

CF OPERATING PROCEDURE  
NO. 155-27

STATE OF FLORIDA  
DEPARTMENT OF  
CHILDREN AND FAMILIES  
TALLAHASSEE, April 16, 2018

Mental Health/Substance Abuse

GUIDELINES FOR PRE-RELEASE REFERRAL OF RESIDENTS IN STATE MENTAL HEALTH  
TREATMENT FACILITIES FOR SOCIAL SECURITY BENEFITS AND INSURANCES AND  
FOR THE INSTITUTIONAL CARE PROGRAM (ICP) MEDICAID

1. Purpose. This operating procedure describes a uniform system of referral for Social Security Administration (SSA) benefits under the Social Security Act Pre-Release Procedures. These actions are in preparation for a resident's discharge from a State Mental Health Treatment Facility (SMHTF) to the community. The acquisition of benefits is essential to promoting financial, psychiatric, and medical stability of the individual in the community.
2. Scope. All residents of state civil or forensic mental health treatment facilities that meet the criteria set forth in this operating procedure will be referred for SSA benefits according to timelines specified as part of the discharge planning process. This operating procedure applies solely to individuals being discharged or conditionally released to the community. This operating procedure is being expanded to include the eligibility of residents for the Institutional Care Program (ICP), a Medicaid Program for individuals who reside in the Distinct Part of the SMHTF, or who are being discharged to a nursing home in the community. It does not apply to individuals committed to the Department pursuant to Chapter 916, Florida Statutes (F.S.), as Incompetent to Proceed (ITP) who are returning to detention facilities to await trial following competency restoration unless specific arrangements regarding resolution of legal charges have been developed with the committing court. This operating procedure does not apply to residents who will be discharged or transferred to other public institutions, or to residents served at the Florida Civil Commitment Center (FCCC).
3. References.
  - a. CFOP 155-17, Guidelines for Discharge of Residents from a State Civil Mental Health Facility to the Community.
  - b. CFOP 155-18, Guidelines for Conditional Release Planning for Individuals Found Not Guilty by Reason of Insanity or Incompetent to Proceed Due to a Mental Illness.
  - c. CFOP 155-22, Leave of Absence and Discharge of Residents Committed to a State Mental Health Treatment Facility Pursuant to Chapter 916, Florida Statutes (F.S.).
  - d. Chapter 394, Florida Statutes, Florida Mental Health Act.
  - e. Chapter 400, Florida Statutes, Licensed Facilities.
  - f. Chapter 409, Florida Statutes, Social and Economic Assistance.
  - g. Chapter 744, Florida Statutes, Guardianship.
  - h. Chapter 916, Florida Statutes, Mentally Deficient, and Mentally Ill Defendants.

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This operating procedure supersedes CFOP 155-27 dated August 5, 2016.

OPR: SMF

DISTRIBUTION: X: OSGC; ASGO; SMF; Region/Circuit Mental Health Treatment Facilities.

- i. Public Law 104-191, Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- j. Social Security Administration Publication No. 05-11000, August 2012, Supplemental Security Income.
- k. Social Security Administration Publication No. 64-039, September 2008, Disability Evaluation Under Social Security.
- l. Social Security Administration's Program Operations Manual System, Supplemental Security Income, Eligibility, Residence in an Institution, SI 00520.900-930, August 2012, Pre-release Procedure, Agreements and Referral.
- m. Social Security Administration's Program Operations Manual System, Supplemental Security Income, Eligibility, Residence in an Institution, SI 00520.140, October 2013, Temporary Institutionalization Benefits.
- n. SSA Publication Administration No. 05-11015, January 2014, A Guide to Supplemental Security Income (SSI) For Groups and Organizations.
- o. SSR 85-28: Titles II and XVI: Medical Impairments That Are Not Severe.
- p. Title XIX, Section 1902, State Plan for Medical Assistance.
- q. Department of Children and Families, ACCESS Florida Program Policy Manual, CFOP 165-22, Chapter 1600, Assets.
- r. Department of Children and Families, Program Guidance for Managing Entity Contracts, Incorporated Document 9, and Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR), Effective July 1, 2015.

