# **Special Assistance In-Home Program**

#### **Economic Assessment Worksheet**

#### **Instructions**

The Economic Assessment Worksheet is a tool to be used to determine resources available to meet the client's health and safety needs. It is used to assess any unmet financial needs that are required to assist the client to live safely in a community living setting. It also serves as a means to document what the SAIH payment is to be used for and serves as an agreement between the client and SAIH Program that the SAIH funds will be used as indicated.

### **Section A: Income and Expenses (Page 1 and 2)**

#### Monthly Income

• List all income available to the client. Income source could include;

Social Security Salary/Wages/Earnings

SSI Child Support

Veteran's Benefits Alimony

Dividends/Interest General Assistance (DSS)
Railroad Retirement Tribal Income (prorate)
Pension, other retirement On-going cash from others

Energy Assistance (prorate) Rental Assistance\*

List these under monthly income sources as these benefits help meet monthly essential expenses. For easy reference, these are also listed on page 2 of the Economic Assessment Worksheet. There may be other sources of income not listed.

• Enter the total income amount in Section J. 1.

NOTE: Per Federal Regulation: Food and Nutrition Act 2008 do not count Food and Nutrition Services as income. If you have questions about this contact the Adult Services List Serve at DAAS.AdultServices@dhhs.nc.gov

Federal Regulation: Food and Nutrition Act 2008

Value of Allotment; Sec .8. (7 U.S.C. 2017)

(b) The value of benefits that may be provided under this Act shall not be considered income or resources for any purpose under any Federal, State, or local laws, including, but not limited to, laws relating to taxation, welfare, and public assistance programs, and no participating State or political subdivision thereof shall decrease any assistance otherwise provided an individual or individuals because of the receipt of benefits under this Act.

#### Monthly Expenses

This part of the assessment requires that the client is made aware that certain expenses are considered non-essential for the SAIH program and cannot be counted toward the total amount of expenses that will be used to determine the SAIH payment. Clients may need to make choices to forgo certain expenses in order to have their needs met to remain safely in the community.

There are columns for "essential expenses" and "non-essential expenses." List items according to the category in which they belong. Examples of essential expenses include:

Rent\* Laundry

Basic Utilities Medical bills/prescriptions and co-pays Food Essential insurance premiums (prorate)

Clothing (prorate to reasonable monthly amount)

Transportation costs related to health and safety needs

Page 2 of the worksheet also provides examples of essential and non-essential expenses for reference.

The client is allowed a \$66 per month Personal Needs Allowance (PNA) as are those individuals receiving SA in a licensed residential facility. The \$66 amount is added in the essential column and may be applied to any items or services the client wishes to purchase that are considered non-essential.

\*Rent: If rental assistance is included as income then list the entire rent in section A under monthly expenses. If rental assistance is not included as income, then only list the amount of rent for which the client is responsible.

#### **Unmet Essential Needs**

- These are items or services not accounted for in the essential expenses
  column that the client needs for health and safety. This might include
  one-time expenses, short-term needs or a new service to which the
  client has not yet had access, but is an essential need. This might be a
  deposit for housing or electrical, or other services such as additional in
  home aide hours.
- List the item and the amount on page 1. If it is a one-time or short-term expense the SAIH payment amount will need to be adjusted. Document this on page 4 of the Economic Assessment Worksheet in the SAIH computation Section J.

### **Section B: Medical Insurance Coverage (Page 2)**

 Gather information about the client's access to medical coverage and cost to client, if any. Include this in the essential monthly expenses on page 1 of the worksheet. Clients eligible for SAIH must also be eligible for full Medicaid, but may have other health insurance coverage.

# **Section C: Other Resources (Page 3)**

• Verify and document other resources available to the client. Explore how these resources can be used to meet unmet needs. Document how they can be used or why they are not being used in Section G. on page 3 of the worksheet.

# Section D through I: Documentation of Other Economic Information (Page 3)

• Document other economic information as indicated. This information should be used to assist the client in accessing all resources available to him/her and will reveal any issues that require follow-up.

### **Section J: Computation of the SAIH Payment (Page 4)**

• The computation of the SAIH payment is documented in this section. The DSS IMC will communicate the maximum payment amount. Base the authorized payment amount on any deficit identified when comparing essential monthly expenses to available income along with any other unmet financial need.

### **Section K: Special Assistance In-Home Payment Agreement (Page 5)**

 Based on computation in Section J, enter the SAIH authorized payment amount. Document the unmet need and monthly amounts for which the SAIH payment will be used. Note that total cannot exceed maximum authorized amount. The SAIH Payment cannot be used for:

Automobile Purchases/Car payments

Alcohol/Tobacco Products

Purchases for Others/Gifts

**Spending Money** 

Costs associated with pet care

\*Questions regarding the appropriate use of the SAIH payment should be directed to the NCDAAS Adult Services Listserv: DAAS.adultservices@dhhs.nc.gov

- Explain to the client that the SAIH funds are to be used only for the items listed. Review these items with the client and obtain the client's signature. Inform the client that failure to use the SAIH payments as indicated could result in reduction or termination of the SAIH payment.
- The worker must also sign and date the worksheet upon completion of the assessment. The client should be given a copy of Section K.
- Changes to the SAIH Payment prior to the annual economic reassessment will be documented here. The worker and client must date and initial these changes.
- The economic worksheet will be reviewed with the client during each review and changes made if needed. The worker and client must date and initial these changes.