored to the strengths and needs identified during their assessment. Case Management Support Plan activities and frequency of contacts needed should be documented within the SAIH Program Assessment (DHHS-AS-6225). Case managers are to adhere to the plan documented on the Case Management Support Plan developed personally for the client. Case Management Support Plans should be staffed with the Adult Services Supervisor for review and approval.

If the agency determines that a client requires a change in contact frequency based on assessed or identified needs, the agency should adjust the visit schedule accordingly and document the rationale for the decision in the SAIH Program Assessment Form.

2. Client and Collateral Contacts

During each client contact, the Adult Services Case Manager will review and update the Adult and Family Service Plan with the client. The case manager will document the progress made on each goal, and address anything that poses a threat to a client's overall safety, health, well-being, or ability to receive services. The Adult Services Case Manager should staff SAIH cases with their supervisor regularly.

The Adult Services Case Manager is responsible for monitoring the services provided to the client. This activity enables the case manager to continually evaluate the client's needs and appropriateness to participate in SAIH. It also allows for the case manager to document the client's health and safety status as well as any concerns they need to follow up on.

The Adult Services Case Manager's regular contact with the client and formal/informal support system should provide prompt indications of any need to change the client's

care or services. When it is found that changes are needed, the case manager will determine if the service plan needs to be revised or if the DSS has reason to consider termination of case management services due to lack of progress in meeting goals outlined within the service plan. This may be due to client's failure to comply with the service plan, declining health, level of care changes, and/or safety concerns.

Some clients may require more monitoring than others because of the intensity of needs, the lack of support available from responsible parties, or other factors.

The Adult Services Case Manager will review whether the client's services are being provided as authorized and whether they are meeting their intended purpose. The case manager will monitor the provider's performance and the client's response to the service to determine the need for adjustments in the service. The case manager will document the monitoring and actions taken in the client's case management record and make updates and/or changes to the service plan as applicable.

If changes occur that impact risk and/or safety, a home visit should be completed without delay, a new SAIH Program Assessment Form completed (interim), and the service plan updated to reflect changes and/or needs identified within the interim assessment. The service plan must show how the newly identified needs are being met.

If the Adult Services Case Manager has concerns that a client is a disabled adult experiencing abuse, neglect, or exploitation then the case manager must make an Adult Protective Services referral without delay.

3. Annual Activities

The Adult Services Case Manager must visit the client in their PLA to complete an annual reassessment. The client's annual SAIH Program Assessment is due within the same month as their initial SAIH Program Assessment was completed, and services were open on the Client Data Entry Form (DSS-5027).

The SAIH Program Assessment (DHHS-AS-6225) must be completed at each annual visit. During the visit, the Adult Services Case Manager should review with the client about their services and observe the provision of services to the client. The case manager should also assess if the client continues to be able to remain safely in their PLA and if the client's essential needs continue to be met. If there are concerns, the case manager must document plans to address the concerns identified with the client.

Based on the information obtained during the annual assessment, the Adult Services Case Manager and their supervisor will then determine an applicable Case Management Support Plan for the client.

The client is responsible for providing a new FL-2 to the IMC, every 12 months. Adult Services Case Managers may assist clients with obtaining FL-2 forms and submit them to the IMC on the client's behalf.

The Adult Services Case Manager is responsible for developing a new Adult and Family Service Plan with the client each year. The client's service plan must include the informal/formal services the client receives, needed services, and goals that stem

directly from the concerns and/or needs identified during the annual assessment.

B. Revising the Service Plan

The Adult Services Case Manager should revise the service plan annually, or at any point when the needs of the client have changed. When a service is to be added, deleted or revised, the service plan must reflect this change. To prepare a plan revision, use the following guidance.

1. Terminating a Service:

- a. When a goal has been met or the services is no longer needed by the client, terminate that goal or service. Indicate on the plan that the goal or service has been discontinued and the date it was discontinued.
- b. One way this can be documented is by indicating this on the service plan under the goal met column. If an agency uses an electronic version of the service plan, the goal or service can be deleted, and a new plan printed. It is important, however, to retain copies of all service plans.