4. Definitions. As used in this operating procedure, the following terms shall mean:

- a. Assets Unavailable – Circumstances Beyond Control. Assets unavailable due to circumstances beyond the individual's control are not considered in the determination of eligibility, as cited in the Department's Economic Self-Sufficiency ACCESS Florida Program Policy Manual (paragraph 1640.0321).
- b. Benefits Coordinator. An employee in the SAMH Headquarters Office, Continuity of Care Unit. The Benefits Coordinator provides technical assistance about the eligibility criteria and benefits status to the facility liaison at the State Mental Health Treatment Facility for residents who are being discharged to the community.
- c. Community Case Manager. An individual who works with residents and their families, community service providers, and the recovery team to ensure continuity of care. The community case manager assesses resident needs, plans services, links the resident to services and supports, assists in securing community living environment and behavioral health services, monitors service delivery, and evaluates the effectiveness of service delivery. A forensic specialist, forensic case manager, or Florida Community Treatment (FACT) team member, may function as a forensic resident's community case manager.
- d. Conditional Release. A court-approved discharge for a resident committed to the Department under Chapter 916, F.S., from a SMHTF to a less restrictive community setting.

e. Conditional Release Plan. A court-ordered plan for providing appropriate outpatient care and treatment for individuals found ITP or Not Guilty by Reason of Insanity (NGI). The committing court may order a conditional release of any defendant in lieu of an involuntary commitment to a SMHTF, or upon a recommendation that outpatient treatment of the defendant is appropriate. A written plan for outpatient treatment, including recommendations from qualified professionals, must be filed with the Court with copies to all parties. Such a plan may also be submitted by the defendant and filed with the Court with copies to all parties. See CFOP155-18, Guidelines for Conditional Release Planning for Individuals Found Not Guilty by Reason of Insanity or Incompetent to Proceed Due to a Mental Illness, for details regarding conditional release planning.

f. Disability Determination. The Florida Department of Health Division of Disability Determinations (DDD) makes the disability decisions on behalf of the Social Security Administration (SSA) and the Department of Children and Families (DCF), Office of Economic Self-Sufficiency (ESS). SSA's Field Office and the ESS Regional Offices are responsible for referring the medical evidence to DDD for the disability evaluation.

g. Disabled. A person is disabled as defined by SSA when he or she is unable to do any kind of substantial gainful work because of a severe physical or mental impairment (or a combination of impairments) which has lasted or is expected to last for a continuous period of at least 12 months; or that is expected to result in death.

h. Doctor's Letter of Certification. A letter from a SMHTF doctor stating that the length of time the resident was treated at the facility was less than, or is anticipated to be, less than 90 days.

i. Facility Liaison. Staff of the SMHTF that, in conjunction with the community case manager, is responsible for coordination of benefits and community discharge planning for the resident. In some facilities, these functions may be performed by the human services counselor or benefits coordinator. Facility staff or the local SSA Office will provide training on facility specific discharge processes, including benefits coordination, during orientation to staff persons involved in resident discharge planning or benefits coordination. Training will be provided at least annually on any updates or changes to the pre-release agreement.

j. Forensic Specialist/Forensic Case Manager. A staff member employed by a community mental health provider, including those under contract with a Behavioral Health Managing Entity in accordance with section 394.9082, F.S. The Forensic Specialist/Forensic Case Manager provides an array of services to individuals who have been committed to the Department of Children and Families pursuant to the provisions of Chapter 916, F.S., as either ITP or NGI due to mental illness.

k. Guardian. A person who has been appointed by the Court to act on behalf of a resident who has been adjudicated incapacitated in accordance with Chapter 744, F.S. The nature of the guardianship may be plenary (all rights) or limited, stating which rights have been removed.

l. Guardian Advocate. A person, appointed by a Circuit Court in accordance with s. 394.4598, F.S., to provide express and informed consent to treatment for an individual adjudicated incompetent to consent to mental health and/or medical treatment while he/she remains in the SMHTF.

m. Income. SSA considers income as anything a resident (or spouse and/or parent or legal guardian, as applicable) receives that can be used for food, clothing, or shelter (with some exclusions such as one home, one vehicle, medical care and services, and social services).

n. Incompetent to Proceed (ITP). A determination made by the Circuit Court that an individual is unable to proceed at any material stage of a criminal proceeding. This may include trial of the case, pretrial hearings involving questions of fact on which the defendant might be expected to testify, entry of a plea, proceedings for violation of probation or violation of community control, sentencing, and

hearings on issues regarding a defendant's failure to comply with court orders or conditions or other matters in which the mental competence of the defendant is necessary for a just resolution of the issues being considered.

