

## Screen Shots for MSSICS LINS Screen

When continued payments are payable for temporary institutionalization, SSA must receive the physician's certification and home expenses statement 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).

SSA does not use Fields 24-C and 25-C as a collection instrument. Rather, SSA uses Fields 24-C and 25-C to tell the SSI computer system that the claims representative obtained the necessary documentation to determine that the SSI recipient is eligible for temporary institutionalization benefits. If we do not complete these fields, 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-O]
SSS-SS-SSSS  SSSSS SSSSSSSSSSS  PERIOD BEGAN: SS/SS/SSSS  TRANSFER TO:  XXXX
[3-M]
INSTITUTION NAME: BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
[4-M]
ADDRESS: PFFFFFFFFFFFFFFFFFFFFFFF PFFFFFFFFFFFFFFFFFFFFFFF
        PFFFFFFFFFFFFFFFFFFFFFFF PFFFFFFFFFFFFFFFFFFFFFFF
[5-M]                               [6-C]           [7-M]
CITY: PFFFFFFFFFFFFFFFFFFFFFFF  STATE: PP      ZIP: PFFFFF
[8-C]
COUNTRY: XXXXXXXXXXXXXXXXXXXXXXXX
[9-O]
TELEPHONE: PPP PPP PFFF

[10-D]                               [11-O]
ADMISSION DATE (MMDDYY): SS/SS/SS  DISCHARGE DATE (MMDDYY): 999999
[12-M]
VERIFIED (Y/N) : X

[13-D]
DATE INSTITUTIONALIZATION BEGAN (MMDDYY):  SS/SS/SS
[14-M]                               [15-M]
INSTITUTION: 9      1=PUBLIC      CONFINEMENT REASON: 9      1=MEDICAL/PSYCH
                2=PRIVATE                2=EDUCATION/VOC
                                           3=EMERG SHELTER
                                           4=PUB COMM RES
                                           5=PRISONER
[16-C]
OVER 50% MEDICAID PAYMENTS (Y/N) : B      6=OTHER
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[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 SSSSSSSSSSS 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 SSSSSSSSSSS: 999999

HOME EXPENSE STATEMENT DATE FOR SSSSS SSSSSSSSSSS: 999999

[25-C]

PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSSS: 999999

PHYSICIAN'S CERTIFICATION DATE FOR SSSSS SSSSSSSSSSS: 999999

[26-C]

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

[27-C]

WHICH MEMBER OF COUPLE: X 1=SSSS SSSSSSSSS

2=SSSS SSSSSSSSS

3=BOTH

[28-C]

IF NO, 9115 INELIGIBILITY DECISION CODE: X

[19-O]

REMARKS (Y): X