



Rights and Responsibilities

Child Support Enforcement (CSE)

1-877-631-9973

Eligibility Requirements

As a condition of eligibility, recipients are required to receive CSE services and do not have the option to refuse any of these services. The CSE office will mail you a document that outlines your Rights and Responsibilities as they apply to the Nebraska CSE Program.

Medicaid recipients are required to receive CSE services related to securing medical support, including the establishment of paternity when appropriate. Medicaid recipients do have the option to refusing other CSE services but the Medicaid recipient must notify CSE that they are requesting only IV-D services that relate to securing medical support.

Benefits of Child Support Services

Your cooperation with Child Support Enforcement (CSE) unit may be of value to you and your child because it could result in the following benefits:

- Establishing your child paternity;
- Establishing / Enforcing and collecting child and/or medical support judgments; and
- You and your child may qualify for future Social Security, veterans, other government benefits, or medical coverage.

What is Cooperation? Cooperation includes any action relevant to, or necessary for, the achievement of child support enforcement objectives. You are required to cooperate with Child Support Enforcement, unless good cause has been determined for not cooperating.

Medicaid recipients referred for child support services are required to cooperate with Child Support Enforcement in achieving the following objectives:

1. Identification and location of the parent(s)/alleged father of a child who receives medical assistance benefits;
2. Establishment of paternity;
3. Establishment / Enforcement of medical support; and
4. Collection and distribution of medical support.

Good Cause Circumstances

You should contact your Child Support Enforcement worker immediately if at any time you believe that cooperation, or proceeding to establish or secure support is against the best interest of your child(ren), parent/needed caretaker relative, and/or guardian/conservator for whom support is sought. You will need to file a

good cause claim in order to not cooperate with the child support requirements. The following are circumstances under which you may be exempt from the cooperation requirement:

- Cooperation is anticipated to result in serious physical or emotional harm to you or the child;
- The child was born as a result of forcible rape or incest;
- Court proceedings are pending for adoption of the child; or
- You are working with an agency helping you to decide whether to place the child for adoption.

Proving Good Cause

It is your responsibility to:

- Provide evidence needed to determine whether you should be exempt from the cooperation requirement.
- Give the necessary evidence to the agency within 20 days after claiming good cause.

The Child Support Office may:

- Determine your claim based on the evidence which you give to the agency; or
- Decide to conduct an investigation to further verify your claim. If it is decided an investigation is needed, you may be required to give information, such as the noncustodial party's name and address, to help the investigation
- If it is necessary to contact the non-custodial parent as part of the investigation, the worker will inform the custodial party that such contact will be attempted.

If You Do Not Cooperate and You Do Not Have Good Cause:

You risk the penalty of:

- Becoming ineligible for medical assistance for yourself.

Use of Social Security Number

Privacy Act of 1974 Notice: Disclosure of your social security number, and the social security numbers of your child(ren), is required by federal law 42 U.S.C. 666 (a) (13). Child Support Enforcement will use these social security numbers only for the purpose of establishing and enforcing support.

Authorization for Release of Information

I hereby authorize the Nebraska Department of Health and Human Services and its agents to request from third parties any information or documents necessary for the administration of its programs. Such third parties shall include, but not be limited to: the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security, a consumer reporting agency, and financial institutions. Any third party shall also be authorized to provide any information or documents requested by the Nebraska Department of Health and Human Services concerning myself or, when required by law, any other person. I further authorize the Nebraska Department of Health and Human Services to release such information or documents to cooperating State or Federal Agencies in accordance with any applicable law. This authorization is given only to the Nebraska Department of Health and Human Services to be used in the administration of its programs and for no other purposes. It shall continue in effect until the earliest of: the rendering of a final adverse decision on my application for medical assistance, the cessation of my eligibility for medical assistance, or such time as I state in writing that I rescind this authorization. I release any third party from any and all liability to me and, when applicable, any other person, for supplying the aforementioned information or documents.

For your Rights and Responsibilities see 477 NAC 3-002 and 3-003.

FAIR HEARINGS

If you disagree with any action taken by the Nebraska Department of Health and Human Services (DHHS) which affects your benefits, you may request a fair hearing in writing or orally. Your case may be presented by a household member or representative, such as a legal counsel, a relative, a friend or other spokesperson. You may continue to receive your current level of assistance until a hearing decision is made if you request a hearing before the effective date on the agency notice. A fair hearing request must be made within 90 days of the action or inaction. You or your representative have the right to examine your case record. At the hearing you may represent yourself or be represented by another person.

CIVIL RIGHTS

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, contact USDA or HHS. Write:

USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410 or call (202) 720-5964 (voice and TDD). Write:

HHS Director
Office for Civil Rights
Room 506-F
200 Independence Avenue, S.W.
Washington, D.C., 20201
or call:
(202) 619-0403 (voice) or (202) 619-3257 (TTY)

USDA and HHS are equal opportunity providers and employers.

