

MSSICS 010.011 Institution Residence Data (LINS)

A. INTRODUCTION

You use this screen to record the type of institution and data about special payment decisions such as 9115 and 1619/1611E. The claimant may select either the 9115 or 1619/1611E continuing payment provisions if eligibility factors for both are met.

B. AUTOMATED SYSTEMS FEATURES

If CONFINEMENT REASON [15-M] = 3 (emerg shelter), the case is a MSSICS processing exclusion because the FO must control and force pay the claim.

If ELIGIBLE FOR AND CHOOSES SPECIAL INSTITUTION PAYMENTS - 1619/1611E

[21-M] = Y, the case is a MSSICS processing exclusion.

Reference: Application Taking Exclusions and Limitations, MSOM [MSSICS 001.003](#)

If INSTITUTION [14-M] is "1" (public) and CONFINEMENT REASON [15-M] = 1 (medical/psych), 5 (prisoner) or 6 (other), the system will display page 2.

If INSTITUTION [14-M] is "2" (private) and OVER 50% MEDICAID PAYMENTS [16-C] = "Y", the system will display page 2.

If INSTITUTION [14-M] is "2" (private) and OVER 50% MEDICAID PAYMENTS [16-C] = "N" or blank (not required), the system will not display page 2.

If claimant is eligible couple, facsimile 2 will be displayed (if required). Otherwise, facsimile 3 will be displayed (if required).

If IF NO, ELIGIBLE FOR AND CHOOSES CONTINUING PAYMENT - 9115 [22-C] = Y, the screens necessary to record the household changes from the permanent household residence beginning with Household Composition (LHHC) will be added to the path in order that the changes can be recorded as well as the institution data since payment is made as though the claimant was still residing at the household residence.

Caution: Do not record permanent residence changes that occur while the claimant is in the institution. Only record changes to the permanent residence at the time of institutionalization. If the permanent residence changes, then you must process the case outside of MSSICS. All of the institution determinations are keyed from the residence start date. When 9115 applies, all residence start date changes should apply to changes involving the institution.



[17-C]

PRIVATE HEALTH INSURANCE (Y/N): B

[18-C]

INSTITUTION FOR FOOD STAMP PURPOSES (Y/N): P

[19-O]

REMARKS (Y): X

D. FACSIMILE 2: LINS - INSTITUTION RESIDENCE DATA

MSSICS INSTITUTION RESIDENCE DATA PAGE 2 OF LINS

[1-D]

[2-O]

SSS-SS-SSSS SSSSS SSSSSSSSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO: XXXX

[20-M]

INSTITUTION TEMPORARY (Y/N): X

[21-M]

ELIGIBLE FOR AND CHOOSES SPECIAL INSTITUTIONAL PAYMENTS - 1619/1611E (Y/N): X

[22-C]

IF NO,

ELIGIBLE FOR AND CHOOSES CONTINUING PAYMENT - 9115 (Y/N): X

[23-C]

IF YES, TYPE OF CARE: 9

CARE OPTIONS 1=ACUTE CARE 2=INTERMEDIATE CARE (MENTAL)

3=INTERMEDIATE CARE (NON-MENTAL) 4=SKILLED NURSING

CARE

[24-C]

HOME EXPENSE STATEMENT DATE FOR SSSSS SSSSSSSSSS: 999999

HOME EXPENSE STATEMENT DATE FOR SSSSS SSSSSSSSSS: 999999

[25-C]

PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSS: 999999

PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSS: 999999

[26-C]

IF NOT DISCHARGED, CONTINUED PAYMENT PERIOD ENDED (Y): X

[27-C]

WHICH MEMBER OF COUPLE: X 1=SSSSS SSSSSSSSS

2=SSSSS SSSSSSSSS

3=BOTH

[28-C]

IF NO, 9115 INELIGIBILITY DECISION CODE: X

[19-O]

REMARKS (Y): X

E. FACSIMILE 3: LINS - INSTITUTION RESIDENCE DATA

MSSICS INSTITUTION RESIDENCE DATA PAGE 2 OF LINS

[\[1-D\]](#)

[\[2-O\]](#)

SSSSSSSS SSSSS SSSS-SS-SSSS PERIOD BEGAN: SS/SS/SSSS TRANSFER TO:  
XXXX

[\[20-M\]](#)

INSTITUTION TEMPORARY (Y/N): X

[\[21-M\]](#)

ELIGIBLE FOR AND CHOOSES SPECIAL INSTITUTIONAL PAYMENTS -  
1619/1611E (Y/N): X

[\[22-C\]](#)

IF NO,

ELIGIBLE FOR AND CHOOSES CONTINUING PAYMENT - 9115 (Y/N): X

[\[23-C\]](#)

IF YES, TYPE OF CARE: 9

CARE OPTIONS 1=ACUTE CARE 2=INTERMEDIATE CARE (MENTAL)

3=INTERMEDIATE CARE (NON-MENTAL) 4=SKILLED NURSING

CARE

[\[24-C\]](#)

HOME EXPENSE STATEMENT DATE FOR SSSSS SSSSSSSSSS: 999999

[\[25-C\]](#)

PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSS: 999999

[\[26-C\]](#)

IF NOT DISCHARGED, CONTINUED PAYMENT PERIOD ENDED (Y): X

[\[28-C\]](#)

IF NO, 9115 INELIGIBILITY DECISION CODE: X [\[19-O\]](#)

REMARKS (Y): X

F. HOW YOU GOT HERE

- You entered "N" for MEETS LEVINGS REQUIREMENT on Eighth Judicial Circuit Data (LEJC); or
- You entered "6" (institution) for RESIDENCE TYPE on Residence Address (LRES) and the STATE on LRES was not one of the Eighth Judicial Circuit states (Arkansas, Iowa, Minnesota, Missouri, Nebraska, North Dakota or South Dakota).

G. COMMON FIELDS