

TITLE 470
REFUGEE RESETTLEMENT PROGRAM (RRP) AND
THE REFUGEE MEDICAL ASSISTANCE PROGRAM (RMAP)

CHAPTER 1-000 GENERAL BACKGROUND

1-001 Legal Basis: The Refugee Act of 1980 (Public Law 96-212), Refugee Assistance Amendments of 1982 (Public Law 97-363), and the Federal Deficit Reduction Act of 2005 (Public Law 109-171) authorize financial and medical assistance to refugees in the United States. The program is funded completely by federal money.

1-002 Purpose: The purpose of the Refugee Resettlement Program (RRP) is to provide assistance to refugees who are not eligible for a categorical program to achieve economic self-sufficiency as quickly as possible and to assist with refugees' financial and medical assistance during their initial resettlement in the United States.

1-003 Administration: RRP is administered by the Nebraska Department of Health and Human Services in accordance with state laws and with rules, regulations, and procedures established by the Director of the Nebraska Department of Health and Human Services.

1-004 Definition of Terms: For use within RRP, the following definitions of terms will apply unless the context in which the term is used denotes otherwise.

A-Number: Alien registration number. An alien registration number is assigned to an alien when s/he enters the United States. The number is shown on the refugee's Form I-94.

Adequate Notice: Notice of case action which includes a statement of what action(s) the worker intends to take, the reason(s) for the intended action(s), and the specific manual reference(s) that supports or the change in federal or state law that requires the action(s), (see also 470 NAC 1-009.04).

Applicant: An individual who applies for assistance.

Application: The action by which the individual indicates in writing the desire to receive assistance.

Application Date: For new and reopened cases, the date a properly signed application for assistance is received.

Approval/Rejection Date: The date that the new or reopened case is determined eligible or rejected by the local office.

Budgetary Need: The amount the client is eligible for before adjustments for over and underpayments and \$10 minimum payment.

Categorical Assistance: Assistance administered by the Nebraska Department of Health and Human Services. For the purposes of this definition it includes Temporary Assistance for Needy Families with Children (TANF)/Aid to Dependent Children/Medical Assistance (ADC/MA); Child Welfare Payment and Medical Services Program; Assistance to the Aged, Blind, and Disabled (AABD)/MA; State Disability Program (SDP/MA); RRP/MA; Kids Connection; and Children's Medical Assistance Program (CMAP).

Client: An individual receiving or applying for RRP/MA. This term is used when the same policies apply to an applicant and a recipient.

Contributions: Verified payments which are paid to or for an RRP/MA unit (see 470 NAC 2-008.04A).

Department: The Nebraska Department of Health and Human Services.

Equity: The fair market value of property minus the total amount owed on it.

Fair Market Value: The price an item of a particular make, model, size, material, or condition will sell for on the open market in the geographic area involved.

Grant Case: A case receiving an RRP payment or eligible to receive payment but not receiving it because of the minimum payment.

Household: Individuals living together. There may be more than one public assistance unit within a household.

Initial Resettlement: A period of time immediately after the refugee's arrival in the U.S.

Initial Voluntary Resettlement Agency: The sponsoring agency for the reception and placement of refugees.

Inquiry: Any question received by phone, letter, or personal contact without any indication that the individual wishes to apply. This may or may not be followed by a request or application for assistance.

Match Grant: An agreement with a voluntary resettlement agency that enables the agency to issue the assistance grant for the first four months of a refugee's eligibility.

Minimum Payment: The smallest amount for which a grant is issued. No grant is issued for \$9.99 or less (for exceptions see 470 NAC 3-004).

Needy Individual: One whose income and other resources for maintenance are found under assistance standards to be insufficient for meeting the basic requirements, and to be within the resource limits allowed an individual (see also 470 NAC 2-007.01 and 2-008.01).

Payment Effective Date: The month, day, and year that the grant payment is to be effective.

Pending Case: A case in which the application has been taken and eligibility is yet undetermined. All pending cases must be entered into the N-FOCUS system within two working days.

Prospective Eligibility for Medical Assistance (MA): The date of eligibility beginning on the first day of the month of the date of request if the client was eligible for MA in that same month.

Prudent Person Principle: The practice of assessing all circumstances regarding case eligibility and using good judgment in requiring further verification or information before determining initial or continuing eligibility (see also 470 NAC 1-008).

Rejected Case: A case in which an application was completed and signed, but the applicant did not meet the categorical, procedural, or financial requirements of the program.

Request Date: The date the client requests assistance. For reopened cases, this is the date of the new request. For program changes, this is the request date for the new program.

Retroactive Eligibility for MA: The date of eligibility beginning no earlier than the first day of the third month before the month of request or the date of entry into the U.S.

Retroactive Payment: Any payment made during the current month but for a prior month.

RRP/MA: A categorical program consisting of financial and medical assistance or medical assistance only.

Standard of Need: The maximum payment according to eligible unit size.

Supplemental Payment: Any payment made for and during the current month after N-FOCUS cutoff.

Timely Notice: A notice of case action dated and mailed at least ten calendar days before the date the action becomes effective (see also 470 NAC 1-009.04).

Unit: Eligible individuals considered in determining the grant and/or medical assistance.

Withdrawal: A voluntary written retraction of an application.

Zero Grant: A case which is not eligible for a grant payment but which continues to receive medical assistance.

{Effective 2/10/2002}

1-005 Worker Responsibilities: The worker has the following responsibilities.

1-005.01 Duties at Initial Application or Redetermination: At the time of initial application and redetermination, the worker must:

1. Allow any refugee who requests assistance to complete an application;
2. Give an explanation of the program requirements including compliance with employment requirements;
3. Collect and review the information entered on the application form;
4. Explain the eligibility and payment factors and how changes will affect eligibility and payment;
5. Explain the eligibility and payment factors that require verification;
6. Obtain the client's written consent for the needed verifications;
7. Explore income that may be currently or potentially available such as Retirement Survivors, and Disabled Insurance (RSDI); Supplemental Security Income (SSI); resettlement money, etc.;
8. Give information about the social and other financial services available through the agency, such as social services; HEALTH CHECK; family planning; and RMAP;
9. Inform the client about his/her rights and responsibilities (see 470 NAC 1-006 and 1-007);
10. Inform the client that s/he must show his/her medical card to all providers and must inform the worker of any health insurance plan, any individual(s), or any group that may be liable for the client's medical expenses;
11. Complete necessary reports and information forms;
12. Notify the initial resettlement agency (or local affiliate) that the refugee has applied for assistance. If the agency has no local affiliate in Nebraska, the regional or national office of that agency must be notified;
13. Act with reasonable promptness on the client's application for assistance;
14. Provide adequate notice to the client of:
 - a. Approval for a grant and the amount;
 - b. Approval for medical assistance;

- c. Rejection of the application and the reason; or
- d. Confirmation of the client's voluntary withdrawal;
- 15. Explain the minimum payment (see 470 NAC 3-004); and
- 16. Explain the appeal process (see 465 NAC 2-001.02).

{Effective 2/10/2002}

1-005.02 Continuing Responsibilities: The worker has the continuing responsibility to:

- 1. Provide adequate notice of any action affecting the client's assistance case (see 470 NAC 1-009.04C to determine if timely notice is necessary);
- 2. Treat the client's information confidentially;
- 3. Uphold the client's civil rights; and
- 4. Inform the client when his/her case is closed that s/he has the right to reapply if it is within the time limit. If it is past the time limit, the client has the right to apply for another category of assistance.

1-005.03 Privacy Act: In accordance with the Privacy Act, records containing personal information on persons who are refugees may be made available to:

- 1. The Departments of State, Labor, Justice, Defense, and Health and Human Services;
- 2. The state and local governments for social services activities;
- 3. The state employment services to assist in obtaining employment for refugees;
- 4. The Volunteer Resettlement Agencies (Volags);
- 5. The state and local governments acting in the capacity of a Volag; and
- 6. Funded offices of refugee resettlement projects providing employment and social services.