VOTER REGISTRATION

Please note that the information and office where application was made will remain confidential and be used only for voter registration purposes. Applying to register or declining to register to vote will not affect the amount of assistance or services that you will be provided by this agency. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the:

Nebraska Secretary of State
State Capitol Building
Lincoln, NE 68509-4608
Telephone: (402) 471-2554

REPORTING CHANGES FOR MEDICAID

Report all changes within 10 days to DHHS. **See 477 NAC 3-003.**

SOCIAL SECURITY NUMBER / CITIZENSHIP

The DHHS asks for Social Security Numbers (SSNs) of all individuals for whom assistance is requested as required by the federal Social Security. Individuals who are not applying for assistance for themselves are not required to have or provide an SSN. If the individual is financially responsible for others in the unit, the SSN will be used to verify income and/or resources through computer matches as listed below or other contacts so that eligibility can be determined for those requesting assistance.

If the SSN is not provided, the assistance unit must assume responsibility for providing the information needed to determine eligibility for the individuals requesting assistance. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible participants. The SSN of each person in the assistance unit who provides his/her SSN will be computer matched with the following programs to assist in the determination of eligibility: Vital Statistics, Unemployment Compensation, Employment, Child Support, Resources and Income, Social Security Benefits, Supplemental Security Income, and Veterans' Benefits.

These Services will be verified by the information received from the following agencies: Department of Health and Human Services, Nebraska Department of Labor, Social Security Administration, Clerk of the District Court, Child Support Payment Center, Internal Revenue Service and Veterans' Administration.

The information received from these agencies is used and verified and could affect the kind of amount of assistance individuals receive. SSNs are also used in computer matching and program reviews or audits to make sure each household gets the correct amount of benefits. This may result in criminal or civil action or administrative claims against persons fraudulently participating.

If you are applying for Medicaid, this application asks you to tell us about the citizenship and immigration status of the people in your household. This application also ask you to give the Social Security Numbers (SSNs) for everyone in the household. We use SSNs to help us verify information such as income. If anyone in your household doesn't have an SSN, we can help them apply for one and your application will not be delayed. Only those people who provide information regarding their immigration status and SSNs can receive Medicaid. If some family or household members do not wish to apply for Medicaid, they do not need to provide this information. If people in your household choose not to give us information about their immigration status or SSN, they must still provide us the information needed to determine the eligibility of the other persons in the household. You may withdraw your request for benefits for these persons or you may withdraw your entire application.

MEDICAID

Third Party Liability: Individuals who receive Medical assistance (Medicaid) assign to the Department of Health and Human Services (DHHS) their right to any medical support or other payment for medical care, agree to cooperate with the DHHS in establishing paternity, and cooperate with the DHHS in obtaining any available third party such as an insurance payment or court settlement. Medicare benefits are not assigned. Individuals must cooperate with the DHHS in obtaining reimbursement for the cost of medical care and services for any members for the assistance unit. Refusal to cooperate will result in the termination of medical assistance eligibility for that individual. The DHHS will waive the requirement to cooperate if it determines that the individual has good cause for refusing to cooperate. If at any time you want to claim good cause, you must tell DHHS that you think you have good cause. Good cause finding by the DHHS that cooperation is against the best interest of the child or against the best interests of the individual because it is anticipated that cooperation will result in reprisal against, and cause physical or emotional harm, to the individual or other person.

NEBRASKA REVISED STATUTES §§ 68-716, 68-916, AND 68-917

Medical Records Release: Upon request, any person who has medical records and information or the custody of such records regarding Medicaid recipients later receives an insurance or court settlement, DHHS must be notified of the settlement and repaid from the settlement for the medical assistance the DHHS has previously paid.

Medicaid:

- Present proof of your current Medicaid eligibility to medical providers before obtaining services.
- Ask your medical provider or DHHS about which services are covered.
- Inform DHHS and your medical providers of any health insurance coverage you have (including dental coverage)
- Agree to enroll in employer-based group health insurance if the DHHS determines it is cost effective.
- Agree to comply with the managed care requirements.
- Pay the cost of all non-covered medical expenses.
- If you get any bills or statements from providers or collection agencies, you are responsible to tell them right away your coverage is Nebraska Medicaid.

Failure to follow certain conditions may result in your being responsible to pay the bills.

Annuity Requirement: As a condition of receiving medical assistance coverage for longterm care services for you or your spouse, DHHS must become the remainder beneficiary of any annuity under standards prescribed by the U.S. Secretary of Health and Human Services.

Medicaid Estate Recovery Program: Under Federal law (Social Security Act, Title 19, Sec. 1917 {42 U.S.C. 1396P}) and State law (Nebraska Rev.Stat. 68-919), the Medicaid Estate Recovery Program authorizes DHHS to make recovery from the estates of deceased Medicaid clients who were permanently institutionalized or were over the age of 55 when benefits were provided. The Federal and State laws provide for certain exemptions to the Medical Assistance Estate Recovery Program (471 NAC 38-000). For further information or questions about the Medicaid Estate Recovery Programs, you should contact DHHS and request the “Medicaid Estate Recovery” program brochure.

VOICE RESPONSE UNIT (VRU) 1-855-632-7633

The VRU is an automated answering service that will provide you with information regarding your application and/or benefits. This service is available to you 24 hours a day, 7 days per week accessed by the above toll free number.