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HOUSE COMMITTEE REPORT

(11)-

Date Referred: March 17, 1989

FURTHER REFERRALS:

Date of Committee Action: 4/4/89

The FINANCE Committee considered:

HB 65

HOUSE BILL NO. 65

[ADULT PUBLIC ASSISTANCE]

"An Act relating to continuation of adult public assistance during mental health or other temporary institutionalization; and providing for an effective date."

RECOMMENDATIONS:

- be replaced with CS HB 65 (HESS) the same title
- have attached amendment(s) a new title
- do pass
- do not pass
- no recommendation
- individual recommendations
- additional referral to the _____ Committee

ADOPTS: _____ letter of intent

ATTACHES NEW FISCAL NOTE(S): (Dept)

APPROVES PREVIOUS: (Date/Dept)

- fiscal impact _____
- zero fiscal note _____
- zero with analysis _____

- fiscal note(s) 1/9/89 HSS
- zero fiscal note(s) _____
- zero fn/analysis _____

SIGNING DO PASS:

SIGNING: (Check approp. column)

[Signature] HOFFMAN
[Signature] LARSON
[Signature] BROWN
[Signature] KOPONEN
[Signature] ULMER
[Signature] PHILLIPS
[Signature]

	Do Not Pass	No Rec	Amend
<u>[Signature]</u> SWACKHAMMER		X	
<u>[Signature]</u> SHULTZ		X	
<u>[Signature]</u> RIEBER			

[Signature]
 CO-Chairman's signature

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Continuation of APA during
temporary institutionalization
Sponsor: _____
Requestor: By the Rules Committee
By Request of the Governor

Agency Affected: Health & Social Services
BRU: Assistance Payments
Components: Adult Public Assistance

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 89	FY 90	FY 91	FY 92	FY 93	FY 94
PERSONAL SERVICES	-0-	-0-	-0-	-0-	-0-	-0-
TRAVEL	-0-	-0-	-0-	-0-	-0-	-0-
CONTRACTUAL	-0-	-0-	-0-	-0-	-0-	-0-
SUPPLIES	-0-	-0-	-0-	-0-	-0-	-0-
EQUIPMENT	-0-	-0-	-0-	-0-	-0-	-0-
LAND & STRUCTURES	-0-	-0-	-0-	-0-	-0-	-0-
GRANTS, CLAIMS	-0-	12.4	12.4	12.4	12.4	12.4
MISCELLANEOUS	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL OPERATING	-0-	12.4	12.4	12.4	12.4	12.4

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	-0-	12.4	12.4	12.4	12.4	12.4
FEDERAL FUNDS	-0-	-0-	-0-	-0-	-0-	-0-
OTHER	-0-	-0-	-0-	-0-	-0-	-0-
TOTAL	-0-	12.4	12.4	12.4	12.4	12.4

POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

See analysis attached

Prepared by: John R. Taber, Director Phone: 465-3347
Division: Randy Mon, acting Date: 3/31/89
Approved by Commissioner: [Signature] Date: 3/31/89
Agency: Health & Social Services

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

RECEIVED
APR 4 1989

page 1 of 2

LEGISLATIVE FINANCE

Adopted

ANALYSIS:

It has been determined that approximately 13 cases might be affected by this change. The average APA supplemental grant for FY 89, based on 4% cost of living adjustment due 1/1/89, is \$317. This average payment was multiplied by the number of persons who may benefit from this change times three (maximum months paid) to determine the annual cost to the State of Alaska to provide continued benefits to this group during short term institutionalization. It was determined that 13 persons admitted to API may benefit for a total fiscal impact of \$12,400 in 1989. It is probable that no one admitted to Pioneers Homes will qualify for continued APA benefits due to the nature of placements there. Most are for long-term care, thus, no fiscal impact is anticipated for this group. Future years will be impacted based on the annual Cost of Living Adjustment (COLA).

2 of 2

Original sponsor: Rules/Governor

1 IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

2

CS FOR HOUSE BILL NO. 65 (HESS)

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

SIXTEENTH LEGISLATURE - FIRST SESSION

5

A BILL

6

For an Act entitled: "An Act relating to continuation of adult public
7 assistance during mental health or other temporary
8 institutionalization; and providing for an effective
9 date."