1-006 Client Responsibilities: The client is required to:

- 1. Provide complete and accurate information. State and federal law provides penalties of a fine, imprisonment, or both for persons found guilty of obtaining assistance or services for which they are not eligible by making false statements or failing to report promptly any changes in their circumstances;
- 2. Report a change in circumstances no later than ten days following the change. This includes information regarding:
 - a. Change or receipt of a resource including cash on hand, stocks, bonds, money in a checking or savings account, or a motor vehicle;
 - b. Changes in unit composition, such as the addition or loss of a unit member;
 - c. Changes in residence;
 - d. New employment;
 - e. Termination of employment;
 - f. Incapacity or disability status; and

- g. Changes in the amount of monthly income, including:
 - (1) All changes in unearned income; and
 - (2) Changes in the source of employment, in the wage rate and in employment status, i.e., part-time to full-time or full-time to part-time. For reporting purposes, 30 hours per week is considered full-time. The client must report new employment within ten days of receipt of the first paycheck, and a change in wage rate or hours within ten days of the change.
3. Present his/her medical card to providers;
4. Inform the medical provider and worker of any health insurance plan, any individual, or any group that may be liable for his/her medical expenses;
5. Cooperate in obtaining any third party medical payments;
6. Enroll in a health plan and maintain enrollment if:
 - a. One is available to the client;
 - b. The client is able to enroll on his/her own behalf; and
 - c. The Department has determined that enrollment in the plan is cost effective;
7. Pay any unauthorized medical expenses;
8. Pay any required medical copayment (see 470 NAC 4-010); and
9. Contact the agency for an interview within 30 days of the date of application, if notified that an interview is required.

1-007 Client Rights: The client has the right to:

1. Apply. A refugee who wishes to request and/or apply for assistance must be given the opportunity to do so. No refugee may be denied the right to apply for RRP/MA;
2. Reasonably prompt action on his/her application for assistance (see 470 NAC 1-009.03D);
3. Adequate notice of any action affecting his/her application or assistance case (see 470 NAC 1-009.04C to determine if timely notice is necessary);
4. Appeal to the Director for a hearing on any action or inaction with regard to an application, the amount of the assistance payment, or failure to act with reasonable promptness. The appeal must be filed in writing within 90 days of the action or inaction;
5. Have his/her information treated confidentially;
6. Have his/her civil rights upheld. No person may be subjected to discrimination on the grounds of his/her race, color, national origin, sex, age, disability, religion, or political belief;
7. Have the program requirements and benefits fully explained;
8. Be assisted in the application process by the person of his/her choice;
9. Receive medical assistance without a separate application if s/he is eligible for categorical assistance; and
10. Referral to other agencies.

1-008 Prudent Person Principle: When the statements of the client are incomplete, unclear, or inconsistent, or when other circumstances in the particular case indicate to a prudent person that further inquiry must be made, the worker must obtain additional verification before eligibility is determined. The client has primary responsibility for providing verification of information relating to eligibility. Verification may be supplied in person, through the mail, or from another source (as an employer or a resettlement agency). If it would be extremely difficult or impossible for the client to furnish verification in a timely manner, the worker must offer assistance.

1-009 Application Processing

1-009.01 Procedures for Processing Refugee Applications: The worker first determines eligibility for ADC/MA, AABD/MA, or SDP/MA. If the individual is not eligible for any of the other categorical programs, the worker determines eligibility for RRP/MA.

If a refugee desires, s/he may receive MA only even if s/he is eligible to receive cash payments also.

1-009.02 Request: A request for assistance may be made in person, by letter, telephone, fax, or electronic submission and may be made by the applicant, his/her guardian or conservator, an individual acting under a duly executed power of attorney (see 470 NAC 1-004), an individual from the resettlement agency, an RRP case manager, or another person authorized to act for the applicant. The worker must record the request date on the application. If an interview cannot be scheduled within 14 days from the date of request, the application must be mailed promptly or the client must be informed of the electronic application.

A request is terminated:

1. When a properly signed application is received;
2. When the applicant or his/her representative notifies the worker of withdrawal;
3. After 30 days if the worker has heard nothing further from the applicant or his/her representative. However, the worker may continue to hold a request pending if there is reason to believe the applicant intends to complete his/her application.

{Effective 6/28/11}

1-009.03 Application: A request becomes an application when a properly signed application is received. The prescribed application is incorporated into the Public Assistance Forms Manual. When adding a program to an application the date of request on the application is also the application date. A properly signed application contains:

1. Name;
2. Address; and
3. Proper signature, as defined by the appropriate program.

An application may be signed by an individual for himself/herself or by the applicant's guardian, conservator, or an individual acting under a duly executed power of attorney. If the application is for medical benefits only, the client's relative or another individual acting on the client's behalf may sign the application.

An application for medical benefits only may be taken on behalf of a deceased person. If there is no one to represent the deceased person, a representative of the resettlement agency or the administrator of the estate may sign the application. The eligibility requirements must have been met at the time medical services were rendered.

1-009.03A Notification of Initial Resettlement Agency: When a refugee applies for RRP, the worker notifies the initial resettlement agency (or its local affiliate).

1-009.03B Alterations: The application, when completed and signed by the client or his/her representative, constitutes his/her own statement in regard to his/her eligibility. If the worker adds information received from a client to a properly signed application, the worker must date the information and:

1. Note the information received from the client; or
2. If the information is not received from the client, identify the source of the information.

The worker may add information to an application up to the date of approval or completed redetermination. An application form for a redetermination may be altered up to the date the redetermination has been completed.

1-009.03C Signing a Blank Application: The client must not be asked to sign a blank application. In signing an assistance application, the client states that the information is correct to the best of his/her knowledge and belief.

1-009.03D Prompt Action on Applications: The worker must act with reasonable promptness on all applications for assistance. The worker must make a determination of eligibility on an application within 30 days from the date of the request. If circumstances beyond the control of the worker prevent action within 30 days, the worker must record the reason for the delay in the case record. The worker must send a Notice of Action informing the applicant of the reason for the delay. The 30-day time period must not be used as a routine waiting period before approving assistance.

1-009.03D1 Application for a Refugee Who Needs Emergency Services: If a refugee needs emergency services, the worker must determine eligibility within seven days from receipt of the application. A refugee is deemed to need emergency services if the refugee's financial situation is threatening his/her health or well being.

1-009.03E Application with a Designated Provider: Any individual may apply for medical assistance with a designated provider who has contracted with the Department to process Medicaid applications at their location.

1-009.02D Withdrawals: The applicant may voluntarily withdraw an application. If the applicant verbally withdraws the application, the worker must request a written statement of withdrawal. The worker must make note of the withdrawal in the case record and give written confirmation of withdrawal to the applicant on the Notice of Action.

If the applicant does not provide written confirmation of the withdrawal within 30 days from the application date, the worker must reject the application. The worker must send a Notice of Action to the applicant notifying him/her of the rejection.

1-009.03G Authorization for Financial Investigation: For some sources the worker asks the client to sign a release of information when it appears that information given is incorrect, when the client is unable to furnish the necessary information, or for sample quality control verification. A copy of the authorization for release of information from the application may be used if the source will accept it.

1-009.03H Intake History: The worker must include the following information in the case record:

1. The refugee's alien identification number and name, refugee's country of origin, pertinent facts about the refugee family, former work history, place of residence, skills, education, and indication of whether the refugee speaks English;
2. The name of the voluntary resettlement agency, and the name of the sponsor or another individual who is assisting the refugee;
3. Possibility of employment, health condition, needs, and any other facts which may assist in determining the ability of the individual to provide self-support;
4. Date of entry to the United States; and
5. A scanned copy of Form I-94 or Form I-151.

1-009.04 Notice of Action: The worker must send adequate notice on a Notice of Action to notify the client of any action affecting his/her assistance case. The Notice of Action must be sent to the last-reported address. If the form is inadvertently sent to the wrong address, the worker must send a new form, allowing the client ten days from the date the corrected form is sent (if adequate and timely notice is required).

1-009.04A Types of Notices

1-009.04A1 Adequate Notice: An adequate notice must include a statement of what action(s) the worker intends to take, the reason(s) for the intended action(s), and the specific manual reference(s) that supports or the change in federal or state law that requires the action(s). The worker must send an adequate notice no later than the effective date of the action.

1-009.04A2 Timely Notice: A timely notice must be dated and mailed at least ten calendar days before the date that action would become effective, which is always the first day of the month.

1-009.04B Adequate and Timely Notice: In cases of intended adverse action (action to discontinue, terminate, or reduce assistance or to change the manner or form of payment or service to a more restrictive method, i.e., protective payee, medical lock-in), the worker must give the client adequate and timely notice.

1-009.04C Situations Requiring Adequate Notice Only: In the situations outlined below, the worker may dispense with timely notice but must send adequate notice no later than the effective date of action:

1. The agency has factual information confirming the death of a client;
2. The agency receives a written and signed statement from the client:
 - a. Stating that assistance is no longer required; or
 - b. Giving information which requires termination or reduction of assistance, and indicating, in writing, that the client understands the consequence of supplying such information;
3. The client has been admitted or committed to an institution, and no longer qualifies for assistance;
4. The client has been placed in skilled nursing care, intermediate care, or long-term hospitalization;
5. The client's whereabouts are unknown and agency mail directed to the client has been returned by the post office indicating no known forwarding address. The agency must make the client's check available to the client if his/her whereabouts become known during the payment period covered by a returned check;
6. The client has been accepted for assistance in another state and that fact has been established; or
7. The time limit for eligibility has expired.