2. Adding a Service:

- a. When a new concern or need is identified, it is necessary to add a new goal or amend the activities of an existing goal.
- b. If a new goal is needed, the case manager will address the concern/need with the client, the desired outcome, the activities required to address the need, who is responsible for the activities, and set target dates for the completion and/or review of each activity listed.
- c. If a new activity is necessary to help address an existing concern or need, document this by adding the new activity and who is responsible for providing the service, to the existing goal and set a new target date for when the activity is either expected to be completed and/or reviewed by the case manager.

3. Changing a Service:

- a. There may be times when a service needs to be amended to reflect a change in the client's needs. It may be necessary to extend a target date, change a provider, or change an activity under the appropriate column on the service plan.
- b. When a change is temporary and results in fewer services provided to the client than approved/outlined in the service plan, the case manager will need to document in the case management narrative how the needs of the client are being met during that period of time.

4. Signature Requirements:

- a. The signatures or initials of the Adult Services Case Manager and the client should be documented on the service plan when changes are made. Discussion with the client of all changes to the service plan should be documented in the case management narrative. The case manager should document discussion of any

service plan revisions with providers involved in the change with the client's consent.

C. Ensuring Quality Services

The Adult Services Case Manager plays a critical role in ensuring that the client receives high-quality services that meet their needs. This is achieved through monitoring via direct observation, client reports, and reviews of the services provided by formal service providers. By maintaining close communication with both the client and service providers, the case manager ensures that services are aligned with the client's care plan and are delivered in a manner that promotes the client's safety, well-being, and independence.

If concerns arise that a service provider is not adhering to required standards or regulations, the case manager must promptly report the issue to the appropriate licensing or certifying authority. This step ensures accountability and protects the client from substandard care or potential harm.

While the case manager does not directly control the provision of services by outside providers, they must stay informed about all services being provided to the client, including how they are delivered. The case manager collaborates with the client's formal and informal service providers to ensure coordinated care, prevent duplication of services, and address any gaps in the client's support network. Additionally, the case manager may assist the client in resolving issues or concerns they encounter with service providers, acting as an advocate to ensure the client receives appropriate and timely care.

This comprehensive oversight not only helps ensure that the client's needs are met but also fosters a proactive approach to addressing potential concerns before they become critical issues.

D. Working with the Physician

Establishing a strong working relationship with the client's physician and their staff is essential for effective care coordination and benefits all parties involved. Some key strategies for building and maintaining this relationship include:

1. **Collaborate with the Physician on SAIH Services:** Help the physician understand how the SAIH Program and related services can support the client's overall well-being. Emphasize that these services can reduce hospitalizations, facilitate earlier discharges, and enable the client to safely remain in their PLA while meeting essential needs. Provide a brief, clear explanation of how SAIH services benefit the client.
2. **Serve as a Resource and Advocate:** Adult Services Case Managers should position themselves as valuable sources of information and support for the physician. When requesting completion of the FL-2 form, explain to the physician why the county Department of Social Services (DSS) needs this documentation. Ensure the request includes the client's signed consent for the release of information, demonstrating a collaborative and transparent approach to the client's care.



Special Assistance In-Home (SAIH) Case Management Manual

X. Annual Assessments

X. Annual Assessments

Adult Services Case Managers are required to complete annual reassessments, in the client's PLA, by utilizing the SAIH Program Assessment Form (DHHS-AS-6225). The information gathered during the assessment determines if the client remains appropriate for SAIH. The IMC and the case manager must coordinate to ensure that the client's ongoing eligibility for SAIH is appropriate. It may be necessary for the Adult Services Case Manager to assist the IMC and client in obtaining needed information for redetermination of eligibility. A sample Reassessment FL-2 Request Letter to the Physician is located in the appendices of this manual.

Once the Adult Services Case Manager has completed the client's annual assessment and determines whether the client remains appropriate for SAIH the IMC will need to be notified of that decision. The SAIH Interagency Referral Form must be used to convey this information to the IMC.

A. Due Dates

The client's first annual SAIH Program Assessment must be completed within the 12th month after the DSS-5027 was signed/dated by the client. More details can be found in Section VII,A,4.

B. Annual Responsibilities

The annual review of a client's participation in the Special Assistance In-Home (SAIH) Program is a critical process that ensures continued appropriateness and alignment of services with the client's evolving needs. This process requires collaboration between the Adult Services Case Manager, the Income Maintenance Caseworker (IMC), and the client to guarantee that all necessary documentation is updated, and the client's care plan is revised to reflect any changes in their situation.