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

11 * Section 1. AS 47.25.430(c) is amended to read:

12

(c) Payment under AS 47.25.430 - 47.25.615 may not be made to a

13

person who is a resident of a public institution (except as a patient
14 in a public medical institution) or a person who is a patient in a
15 public or private institution for treatment of a mental disease. For

16

purposes of this subsection, "resident" and "patient" do not include a

17

person who is institutionalized for medical services for a period of

18

less than three months if the person needs to continue to maintain and

19

provide for the expenses of a home or living arrangement to which that

20

person may return upon discharge from the institution.

21

* Sec. 2. This Act takes effect July 1, 1989.

STEVE COWPER
GOVERNOR



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

2-1
145 65

January 9, 1989

The Honorable Sam Cotten
Speaker of the House
Alaska State Legislature
P.O. Box V
Juneau, AK 99811

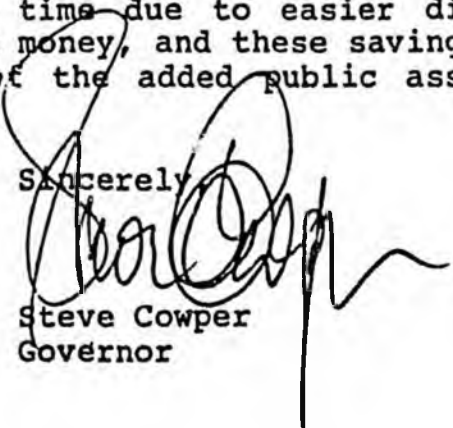
Dear Representative Cotten:

Under the authority of art. III, sec. 18, of the Alaska Constitution, I am transmitting a bill which would allow an adult public assistance recipient to continue to receive State public assistance benefits for up to three months while a patient in a public institution such as Alaska Psychiatric Institute or a Pioneers' Home, or while a patient in a private institution for treatment of a mental disease.

This change will parallel the new federal law that provides for a continuation of certain Social Security (SSI) benefits to individuals who will be institutionalized for less than three months. The continuation of these benefits will mean that persons who are temporarily institutionalized for medical services will be able to maintain their homes. Discharge planning is much more difficult if an individual has to give up his or her home due to the loss of such benefits. This results in increased institutionalization time while other accommodations are arranged.

The additional expense to the State as a result of this bill is estimated to be relatively small. At the same time, shorter institutionalization time due to easier discharge planning would save the State money, and these savings could more than offset the cost of the added public assistance benefits.

Sincerely,



Steve Cowper
Governor

42 USC 1383
note.

(c) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall become effective July 1, 1988.

SEC. 9112. REHABILITATION SERVICES FOR BLIND SSI RECIPIENTS.

42 USC 1383.

(a) **IN GENERAL.**—Section 1631(a)(6) of the Social Security Act is amended—

(1) by inserting "blindness (as determined under section 1614(a)(2)) or" before "disability (as determined under section 1614(a)(3))";

(2) by inserting "blindness or other" before "physical or mental impairment"; and

(3) by inserting "blindness and" before "disability benefit rolls" in subparagraph (B).

42 USC 1383
note.

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall become effective April 1, 1988.

SEC. 9113. EXTENDING THE NUMBER OF MONTHS THAT AN INDIVIDUAL IN A PUBLIC EMERGENCY SHELTER CAN BE ELIGIBLE FOR SSI.

42 USC 1382.

(a) **IN GENERAL.**—Section 1611(e)(1)(D) of the Social Security Act is amended by striking "three months in any 12-month period" and inserting "6 months in any 9-month period".

42 USC 1382
note.

(b) **EFFECTIVE DATE.**—(1) The amendment made by subsection (a) shall become effective January 1, 1988.

(2) In the application of section 1611(e)(1)(D) of the Social Security Act on and after the effective date of such amendment, months before January 1988 in which a person was an eligible individual or eligible spouse by reason of such section shall not be taken into account.

SEC. 9114. EXCLUSION OF UNDERPAYMENTS FROM RESOURCES.

42 USC 1382b.

(a) **IN GENERAL.**—Section 1613(a)(7) of the Social Security Act is amended by inserting after "shall be limited to the first 6 months following the month in which such amount is received" the following: "(or to the first 9 months following such month with respect to any amount so received during the period beginning October 1, 1987, and ending September 30, 1989)".