1-009.04D Waiver of Notice: If a client agrees to waive his/her right to a timely notice in situations requiring timely notice, the worker must obtain a statement signed by the client to be filed in the case record.

1-009.04E In Fraud Cases: At least five days' advance written notice must be given if:

1. The agency has facts indicating that action should be taken to discontinue, terminate, or reduce assistance because of probable fraud by the client; and
2. The facts have been verified where possible through collateral sources.

1-009.04F Continuation of Benefits: The worker must not carry out an adverse action pending an appeal hearing if:

1. The case action being appealed required adequate and timely notice (see 470 NAC 1-009.04B and 1-009.04C);
2. The client requests an appeal hearing within ten days following the date the Notice of Action is mailed; and
3. The client does not refuse continued assistance.

Benefits are not restored pending a hearing when adequate notice only is required (see 470 NAC 1-009.04C).

This regulation in no way restricts the worker from continuing normal case activities and implementing changes to the assistance case that are not directly related to the appeal issue.

If the worker's action is sustained by the hearing decision, the worker must institute recovery procedures against the client to recoup the disputed amount of assistance furnished the client during the appeal period (see 470 NAC 3-006.05B1).

1-009.04G Reduction of Benefits: Subject to the availability of federal funds, some or all existing services may be terminated with ten days' notice to recipients. If services are terminated, the program will suspend accepting future applications.

1-009.05 Local Office Responsible for Case Handling: The local office that serves the county where a client resides is responsible for handling the case.

1-009.05A Transfer to New County of Residence: The receiving office does not need to do a complete redetermination when a case is transferred.

1-009.05B Case Handling of Temporary Absences: The case of an individual in an institution or a care facility for a temporary stay remains with the original local office in the county where the client resides and intends to return. Similarly, if a client is out of his/her county of residence for a brief visit the case is not forwarded. It remains the responsibility of the local office in the county where the client intends to return.

1-010 Forms: Instructions for the forms used in the Refugee Resettlement Program are contained in the Public Assistance Forms Manual.

CHAPTER 2-000 ELIGIBILITY REQUIREMENTS: RRP/MA is a program of categorical assistance, i.e., it provides assistance to a specific category of individuals. The following elements of eligibility must be met:

1. Application (see 470 NAC 2-001);
2. Refugee status (see 470 NAC 2-002);
3. Time limit (see 470 NAC 2-003);
4. Nebraska residence (see 470 NAC 2-004);
5. Social Security number (see 470 NAC 2-005);
6. Ineligibility for other categorical assistance (see 470 NAC 2-006);
7. Resources (see 470 NAC 2-007);
8. Income (see 470 NAC 2-008);
9. Employment or training requirements (see 470 NAC 2-009); and
10. Other related requirements (see 470 NAC 2-010).

2-001 Application: An individual wishing to apply for assistance must complete and submit an application. A relative or other person acting for the client may complete the application.

Households must have an interview at initial application. The agency will conduct a face-to-face interview if requested by the client, or determined necessary by the agency using the prudent person principle (see 470 NAC 1-008). For medical benefits only, an application may be signed by and an interview held with a relative or another individual acting on the client's behalf.

2-002 Refugee Status: A refugee is defined as an alien who is unable or unwilling to return to his/her country because of persecution or fear of persecution on account of race, religion, nationality, political opinion, or membership in a particular social group.

2-002.01 Eligible Individuals: The following categories of people are eligible for assistance and services if they meet the other eligibility requirements of the program:

1. Refugees admitted under Section 207 of the Immigration and Nationality Act (INA) and Amerasians from Vietnam admitted with a visa with Section 204 indicated.
Documentation Required: Form I-94 indicating that the person has been admitted as a refugee under Section 207 or a visa indicating admission under Section 204 as an Amerasian.
2. Asylees under Section 208 of the INA.
Documentation Required: Form I-94 indicating that the person has been granted asylum under Section 208.
3. Persons whose alien status has been adjusted: A person from any country is eligible if his/her status has been adjusted to a permanent resident alien from one of the previously listed statuses.
Documentation Required: Form I-551 (Permanent Resident Card) which identifies the person as a resident alien. Documentation of previous status is documented on the back of the I-551.
4. Asylees or parolees as refugees.
Documentation Required: Form I-94 indicating that s/he has been paroled under Section 212(d)(5) of the INA as a refugee or asylee.
5. Cuban/Haitian Entrants/Parolees in accordance with the requirements in 45 CFR 400.43(a)(4) and 401.2.
6. Individuals admitted as conditional entrants under Section 203(a)(7) of the INA.
7. Victims of severe forms of trafficking, as determined by the Office of Refugee Resettlement.

2-002.02 Individuals Included in the Unit: When a member of the unit reaches his/her time limit for assistance, his/her needs are removed from the grant. The standard of need for the number of eligible individuals is used. Income and resources of a responsible adult who is no longer eligible are counted for the rest of the unit. The resources are allowed RRP/MA resource exclusions (see 470 NAC 2-007.02B).

2-002.03 Ineligible Individuals: The following categories of individuals are not eligible for assistance under RRP/MA.

2-002.03A Immigrants Without Refugee or Asylee Status: Persons from any country who enter the United States as resident aliens (i.e. immigrants) and who did not previously have the status of refugee, asylee (including parolees as a refugee or asylee), or conditional entrant are not eligible under RRP/MA.

2-002.03B Entrants Under the Orderly Departure Program: Persons who enter the United States as immigrants under the Orderly Departure Program are not eligible for RRP/MA.

2-003 Time Limit on Cash and Medical Assistance: A refugee may receive a maximum of eight months of refugee cash and medical assistance. Eligibility begins with the date of arrival in the U.S., if the refugee meets all eligibility requirements. For asylees, victims of severe forms of trafficking, and Cuban/Haitian Parolees the eight months of eligibility begin with the date of granted status.

If the refugee applies after the date of arrival in the U.S., s/he may receive assistance for the remaining months of the eight-month eligibility period. The same is true for an asylee who applies after the date s/he is granted asylum.

The time limit is applied to each client separately, not to the unit as a whole. Therefore, there may be some members of the household who are eligible for assistance and some who are not.

2-004 Residence: To be eligible for assistance, a client must be a Nebraska resident. A resident is defined as an individual who is living in the state voluntarily with the intent of making Nebraska his/her home and who is not receiving RRP from another state.

Residence starts with the month the client moves into the state, even if the client received categorical assistance in another state. The agency may not deny assistance because an individual has not resided in the state for a specified period within the eight-month time limit.

2-004.01 Absence From the State: The agency must not deny assistance because an individual is temporarily absent from the state.

2-004.01A Temporary Absence: The agency must not terminate a resident's eligibility because of that person's temporary absence from the state if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined that the person is a resident there for assistance purposes.

2-004.01B Loss of State Residence: Eligibility for assistance ends if the individual or family unit leaves Nebraska with the intent of establishing its home in another state. The family may receive RRP/MA from Nebraska (if otherwise eligible) for a period not to exceed two months to enable the other state to process the application.

Exception: Individuals who leave the state for longer than two months may continue to receive assistance in Nebraska if they are absent for a temporary purpose and intend to return.

2-004.01C Out-of-State Medical: If an out-of-state provider does not sign an agreement with Medicaid and accept the reimbursement rate, the client is liable for any medical bills. Payment may be approved for services provided outside Nebraska in the following situations:

1. When an emergency arises from accident or sudden illness while a client is visiting in another state and the client's health would be endangered if care is postponed until s/he returned to Nebraska or if s/he traveled to Nebraska;
2. When a client customarily obtains service in another state because the service is more accessible;
3. When the client requires a medically necessary service that is not available in Nebraska but is available in another state; and
4. When long term care services are provided in another state.

Payment for items 3 and 4 must be prior authorized by the Division of Medicaid and Long Term Care before the services are provided. The provider must request prior authorization of payment from the appropriate staff of the Division. Prior authorization of item 3 may include economical transportation as a provider payment if needed.

2-004.03 Disqualification for Misrepresenting Residence: Any person convicted in federal or state court of having fraudulently misrepresented his/her residence in order to obtain refugee assistance in two or more states is ineligible for refugee assistance.

2-005 Requirement of Social Security Number (SSN): All eligible members of the RRP unit must apply for a Social Security number. The SSN, in conjunction with other information, provides evidence of identity of the individual.

{Effective 6/28/11}

2-005.01 Application for an SSN: If the client has not applied within 30 days of the date s/he is given the Referral for Social Security Number Application, the worker must not include the client in determining the size of the assistance unit. Before taking adverse action, the worker must taken into consideration the client's ability to follow through on the referral (such as lack of transportation, no visit by SSA to the contact station, lack of required verification documents, etc.) and use prudent person principle.

