

Screen Shots for MSSICS LINS Screen

When continued payments are payable for temporary institutionalization, the physician's certification and home expenses statement must be received by SSA by the recipient's discharge date or 90 days from admission date (whichever is earlier). The SSA claims representative confirms that the recipient and physician provided this required information by inputting the receipt dates in fields 24-C and 25-C (the Facsimile 2 of the LINS screen below highlighted in yellow).

Fields 24-C and 25-C are not used as a collection instrument. Fields 24-C and 25-C are used to tell the SSI computer system that the claims representative has obtained the necessary documentation to determine that the SSI recipient is eligible for temporary institutionalization benefits. If these fields are not completed, the computer system will not pay the temporary institutionalization benefits to the recipient. These fields serve as a safeguard to prevent the issuance of incorrect payments to a recipient who does not meet the requirements to receive temporary institutionalization benefits.

C. FACSIMILE 1: LINS - INSTITUTION RESIDENCE DATA

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MSSICS                INSTITUTION RESIDENCE DATA                PAGE 1 OF LINS
                                [1-D]                                [2-0]
SSS-SS-SSSS  SSSSS SSSSSSSSSS  PERIOD BEGAN: SS/SS/SSSS  TRANSFER TO: XXXX
[3-M]
INSTITUTION NAME: BBBBXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
[4-M]
ADDRESS: PXXXXXXXXXXXXXXXXXXXXP PXXXXXXXXXXXXXXXXXXXXP
        PXXXXXXXXXXXXXXXXXXXXP PXXXXXXXXXXXXXXXXXXXXP
[5-M]                                [6-C]                                [7-M]
CITY: PXXXXXXXXXXXXXXXXXXXXP  STATE: PP  ZIP: PXXXX
[8-C]
COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX
[9-0]
TELEPHONE: PPP PPP PXXX
[10-D]                                [11-0]
ADMISSION DATE (MMDDYY): SS/SS/SS  DISCHARGE DATE (MMDDYY): 999999
[12-M]
VERIFIED (Y/N): X
[13-D]
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DATE INSTITUTIONALIZATION BEGAN (MMDDYY): SS/SS/SS

[14-M]

[15-M]

INSTITUTION: 9 1=PUBLIC 2=PRIVATE CONFINEMENT REASON: 9 1=MEDICAL/PSYCH 2=EDUCATION/VOC 3=EMERG SHELTER 4=PUB COMM RES 5=PRISONER 6=OTHER

[16-C]

OVER 50% MEDICAID PAYMENTS (Y/N): B

[17-C]

PRIVATE HEALTH INSURANCE (Y/N): B

[18-C]

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

[19-0]

REMARKS (Y): X

D. FACSIMILE 2: LINS - INSTITUTION RESIDENCE DATA

MSSICS

INSTITUTION RESIDENCE DATA

PAGE 2 OF LINS

[1-D]

[2-0]

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=SSSS SSSSSSSS

2=SSSS SSSSSSSS

3=BOTH

[28-C]

IF NO, 9115 INELIGIBILITY DECISION CODE: X

[19-0]

REMARKS (Y): X