42 USC 1382b
note.

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall become effective January 1, 1988.

SEC. 9115. CONTINUATION OF FULL BENEFIT STANDARD FOR INDIVIDUALS TEMPORARILY INSTITUTIONALIZED.

(a) **IN GENERAL.**—Section 1611(e)(1) of the Social Security Act is amended—

(1) in subparagraph (A), by striking "and (E)" and inserting "(E), and (G)";

(2) in subparagraph (B), by inserting "(subject to subparagraph (G))" after "throughout any month"; and

(3) by adding at the end the following new subparagraphs:
"(G) A person may be an eligible individual or eligible spouse for purposes of this title, and subparagraphs (A) and (B) shall not apply, with respect to any particular month throughout which he or she is an inmate of a public institution the primary purpose of which is the provision of medical or psychiatric care, or which is a hospital, extended care facility, nursing home, or intermediate care facility receiving payments (with respect to such individual or spouse) under

a State plan approved under title XIX, if it is determined in accordance with subparagraph (H) that—

"(i) such person's stay in that institution or facility (or in that institution or facility and one or more other such institutions or facilities during a continuous period of institutionalization) is likely (as certified by a physician) not to exceed 3 months, and the particular month involved is one of the first 3 months throughout which such person is in such an institution or facility during a continuous period of institutionalization; and

"(ii) such person needs to continue to maintain and provide for the expenses of the home or living arrangement to which he or she may return upon leaving the institution or facility.

The benefit of any person under this title (including State supplementation if any) for each month to which this subparagraph applies shall be payable, without interruption of benefit payments and on the date the benefit involved is regularly due, at the rate that was applicable to such person in the month prior to the first month throughout which he or she is in the institution or facility.

"(H) The Secretary shall establish procedures for the determinations required by clauses (i) and (ii) of subparagraph (G), and may enter into agreements for making such determinations (or for providing information or assistance in connection with the making of such determinations) with appropriate State and local public and private agencies and organizations. Such procedures and agreements shall include the provision of appropriate assistance to individuals who, because of their physical or mental condition, are limited in their ability to furnish the information needed in connection with the making of such determinations."

(b) **CONFORMING AMENDMENT.**—Section 1902(l) of such Act is amended by striking "section 1611(e)(1)(E)" and inserting "subparagraph (E) or (G) of section 1611(e)(1)".

(c) **EFFECTIVE DATE.**—The amendments made by this section shall become effective July 1, 1988.

SEC. 9116. RETENTION OF MEDICAID WHEN SSI BENEFITS ARE LOST UPON ENTITLEMENT TO EARLY WIDOW'S OR WIDOWER'S INSURANCE BENEFITS.

(a) **IN GENERAL.**—Section 1634 of the Social Security Act is amended by adding at the end the following new subsection:

"(d) If any person—

"(1) applies for and obtains benefits under subsection (e) or (f) of section 202 (or under any other subsection of section 202 if such person is also eligible for benefits under such subsection (e) or (f) as required by section 1611(e)(2), being then at least 60 years of age but not entitled to hospital insurance benefits under part A of title XVIII, and

"(2) is determined to be ineligible (by reason of the receipt of such benefits under section 202) for supplemental security income benefits under this title or for State supplementary payments of the type described in section 1616(a),

such person shall nevertheless be deemed to be a recipient of supplemental security income benefits under this title for purposes of title XIX, so long as he or she (A) would be eligible for such supplemental security income benefits, or such State supplementary payments, in the absence of such benefits under section 202, and (B) is not entitled to hospital insurance benefits under part A of title XVIII."

TRANSMITTAL NO. 13
SSA Pub. No. 68-0500520
July 15, 1988

Audience: DO/BO/TSC: CR, CR INVI,
DRI, FR, OA, OS, RR, SR, ISC-SR;
PSC: CRTA, DMS, RECONR; IITPSC:
CATA, FCR, FDE, RECONE

Originating Office: OSSI

PROGRAM REQUIREMENTS MANUAL SYSTEM
Part 05 - Supplemental Security Income
Chapter 005 - Eligibility
Subchapter 20 - Institutionalization.