{Effective 6/28/11}

2-005.02 Assistance Pending Verification of SSN: After the client has been referred to SSA, if s/he is otherwise eligible, assistance is not delayed, denied, or discontinued pending the verification or assignment of an SSN.

{Effective 6/28/11}

2-006 Ineligibility for Other Categorical Assistance: RRP assistance is available only if the individual or family is ineligible for another categorical assistance program. An individual with a dependent child should be referred to ADC. Exception: An 18-year-old who is not in school may apply as a separate grant case if his/her time limit for eligibility has not expired and s/he meets other eligibility requirements.

An individual who is disabled or age 65 or older should be referred to AABD.

2-006.01 Effective Birthdate if Information Is Incomplete: When birth information is incomplete, a birthdate is designated as follows:

1. If the year but not the day or the month is known, July is used.
2. If the day of the month is not known, the 15th is used.
{Effective 2/10/2002}

2-007 Resources: The total equity value of available non-exempt resources of the RRP/MA unit is determined and compared with the established maximum for available resources which the RRP/MA unit may own and still be considered eligible. If the total equity value of available non-exempt resources exceeds the established maximum, the RRP/MA unit is ineligible for a grant. The following are examples of resources:

1. Cash on hand;
2. Cash in savings or checking accounts;
3. Certificates of deposit;
4. Stocks;
5. Bonds;
6. Investments;
7. Collectable unpaid notes or loans;
8. Promissory notes;
9. Mortgages;
10. Land contracts;
11. Land leases;
12. Revocable burial funds;
13. Trust or guardianship funds;
14. Cash value of insurance policies;
15. A home;
16. Additional pieces of property;
17. Trailer houses;
18. Burial spaces;
19. Motor vehicles;
20. Life estates;
21. Farm and business equipment;
22. Livestock;
23. Poultry and crops;
24. Household goods and other personal effects;
25. Contents of a safe deposit box; and
26. Federal and state tax refunds (excluding EIC's).

{Effective 9/11/91}

2-007.01 Verification of Resources: Before determining eligibility of an RRP/MA client, the worker must verify and document in the case all resources if the total amount of countable resources indicated on the application is \$1500 or more. Client declaration is accepted when total resources are less than \$1500.

{Effective 6/28/11}

2-007.02 Definition of Available Resources: For the determination of eligibility, available resources include cash or other liquid assets or any type of real or personal property or interest in property that the client owns and may convert into cash to be used for support and maintenance.

2-007.02A Unavailability of Resource: Regardless of the terms of ownership, if it can be documented in the case record that the resource is unavailable to the client, the value of that resource is not used in determining eligibility. The worker must consider the feasibility of the client's taking legal action to make resources available. If the worker determines that action can be taken, the worker must allow the client 60 days to initiate action. After 60 days, if the client has not initiated legal action, the resource is counted. The resource is not considered available until the legal action is completed.

In evaluating the availability of benefit funds, such as funds raised by a benefit dance or auction, the worker must determine the purpose of the funds and if the client has access to them.

The worker must determine a reasonable period of unavailability based on the circumstances of the case. The worker shall monitor the status of the resource.

Note: Resources in a client's country of origin are not considered available.

2-007.02B Excluded Resources: The following resources are excluded in making a determination of eligibility:

1. Real property which the unit owns and occupies as a home;
2. Goods of moderate value used in the home;
3. Clothing;
4. One motor vehicle if it is used for employment or medical transportation;
5. A motor vehicle used as the client's home;
6. Irrevocable burial trusts up to \$3,000 per individual and the interest if irrevocable (see 470 NAC 2-007.07A2);
7. Proceeds of an insurance policy that is irrevocably assigned for the purpose of burial of the client;
8. Burial spaces (see 468 NAC 2-008.07B15);
9. Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
10. The value of SNAP benefits;
11. The value of assistance under the National School Lunch Act or the Child Nutrition Program;
12. Any student financial assistance;
13. The value of federally donated foods;
14. The value of assistance paid under the U.S. Housing Act of 1937, National Housing Act, section 101 of Housing and Urban Development Act of 1965, Title V of Housing Act of 1949;

15. Fuel assistance payments and allowances;
16. Payments from the Nutrition Program for the Elderly;
17. Payments from Foster Grandparents, etc.;
18. Payments from Green Thumb;
19. Payments from Americorps;
20. Tax credits, including Earned Income Credits and Advanced Earned Income Credits;
21. Assistance received under the Disaster Relief Act of 1974 or under a federal statute because of catastrophe declared to be a major disaster by the President of the U.S. is excluded in determining countable resources for a period of nine months from the date of receipt. The same guideline applies to any interest earned on the assistance. The initial nine-month period will be extended for a reasonable period up to an additional nine months when circumstances beyond the individual's control prevent the individual from having the necessary repairs or replacement of damaged property completed;
22. Stocks, inventories, and supplies used in self-employment (see 470 NAC 2-007.06B5);
23. An available job-related retirement account that is held by the employer; and
24. An Individual Development Account (an account set up for postsecondary education, purchase of a client's first home, or establishment of a business).

The worth of resources, both available and exempt, is determined on the basis of their equity.

For any of these funds to be excluded as a resource, they must be segregated in a separate account so that they can be identified. If the funds are not in a separate account the worker must allow the client 30 days from notification of the requirement to set up a new account. After 30 days the resource is included in the limit if the client fails to segregate the funds. If this makes the client ineligible for a grant and the client subsequently segregates the funds, the worker must determine eligibility for a grant for the month of segregation.

Several excludable resources may be combined in a single account.

{Effective 2/10/2002}

2-007.02C Resources of an Ineligible or Sanctioned Individual: The resources of an ineligible or sanctioned individual are included in the resource total for the unit. The ineligible or sanctioned individual is allowed RRP/MA resource exclusions.

2-007.03 Determination of Ownership of Resources: A resource which appears on record in the name of an RRP/MA client must be considered belonging to the client.

2-007.03A Jointly Owned Resources: When a client has a jointly owned resource that is considered available, the worker uses the guidelines in the following regulations.

2-007.03A1 Resources Owned With Other Clients: If a client owns a resource with another client who is on categorical assistance, the worker divides the value of the resource by the number of owners, regardless of the terms of ownership. The appropriate value is counted for each unit.

This reference also applies to resources owned with a spouse or child.

2-007.03A2 Resources Owned With Non-Clients: If a client owns a resource with an individual who is not receiving categorical assistance, the worker determines the appropriate value to be assigned to the client in accordance with the following regulations.

2-007.03A2a General Rule: As a general rule, the words and/or or or appearing on a title or other legal contract denote joint tenancy. This means that either owner could sign and turn the resource to cash without the other; therefore, the total resource is considered available to either owner.

The term and generally refers to "tenancy in common." This means that each owner holds an undivided interest in the resource without rights of survivorship to the other owner(s). Only the proportionate share based on the number of owners of the resource is available to each owner.

If the worker substantiates that the client is not the true owner of a resource, it is permissible to allow the client to remove his/her name from the title of ownership in order to reflect true ownership. The client is allowed 60 days to make this change without affecting eligibility.

2-007.03A2a(1) Real Property and Motor Vehicles: For cars and real estate, regardless of the terms of ownership, only the proportionate share is counted as a resource.

2-007.03A2a(1)(a) Real Estate: The worker verifies ownership of real estate through records in the offices of the register of deeds or county clerk. The worker verifies the terms on which property is held in cases of joint ownership. Records of the court have information in regard to estates which have not been settled or which are in probate. The worker consults the records of the court if the property has come to the holder as a part of an estate; if by joint purchase, the facts will appear in the record of the deed.

2-007.03A2a(1)(b) Motor Vehicles: The worker verifies ownership of a motor vehicle. The title, not the registration, of a motor vehicle legally determines ownership.

2-007.03A2a(2) Bank Accounts: The worker verifies the terms of the account with the bank. If any person on the account is able to withdraw the total amount, the full amount of the account is considered the client's. If all signatures are required to withdraw the money, the proportionate share must be counted toward the client.

If the client verifies that none of the money belongs to him/her, the client must be allowed 60 days to remove his/her name from the account. The client must provide proof of the change. After the client removes his/her name from the bank account, eligibility may be determined retrospectively and/or prospectively. If the client does not remove his/her name in 60 days, the money is counted as a resource.

If a portion is the client's, the worker notifies the client of the requirement to put the money in a separate account.

2-007.04 Consideration of Relative Responsibility: When the client (i.e., a spouse or parent) has relative responsibility for a client in another assistance unit and the responsible relative owns the resource(s), the worker divides the value by the number of units to determine the amount to be counted to each. An AABD/MA or SDP/MA couple is considered one unit.