- 1. SAIH Program Assessment:** The Adult Services Case Manager is responsible for completing an annual SAIH Program Assessment and notifying the Income Maintenance Caseworker (IMC) of the decision regarding the client's appropriateness for the program using the SAIH Interagency Referral Form.
- 2. Assist with Eligibility Re-determination:** The Adult Services Case Manager may need to assist the IMC during the eligibility re-determination process by gathering and providing any necessary documentation.
- 3. Case Management Support Plan:** Based on the annual SAIH Program Assessment, the Adult Services Case Manager is responsible for determining and updating the client's Case Management Support Plan.
- 4. Adult and Family Service Plan:** The Adult Services Case Manager must develop a new Adult and Family Service Plan with the client, informed by the findings from the annual assessment.
- 5. Renewal of Consent for Release of Information:** The Adult Services Case Manager must obtain a new signed Consent for the Release of Information (DHHS-

AS-0016) from the client, as the consent expires one year from the date of signing.

6. **Client Responsibilities:** The client is responsible for cooperating with the Adult Services Case Manager by providing the information required for the annual assessment and ensuring the IMC receives any documentation necessary for SAIH eligibility re-determination.

7. **Coordination for FL-2:** The Adult Services Case Manager and IMC will work together to obtain the client's FL-2 form, which is needed for the eligibility re-determination process.

8. **IMC Responsibilities:** The IMC is responsible for the re-determination of the client's SAIH eligibility, payment amounts, and verification of continued need for a licensed residential level of care (domiciliary) as documented on the FL-2.

By adhering to these annual responsibilities, the Adult Services Case Manager ensures that the client's care and services are responsive to their current needs while maintaining eligibility for the SAIH Program. This collaborative and structured approach helps promote the client's safety, well-being, and ability to remain in their private living arrangement.

C. Reassessment Components

The SAIH reassessment process involves collaboration between the Income Maintenance Caseworker (IMC) and the Adult Services Case Manager. This two-part process includes the IMC's responsibility for redetermining the client's financial eligibility and verifying the continued need for licensed residential level of care (domiciliary). Meanwhile, the Adult Services Case Manager reassesses the client's ability to safely remain in their private living arrangement (PLA) by conducting the SAIH Program Assessment. Based on the reassessment findings, the case manager develops a new Adult and Family Service Plan, addressing the client's strengths and needs.

1. Level of Care Recommendation (FL-2):

A new FL-2 form, signed by a physician, nurse practitioner, or physician assistant must be obtained to verify the client's current level of care. The FL-2 must be signed and dated before the expiration of the previous FL-2 (one year). If the physician does not mark the correct level of care, the Adult Services Case Manager may contact the physician to confirm the information. If the physician does not recommend licensed residential (domiciliary) care, the IMC will terminate the client's participation in the program. The client cannot appeal the physician's recommendation but may discuss it with the physician. The FL-2 form must be submitted to the IMC, and a copy retained in the client's case record.

2. Annual Assessment:

The Adult Services Case Manager will reassess the client's strengths, needs, and appropriateness for SAIH according to established assessment procedures. This involves reviewing each domain in the SAIH Program Assessment Form and

documenting any changes in the client's condition or circumstances. Based on this reassessment, the client's new Case Management Support Plan is tailored to their current needs. The reassessment must take place in the client's PLA.

3. **Adult and Family Service Plan:**

After the annual SAIH Program Assessment is completed (signed/dated) by the case manager, a new Adult and Family Service Plan must be approved/accepted and signed by the client and case manager. The case manager will add, change, or delete services according to the client's current condition and situation and then monitor the services outlined within the plan.

The Adult and Family Service Plan must be developed and finalized within the 30-day period provided to complete the SAIH Program Assessment. During this time, the Adult Services Case Manager conducts the assessment and gathers all necessary information to identify the client's strengths, needs, and any changes in their situation. Based on the findings from the SAIH Program Assessment, the case manager works with the client to develop a comprehensive Adult and Family Service Plan that addresses the client's current condition and circumstances.

Once the SAIH Program Assessment is completed and signed by the case manager, the service plan must be reviewed and approved by both the client and the case manager within the same 30-day period. This ensures that the plan is responsive to the client's most up-to-date needs.

Throughout the 30-day period, the case manager ensures that all required activities are completed, including finalizing the Adult and Family Service Plan and securing the necessary signatures from the client and the case manager. The plan will serve as the foundation for the ongoing monitoring of services to ensure they are effectively meeting the client's needs.