o. Institutional Care Program (ICP). A Medicaid Coverage Group that assists with paying the cost of care and other related medical expenses for recipients residing in a nursing facility or the Distinct Part of a SMHTF. The individual must meet the financial and medical eligibility requirements, which includes Technical, Income and Assets to qualify for the coverage-

p. Medicaid. Medicaid is a joint federal-state health insurance program administered by the Agency for Health Care Administration (AHCA). In Florida, the eligibility requirements for the Title XIX Medicaid Program are established by DCF/ESS for Medicaid Policy. Individuals who receive SSI Benefits are automatically entitled to receive Medicaid coverage in Florida.

q. Not Guilty by Reason of Insanity (NGI). A determination made by the Circuit Court that an individual is acquitted of criminal charges because the individual is found insane at the time of the offense.

r. Plan to Achieve Self-Support (PASS). A plan for a person with a disability or blindness to set aside income or resources to fulfill an employment goal. SSA Form 545-BK is completed to request a plan. This is one type of Social Security Incentive available to SSI/SSDI recipients. If applicable, this plan will be developed by the resident and his/her guardian and recovery team during the discharge planning process. Income and resources that are set aside under a PASS are not considered when deciding SSI eligibility and payment amount.

(1) The plan will include:

- (a) A realistic, specific work goal;
- (b) Timelines;
- (c) What income or resources will be set aside and how they will be spent;
- (d) Details regarding separating plan funds from other resources; and,
- (e) Any goods and services necessary for success of the plan, with explanation.

(2) This plan is necessary only when a resident is eligible for benefits but has resources and income in the community that exceeds the minimum amount allowable

s. Pre-Discharge Ready. A determination by a SMHTF resident's Recovery Team that the individual is likely to be discharge-ready within the next three months, no longer meeting the criteria for involuntary inpatient placement in accordance with s. 394.467, F.S.

t. Pre-Release Agreement. An agreement between the local SSA Field Office and a specific SMHTF, which details the processes and responsibilities of both parties in the acquisition of benefits for residents prior to community discharge. The agreement may be written or verbal. Although SSA utilizes a model agreement (see Appendix A to this operating procedure), it may be modified to meet the needs of the facility.

u. Public Institutions. An institution that is operated by or under the direct or indirect administrative control of the Federal government, the State, or political subdivision of a State, such as a city or county. Examples include state or contracted SMHTFs or prisons.

v. Qualified Noncitizen. An individual who is not a U.S. citizen that fulfills all of the criteria to receive Social Security benefits and public assistance. The person must meet a qualifying status verified by the United States Citizenship Immigration Services (USCIS) Systematic Alien Verification for Entitlement (SAVE) Program.

w. Recovery Team. An assigned group of individuals with specific responsibilities identified on the recovery plan including the resident, psychiatrist, guardian or guardian advocate (if applicable), community case manager, family member and other treatment professionals consistent with the resident's needs, goals, and preferences.

x. Representative Payee. A person, agency, organization, or institution selected to manage a recipient's benefits under any SSA program for the purpose of meeting basic needs including food, clothing, and shelter; and to serve as liaison between SSA and the recipient. The SSA Office determines if a representative payee is needed, based on a written statement or completed SSA-787 Form from the facility treating physician/psychiatrist and if so, appoints one. The following residents require a representative payee:

(1) Minors under the age of 18;

(2) Legally incompetent adults; and,

(3) Anyone determined to be incapable of managing or directing the management of his or her funds by SSA.

y. Resident. A person who resides in a SMHTF (civil or forensic setting). The term is synonymous with "client", "consumer", "individual", "patient" or "person served".

z. Resources. Savings and assets owned or co-owned by the person.

aa. Severe Physical or Mental Impairment. SSA defines a condition as "severe" when the impairment or combination of impairments interferes with basic work-related activities. The impairment must:

(1) Be included in the Listing of Impairments published by SSA; or,

(2) Meet the level of severity indicated in the "Listing of Impairments;" or,

(3) Prevent the applicant from doing work that they had engaged in within the past 15 years; or,

(4) Prevent the applicant from doing any other work as described by the Department of Labor in consideration of the applicant's age, education, and past work experience.

bb. Social Security Administration (SSA). The governmental agency which approves/denies and provides Social Security benefits, such as Supplemental Security Income (SSI), to eligible residents while inpatient or upon discharge to the community, depending on SSA program guidelines. SSA is represented by local offices and each office location will be specific to the SMHTF.