New Material	No. of Pages
Table of Contents (SI A00520.106).....	1
SI A00520.106-SI A00520.106.F.6.....	15

ACTION NOTES

SI 00520.001--Cross-refer to SI A00520.106

SI 00520.104--Cross-refer to SI A00520.106

Background

The purpose of this transmittal is to provide instructions on section 9115 of Public Law (P.L.) 100-203.

Section 9115 of P.L. 100-203, effective July 1, 1988, amends the Social Security Act to provide for the uninterrupted, continued payment of supplemental security income (SSI) benefits (including State supplementation) to certain persons who enter a public or Medicaid approved medical facility. This would be in lieu of determining the individual as ineligible for payment (if in a public institution not receiving substantial Medicaid payment) or eligible only for the \$30 personal needs allowance (if Medicaid is providing over 50 percent of the cost of care). This provision is intended to allow temporarily institutionalized recipients to retain SSI benefits so that they may pay the expenses necessary to maintain the place in which they intend to live when discharged.

Please note that there are a number of differences between this policy and the policy for institutionalized individuals who are eligible under section 1619 in the month of admission. Most of these differences are due to different statutory requirements. However, it may be possible to bring the two provisions into closer agreement. Any such change, though, will have to be made through promulgation of section 1619 regulations.

J
**U.S. Department of
Health and Human Services
Social Security Administration
Office of Policy**
SSA Pub. No. 68-0500520
I.C.N. 993401

Effective Date:: July 1, 1988

Selective Distribution

D39/PSC
To adjust quantity requirements, submit
form SSA-1296, "Request for Address or
Distribution Change"

Explanation of Manual Changes

A00520.106 Continuation of Benefits for Recipients Temporarily Institutionalized

This new section provides the policy principles, operating policy, development and documentation, and guidelines for preparing manual notices for implementing the continued benefits provision. It explains that continued benefits may be made for up to 3 months where LA D or PS :02 would otherwise apply if:

- o A physician certifies (not later than 10 days after the close of the month of admission into a medical confinement) that the person's stay in that institution or facility (or one or more such institutions or facilities during a continuous period of medical confinement) is not likely to exceed 90 days; and
- o SSA receives (not later than 10 days after the close of the month of admission into the institution) evidence that the person needs to continue to maintain and provide for some or all the expenses of the home or living arrangement to which he may return; and
- o The month involved is one of the first 3 months throughout which the recipient is in such an institution(s) or facility(ies) during a continuous period of medical confinement.

It further explains that a recipient will be considered temporarily absent from his last permanent living arrangement (LA) for any month he is receiving continued benefits. This is a new temporary absence provision which applies only to this benefit provision. The person will be considered temporarily absent for purposes of determining the Federal living arrangement, in-kind support and maintenance, deeming, and State supplementary payments.

This section also provides instructions on adjudicating cases where the recipient was medically confined prior to the July 1, 1988 effective date but July 1988 is no later than the third full month of medical confinement.

Additionally, this section instructs field offices to set up contacts with appropriate institutions to facilitate protection of recipients' eligibility for continued benefits through timely notification to SSA of the admissions of SSI recipients and changes in the source of payment.

As SSA is required to report to Congress on the implementation of the continued benefits provision, this section requires FO's to maintain manual listings to assist in obtaining the information needed for the report.

A00520.000 INSTITUTIONALIZATION

Section

Continuation of Benefits for Recipients Temporarily
Institutionalized A00520.106

A00520.106 Continuation of Benefits for Recipients Temporarily Institutionalized

Citation Social Security Act 1611(e)(1)(G)

A. Background

1. LEGISLATION

Section 9115 of P.L. 100-203 amends the Social Security Act to provide for continued payment of supplemental security income (SSI) benefits (including State supplementation) based on the full Federal benefit rate (FBR) to certain persons who are admitted to a public institution, the primary purpose of which is the provision of medical or psychiatric care, or a hospital, extended care facility, nursing home, or intermediate care facility receiving payments under Medicaid. These benefits may be paid for up to 3 full months if certain conditions are met.