D. Actions if Approved

If continued SAIH eligibility/payments are verified/approved:

1. The **Income Maintenance Caseworker (IMC)** will provide the client or authorized representative with written notification of continued approval of SAIH benefits and the specific payment amount.
2. The **Adult Services Case Manager** will document any changes in the client's situation and/or services on the new service plan and continue monitoring the services to ensure they meet the client's needs.
3. If there are delays in providing services, the **Adult Services Case Manager** should consider alternative sources of services. The case manager must document the reason for any delays in the provision of services as well as the actions taken to ensure the client receives appropriate services in the case management record.



**Special Assistance In-Home (SAIH)
Case Management Manual**
XI. Changes in Situation

XI. Changes in Situation

This section provides guidance to the Adult Services Case Manager for temporary absences from the client's home.

A. Hospitalizations and Temporary Stays in Long-Term Care Facilities

1. Long-term care facilities include licensed residential facilities, nursing facilities, swing beds, and care arrangements that are billed to Medicaid and Medicare as nursing facility care.
2. No Medicaid community-based services may be billed to Medicaid for a client who is in a hospital, a licensed residential care facility, a nursing facility, a swing bed, or a care arrangement paid by Medicaid or Medicare such as nursing facility care.
3. Notify the service providers that the client is temporarily out of their home and let them know the projected return date. The length of time the person is in the facility determines additional tasks required as described below.
4. The SAIH payment may or may not stop, depending upon client circumstances. See B. and C. below for guidance.

B. Absences of 30 Days or Less

If the client is expected to be absent from their home for 30 days or less, determine whether SAIH participation continues to be appropriate by following the procedures outlined below. The 30-day limit refers to the combined length of stay in all institutional settings during the client's absence from the home.

Hospitalization and the need for care in long-term care facilities are usually brought about by changes in the client's medical condition. Another FL-2 may need to be completed following the temporary absence. If a new FL-2 is completed, the Adult Services Case Manager should make sure the FL-2 indicates the need for licensed residential level of care (domiciliary), and that the client can continue to benefit from SAIH services. If any changes to the client's condition necessitate revisions to the service plan, the case manager should make those revisions and obtain the necessary signatures. SAIH payments may continue during the 30-day absence, if appropriate.

Coordination with the Income Maintenance Caseworker (IMC) is essential in these situations to ensure the client's benefits and services remain aligned with their circumstances.

C. Absences of More Than 30 Days

If the client's absence due to hospitalization or facility placement exceeds 30 days or is expected to exceed 30 days, the Adult Services Case Manager 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.

D. Temporary Absences from Area

When a client temporarily leaves the area, such as for a family vacation, the Adult Services Case Manager should monitor that the client has notified providers to suspend the delivery of in-home services. The case manager should track the length of the absence, since extended absences can affect SAIH eligibility. If the absence exceeds 30 days, the case manager should notify the IMC.

Exceptions for continuing SAIH payments during voluntary absences of more than 30 days will not be approved.

E. Incarceration

If an Adult Services Case Manager becomes aware that a SAIH client has been or is currently incarcerated, they must promptly notify the Income Maintenance Caseworker (IMC), regardless of the duration of the incarceration. Upon receiving this information, the IMC will evaluate the client's eligibility based on the current circumstances.

If the client has returned home at the time of notification, and all other eligibility requirements continue to be met, the case will remain open. The IMC will also assess whether any months during the period of incarceration resulted in ineligibility. If ineligibility is determined for any past months, the IMC may need to recoup overpayments for those ineligible months.

In cases where the client is terminated from the SAIH Program due to incarceration, they retain the right to reapply if they choose. Additionally, if the client requests to continue receiving case management services, the Adult Services Case Manager may continue to provide those services to address any ongoing concerns or needs.

F. Client Moves to Another County

When a client informs the Adult Services Case Manager of their intent to move to another county, the case manager should provide the client or their authorized representative with the contact information for the Department of Social Services (DSS) in the destination county. This allows the client or representative to inquire about the SAIH Program in their new county of residence.

SAIH clients can move to another NC county and receive SAIH benefit payments. However, the client or their representative must complete a new SAIH application in the new county. For eligibility purposes, the process will restart as if the individual were a new applicant, and the established timeframes outlined in the manual for new applicants will apply.