cc. Social Security Disability Insurance (SSDI). A program that provides benefits to disabled or blind persons who are insured by the claimant's contributions to the Social Security Trust Fund. These contributions are based on the recipient's earnings (or those of a spouse or parent) as required by the Federal Insurance Contributions Act (FICA). Title II of the Social Security Act authorizes SSDI benefits.

dd. Supplemental Security Income (SSI). A cash assistance program funded and administered by the Federal Government. The basic purpose of SSI is to assure a minimum level of income to people who are aged, blind, or disabled, and have limited income and resources in the community.

ee. Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) Outreach, Access, and Recovery (SOAR). A national project funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) designed to increase access to SSI/SSDI for eligible adults with mental illnesses who are homeless or at risk of homelessness. Additional information about SOAR trainings and technical assistance is available at <https://soarworks.prainc.com>.

ff. Suspension of Benefits. A recipient of SSA benefits, who resides in a public institution, such as a SMHTF, may not be eligible to continue receiving benefits during the period of residence in that institution. The SSA Office will be notified of all admissions to a SMHTF, in order for SSA to determine if each individual may be eligible for additional or new benefits. This also promotes a smooth reinstatement of benefits at discharge.

gg. Undocumented Presence. An individual present in the United States without proof of lawful presence from USCIS.

5. Criteria for Referral. All residents meeting eligibility criteria for Social Security Administration benefits must be referred to SSA prior to discharge as part of the discharge planning process in order to promote financial, psychiatric, and medical stability in the community.

a. At least one of the following conditions must be met:

- (1) The resident must be age 65 or older; or,
- (2) The resident must be blind; or,
- (3) The resident must be disabled, mentally or physically.

b. In addition, the resident will be a U.S. citizen or Qualified Noncitizen and have limited income or resources available in the community.

6. Responsibility for Referral. All SMHTFs will designate a facility liaison to handle all referrals; notify the local SSA Office of any pertinent changes; oversee the terms of the pre-release agreement; and respond to any local SSA Office inquiries. The facility liaison shall be familiar with SSA Prerelease Procedure, Agreements and Referral (SI 00520.001, 900-90) and will work with the local Social Security Office representative to establish a working relationship, to foster the most efficient and pragmatic system possible for pre-release referral. The facility liaison will work with the Economic Self Sufficiency Specialist (ESSS) to foster a process that allows residents to obtain ICP Medicaid coverage, as appropriate.

7. Procedure for Referral. In compliance with HIPAA and associated confidentiality requirements, all residents (or guardians as applicable) are encouraged to sign applicable release forms upon admission in order to authorize release of personal information for an individual to obtain benefits. If a resident is unwilling to participate in the benefits procurement process, the recovery team will continue to work with the resident to promote discharge readiness and ensure necessary funding will be available upon discharge by obtaining necessary consents. In cases where the resident is unable or unwilling to sign required forms to obtain ICP, self-appointment by a representative of the SMHTF is acceptable. The representative must be able to provide correct and complete information about the applicant's circumstances as they relate to eligibility at the time of application and annual renewals. The representative must be knowledgeable about many factors of the resident's eligibility. These items may

include, but are not limited to, the individual's residency, citizenship, income, assets, shelter and utility obligations, medical expenses, guardianship, power of attorney, and Social Security number.

a. Residents whose lengths of stay do not exceed 90 days and who were SSI recipients upon admission. Refer to SSA's Temporary Institutionalization Benefits Guidelines for residents whose lengths of stay do not exceed 90 days, and who were SSI recipients upon admission, when applicable.

b. Residents whose lengths of stay at the facility are greater than 90 days, but less than one year, who were SSI only recipients, upon admission.

(1) If a resident has been at a facility for more than 90 days, but less than one year, and the resident had been receiving SSI only benefits, up to the date of admission:

(a) But SSI only benefits have been suspended while receiving treatment at a SMHTF; and,

(b) Disability determination has not expired.

(2) The facility liaison, or designated staff, will notify the SSA Office of the resident's anticipated discharge date and his/her proposed living environment prior to discharge in order to facilitate reinstatement of benefits.

c. Residents who did not receive Social Security Administration benefits upon admission, or whose lengths of stay exceed one year, and meet the criteria for referral.