Exception: If the responsible relative receives SSI, none of the value of the resource(s) is considered to the other unit.

When the client (i.e., a spouse or parent) has relative responsibility for a client in another assistance unit and both clients own the resource(s), regulations in 470 NAC 2-007.03A1 are followed and the resource is divided by the number of owners only. This meets the requirements of relative responsibility.

2-007.05 Value and Equity: See 468 NAC 2-008.06.

2-007.06 Types of Resources: Resources can be divided into two categories: liquid and non-liquid.

2-007.06A Liquid Resources: Liquid resources are assets that are in cash or financial instruments which are convertible to cash. They include resources such as:

1. Cash on hand;
2. Cash in savings or checking accounts; and
3. Collectable unpaid notes or loans.

For other liquid resources, see 468 NAC 2-008.

2-007.06A1 Cash, Savings, Investments, Money Due: Cash on hand, cash in checking and savings accounts, salable stocks or bonds, certificates of deposit, promissory notes and other collectable unpaid notes or loans, and other investments are available resources.

2-007.06A2 Funds Set Aside for Burial: See 468 NAC 2-008.07A3.

2-007.06A3 Whole Life Insurance: See 468 NAC 2-008.07A4.

2-007.06B Non-Liquid Resources: Non-liquid resources are tangible properties which need to be sold if they are to be used for the maintenance of the client. They include all properties not classified as liquid resources, such as:

1. A home;
2. Additional pieces of property;
3. Trailer houses;
4. Burial lots;
5. Motor vehicles;
6. Life estates;
7. Farm and business equipment;
8. Livestock;
9. Poultry and crops; and
10. Household goods and other personal effects.

2-007.06B1 Exemption of Home: See 468 NAC 2-008.07B1.

2-007.06B2 Motor Vehicles: The worker disregards one motor vehicle regardless of its value as long as it is necessary for the client or a member of his/her household for employment or medical treatment. The client's verbal statement that the motor vehicle is used for employment or medical treatment is sufficient.

If the unit has more than one vehicle, the worker applies the exemption to the vehicle with the greatest equity. If the client owns the vehicle jointly with other persons, the worker shall refer to 470 NAC 2-007.03A in determining how to divide the resulting value of the resource.

Note: If the client is living in his/her vehicle, the total equity value is exempted from resources.

For determination of fair market value, see 468-000-335.

2-007.06B3 Life Estates: See 468 NAC 2-008.07B9.

2-007.06B4 Business Equipment, Fixtures, Machinery: The worker determines the value of these resources by using the owner's estimate of the current market price for business equipment, fixtures, or machinery. If the client is unable to provide an estimate or if the worker feels the estimate is inaccurate, other sources may be used, such as an auctioneer, county assessor, etc. For a self-employed individual, see 470 NAC 2-007.06B9.

2-007.06B5 Livestock, Poultry, Crops (Growing and on Hand): The agency determines the value of these resources by using the owner's estimate of the current market price for livestock, poultry, and crops (growing and harvested). If the client is unable to provide an estimate or if the worker feels the estimate is inaccurate, other sources may be used, such as an auctioneer, county assessor, etc. For a self-employed individual, see 470 NAC 2-007.06B9.

2-007.06B6 Household Goods and Personal Effects: Household goods and personal effects of a moderate value used in the home are exempt. Household goods are defined as including household furniture and furnishings, tools, and equipment used in the operation, maintenance, and occupancy of the home or in the functions and activities of the home and family life, as well as those items which are for comfort and accommodation. Personal effects include clothing, jewelry, items of personal care, etc.

2-007.06B7 Loans: A bona fide loan is disregarded as income or a resource. A bona fide loan is defined as one that must be repaid. The agreement for repayment may be verbal or written and the loan may be owed to an individual or to an organization or agency. Using prudent person principle the client's statement is adequate verification that the loan must be repaid.

2-007.06B8 Burial Spaces: See 468 NAC 2-008.07B15.

2-007.06B9 Stock, Inventories, and Supplies Used in Self-Employment: If necessary and essential to produce his/her income, the following may be disregarded as a resource for a self-employed person:

1. Livestock;
2. Poultry;
3. Crops (growing and on hand);
4. Tractors and machinery;
5. Tools and equipment;
6. Business equipment; and
7. Other goods and equipment essential to the production of income.

Note: Real property that is used solely for self-employment is considered a resource.

2-007.07 Maximum Available Resources: The established maximum for available resources which the unit may own and still be considered eligible is \$4,000 for a single individual and \$6,000 for two or more. For resource levels for RMAP, see 470 NAC 4-006.

2-007.08 Determination of Value of Total Available Resources: The total value of all available resources is the total value of real and personal property figured in accordance with the preceding instructions. If the total value is in excess of the limit allowable for an RRP grant, the individual or unit is ineligible for a grant but may be eligible for RMAP.

2-007.09 Deprivation of Resources: See 468 NAC 2-008.10.

2-007.10 Reduction of Resources: The client may reduce available resources to the maximum without affecting eligibility if the case record contains documentation that the resources have been reduced and the unit is within the resource limits. The client's statement of debts may be acceptable. Unsecured debts do not reduce the value of resources unless they are actually paid.

An application for an individual who has excess resources may be held pending until the resources are reduced.

Payment may begin no sooner than the date the applicant has actually expended the excess resources, if all other eligibility requirements are met. Medical eligibility begins with the first day of the month of the incurred obligation which was used to reduce the resources to the allowable maximum (see 470 NAC 4-006.01). Medical eligibility may not be established earlier than the three-month retroactive period.

2-008 Income

2-008.01 Standard of Need: The standard of need is a consolidation of items necessary for basic subsistence. Included in this standard are food, clothing, sundries, home supplies, utilities, laundry, and shelter. (Shelter includes rent, mortgage payment, taxes, and insurance.) Also included in this standard amount are meals prepared away from home, therapeutic diet, meals furnished to a household employee, transportation other than for employment, subsistence to obtain medical care, moving expenses, Social Security tax paid to an approved household employee, back taxes, furniture, appliances, etc.

2-008.01A Standard of Need Chart: Effective July 1, 2011, the standard of need by unit size for the determination of eligibility and payment is as follows:

Number in Unit	1	2	3	4	5	6	7	8	9	10
Standard	505	623	740	858	975	1,093	1,211	1,329	1,446	1,563

One hundred seventeen dollars are added for each eligible individual.

For eligibility for RMAP, see 470 NAC 4-000.

2-008.02 (Reserved)

2-008.03 Earned Income: Earned income is money received from wages, tips, salary, commissions, profits from activities in which an individual is engaged as a self-employed person or as an employee, or items of need received at no cost in lieu of wages.

Earned income also includes earnings over a period of time for which settlement is made at one given time, as in the instance of farm crops or poultry. Earnings so received are prorated for the same number of ensuing months as was included in the earning period.

Note: Reimbursement for employment-related expenses such as mileage, lodging, or meals is not considered earned income.

2-008.03A Earned Income Disregard: After gross earned income for the unit is totaled, a 20 percent disregard is deducted to determine the amount of net earned income used in the budgeting process. Self-employment income is allowed disregards before application of the 20 percent disregard.

2-008.03A1 Disregards for Self-Employment: See 468 NAC 2-009.02A1a.

2-008.03B Two Adult Household: When one spouse reaches his/her time limit and the other spouse continues to be eligible, any income of the ineligible spouse is included in the budget of the eligible spouse. The ineligible spouse is not allowed the work allowance.

2-008.04 Unearned Income: Unearned income is any cash benefit that is not the direct result of labor or services performed by the individual as an employee or a self-employed person. Unearned income includes, but is not limited to:

1. Retirement, Survivors, and Disability Insurance (RSDI) under the Social Security Act;
2. Railroad Retirement;
3. Veteran's or military service benefits;
4. Unemployment compensation or disability insurance benefits;
5. Disability benefits paid by the employer (this does not include sick leave);
6. Worker's compensation;
7. Child/spousal support;
8. Lease income;
9. Annuities;
10. Pensions, or returns from investments or securities in which the individual is not actively engaged; and
11. Civil service benefits;

For further treatment of unearned income, see 470 NAC 2-008.09.

2-008.04A Resettlement Assistance: Supportive services may be provided by an individual, a family, or a group of people representing a church or another organization who have agreed to sponsor a refugee family or individual. Assistance may include, but is not limited to, clothing, food, and housing. The assistance is disregarded as income.

Voluntary resettlement agencies may provide cash assistance for the initial resettlement of the refugee family or individual. The entire resettlement payment may be provided at the time the refugee is first resettled by the voluntary agency or may be made available as needed. The amount of payment varies as each voluntary agency sets its own resettlement payment rate. The worker contacts the voluntary agency for verification of payment. The name of the voluntary agency is located on Form I-94.