2. PURPOSE OF STATUTORY PROVISION

The purpose of the provision is to provide recipients who are temporarily institutionalized for medical care (and who otherwise would have received a reduced benefit or none at all) with uninterrupted benefits during the first 3 full months of institutionalization so that they may pay some or all of the necessary expenses to maintain their home or living arrangement to which they may return upon discharge.

3. EFFECTIVE DATE

This provision is effective July 1, 1988.

B. Policy Principles

1. ELIGIBILITY FOR CONTINUED BENEFITS: GENERAL

An SSI cash recipient may continue to receive cash benefits (including State supplementation) based on the full FBR without interruption for any of the first 3 full months of medical confinement if he otherwise would be subject to the \$30 payment cap, or be ineligible for those months, if the remaining conditions in this subsection are met.

2. RECIPIENT STATUS

The individual must be eligible for an SSI payment (or a federally administered State supplement) in the month prior to the month he otherwise would be an LA D or PS N02.

3. INSTITUTIONALIZATION

The individual must continuously reside throughout the month in one or more public medical or psychiatric institutions and/or medical facilities in which Medicaid is paying more than 50 percent of the cost of care. (This provision does not apply to residents of penal institutions. See SI 00520.001 E.).

B. Policy Principles (Cont)

4. PHYSICIAN'S
CERTIFICATION

SSA must receive, no later than 10 days after the close of the month of admission, a physician's certification that the recipient is expected to be medically confined for 90 full, consecutive days or less. There is no good cause provision for failing to submit the certification on time.

NEED TO MAINTAIN
A HOME

- a. The individual must demonstrate that he needs to pay some or all of the expenses of maintaining the home or living arrangement to which he may return. (The home or living arrangement to which he may return may or may not be his last permanent living arrangement.)
- b. Evidence required to establish this need must be provided no later than 10 days after the close of the month of admission to the institution at the beginning of a period of medical confinement. There is no good cause provision for failing to meet this timeframe.

6. MONTHS AFFECTED

- a. The months subject to payment of continued benefits are any of the first 3 full months of medical confinement where absent this provision or the special benefits provision for 1619 eligibles described in SI 00520.104, the recipient would be ineligible due to confinement in a public institution (PS N02) or subject to the \$30 payment limit (LA D).
- b. Examples
 - o Continued benefits apply ~~for~~ 3 full months.

Mrs. Johnson, an aged recipient, was hospitalized on July 18, 1988. Medicare covered her hospitalization. She provided SSA with a doctor's statement that he expected her to go home on or by October 17, 1988. She also provided SSA with a written statement that she had to give her roommate her share of the apartment rent of \$100. These were provided in July 1988.

B. Policy Principles (Cont)

On July 29, 1988, Mrs. Johnson was moved to a nursing home and Medicaid began paying for her care and she stayed until November 2. The continued benefits provision applies for August, September and October, the 3 full months in which Mrs. Johnson was institutionalized as defined in B.3.

- o Continued benefits apply for less than 3 months.

Mrs. Jones, an aged SSI recipient, broke her hip and was hospitalized on July 15, 1988.

On the day of Mrs. Jones admission, the hospital sent the field office a statement from Mrs. Jones' doctor that he expected her to be released from the hospital on or by October 14. On July 20, the field representative obtained Mrs. Jones' written statement that she needs to pay her rent or she will lose her apartment.

Medicare paid for Mrs. Jones' care through September 29, 1988. On September 30, Medicaid begins paying the cost of her care. Mrs. Jones continues to be hospitalized through the month of October and November.

Continued benefits apply for the month of October only since it is within the first 3 full months of medical confinement and it is the only one of those months for which LA-D or N02 would otherwise apply.

- o Continued benefits do not apply.
(Not institutionalized per B.3. above.)

Mr. Smith, a disabled recipient, suffered a stroke and entered a hospital on July 15, 1988. His brother contacted the FO on July 19, and advised them of Mr. Smith's medical confinement. On July 21, the field representative obtained a certification from Mr. Smith's doctor that he expected Mr. Smith to be discharged on or by October 14 and a written statement that Mr. Smith was responsible for his mortgage

B. Policy Principles (Cont)

payment while he was in the hospital. Mr. Smith's private insurance paid for his hospitalization until January 10, 1989, when he returned home.

Mr. Smith is ineligible for continued benefits under this section since he is not subject to the \$30 payment limit and is not ineligible due to residence in a public institution.

