

Do you Receive Supplemental Security Income (SSI)? Are You Going into a Nursing Home or Hospital and Planning to Return Home?

TIPS for Keeping your SSI to Pay Your Rent

Supplemental Security Income (SSI) is federal cash benefit for people age 65+ or who have a permanent disability and who have low income and resources. The maximum SSI benefit for 2024 in NY State is \$1,030/month (Single person rate - including a NYS supplement). It can be less depending on your other income and living arrangement.

If you go into a hospital or nursing home but plan to return home, you will need to take certain steps to preserve your SSI. This fact sheet explains how to preserve your SSI for up to **THREE MONTHS** in order to maintain your home while you are in a hospital or nursing home. This is called a **“Temporary Institutionalization” or “TI.”**

If you do not take these steps, your SSI may be reduced to \$55/month the month after you entered the hospital or nursing home. Even if your SSI is not reduced immediately, you could be charged with an “Overpayment” later. This means you would be asked to repay the SSI you received during those 3 months. To repay the overpayment, your SSI checks would be reduced by ten percent every month until the overpayment is repaid.

If you follow the steps below, you should receive your full SSI check for the first **THREE** months after you enter a nursing home or hospital, and will avoid being charged with an Overpayment.

If you are still “medically confined” after these 3 months, your SSI check may be reduced to \$55/month or you may be ineligible for SSI due to residing in a public medical institution.

WHAT IF YOU RECEIVE SSI and also SOCIAL SECURITY or other INCOME? You must submit the form described here to the SSA and also ask the Nursing Home to request “Community Budgeting” from the Medicaid agency. See how to do that here and in the Fact Sheet at <http://health.wnyc.com/health/download/711/>.

Submit the new SSA-186 Form to the Social Security Office in order to continue receiving your entire SSI check for 3 months.

In July 2023, the SSA released a new form -- the SSA-186, Temporary Institutionalization Statement to Maintain Household and Physician Certification. The form is attached. Check for updates at <https://www.ssa.gov/forms/ssa-186.pdf>.

The form has two parts:

1. **Page 1 - Patient/Recipient Statement** -- SSI recipient or their representative payee states that they need SSI to pay rent or other expenses to maintain their home they intend to return to. If the recipient is incapacitated and does not have a representative payee, a knowledgeable source acting on behalf of the recipient (e.g., family member, friend, or hospital staff) may sign the first part and submit the form on the recipient's behalf to SSA.
2. **Page 2 – Physician Statement:** must be completed by the physician who certifies that the recipient's length of stay within the medical institution is expected to be 90 days or less.

When must you submit the completed SSA-186 form to SSA?

This form must be postmarked, faxed or delivered to a Social Security Office so that it is received no later than the 90th day after the date of admission, or before the day of discharge, whichever is earlier. Keep proof that you delivered the form by hand, mailed it certified, e-mailed or faxed it.

Find your local SSA office fax number at <https://www.ssa.gov/locator/>. Enter zip code, then click on **I Need Other Services** to see the fax, phone number, address and hours.

FOR MORE INFO - See 2024 SSA Spotlight - <https://www.ssa.gov/ssi/spotlights/spot-temp-institution.htm> and the

Social Security Procedures manual - POMS SI 00520.140 Temporary Institutionalization (TI) Benefits -- Download at <https://secure.ssa.gov/apps10/poms.nsf/lrx/0500520140>.

Prepared by NYLAG Evelyn Frank Legal Resources Program
INTAKE Mondays 10 AM - 2 PM eflrp@nylag.org 212.613.7310

Temporary Institutionalization Statement to Maintain Household and Physician Certification

The Social Security Administration (SSA) can provide temporary institutionalization benefits to a recipient if:

- The recipient is in a medical facility or plans to enter a medical facility;
- The stay is likely not to exceed 90 days; and
- The recipient needs Supplemental Security Income benefits to maintain his or her home or living arrangement while in the medical facility.

WHO SHOULD COMPLETE THIS FORM

There are two parts that need to be completed on this form:

1. The recipient or the recipient's representative payee may complete and sign page 1 of the form.
2. The physician who is providing the medical treatment must complete and sign page 2 of the form.

NOTE: If the recipient does not have a representative payee and the recipient is incapacitated, a knowledgeable source can sign page 1 and submit the form on the recipient's behalf to SSA.

NEXT STEPS

- If you are the recipient, the recipient's representative payee, or a knowledgeable source (if applicable):
 - Contact the local SSA FO to notify us that the recipient has or will be entering a medical facility for 90 consecutive days or less;
 - Complete and sign the *Patient/Recipient Statement* below that the recipient needs to maintain his or her household or living arrangement while in the medical facility; and
 - Present the form to the recipient's physician to complete.
- If you are the physician, complete and sign the *Physician Statement* below. Upon completion, return the form to the person who submitted it (Patient/recipient, recipient's representative payee, or a knowledgeable source acting on behalf of the recipient).
- Submit the form to SSA via mail, fax, or to the recipient's local SSA FO before the discharge date or by the 90th day from admission, whichever is earlier.

Visit www.ssa.gov/locator/ to find the recipient's local SSA FO address, phone number, and fax number.

Patient/Recipient Name:	Patient/Recipient SSN
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Medical Facility Name and Address:

PATIENT/RECIPIENT STATEMENT:

_____ needs to continue to
 (Patient/Recipient Name)
 receive his or her Supplemental Security Income payment to continue to maintain his or her household or living arrangement that he or she intends to return to after release from the medical facility.

Patient/Recipient/Representative Payee:

Name:	Signature	Date
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NOTE: If the recipient does not have a representative payee and the recipient is incapacitated, a knowledgeable source can sign and submit the form on the recipient's behalf to SSA.

PHYSICIAN STATEMENT:

Physician Name:

Please complete the more accurate statement (do not complete both statements):_____
(Patient/Recipient Name)is expected to be in this medical facility **for 90 or fewer days**._____
(Patient/Recipient Name)is expected to be in this medical facility **for more than 90 days**

Physician Signature

Date

**Privacy Act Statement
Collection and Use of Personal Information**

Section 1611(e)(1) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may result in a reduction in Supplemental Security Income (SSI) benefits.

We will use the information you provide to make a determination regarding Temporary Institutionalization benefits. We may also share the information for the following purposes, called routine uses:

- To State agencies to enable them to assist in the effect and efficient administration of the Supplemental Security Income program; and
- To State agencies to enable those agencies which have elected Federal administration of their supplementation programs to monitor changes in applicant/recipient income, special needs, and circumstances.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1830. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.