Resettlement assistance from a voluntary resettlement agency is disregarded.

2-008.04B Contributions

2-008.04B1 From an Individual Not in the Household: If an individual who is not living in the household gives money to the unit, the income must be counted in the budget.

In order to determine how to treat the income, the worker determines to whom the contribution is paid. The following are not considered contributions:

1. Energy assistance;
2. Emergency assistance;
3. General assistance;
4. Crisis assistance from a community agency, service agency, or an individual;
5. Assistance provided by an individual sponsor or a voluntary resettlement agency; or
6. Match Grant.

2-008.04B2 From an Individual in the Household: The standard of need is not reduced when a self-supporting individual(s) and a client(s) are living in the same household; however, the grant may be reduced depending on the financial arrangements.

2-008.04B2a Counted as Income: If the self-supporting individual is paying the entire expense for shelter, the worker uses the chart in 470 NAC 2-008.04B4 to determine the figure to count as income.

If the self-supporting individual is paying shelter directly to the vendor, the worker follows the regulations in 470 NAC 2-008.04B2b.

If an individual is paying board and room to a client, it is considered earned income (see 470 NAC 2-008.09).

2-008.04B2b Not Counted as Income: The client's grant is not reduced because of a self-supporting individual in the following situations:

1. The self-supporting individual pays the client for a portion of the shelter expenses;
2. The client states that they are sharing expenses; the worker documents the statement in the case record;
3. Two or more assistance units are in the same household and share expenses. Income of one unit is not counted toward another unit; and
4. In determining initial eligibility only when the applicant:
 - a. Has no income and has been forced to share a living arrangement with a self-supporting individual because of a crisis situation; and
 - b. Plans to make other arrangements (either to move or pay a share of the expenses) as soon as s/he has income.

The worker investigates to see if a contribution needs to be counted on the client's budget as soon as the client begins receiving income.

2-008.04B3 Shelter Furnished in Lieu of Wages: Shelter furnished in lieu of wages is treated as earned income (see 470 NAC 2-008.03).

2-008.04B4 Shelter Amounts From Payment Maximums

RRP/MA Unit Size

1 2 3 4 5 6 7 8 9 10 11 12

Shelter 101 101 103 105 108 109 111 112 113 114 123 133

Shelter includes taxes and insurance.

The worker compares the shelter obligation to the chart, using the amount shown for the RRP/MA unit size.

2-008.04C SSI Benefits: SSI benefits are considered unearned income but the SSI payment is not used in computing the budget.

2-008.05 Treatment of Lump Sums: Lump sums are not considered income. Any unspent remainder is considered a resource in the month following the month of receipt or report, taking into account the timely notice provision.

2-008.05A Insurance Settlements: Insurance payments for damage to personal property caused by a disaster are not treated as a lump sum. The client is allowed a reasonable period of time to repair or replace the property.

When a client is a beneficiary of life insurance, verified payment of debts or obligations of the deceased are subtracted from the settlement.

The worker documents in the case record the availability of settlement or inheritance funds to the client.

When a client receives an insurance settlement or other lump sum, the worker deducts from the lump sum any bills relating to the cause of the settlement that the client is obligated to pay.

2-008.06 Potential Income: Potential income is defined as income based on entitlement or need which is usually determined by an administering agency as a result of an application for benefits by the individual. Potential income includes, but is not limited to, RSDI, categorical assistance, unemployment compensation, disability insurance benefits, and worker's compensation. Medicare, EIC's, and AEIC's are not considered potential benefits. The worker explores each individual's potential entitlement for benefits. The client is required to apply for any benefits for which s/he appears to be entitled within 60 days of the date the worker notifies the client of the requirement. The worker must not delay determination of eligibility for assistance and authorization of payment pending determination of entitlement for benefits.

2-008.07 (Reserved)

2-008.08 Contractual Income: The worker prorates income paid on a contractual basis. The worker prorates the income over the number of months covered under the contract, even if the client is paid in fewer months than the contract covers.

Income received intermittently, such as farm income, is prorated over the period it is intended to cover if the income is expected to continue.

The worker notifies the client on a Notice of Action that income is being treated as contractual income and how it is budgeted.

2-008.09 Income Listing: The worker computes the budget using the following guidelines for income treatment.

<u>TYPES OF INCOME</u>	<u>TREATMENT OF INCOME</u>
1. Assistance provided by an individual sponsor; and Resettlement payment from a voluntary agency for initial resettlement	1. Disregard.
2. HUD rental and/or utility subsidies under Section 8 of the Housing Act (lump sum or monthly payments)	2. Disregard.
3. Declared cash winnings, interest, a gift that marks a special occasion, small and insignificant children's cash allowances	3. Disregard if \$10 or less per month per individual for each income type. If more than \$10 per individual, count the amount that exceeds \$10 as unearned income.
4. Income from securities and investments	4. See number 3.
5. Interest on Series H savings bonds and other bonds which pay dividends or interest	5. See number 3.
6. Sale of home produce, livestock, poultry	6. Consider as earned income.
7. Home produce from garden, livestock, and poultry used by the household for their own consumption	7. Disregard.

8. Income from boarders, rented rooms, and apartments	8. Consider as earned income (see 470 NAC 2-008.03). Treat like a small business (see 468 NAC 2-009.02A1a). <u>Exception:</u> Income received from foster care payments is disregarded.
9. Picket pay or strike pay	9. Consider as earned income.
10. A bona fide loan from any source	10. Disregard.
11. Payments to a client participating in training or school attendance subsidized by the Division of Vocational Rehabilitation	11. Disregard.
12. Food stamp benefits	12. Disregard.
13. The value of federally donated foods	13. Disregard.
14. Federal and state income tax refunds	14. Disregard.
15. Payments to AmeriCorps volunteers	15. Disregard.
16. Christmas bonus	16. Consider as earned income lump sum (see 470 NAC 2-008.05).
17. Energy payments	17. Disregard.
18. EIC's	18. Disregard.

19. AEIC's	19. Disregard.
20. Income from the Green Thumb Program	20. Disregard.
21. Income from the sale of blood or plasma	21. Consider as earned income from self-employment (see 468 NAC 2-009.02A1a).

2-008.10 Income Verification: Verification of income consists of at least the following:

1. The source of the income;
2. The date paid or received;
3. The period covered by the payment or benefit; and
4. The gross amount of payment or benefit.

The worker records all verification information and computations in the case record.

Generally eligibility cannot be established until all income is verified. See 470-000-300 for further discussion of income verification.

2-009 Compliance With Employment and Training Requirements: Unless determined exempt by the worker, a refugee is required to register for employment services within three days from the date of application.

The refugee must register for employment service and/or employment orientation with the initial sponsoring Voluntary Resettlement Agency that initially resettled the refugee. If the initial sponsoring Voluntary Resettlement Agency is located outside the city or state the worker must notify the agency that the refugee has applied for refugee assistance. In this case, the worker must refer the refugee to an appropriate agency providing employment services funded under the RRP. If there is no Voluntary Resettlement Agency or a funded agency providing employment services in the area, the refugee must register with the local employment service.

The refugee is also required to accept an appropriate employment or training opportunity.

{Effective 8/12/2008}

2-009.01 Voluntary Agencies: The Voluntary Resettlement Agency is responsible for providing core services to refugees resettled through its agency.

2-009.01A Voluntary Termination or Refusal of Employment: The worker determines that within 30 consecutive calendar days immediately before receiving assistance, an employable refugee has not:

1. Voluntarily quit for the purpose of receiving assistance; or
2. Refused to apply for or accept an appropriate offer of employment.

2-009.01B Appropriate Work and Training Criteria: The worker determines appropriate work by the following criteria:

1. Appropriate work may be temporary, permanent, full-time, part-time, or seasonal if this work meets the other work standards outlined in this section;
2. The wage must meet or exceed the minimum wage established by law;
3. The daily and weekly hours of work may not exceed those customary to the occupation;
4. No individual may be required to accept employment if:
 - a. The position offered is vacant due to a strike, lockout, or other bona fide labor dispute;
 - b. The individual would be required to work for an employer contrary to the conditions of his/her existing membership in the union governing that occupation. However, employment not governed by the rules of a union in which s/he has membership may be determined appropriate; and
 - c. The following additional standards must be met before a refugee may be required to accept a work or training assignment:
 - (1) The work or training assignment must be related to the physical and mental capability of the individual to perform the task on a regular basis. Any claim of adverse effect on an individual's physical or mental health must be substantiated by adequate medical statements; and
 - (2) The commuting time to and from home to the work or training site should not normally exceed two hours. (This does not include the time it takes to transport a child to and from a child care facility).