(1) All SMHTFs will develop and follow pre-release agreements with their local SSA Office. Written pre-release agreements are preferred for ensuring understanding by both parties. The pre-release agreement will include, but is not limited to, the following elements:

(a) A process for ensuring that all eligible residents may receive their disability determination prior to discharge by:

1. Specifying contingency plans, including suspension of benefits pending discharge, for cases where the resident is not discharged within 30 days of receipt of determination (or other agreed upon timeframe) due to changes in their anticipated discharge date or proposed discharge living environment; or,

2. Other mutually agreed upon procedures; and,

(b) Correspondence including, but not limited to, all necessary legal and medical documentation and consents, and notification requirements; and,

(c) Social Security provided training requirements.

(2) All residents meeting the criteria to apply for Social Security benefits, and is likely to be discharge ready within three months, otherwise known as "Pre-Discharge Ready," will be referred according to the terms of the pre-release agreement. Timely completion is necessary to ensure that the referral can be submitted to SSA upon identification of appropriate community placement.

(a) Voluntary residents committed to the Department pursuant to Chapter 394, F.S., requesting discharge and meeting the eligibility requirements will be referred at the time of request. All necessary forms for referral will be completed as soon as the resident's information is available following admission of a voluntary resident.

(b) Involuntary residents committed to the Department pursuant to Chapter 394, F.S., who meet the eligibility requirements and have been determined to no longer meet the criteria for involuntary hospitalization will be referred for benefits as soon as the determination is made. Every necessary and appropriate action will be taken to ensure the resident's appropriate placement prior to discharge, including allowing time for the individual to obtain benefits determination prior to discharge.

(c) Involuntary residents committed to the Department pursuant to Chapter 916, F.S., who meet the clinical eligibility requirements and are being discharged to the community, will be referred for benefits as part of the Conditional Release Plan development process.

(3) The facility liaison or designated staff will interview the resident (and the resident's guardian or guardian advocate, if applicable), and research the resident's income and resources, disability status, and residency status to document eligibility criteria. This research process will begin at the time of admission, or within the first 30 days after the resident's admission to a SMHTF.

(a) If need for a representative payee is anticipated and an appropriate discharge living environment and services are being sought, the facility liaison will attempt to identify appropriate options with the resident during the interview in order to encourage agreement with payee determination.

(b) If a Plan to Achieve Self-Support (PASS) is appropriate due to resources or income which exceeds the limits allowed by SSA, the Plan will be developed with the resident and guardian or guardian advocate prior to submitting the application. A PASS Plan is only appropriate if the individual plans to go to or return to work. The Plan will be realistic and specific to the resident's strengths and abilities, and detail if resources or income will be used for recovery-based training or treatment; continuing education; vocational rehabilitation; or any other goals for promoting self-sufficiency.

(c) If the resident has undocumented presence, the facility liaison will contact the local SSA liaison to discuss the resident's specific circumstances and attempt to determine whether the resident meets the qualifications for a Qualified Noncitizen.

(4) If a resident received SSDI in the community, the facility liaison will contact SSA to determine the status of the disability determination. If the disability decision was approved and is in a current status, the decision can be adopted and used in the determination of eligibility for SSI and Medicaid. If a disability determination is not required, the resident will be referred for a pre-release application when discharge placement is secured.

(5) The facility liaison or designated staff will assist the resident in completing all necessary documents for the application process and obtain all necessary medical documentation for proving disability status. Any special circumstances or conditions which may affect the resident's eligibility will be noted.

(a) The facility liaison will contact SSA to determine if any additional documentation will be necessary to prove eligibility due to the resident's specific circumstances.



(b) If the resident's assets cannot be verified to determine eligibility initially and annually thereafter for ICP Medicaid coverage, the SMHTF must notify ESSS that the resident's assets may involve circumstances where free access to funds may not be available for residents under court-ordered institutional treatment. The most common scenarios in which residents do not have access to these funds are when:

1. Resident is unable to sign financial release forms in order that the bank account information may be verified, but where the ACCESS Program determines there is a bank account in place; or

2. Resident signs the financial release and it is determined that the resident has funds over the asset limit, but due to their institutionalization, does not have access to their funds, does not have a debit card, and is the only person listed on the bank account.

(c) Convincing evidence proving the unavailability of assets is required, but does not guarantee approval of the individual's benefits. ESSS will make an independent assessment of the assets availability based on evidence presented.

(6) If necessary according to the terms of the pre-release agreement, the facility will provide a statement to SSA indicating that the resident is being considered for discharge. This statement will include the resident's approximate discharge date and anticipated living environment. If at any point in the application process the resident's anticipated discharge date or proposed living arrangement changes, SSA will be notified.