- o Continued benefits do not apply-- Institutionalization per B.3. above begins after 3rd full month of medical confinement.

The same facts in the example above apply except that Mr. Smith does not leave the hospital. On January 11, 1989, Medicaid begins paying the cost of his care and February 1989 is the first month LA D applies. Since February is the seventh full consecutive month of medical confinement, the continued benefits provision does not apply.

7. TEMPORARY ABSENCE
FOR CONTINUED
BENEFITS PURPOSES

a. Definition

A recipient will be considered temporarily absent from his last permanent living arrangement for any months he is receiving continued benefits. (His last permanent living arrangement refers to the living arrangement used to determine benefits for the month before the month for which LA D or PS N02 would otherwise apply.) All Federal living arrangement (FLA), in-kind support and maintenance (ISM), and deeming provisions, as currently applied, will continue to apply as if he were physically residing in that living arrangement.

b. Examples

- o In the Mrs. Johnson example under B.6.b. above, the permanent living arrangement from which she is absent is the household she shares with her roommate.
- o In the Mrs. Jones example under B.6.b. above, the permanent living arrangement from which she is temporarily absent is the hospital.

B. Policy Principles (Cont)

8. PAYMENTS Payments to recipients eligible for the continued full benefits are based on the full FBR.
9. PERIOD OF INSTITUTIONALIZATION EXCEEDS EXPECTED 90 DAYS Payments made under the continued benefits provision are not overpayments if the recipient's actual stay exceeds the expected stay of 90 days or less. Overpayments may occur if it is later learned that some other requirement for the receipt of continued benefits was not met or the recipient was paid incorrectly for another payment/eligibility reason.
10. STATE SUPPLEMENTATION For federally-administered State supplementary payments, the State supplement payable for the months of continued benefits will be the same as that which would be payable if the recipient were physically residing in his last permanent living arrangement.
11. ASSISTANCE TO INDIVIDUALS SSA will make a concerted effort to make individuals aware of the need to act in a timely way to establish eligibility for these continued benefits.

C. Related Policy

1. ELIGIBILITY AND PAYMENT--MEDICAL INSTITUTIONS For rules that apply to residents of institutions, see SI 00520.030 and SI 00520.040.
2. SPECIAL INSTITUTIONALIZATION BENEFITS Two months of benefits based on the full FBR are available in some cases for individuals who:
- a. are 1619 eligible; and
 - b. enter a public medical or psychiatric institution or a medical facility when Medicaid is paying more than 50 percent of the cost of care.

See SI 00520.104.

NOTE: A 1619(a) recipient could be eligible for special institutionalization benefits for the first 2 months of institutionalization and be eligible (if all applicable conditions are met) for continued benefits for the same 2 months as well as the third month. For the first 2 months, apply whichever provision is more advantageous for the recipient.

C. Related Policy (Cont.)

3. RESOURCES
EXCLUSION---
THE HOME

For rules on applying the resource exclusion for a home as a principal place of residence, see SI 01130.400 ff.

NOTE: Application of the continuation of benefits provision does not alter the factors used in determining whether a home could be excluded from resources.

4. OVERPAYMENTS

For rules on recovering overpayments, see GN 02220.065.

5. TENTH DAY FALLS
ON NONWORKDAY

Workdays do not include Saturdays, Sundays, and Federal holidays. If the tenth day falls on a nonworkday, the recipient will have until the next workday to submit the physician's certification and statement of need.

D. Operating Policy

1. TEMPORARY ABSENCE
FOR CONTINUED
BENEFITS PURPOSES

For purposes of determining the living arrangement from which the recipient is temporarily absent (see B.7. above), use the permanent living arrangement as of the first moment of the month before the month in which institutionalization as defined in B.3. above began.

The circumstances that exist in that living arrangement for a particular month are the circumstances to use in determinations of FLA, ISM, deeming, and State supplementary payments for that month.

EXAMPLE: A recipient lives with his ineligible spouse in their daughter's home. On August 15, he went to visit his brother. On August 29, he was admitted to a Medicaid facility and was determined to be eligible for continued benefits for the months of September, October, and November. His daughter's home was his permanent living arrangement on August 1; therefore, we would continue deeming from his ineligible spouse and we would continue to count any ISM he would have received as if he were physically residing in his daughter's home.