The new county's Adult Services Case Manager may request the client's most recent SAIH Program Assessment and service plan from the prior county for reference purposes. However, a new face-to-face initial assessment and Adult and Family Service Plan must still be completed by the new county's Adult Services Case Manager.

Upon discovering that a client has moved to another county, the Adult Services Case

Manager must notify the Income Maintenance Caseworker (IMC), who will follow the applicable policies and procedures as set forth in the SAIH manual and the NCFAST JOB AIDS.

Please note that SAIH cases cannot be transferred between counties, unless the individual is a participant in the DOJ/TCL Program (see DAAS Administrative Letter 13-07). In all other cases, the client must sign a new SAIH application in the new county, which will be treated as a reapplication in NC FAST, with the eligibility process starting anew. The relevant timeframes for new applications will apply.

For all actions mentioned above, it is essential that the Adult Services Case Manager and IMC collaborate effectively with the client and the staff in the new county to ensure a smooth transition.



**Special Assistance In-Home (SAIH)
Case Management Manual**
XII. Terminations

XII. Terminations

This section outlines the procedures for terminating participation in the SAIH Program. Termination may occur for various reasons, including financial ineligibility, a change in the client's level of care needs, or failure to meet the program's qualifications for continued participation.

While the Income Maintenance Caseworker (IMC) is responsible for issuing the official termination notice for SAIH benefits, the Adult Services Case Manager may also need to issue a termination notice for Case Management Services. In such cases, the Adult Services Case Manager must review the eligibility criteria associated with the currently open case management service, as documented on the Client Data Entry Form (DSS-5027). If the client no longer requires, requests, or is no longer eligible for Case Management Services, the case manager must issue a 10-day Notice of Termination of Case Management Services using the DSS-5027 Form.

The 10-day notice must clearly explain the reason for the termination of Case Management Services and provide the client with information on their Rights and Responsibilities.

A. Financially Ineligible for SAIH Payments

When SAIH payments are to be terminated, a notice will be sent to the client/responsible party. Special Assistance rules determine the timing of the notice. The notice is generated by the IMC and will state the proposed termination date, the reason for termination, and appeal rights.

The Adult Services Case Manager and the IMC must work together in carrying out the following actions when SAIH is to be terminated.

1. Inform the client in writing that SAIH payments and any affected services in the service plan will terminate when eligibility for SAIH terminates. If the client does not appeal the termination of SAIH payments, the IMC will follow the termination procedures in the SA Manual.
2. If the client appeals the decision to terminate SAIH payments, the client may continue receiving the SAIH payments through the end of the month in which the local hearing is held, and a decision is made.

B. Level of Care Changes

When the client's physician recommends a level of care on the FL-2 other than licensed residential care (domiciliary), the client must be terminated from SAIH. The DSS cannot overturn that recommendation. The client should address any concerns about the level of care recommendation with the physician.

C. Failure to Meet SAIH Eligibility Requirements

The termination of a client's participation in the SAIH Program is initiated jointly by the Adult Services Case Manager and the Income Maintenance Caseworker (IMC) under any of the following circumstances:

1. The client has passed away.
2. The client is admitted to a licensed residential care facility, nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or another facility for a period exceeding 30 days.
3. The client's hospital stay or other absence from the home extends beyond 30 days.
4. The client relocates out of the county or state.
5. The client voluntarily withdraws from the program by submitting a signed statement indicating their desire to discontinue participation in the SAIH Program.
6. SAIH services are no longer adequate to ensure the client's health, safety, and well-being. This may occur if the client's living situation presents unmet needs, or if the client or family refuses necessary services or fails to follow the agreed-upon service plan.
7. The Adult Services Case Manager has exhausted all available formal and informal service options, with no providers willing or able to deliver the required services due to resource limitations or service provider refusals.
8. The client no longer qualifies for a residential level of care.

D. Termination/Appeals

If a client is terminated from participating in the SAIH Program due to financial ineligibility of the SAIH benefit, the IMC will send the client a termination notice. The IMC will notify the Adult Services Case Manager of the termination. If appropriate, the Adult Services Case Manager may also initiate the termination of case management services in writing.

If the Adult Services Case Manager determines that a client no longer qualifies for the SAIH Program, they will notify the IMC using the SAIH Interagency Referral Form (DSS-0031). The IMC will then initiate the termination of the client's SAIH benefit and issue a termination notice to the client. Concurrently, the Adult Services Case Manager will notify the client in writing of the termination of case management services via the DSS-5027 Form.

