

Indiana	ICES Program Policy Manual	DFC
CHAPTER: 5000 SUPPLEMENTAL ASSISTANCE FOR PERSONAL NEEDS	SECTION: 5000 TABLE OF CONTENTS	

5000.00.00 OVERVIEW OF SUPPLEMENTAL ASSISTANCE FOR PERSONAL NEEDS

5005.00.00 SAPN ELIGIBILITY

 5005.05.00 BENEFIT CALCULATION

 5005.10.00 BENEFIT ISSUANCE

5010.00.00 SAPN PAYMENT METHODS

 5010.05.00 DIRECT DEPOSIT

 5010.10.00 CHECKS / WARRANTS

 5010.10.05 LOST OR STOLEN WARRANTS

5099.00.00 FOOTNOTES FOR CHAPTER 5000

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5000.00.00 OVERVIEW OF SUPPLEMENTAL ASSISTANCE FOR PERSONAL NEEDS

Supplemental Assistance for Personal Needs payments, established by Indiana PL 294-2001, became effective July 1, 2002. With this enactment, eligible individuals residing in health care facilities could receive a supplemental payment from the state in an amount up to \$22 per month.

Prior to October 2009, all SAPN payments were issued as checks (warrants). Effective October 2009, payments will primarily be made by direct deposit. Forms and direct deposit instructions were mailed to recipients with their September 2009 checks along with contact information for questions or concerns. FSSA Vendor Services staff will identify SAPN recipients who have not completed the direct deposit form and forward information packets to them.

If a recipient or a Protective Payee does not want to participate in the direct deposit process, their issues will be considered and addressed by FSSA Vendor Services staff (Section 5010.05.00).

5005.00.00 SAPN ELIGIBILITY

To be eligible for Supplemental Assistance for Personal Needs payments, individuals must be receiving Medicaid, residing in a Medicaid certified health care facility throughout the calendar month for which the benefit is issued, and receiving a \$30 reduced SSI benefit. (f1) For recipients who no longer meet these qualifications, ineligibility begins the month following the month in which any one of these criteria is no longer met. A deceased SAPN recipient is entitled to payment for the month of the death. (f2)

5005.05.00 BENEFIT CALCULATION

SAPN payments are not countable income in the Medicaid determination. The payments are not counted in the eligibility step or in the post-eligibility calculation of the liability. (f3)

The SAPN benefit can range from \$1.00 to \$22.00 and is based on the calculation of budgeted earned and unearned income subtracted from the \$52.00 Medicaid Personal Needs Allowance.

(f4)

5005.10.00 BENEFIT ISSUANCE

Recipients are eligible for SAPN payments beginning the later of the following: 1) the month in which their SSI is reduced from the community rate to the \$30 amount allowed for SSI beneficiaries in health care facilities, or 2) the month after the individual's Medicaid eligibility has been authorized with a post-eligibility budget. (f5)

The SAPN benefit amount determination and issuance authorization is accomplished systematically. The workers' responsibility with this program is to establish and maintain the Medicaid case properly.

To ensure proper and timely issuance of payments, adherence to the change processing guidelines in Chapter 2220.00.00 is essential.

5010.00.00 SAPN PAYMENT METHODS

Prior to October 2009, SAPN payments were issued to individuals as checks (warrants). Beginning in October 2009, the primary method of payment became direct deposit. To recognize the possibility of continued payment by check, information relating to both methodologies is provided in the following sections.

5010.05.00 DIRECT DEPOSIT

The State Auditor's Office, based on IC 4-13-2-14.8, instructed that beginning in October 2009, SAPN payments will be made by direct deposit. New recipients are to complete State Form 53788 - Vendor Information to establish Electronic Fund Transfer (EFT) of their payments.

Completed State Form 53788 is to be mailed to:

FSSA Administrative Services Vendor Services
P.O. Box 28
Indianapolis, Indiana 46206-0028

This form is not to be mailed to the Auditor of State.

Questions or concerns are to be directed to:

FSSA Vendor Services (317-232-1196) or
via e-mail at FSSAVendorQuestions@fssa.in.gov.

5010.10.00 CHECKS / WARRANTS

SAPN payments are issued to the eligible individual. If the recipient elects to have payments sent to a Protective Payee, State Form 51042 (R/1-03) / FI 0045 - Representative Payee Agreement for Supplemental Assistance for Personal Needs must be completed and retained in the case file.

5010.10.05 LOST OR STOLEN WARRANTS

Whenever staff is notified of the loss or theft of a recipient's SAPN check, first determine that the check was mailed to the correct address and that adequate time has been allowed for delivery. Once it has been confirmed that all information was correct, sufficient time has been allowed for delivery, and the check cannot be located, FSSA Management Services is to be contacted.

FSSA Management Services must wait 30 days from the date the check was written before taking further action. If it is found that the check has not been cashed, Administrative Services staff will mail State Form 45735 - Affidavit for Lost or Not Received Warrant to the recipient or Protective Payee for completion. The form or any questions regarding this process are to be addressed to:

FSSA Management Services
Natasha Pulley/PO Box 28
Indianapolis, IN 46206-0028
Phone : (317) 233-2352
Fax : (317) 233-6118

To rewrite the check, the State Auditor's Office must receive the original affidavit. A photocopy or fax is not acceptable.

The recipient/Protective Payee should be informed that the affidavit must be completed and signed before a replacement warrant will be issued and that failure to immediately execute the affidavit will delay replacement.

Under no circumstances should the Local Office refuse to allow a payee to execute the affidavit when he requests to do so. If fraud is suspected, the Local Office should conduct an investigation. However, the issuance of a replacement check is not to be delayed because of the fraud investigation.

5099.00.00 FOOTNOTES FOR CHAPTER 5000

- (f1) 405 IAC 7-1-1(a)
IC 12-15-7-1
- (f2) 405 IAC 7-1-1(e)
- (f3) IC 12-15-32-6.5
405 IAC 7-1-1(b)
- (f4) IC 12-15-32-6.5

405 IAC 7-1-1(c)
(f5) 405 IAC 7-1-1(d)