D. Operating Policy (Cont)

2. TRANSITION CASES

For a recipient who was in a medical confinement prior to July 1, 1988 and July 1988 is no later than the third full month of medical confinement, we must receive the physician's certification and establish need to maintain the home not later than July 10, 1988 to pay continued benefits for July, August, and/or September. Under no circumstances do continued benefits apply to any month prior to July 1988.

E. Operating Procedure—
Case Processing

1. CASE DEVELOPMENT

When you learn that a recipient has entered into a medical confinement if 10 days after the close of the month of admission have not passed, immediately request a physician's certification and a statement of need to maintain the home or living arrangement.

2. PHYSICIAN'S
CERTIFICATION

The physician's certification must state whether the recipient is expected to be discharged from the facility (or a similar medical facility) by the 91st day; i.e., the period of medical confinement is not likely to exceed 90 full, consecutive days, beginning the day after the day of admission. (For example, if the recipient was first admitted to a medical facility on August 1, the certification must establish that the recipient is expected to be discharged October 31 or earlier--the 90 full consecutive days would be August 2 through October 30.)

To fulfill the requirement for a physician's certification of a 90 day or less stay:

- a. accept the physician's written statement, or
- b. use the facility's admissions or other records which reflect a physician's written statement, or
- c. use information from the attending physician's written records.

3. NEED TO MAINTAIN
THE HOME

Ask the recipient whether he needs to pay some or all of the expenses of maintaining the home or living arrangement to which he may return.

In determining the individual's need to maintain a home or living arrangement:

E. Operating Procedure--
Case Processing (Cont)

- a. Accept, absent evidence to the contrary, a written statement from the recipient (or from a person knowledgeable about his expenses and permanent living arrangement) that he needs to maintain and provide for some or all of the expenses of the home or living arrangement to which he may return.
- b. Consider the following (not all-inclusive) examples as contrary evidence:
 - o an indication that the recipient was homeless, or
 - o a statement from a knowledgeable person that the recipient is not required to pay any of the expenses of the home or living arrangement to which he intends to return, or
 - o an indication that the recipient is returning to a domiciliary or congregate care facility and is not required to continue to pay the facility to "hold the bed."
- c. Do not consider the fact that a recipient was subject to the value of the one-third reduction (VTR) in the month of entry into the institution as evidence to the contrary. (He may be paying something less than his pro rata share; or he may be paying some expense which was not considered to be a household operating expense for purposes of the ISM determination.)
- d. If evidence to the contrary exists, undertake whatever development is needed to determine whether the recipient needs to maintain and provide for some or all of the expenses of the home or living arrangement to which he may return. Any additional evidence which is requested to resolve the issue of need, of course, should be accepted without regard to the timeframe described in B.5. above.

4. CONTACTS WITH
INSTITUTIONS

The parallel field office (FO) should contact appropriate institutions to:

- a. establish a mechanism to assure that institutions alert SSA on a timely basis to admissions of SSI recipients; and

E. Operating Procedure--
Case Processing (Cont)

- b. determine the feasibility of obtaining information from the facility to meet the physician certification requirement.

5. DOCUMENTATION--
CONTINUED BENEFITS
APPLY

Document the file with:

- o A report of contact reflecting the physician's statement or the actual certification that the individual is expected to be institutionalized for no more than ~~90~~ full, consecutive days (see E.2.), and
- o Your determination of the recipient's need to maintain the home or living arrangement to which he intends to return. (The individual's statement is sufficient documentation when evidence to the contrary does not exist.)
- o A copy of the notice required in F.3., below.

6. DOCUMENTATION--
CONTINUED BENEFITS
DO NOT APPLY

- a. Document the file to show why the provision does not apply; and
- b. Include in the file a copy of the notice required in F.6., below.

