

Indiana Health Coverage Program Policy Manual

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 METHOD

5010.05.00      CHECKS / WARRANTS

5010.05.05      LOST OR STOLEN WARRANTS

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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). 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

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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)

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: 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.<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 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. 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

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

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

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 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/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 DFR refuse to allow a payee to execute the affidavit when he requests to do so. If fraud is suspected, DFR should conduct an investigation. However, the issuance of a replacement check is not to be delayed because of the fraud investigation.