

10A NCAC 71P .0602 INITIAL APPLICATION

(a) The Caseworker shall explain that eligibility for the State/County Special Assistance Program provides:

- (1) a cash payment; and
- (2) Medicaid as set forth in 42 C.F.R. 435.232 and 10A NCAC 23D .0102(2). Neither 42 U.S.C. 1382e, 20 C.F.R. 416.2001, 42 C.F.R. 435.232, nor 10A NCAC 23D .0102(2) shall apply to the State/County Special Assistance In-Home Program nor to the State/County Special Assistance for the Certain Disabled Program.

(b) The Caseworker shall explain the eligibility requirements for the State/County Special Assistance Program and the applicant's rights and responsibilities. The Caseworker shall inform the applicant of the following:

- (1) The applicant shall provide the name of collateral sources of information such as landlords, employers, and others who can substantiate or verify the applicant's eligibility information.
- (2) It is the County Department's responsibility to use collateral sources to substantiate or verify information necessary to establish eligibility. Collateral sources of information include knowledgeable individuals, business organizations, public records, and documentary evidence. If the applicant does not wish the County Department to contact such collateral sources, he or she may withdraw the application. If the applicant denies permission for the County Department to contact such collateral sources and does not withdraw his or her application, the application shall be denied.
- (3) The County Department staff shall verify the applicant's residence.
- (4) The applicant has the right to:
 - (A) receive the State/County Special Assistance Program payments if he or she is found eligible for such assistance;
 - (B) be protected against discrimination on the ground of race, color, or national origin by Title VI of the Civil Rights Act of 1964: if the applicant believes he or she was a victim of such discrimination, he or she may file a civil rights complaint in writing to the United States Department of Health and Human Services, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0403 (voice) or (202) 619-3257 (TTY). Further information can be found on the U.S. Department of Health and Human Services website "How to File a Civil Rights Complaint" at: <http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process>;
 - (C) designate a Substitute Payee as set forth in Rule .0501 of this Subchapter;
 - (D) have any person or his or her Authorized Representative participate in the application process and receive notices;
 - (E) have any information given to the County Department kept in confidence;
 - (F) appeal, if:
 - (i) his or her State/County Special Assistance Program application is denied;
 - (ii) the applicant believes that the payment is incorrect based on the county's interpretation of State regulations; or
 - (iii) if the applicant's request for a review of his or her eligibility decision was delayed more than 30 calendar days;
 - (G) reapply at any time, if found ineligible; and
 - (H) withdraw the application at any time or withdraw from the State/County Special Assistance Program at any time.
- (5) The applicant's responsibilities. The applicant or Authorized Representative shall:
 - (A) provide the County Department with the collateral sources from which the County Department can locate and obtain information needed to determine eligibility, including furnishing his or her social security number;
 - (B) not provide false statements or withhold information that relates to the applicant's eligibility;
 - (C) report to the County Department any Change in Situation, within five calendar days of such change, that may affect his or her eligibility for the State/County Special Assistance Program payment;
 - (D) cooperate with the County Department in support of any right of subrogation the State may have pursuant to State or federal law; and
 - (E) report within five business days to the County Department the receipt of a payment which the recipient knows to be erroneous, such as two payments for the same month or a

payment in the wrong amount. If the recipient does not report such payments, he or she may be required to repay any overpayment.

(c) The application for the State/County Special Assistance Program shall include:

- (1) the applicant's full name;
- (2) the applicant's address;
- (3) the signature of the applicant or his or her Authorized Representative. The signature shall assure that he or she understands his or her rights and responsibilities as set forth in Rule .0602 of this Subchapter; and
- (4) sufficient information as set forth in Rule .0601(7) of this Subchapter in order for the Caseworker to determine eligibility for the State/County Special Assistance Program. For the State/County Special Assistance In-Home Program, the application shall also include the results of the comprehensive functional assessment that shall include the areas set forth in 10A NCAC 71A .0208.

History Note: Authority G.S. 108A-40; 108A-41(b); 143B-153;
Eff. January 1, 1983;
Temporary Amendment Eff. October 28, 1997;
Amended Eff. June 1, 2016; April 1, 1999.
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 20, 2017.