In cases where the client appeals the termination, the IMC will manage the appeal process and provide the client with all necessary notices regarding appeal hearings.

Preparation for Appeals:

- **If the termination is due to the client no longer meeting Medicaid or financial eligibility requirements**, the IMC will prepare for the appeal hearing.
- **If the termination is initiated by the Adult Services Case Manager**, the case manager will collaborate with the IMC to prepare for the hearing.

The Adult Services Case Manager must be present at the hearing to present information supporting the termination. The case manager should provide relevant

policy references and documentation to justify the decision, including references to the SAIH Manual and narrative documentation detailing the reasons for termination.

If the termination is due to client non-compliance with services, the case manager must provide documentation outlining the steps taken to address the non-compliance and the client's response to those efforts. The documentation should demonstrate how the client's non-compliance has impacted their health, safety, and well-being, ultimately jeopardizing their ability to remain safely at home.



Special Assistance In-Home (SAIH) Case Management Manual

XIII. Documentation and Record Keeping

XIII. Documentation and Record Keeping

The Adult Services Case Manager must document services and keep records according to the requirements outlined in this section. Specific case management programs may have additional documentation requirements that will need to be followed.

A. Record Retention

The records must be maintained by the DSS according to the guidelines in the DHHS Record Retention Schedule based upon the program code used by the Adult Services Case Manager.

B. Case Information that Must be Maintained in the Record

The agency is responsible for maintaining client case management records that contain:

1. All FL-2's, DSS-5027's, SAIH Program Assessments (Initial, Interim, Annual), Adult and Family Service Plans and revisions, SAIH Interagency Referrals, Consent for the Release of Information Forms, communications and case related correspondence between the Adult Services Case Manager and the IMC
2. Notice of SAIH participation to providers of Medicaid and other home and community care services
3. Case management documentation as required in C. below
4. Other correspondence related to the client's participation in SAIH
5. Service Documentation

C. Documentation of Case Management Service Provision

Documentation is critical for effective case management and ensures that all services provided are adequately recorded, justified, and eligible for reimbursement. All case documentation should be kept current within seven days of case activities.

The minimum service documentation requirements for Case Management are as follows:

1. Case Management Notes:

a. **Comprehensive Client Records:** The agency must maintain detailed case management notes that reflect all assessments, planning, coordination, and monitoring activities related to the client's case management activities. These records should provide a complete picture of the services rendered and how they contribute to the client's well-being and safety.

b. **Chronological and Narrative Format:** Notes must be maintained in a chronological order to ensure a clear timeline of activities and services. The narrative should detail every interaction and activity related to the client's case management, ensuring continuity of care and accountability.

2. Essential Components of Case Management Documentation: Case management notes must include the following details to ensure compliance with service standards and reimbursement requirements:

a. **Date of Activity:** Each case management activity must be documented with the specific date it occurred. This ensures an accurate record of service timelines and interactions with the client.

b. **Duration of the Activity:** The amount of time spent on each activity, measured in minutes, must be recorded. This can either be included within the narrative or documented separately on the Daysheet (DSS-4263). Accurate time tracking is essential for supporting reimbursement claims.

c. **Description of the Activity:** Each entry must provide a clear and concise description of the case management activity. This should include enough detail to justify the activity as it relates to the client's care and support a claim for reimbursement.

Example: If the case manager made a telephone call, the note should state the purpose of the call, such as confirming a service appointment, coordinating care with a provider, or discussing the client's health status. It should also explain why the call was necessary and how it benefited the client's care. The time spent on the call should correlate with the duration recorded on the Daysheet, ensuring consistency in reporting.

Thorough and accurate documentation of case management activities is essential for providing high-quality care and ensuring accountability standards. Each note must provide a clear rationale for the services rendered, how they contribute to the client's service plan or case management activity, and the time involved to support claims for reimbursement.