7. SYSTEMS INPUT

- a. Upon notification that a recipient is in a medical or psychiatric facility where (absent the continued benefits provision or the special benefits provision for 1619 eligibles) he would be in LA D or PS N02, make no systems input until you determine whether the continued benefits provision applies.
- b. If the continued benefits provision applies, assure that the system reflects the individual's permanent living arrangement as of the first moment of the month before the month in which institutionalization (as defined in B.3.) applies. Diary the case for review at the beginning of the third month for which continued benefits could apply. (See notice requirement in F.4., below.)
- c. If the continued benefits provision does not apply, but the special benefits provision for 1619 eligibles applies, see SI 00520.104.
- d. If neither the continued benefits provision nor the special benefits provision for 1619 eligibles applies, transmit LA D or PS N02, as applicable. Suppress system-generated notices and see F. for notices requirements.

E. Operating Procedure--
Case Processing (Cont)

8. MANUAL LISTINGS

SSA is required to report to Congress on the implementation of the continued benefits provision. Maintain the following manual listings:

- o For each month, July 1988 or later, a listing of all recipients (names and social security numbers (SSN's)) who are receiving continued benefits. Send this listing, monthly, to: OSSI, DPMA, Attn: LDK, 3-S-1 Operations Building, Baltimore, Maryland 21235.
- o For each month, July 1988 or later, a listing of all recipients (names and SSN's) who go into PS N02 or LA D, who are in medical or psychiatric facilities, and who did not receive continued benefits in the month prior to the first month of LA D or PS N02. Retain these listings pending further instructions.

F. Operating Procedure--
Manual Notices

1. GENERAL NOTICE
REQUIREMENTS

Until receipt of approved notice language, follow the instructions below for issuing manual notices:

- a. See CN 00804.100 ff. for the appropriate standard notice paragraphs;
- b. Address all pertinent issues (see 3 through 5 below); and
- c. Send a copy of the notice to the appropriate State agency if the State has a State administered State supplement program.

2. FORMS TO USE

Use the following forms:

- a. No change in payment amount--SSA-L8166-U2.
- b. Reduction of payment amount, suspension, or denial--SSA-L8155-U2.

3. ELIGIBILITY
NOTICES

Once all development has been completed and the recipient is eligible for continued payment, send a notice regardless of whether payment is changing. Include the following information:

F. Operating Procedure--
Manual Notices (Cont.)

- a. Prior to the enactment of this law, the recipient would have received a reduced SSI payment or would have received no payment because of the type of facility in which he is staying.
- b. Because of this law, we can pay the recipient up to 3 months of SSI money.
- c. The recipient can receive this money because:
 - o the doctor expects the recipient to leave the facility by the 91st day after the date of admission, and
 - o the recipient has to pay expenses to maintain a home.
- d. For recipients who would otherwise be in LA D include the fact that the institution is not permitted to ask them to use these benefits to pay for the cost of their care.

4. PAYMENT REDUCTION

If the recipient is in a facility when the Goldberg/Kelly cutoff date approaches for stopping the check for the fourth month, suppress the systems-generated notice and send a manual Notice of Planned Action (SSA-L8155-U2), following SI 02301.601 ff.

Tell the recipient that the SSI check for the fourth month must be reduced or stopped if the recipient has not left the facility. (If the Goldberg/Kelly cutoff date for the fourth month is missed, add paragraph 2021 found in CN 00804.225.)

5. COMBINED ELIGIBILITY AND PAYMENT REDUCTION OR SUSPENSION

There may be cases where the following are true:

- o The notice described in 3. above has not yet been sent, and
- o A Notice of Planned Action is required concerning payment reduction or suspension in the 4th month.

In these cases, combine the messages in 3. and 4. above in the Notice of Planned Action (SSA-L8155-U2).

F. Operating Procedure—
Manual Notices (Cont)

6. DENIAL NOTICES

At the time that LA D or N02 is input, suppress the systems-generated notice. Send a manual SSA-L8155 and use the appropriate paragraphs in CN 00804.155 or CN 00804.165. Also, tell the recipient that after developing for receipt of continued benefits, he was found ineligible. Give the reason(s) shown below that apply:

- a. the recipient's doctor expects the stay in the facility to last longer than 90 days,
- b. the recipient did not have any home expenses,
- c. the physician's certification was not received or was received later than 10 days after the close of the month of admission,
- d. the need to maintain expenses of the home was not established or was established later than 10 days after the close of the month of admission,
- e. the recipient was not eligible for payment in the month of admission,
- f. the month involved is not one of the first 3 months of a continuous period of medical confinement.