(7) When the resident's disability determination for SSI is received, the resident will be discharged as close to the end of the month as possible. A recipient's determination for SSDI or other SSA benefits does not influence when a person is discharged.

(8) The facility liaison will contact the community case manager/forensic specialist in cases where residents will be discharged according to the contingency plan of the pre-release agreements to ensure that application will be processed in a timely manner post-discharge. The community case manager/forensic specialist will:

(a) Submit or re-activate application to the SSA Field Office in the locality of the resident's discharge as soon after discharge as possible; and,

(b) Attempt to facilitate communication between the SSA Field Office in the locality of discharge and the SSA Office which assisted in obtaining the disability determination in order to ensure that the resident's application will be processed in a timely manner.

(9) When the disability determination has been made, SSA should contact the resident through the facility liaison or designated staff to inform the resident of his/her approval or denial status. If an appropriate discharge living environment has been found for the resident and no notification of disability determination has been provided, the facility liaison will contact SSA to inquire about the status of the resident's benefits.

(10) The facility liaison may file for a reconsideration of the resident's benefits within 60 days of the SSA denial. SSA's Reconsideration Procedures are available at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0427001001>.

(11) The facility liaison or designated staff will promote open communication in transferring between units within the facility as it pertains to issues of the resident's discharge readiness or criteria for benefits eligibility.

(12) If at any point in the application process the facility liaison or staff responsible for benefits coordination changes, SSA will be notified. The new facility liaison or staff responsible will be oriented to the resident's application status and any special circumstances specific to the resident's case previously arranged with SSA, to ensure the resident's receipt of benefits in the community.

(13) The facility administrator will review the current pre-release agreement at least annually to ensure that the agreement meets the needs of the residents and the facility.

(14) In instances where the resident's discharge planning is impeded or prevented due to lack of financial resources, community resources, legal barriers, or any other barrier, the facility administrator/designee will be notified immediately. If matters cannot be resolved in a timely manner, the facility will notify the State Mental Health Treatment Facilities' Headquarters Office for assistance with resolution.

BY DIRECTION OF THE SECRETARY:

*(Signed original copy on file)*

WENDY SCOTT

Director, State Mental Health Treatment Facilities, Policy and Programs

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

Added additional provisions to assist residents with applying for Social Security Benefits and Medicaid coverage prior to discharge from the facility; clarified the circumstances under which a disability determination decision can be used to determine eligibility for SSI or Medicaid; enabled the facility liaison to file for reconsideration of an SSA denial; added a description of the duties and responsibilities for the SAMH Continuity of Care Benefit's Coordinator; and, revised definitions for the Institutional Care Program (ICP) and Medicaid.

## Social Security Administration Model Pre-Release Agreement

Parties \_\_\_\_\_ (called the "facility")  
\_\_\_\_\_ (called the "local office")

The facility will:

1. Identify individual residents scheduled or being considered for discharge from the facility within 30 days after the notice of the SSA eligibility decision.
2. Provide the local office with the names of potential pre-release applicants as well as their Social Security number, date of birth, a signed authorization to release information, pertinent medical information, and anticipated discharge date.
3. Refer all individuals who appear to meet the income and resource criteria for Social Security benefits.
4. Provide nonmedical information for development of whether the individual meets Social Security eligibility requirements.
5. Provide current medical evidence consistent with Social Security Administration guidelines and recommendations of the Disability Determination Services.
6. Notify the local office of any changes that could result in the resident's discharge over 30 days after the notice of the SSA eligibility decision.
7. Notify the local office as soon as the individual is discharged from the facility.
8. Designate a facility liaison to:
  - o handle all referrals;
  - o notify the local office of any pertinent changes; and
  - o respond to any local office inquiries.

The local Social Security Administration Office will:

1. Provide guidelines for the kinds of information requested from the facility.
2. Review with facility personnel the pre-release procedures at least once a year, and whenever procedures or the facility liaison changes.
3. Designate a local office liaison to:
  - o assist facility personnel in initiating and completing prerelease applications; and
  - o respond to facility inquiries.
4. Process all pre-release claims in an expeditious and timely manner.
5. Notify the facility of SSA's eligibility decision.

Signature of Administration of both parties with date:

\_\_\_\_\_

\_\_\_\_\_

Signature

Date