

Indiana Health Coverage Program Policy Manual
Chapter 5000
SUPPLEMENTAL ASSISTANCE FOR PERSONAL NEEDS
Sections 5000.00.00 – 5010.05.05

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## 5000.00.00 OVERVIEW OF SUPPLEMENTAL ASSISTANCE FOR PERSONAL NEEDS

Supplemental Assistance for Personal Needs (SAPN) payments, established by Indiana PL 294-2001, became effective July 1, 2002. With this enactment, eligible individuals residing in health care facilities can 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). Payments were primarily made by direct deposit from October 2009 through December 2010 when the Auditor of State's Office authorized the return to issuance of payments by warrant (check).

### 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.<sup>1</sup>

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.<sup>2</sup>

### 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.<sup>3</sup>

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.<sup>4</sup>

### 5005.10.00 BENEFIT ISSUANCE

Recipients are eligible for SAPN payments beginning the later of the following:

- 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
- The month after the individual's Medicaid eligibility has been authorized with a post-eligibility budget.<sup>5</sup>

The SAPN benefit amount determination and issuance authorization is accomplished systematically. The worker's 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 METHOD

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. Effective January 2011, with authorization from the Auditor of State's Office, FSSA Management Services reinstated paper (warrant) payments and terminated direct deposit for all SAPN clients.

#### 5010.05.00 CHECKS / WARRANTS

SAPN payments are issued to the eligible individual. If the recipient elects to have payments sent to a Representative 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. Any other form is not acceptable to allow someone other than the eligible individual to receive the SAPN payment.

#### 5010.05.05 LOST OR STOLEN WARRANTS

If 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 42850 – Affidavit for Lost or Not Received Warrant to the recipient or Representative Payee for completion. The form or any questions regarding this process are to be addressed to:

FSSA Claims Info  
[ClaimsInfo@fssa.in.gov](mailto:ClaimsInfo@fssa.in.gov)  
(317)233-4465 – Claims Line

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

The recipient/Representative 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 Department of Family Resources refuse to allow a payee to execute the affidavit when he requests to do so. If fraud is suspected, Department of Family Resources should investigate. However, the issuance of a replacement check is not to be delayed because of the fraud investigation.

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<sup>1</sup> 405 IAC 7-1-1(a), IC 12-15-7-1

<sup>2</sup> 405 IAC 7-1-1(e)

<sup>3</sup> IC 12-15-32-6.5, 405 IAC 7-1-1(b)

<sup>4</sup> IC 12-15-32-6.5, 405 IAC 7-1-1(c)

<sup>5</sup> 405 IAC 7-1-1(d)