Special Assistance In-Home (SAIH) Case Management Manual

XIV. State Monitoring and Reviews

XIV. State Monitoring and Reviews

A. Programmatic Monitoring

The North Carolina Department of Health and Human Services (NCDHHS), Division of Social Services, is responsible for overseeing the operation of the Special Assistance In-Home (SAIH) Program. This oversight is conducted through a combination of periodic reports and on-site reviews. As part of the state monitoring plan, Adult Services staff from the NCDHHS Division of Social Services will formally assess case management records to ensure compliance with program requirements and to evaluate the quality and effectiveness of services provided. These reviews will ensure that local agencies adhere to state policies, administrative codes, and statutory mandates, with a focus on safeguarding the well-being of individuals receiving services under the SAIH Program.

B. Continuous Quality Improvement Reviews

Beyond formal programmatic monitoring, the NCDHHS Division of Social Services' Adult Services staff will hold quarterly consultation meetings with county DSS agencies. These consultations aim to not only ensure compliance with statutes, administrative codes, and policies but also to enhance service delivery through continuous quality improvement. By fostering collaboration and promoting the adoption of best practices, these meetings create opportunities to improve outcomes for clients and elevate the quality of services provided.

The focus of these reviews is to identify opportunities for enhancement, provide targeted technical assistance, and support counties in delivering the highest quality services within the SAIH Program. Through proactive engagement, counties can anticipate challenges, address them early, and continuously align with both regulatory standards and programmatic goals, ensuring that client outcomes are consistently optimized.



Special Assistance In-Home (SAIH) Case Management Manual

XV. Appendices

DHHS Adult Services Forms Related to SAIH Case Management

This is a comprehensive list of recommended forms that should be utilized by the Adult Services Case Manager for various SAIH related procedures. Each form is listed by form number order in each category.

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| Form Number | Description | Notes |
|--------------|--|--|
| DSS-5027 | Services Information System Client Entry Form | Signed by the client/authorized representative and Adult Services Case Manager during the initial assessment home visit. |
| DSS-0031 | SAIH Program Interagency Referral Form | Utilized to communicate information regarding SAIH Program applicant/client between the IMC and Adult Services Case Manager. |
| DHHS-AS-6225 | SAIH Program Assessment | Utilized for SAIH Program client assessments (initial, interim, annual). Completed within 30 calendar days from the date of the initial assessment home visit. |
| DHHS-AS-0011 | Adult and Family Service Plan | Must be developed, signed/dated by the client/authorized representative and Adult Services Case Manager within 30 calendar days from the date of the initial assessment home visit. Service plans will be reviewed with the client during each contact and updated as needed to reflect changes to the client's current situation. A new service plan form must be completed annually. |
| DHHS-AS-0016 | Consent for the Release of Information | Allow clients to select who they authorize the Adult Services Case Manager to contact and/or share their personal or sensitive information with. Signed consent forms expire one year from the date the client signed the form and/or upon termination of services. Clients have the right to revoke their consent at any time. |
| DMA 372-124 | <u>Adult Care Home FL-2 Form</u> | Medical form signed by a physician, physician's assistant or nurse practitioner that verifies the applicant/client's recommended level of care. At initial application, the FL-2 must be dated no more than 90 days prior to the date of application and must be received during the application processing period. |

Insert County Letterhead Here

DATE

OFFICE NAME

PHYSICIAN/PA/NP NAME

OFFICE ADDRESS

Re: CLIENT NAME AND DOB

Dear (INSERT NAME),

(CLIENT) has requested services through the Special Assistance In-Home Program (SAIH). A current FL-2, completed by their physician, physician's assistant or nurse practitioner, is required for this program. In order for (CLIENT) to be considered for SAIH, the recommended level of care needs to be Domiciliary/Adult Care Home. Although the need for Domiciliary/Adult Care Home level of care is required for this program, (CLIENT) will continue living safely in the community with supplemental financial assistance for services and supports as an alternative to placement.

Enclosed is an FL-2 for (CLIENT) and a brochure explaining the Special Assistance In-Home program. Please complete the FL-2 and then sign and date it at the bottom of the form. A self-addressed, stamped envelope is enclosed for your convenience in returning the FL-2.

Please return the completed, signed, and dated FL-2 on or before (DATE).

If you have any questions, please call me at (PHONE NUMBER). Thank you for your assistance.

Sincerely,

SOCIAL WORKER NAME

SOCIAL WORKER TITLE

Attachments (2): FL-2 and SAIH Brochure

Insert County Letterhead Here

DATE

OFFICE NAME

PHYSICIAN/PA/NP NAME

OFFICE ADDRESS

Re: CLIENT NAME AND DOB

Dear (INSERT NAME),

Please complete the enclosed FL-2 for (CLIENT). We are reassessing (CLIENT's) eligibility for the Special Assistance In-Home program (SAIH). This program enables individuals to reside in a private living arrangement and receive financial assistance as an alternative to facility care. (CLIENT) has indicated that they are very interested in remaining in this program. You can learn more about the SAIH program in the attached brochure.

