

**N. C. Division of Aging and Adult Services Administrative Letter No. 15-07,
Amended
Adult Services Section**

Date: June 16, 2015 **Amended June 24, 2015**

Subject: Special Assistance Redeterminations/Recertifications

Distribution: County Directors
Special Assistance Supervisors
Adult Services Supervisors

Effective Date: **August 1, 2015**

I. BACKGROUND

A redetermination/recertification of eligibility factors subject to change is required once every twelve (12) months for all Special Assistance (SA) cases. A completed, signed DAAS-8190 has been required as the redetermination/recertification document. SSI beneficiaries were not required to sign the DSS-8190.

This amendment corrects the statement in Section IV. G. to read
G. If the information is NOT received within twelve (12) ~~work~~ **calendar days** after the date on the DMA-5097, send a DSS-8110 (**timely**) to propose termination of the SA benefits.

It also clarifies that the DAAS-8191 will be sent to all SA and SA-IH beneficiaries and if the DAAS-8191 is not returned to the county by the due date, send a DSS-8110 to propose termination of the SA benefits.

These changes are highlighted in red.

II. CONTENT AND IMPLEMENTATION OF CHANGE

SA-3320 will be removed from the DHHS Manuals website and this administrative letter will serve as policy for all SA redeterminations/recertifications until policy is published in the Integrated Eligibility Manual.

With the transition to NC FAST, a new redetermination/recertification form, DAAS-8191, has been developed and will be sent by NC FAST to all **SA and SA-IH beneficiaries, including SSI beneficiaries**, to be completed and returned. Effective August 1, 2015, all SA beneficiaries must complete, sign, and return the redetermination/recertification form.

An interview for SA redetermination/recertification is not required. Because NC FAST is not sending the DAAS-8191s to the authorized representative, the caseworker must manually send the DAAS-8191 to the authorized representative. A

Word version of the DAAS-8191 will be available on the DHHS forms website:
<http://info.dhhs.state.nc.us/olm/forms/forms.aspx?dc=doa>.

NC FAST will automatically send the DAAS-8191 to each SA **and SA-IH** beneficiary beginning the week of June 15, 2015. NC FAST will continue to send the DAAS-8191 for each SA case the first of the month prior to the month in which the certification period ends. The beneficiary is instructed to return the completed DAAS-8191 by the first day of the month in which the certification period ends.

(Example: For the certification period ending August 31, 2015, the DAAS-8191 will be sent the first of July 2015 and must be returned to the worker by August 1.) Directions will indicate the form is to be returned to the DSS at the address listed on the form.

III. IMPORTANT REMINDERS

- A. If the DAAS-8191 and required verifications are not completed by the end of the current certification period and entered into NC FAST, SA benefits will not be issued for the subsequent months. **If the DAAS-8191 is not returned to the county by the due date, send a DSS-8110 to propose termination of the SA benefits.**
- B. FL-2's are valid for one year from the date of signature. If there is not a valid FL-2 entered into NC FAST, benefits will not be issued.
- C. Verify that the current method of payment delivery is correct. If the method of payment requested is direct deposit, a valid [DSS-5023 Direct Deposit Authorization](#) form must be in the record. A new [DSS-5023 Direct Deposit Authorization](#) form only needs to be completed when there is a change to the delivery method or bank account.
- D. SA does not allow exparte reviews.

IV. PROCEDURE FOR ALL SA REDETERMINATIONS

- A. The redetermination/recertification form DAAS-8191 must be completed by the beneficiary or his/her representative.
- B. The SA facility administrator/designee or other individual may assist with completing the redetermination/recertification with a written statement from the beneficiary, if he/she is unable to complete the DAAS-8191 and has no authorized representative. Request a written statement if there is none on file and the beneficiary has not completed his/her information on the DAAS-8191.
- C. Eligibility factors and the verification required are found in [SA-3100](#).
- D. If necessary, the county should also send a release of information form for completion by the beneficiary and explain that it will be used to make necessary contacts.
- E. Complete on-line verifications. This includes SOLQ, AVS, DMV, RSDI, SSI, BENDEX, local property searches and any other available online verification.

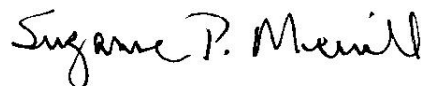
- F. Request third party verifications, if necessary, to verify income, resources and other eligibility. **Verification of residence in the facility is required for all SA facility cases.**
- G. If more information is needed, send a DMA-5097 informing the beneficiary/representative of items needed to complete the redetermination/recertification. If the information is NOT received within twelve (12) **calendar days** after the date on the DMA-5097, send a DSS-8110 (**timely**) to propose termination of the SA benefits.
- H. All evidence including any changes must be documented/entered into NC FAST. Attach the returned, completed, and signed DAAS-8191 to the case file.

V. SA BENEFICIARIES WITH MEDICAL CARE SPECIAL EXPENSES (MCS)

- A. A list of cases with Medical Care Special (MCS) expenses will be sent to the supervisors and directors in the sixteen counties with these cases.
- B. Only cases that were active with Services for the Blind prior to September 1, 2010, and transferred to the SA Program in September 2010, can have MCS.
- C. At redetermination/recertification, the IMC must also re-verify the MCS expenses for each beneficiary. Request verification of expenses for the past year via the [DMA-5097](#).
- D. Acceptable verification of MCS expenses can be an itemized, including costs, on the [DAAS-3006](#), MCS Medical Expense Form, signed by the facility pharmacist, or dated receipts for MCS items purchased by the facility for the beneficiary during the applicable verification period. Attach the verifications to the case file.
- E. Divide the annual total verified expenses for MCS items (those not covered by Medicare or Medicaid) and divide by 12 months to determine the monthly MCS expense amount to use in the SA payment calculation.

Please contact the Special Assistance listserv, specialassistance@dhhs.nc.gov with questions.

Sincerely,



Suzanne P. Merrill, Director

SPM: cu/skc