Enrollment in English classes does not qualify as a training program and therefore does not exempt the refugee from the employability requirement. English classes may be part of the employability plan.

2-009.01C Noncooperation With Employment Requirements: If an employable adult refuses to comply, accept, or participate in employment services with the appropriate agency serving the refugee, the agency notifies the local Department eligibility worker of the refugee's refusal to cooperate on Form IM-42. Then the actions described in 470 NAC 2-009.01C1 through 2-009.01C2a must be taken. See 470 NAC 2-009.03 for good cause for noncooperation.

Note: If the resettlement agency is also providing employment services, the eligibility worker does not need to send notice of noncooperation.

2-009.01C1 For an Applicant: If an employable adult applicant refuses to register for, accept, or continue services of an agency providing services to refugees, s/he is ineligible.

Note: If an applicant refuses to seek or accept employment before s/he is referred to the service agency, s/he is treated according to regulations in 470 NAC 2-009.02A1.

2-009.01C2 For a Recipient: Within ten days the eligibility worker must contact the refugee and the refugee service worker or counselor to schedule a mediation session. The refugee is allowed one mediation period of up to seven days.

During the mediation period, the eligibility worker must:

1. Provide the recipient with written notice of the alleged failure to participate; and
2. Schedule an office interview with the eligibility worker, refugee service worker or counselor, and the refugee. The purpose of the interview is to discuss:
 - a. Reasons for not participating;
 - b. Barriers to participation;
 - c. Attitude of the recipient;
 - d. Responsibilities of the recipient; and
 - e. Possible solutions.

The recipient is not removed from the RRP/MA unit during the mediation period unless the mediation period is terminated because the recipient is uncooperative or refuses counseling. The worker documents in the case record the reasons that the recipient was determined uncooperative or refused counseling.

If the grant is zeroed during a mediation period, the mediation continues during the zero grant period.

2-009.01C2a Actions Following the Mediation Period: If the employable refugee client continues to refuse refugee services, the case is closed.

2-009.01D Training Requirements for Employed Refugee Clients: In the instance of a refugee who is employed and receiving supplementary assistance, the agency must:

1. Require part-time training such as English-language or skill training, if available and determined appropriate, if the refugee is employed part-time (less than 100 hours per month), as a condition for continued receipt of assistance; or
2. Encourage, but not require, part-time English-language or skill training, if available and determined appropriate, if the refugee is employed full-time (100 or more hours per month).

2-009.02 Counties Without Service Agencies: In counties without an RRP-funded employment service program, all non-exempt refugees are required to accept available employment. The eligibility worker must do an appraisal to determine whether a refugee may be exempt from employability requirements.

The non-exempt refugee is required to register with Job Service if there is one in the area. A Job Service Office is considered to be in the area when:

1. There is an office in the county; or
2. A Job Service worker periodically comes to a community within the county to register individuals.

The worker may require verification from the refugee of his/her job contacts. The worker must not require written verification from the employer.

If there is no Job Service Office in the area, the refugee must report monthly to the worker with proof that s/he is actively seeking employment. Using the prudent person principle (see 470 NAC 1-008), if the worker needs further verification of employment contacts, s/he may contact the employer. The worker must not require written verification from the employer.

In planning with the refugee the number of necessary job contacts, the worker considers the availability of work in the community and the capabilities of the client. If the worker is aware that there are no jobs in the community, s/he must not require the client to make a specified number of job contacts.

2-009.02A Noncooperation in Seeking or Accepting Employment

2-009.02A1 Applicant: If an applicant refuses to seek employment, s/he is ineligible. If an applicant refuses without good cause to accept a bona fide offer of employment or training, his/her needs are not included in the grant unit. See 470 NAC 2-009.03 for good cause.

If the applicant begins to cooperate while the RRP application is still pending, the applicant is eligible to receive RRP effective with the date of application if all other eligibility factors are met.

If the applicant begins to cooperate after the application has been approved, his/her RRP benefits resume effective the first day of the month during which the individual successfully participates.

2-009.02A2 Recipient: If the refugee refuses to actively seek employment, the refugee is allowed one mediation period of seven days. Within ten days the eligibility worker must contact the refugee to schedule a mediation session. During the mediation period, the eligibility worker must:

1. Provide the recipient with written notice of the alleged failure to participate; and
2. Schedule an office interview with the refugee. The purpose of the interview is to discuss:
 - a. Reasons for not actively seeking employment;
 - b. Barriers for actively seeking employment;
 - c. Attitude of the recipient;
 - d. Responsibilities of the recipient; and
 - e. Possible solutions.

The recipient is not removed from the RRP/MA unit during the mediation period unless the mediation period is terminated because the recipient is uncooperative or refuses counseling. The worker documents in the case record the reasons that the recipient was determined uncooperative or refused counseling.

If the grant is zeroed during a mediation period, the mediation continues during the zero grant period.

2-009.02A2a Sanction Following Mediation Period: If the refugee refuses to actively seek employment, the case is closed.

The sanction continues even if the refugee starts employment, becomes exempt, or the case is closed and the refugee reapplies.

The worker must notify the refugee's sponsor or the voluntary agency, (if there is no sponsor) of the sanction.

2-009.03 Good Cause for Refusing Employment or Training or Not Cooperating With the Service Agency: Some examples of good cause for refusing employment or training or refusing to cooperate with the service agency include but are not limited to:

1. The distance of the job, training, or service agency from home;
2. A wage that is less than the federal or state minimum wage;
3. Hazardous working conditions;
4. Unreasonable cost involved in employment or training; or
5. The client's mental or physical inability to do the work or training.

2-010 Eligibility for Medical Assistance Following Ineligibility for a Grant: If s/he is still within his/her time limit for eligibility, an RRP grant recipient may receive medical assistance without a Share of Cost if s/he becomes ineligible for a grant because of earnings from employment - the beginning of earnings, increased earnings, or increased hours of employment. A review is not required during the months of MA.

The months of MA begin with the month after the last grant payment is issued (or the unit was eligible but did not receive a payment because of the \$10 minimum).

{Effective 2/10/2002}

2-011 Other Related Eligibility Requirements

2-011.01 Receipt of Other Assistance: An individual whose needs are included in the RRP payment must not at the same time receive a payment of another type of categorical assistance that is administered by the Department.

Assistance from a source other than the Department may be used to supplement, but not to duplicate, an assistance payment made for a particular case.

2-011.01A SSI and RRP: A client or an essential person in the Supplemental Security Income Program (SSI) is not included in the RRP/MA budget.

2-011.01B Notification of Social Security Administration: When one parent is receiving SSI and another is a member of an RRP or RRP-related medically needy unit, the worker notifies the Social Security Administration that the income of the parent in the RRP or RRP-related medically needy unit is being used to determine RRP benefits. The Social Security Administration will then reduce the amount that is deemed or will stop deeming.

2-011.02 Ineligibility of Fleeing Felon: An individual is ineligible for RRP/MA during any period in which the individual is:

1. Fleeing to avoid prosecution or custody or confinement after conviction for a crime in the U.S. or attempt to commit a crime that is a felony under the law of the place from which the individual is fleeing; or
2. Violating a condition of U.S. federal or state probation or parole.

2-011.03 Ineligibility for Drug Related Felonies: An individual who has committed and been convicted under federal or state law after August 22, 1996, of any offense which is classified as a felony and which has as an element the possession, use, or distribution of a controlled substance, is permanently ineligible for RRP cash assistance. Other family members may continue to receive benefits.

CHAPTER 3-000 RRP/MA BENEFITS: RRP/MA assistance consists of money payments to the RRP/MA payee and/or payments made directly to the provider for medical care and services. If a client is eligible for a money payment, s/he is also eligible for medical assistance. A client may apply for medical assistance only.

3-001 Determination of Payment: The amount of the assistance payment to the RRP/MA payee is determined by:

1. The amount of the budgetary deficiency of the RRP unit (see 470 NAC 3-005.01); and
2. The amount of the maximum and minimum payment allowed (see 470 NAC 2-008.02A1 and 3-004).

Assistance payments to the RRP/MA payee may not exceed the budgetary deficiency of the unit or the maximum payment. The standard of need does not vary by living arrangement for RRP/MA units.

Provider payments for medical requirements are determined according to the standards and regulations established for the Nebraska Medical Assistance Program (see Title 471).

3-002 Effective Date of Payment: When an application for assistance is approved, the first month's payment begins with the date of application, if all eligibility factors are met. Prorated payment amounts are calculated by N-FOCUS. If eligibility occurs after the date of application, payment is prorated from the date eligibility begins. For administrative efficiency, a standard 30-day month is used in determining prorated payments.