It is important that you document that (CLIENT) requires Domiciliary/Adult Care Home level of care on the enclosed FL-2 in order for them to continue in this program. Please complete, sign and date the enclosed FL-2 and return it to me in the self-addressed, stamped envelope provided to you no later than (DATE).

Please feel free to contact me at (PHONE NUMBER).

Sincerely,

SOCIAL WORKER NAME

SOCIAL WORKER TITLE

Attachment (2): FL-2 and SAIH Brochure



SAIH CASE MANAGEMENT MANUAL REQUEST FOR ADDITIONAL SLOTS

For County DSS Agencies to Administer the SPECIAL ASSISTANCE IN-HOME PROGRAM

NOTE: Upon completion, send this form to specialassistance@dhhs.nc.gov for processing of your request.

Date of Request: _____

On behalf of _____ County Department of Social Services, I authorize North Carolina Department of Health and Human Services, Special Assistance, to increase our current number of Special Assistance In-Home slots.

We are requesting _____ (#) new slots bringing us to a new total of _____ (#).

I designate the following individual as the Department of Social Services agency contact for follow-up for this request:

Name: _____

Job Title: _____

Telephone: _____

E-mail address: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603

MAILING ADDRESS: 2401 Mail Service Center, Raleigh, NC 27699-2401

www.ncdhhs.gov • TEL: 919-855-6335 • FAX: 919-334-1018

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

SAIH Case Manager's Checklist

Client Name: _____

Date: _____ Case Manager (CM) received SAIH Interagency Referral from the IMC (required on date of SAIH application or by COB of next business day)

Date: _____ DSS-5027 (serves as the client's application for case management services) signed by client/rep and CM during the initial assessment home visit

Date: _____ FL2 request letter sent to Primary Care Provider (PCP)

Date: _____ FL2 received from PCP showing adult care home level of care (Domiciliary), and FL2 not dated more than 90 days prior to the date of SAIH application and received during the application processing period.

Date: _____ FL2 date (new FL2 required annually)

Date: _____ Initial SAIH Program Assessment begun (initial assessment HV required within 10 workdays from the date of referral to the CM)

Date: _____ Client/rep and CM sign DSS-5027 and a copy of the signed DSS-5027 and Rights & Responsibilities are provided to the client (should be on the same day as the initial assessment HV)

Date: _____ SAIH Program Assessments completed within 30 calendar days of initial assessment HV (completion date = date CM signed/dated assessment form)

Date: _____ Adult and Family Service Plan approved and signed by client/rep and CM within 30 calendar days from the initial HV (completion date = date CM signed/dated assessment form)

Date: _____ SAIH Interagency Referral completed by CM and submitted to the IMC within 30 calendar days from the date of the initial HV

Date: _____ Client approved for SAIH by the IMC

Date: _____ Services and activities outlined within the client's Adult & Family Service Plan mobilized/implemented (within 15 calendar days after the plan was signed by client/rep and CM)

SAIH Case Management Critical Timeframes

Action

Timeframe

IMC referral to Adult Services SAIH Case Manager (CM)

Required on date of SAIH application or by COB of next business day

Completed FL2 signed by Physician, Nurse Practitioner or Physician Assistant

Not dated more than 90 days prior to date of SAIH application & received during the application processing period

Initial SAIH Program Assessment home visit with client

Within 10 work days from the date of referral to the Adult Services CM

DSS-5027 signed by client/rep and CM

During initial assessment home visit with client

Service Plan developed, signed by client/rep and CM

Within 30 calendar days from the date of the initial assessment home visit

Implementation of activities/services outlined in the service plan

Begin within 15 calendar days of the service plan being signed

CM completes required activities with client and collaterals

Based on the client's Case Management Support Plan (SAIH Program Assessment)

1st Annual SAIH Program Assessment

Within the 12th month after the DSS-5027 was signed by the client

SAIH Interagency Referral completed/submitted to the IMC

Within 30 calendar days of the initial assessment home visit (HV)

SAIH Case Management Flow Chart