Prorated payments apply to the first month a payment is issued or an individual is added to an existing unit.

For date of medical eligibility, see 470 NAC 4-004.

{Effective 8/12/2008}

3-002.01 Individual Added to the Unit: When an individual is added to a unit that is already receiving a grant, the payment of the new individual begins with the date the addition to the unit was requested if all eligibility factors are met. For date of medical eligibility, see 470 NAC 4-004. If adding the income of the added individual makes the entire unit ineligible for a grant, medical eligibility is determined for the entire unit.

3-002.02 Client Moving From Another State: An applicant may have received assistance from another state in the same month that s/he applies in Nebraska. If the applicant received a grant for a partial month from the other state, the grant from the other state is considered income in determining the first month's eligibility. Payment begins with the date of application if all eligibility factors are met.

3-003 Rounded Down Payment: When the grant amount is not a whole dollar figure, the computer rounds down the grant to the next lower whole dollar amount. A case that would be eligible for a grant of less than \$1 (which would be rounded down to 0) is still considered a grant case. The unit would still receive medical assistance. See 470 NAC 3-004 for payments of \$9.99 or less.

3-004 Minimum Payment: A grant is not issued if the amount would be less than \$10 before any adjustment is made. A unit that is denied a grant solely because of the \$10 minimum payment is still considered a grant case. The unit continues to be eligible for other forms of assistance such as medical assistance and social services, and is required to meet employability requirements (see 470 NAC 2-009) where appropriate.

The worker sends a Notice of Action notifying the client that s/he will not receive a payment because of the minimum payment provision.

A grant is issued if an individual is added to an existing unit and the combined unit (the original unit plus the added individual) is eligible for a grant of \$10 or more.

3-004.01 Persons Included in RRP Grant: An individual is included in the RRP grant if s/he meets eligibility requirements.

3-004.02 Family Members Not Included in the Grant

3-004.02A Those Who Refuse Potential Income: The needs of an individual are not included in the grant if s/he refuses to apply for:

1. Categorical assistance for which s/he is apparently entitled; or
2. Benefit payments from a program not administered by the Department to which s/he is apparently entitled.

It is the worker's responsibility to explain the application procedure and benefits to the apparently eligible individual and explain the consequences of not applying (see 470 NAC 2-008.06).

3-004.02B Those Who Receive Other Assistance: An individual who receives ADC or AABD is ineligible for RRP.

3-004.02C Those Who Receive SSI: The needs of any family members who are receiving SSI benefits are not included in the RRP/MA unit.

3-004.02D Those Who Refuse to Cooperate: The needs of an employable adult are not included in the grant if s/he refuses to register for, accept, or participate in services of an agency providing services to refugees.

3-004.02E Incarcerated Individuals: Any recipient who is incarcerated is ineligible to be included in the RRP/MA unit.

3-005 Budget Computation

3-005.01 Budgeting Process: The amount of the grant is determined by completing the following steps:

1. Total gross countable earned income;
2. Subtract 20 percent of earned income;
3. Subtract child care paid out-of-pocket;
4. Subtract the remaining earned income from the appropriate Standard of Need (see 470 NAC 2-008.01A);
5. Compare the result of step 4 to the appropriate payment standard;
6. Show the lower of the payment standard or the difference from step 4;
7. Subtract unearned income from the amount shown in step 6;
8. The result of step 7 is the amount of the grant.

3-005.02 Budget of an RRP/MA Unit and Other Clients in a Household (Living as a Family Unit): When an RRP/MA unit shares a household with individuals who are receiving assistance from another categorical program, the cases are budgeted separately. The worker shows the income of each client or RRP/MA unit on its own budget.

3-006 Payments for Assistance

3-006.01 Source of Funds: Refugee medical and cash assistance is 100 percent federally funded. Payments for medical care are made directly to the provider from federal funds.

3-006.02 Non-Restricted Payments: RRP assistance payments are made with no restriction on the use of the funds.

3-006.03 Protective Payments: A protective payee is assigned temporarily when the worker has documented that the assistance is being mismanaged and is not being used in the best interests of the individual. The protective payee must be an interested third party who is concerned with the welfare of the individual.

3-006.03A Selection of Payee: The client participates and consents to the extent possible in the selection of the payee for protective payments.

The payee must be a responsible and dependable person with the ability to relate positively to the client. The payee may be a relative, friend, neighbor, or a member of the clergy or of a church or community service group. The payee must be either geographically close to the client or have means of transportation for frequent contact.

The payee must not be:

1. A local office administrator;
2. A Department employee who determines eligibility for a categorical program for the client in question; or
3. A landlord, grocer, or other vendor of goods and services dealing directly with the client.

All other community resources must be explored before a worker may accept the payee assignment.

Care must be taken that the protective payee has ability in ordinary household budgeting; experience in purchasing food, clothing, and household supplies within a restricted income; and knowledge of effective household practices.

3-006.03A1 Service Provider: The local service worker must obtain Central Office approval before a service provider who contacts with the Department may act as protective payee for a client s/he serves.

3-006.03B Responsibilities of Payee: Responsibilities of protective payees include:

1. Paying maintenance needs from the RRP grant (i.e., rent, utilities, food, clothing, etc.);
2. Explaining to the client how the grant will be spent;
3. Keeping records of payments received and disbursements of funds; and
4. Treating confidentially all personal information concerning the family.

3-006.03C Review of Payee: The worker must review at least every six months the way in which a protective payee's responsibilities are being carried out.

3-006.03D In Mismanagement Cases: Protective payments are to be used only for those clients who have the capacity to learn to manage their funds and are not intended for those whose mental or physical limitations would prevent them from learning how to manage their own affairs.

The protective payments are designed for those persons who exhibit a deliberate mismanagement of money, or whose lack of experience or previous training in money management and budgeting creates mismanagement.

The worker must take into account whether:

1. The family has experienced some emergency or extraordinary event for which it was appropriate for available funds to be spent;
2. Expenses for necessary bills exceed the client's grant and other income; or
3. The family has withheld the payment as a reasonable exercise of consumer rights when there is a legitimate dispute as to whether terms of an agreement have been met.

It is necessary to identify children whose relatives have demonstrated an inability to manage funds that payments have not been or are not currently being used in the best interests of the child.

Before a protective payee may be assigned, the client must have consistently mismanaged current RRP funds.

3-006.03D1 Evidence of Mismanagement: Evidence of persistent mismanagement of assistance payments consists of:

1. Continued inability to plan and spread necessary expenditures over the usual assistance planning period;
2. Persistent and deliberate failure to meet obligations for rent, food, school supplies, and other essentials; or
3. Repeated evictions or incurrence of debts with attachments or levies made against current income.

The supervisor or local office administrator, after a review of the evidence presented by the worker, decides whether protective payments are necessary.

3-006.03D2 Notification of Client: The worker must notify the client when:

1. A creditor requests a protective payment for mismanagement because the client has not paid his/her bills; or
2. The decision has been made not to use a protective payment when requested by a creditor.

3-006.03D3 Preliminary Services: Before assigning a protective payee, the agency must try to develop the client's ability to manage funds. The agency must give specialized services on family budgeting and purchasing, meeting financial obligations, debt management, etc. The worker must then advise the client that a continued misuse of the payments will result in protective payments. If the client continues to mismanage his/her assistance payments, the worker must arrange for a protective payee.

3-006.03D4 Role of Payee: The protective payee has a teaching and supervisory role. S/he should recognize the objectives of the protective payment plan and share the responsibility of planning and evaluation with the agency. This entails reports to the agency of funds spent for the family and of progress made by the client in learning better money management.

The worker must release to the payee information about the family members and their situation that is pertinent to the objectives of the plan. The payee must agree to safeguard all personal information concerning the family. A proper understanding of the rights of the client and confidential nature of the agency-client- payee relationship is of the utmost importance.

3-006.03D5 Services

3-006.03D5a: The eligibility worker must make a referral to the local service unit in all cases of alleged mismanagement. The social services worker will determine if there is need for protective services and offer all appropriate defined services.

3-006.03D5b: The eligibility worker must utilize the information obtained by social services to determine if protective payments are required and if protective payments should be continued.

3-006.03D5c: Services designed to improve management of funds must be provided to all protective payment cases. Such services should include instruction in household budgeting; purchasing of food, clothing, home furnishing; repair of clothing and equipment; balanced diets; and organization of the work of housekeeping.

3-006.03D5d: The eligibility worker must review and evaluate each case at least every three months to determine if the client has demonstrated sufficient improved ability to properly use payments so that protective payments are no longer necessary, or if the protective payment status should continue.

3-006.03D6 Case Record: The case record must include:

1. Evidence that the client had been advised that continued misuse of payments would result in protective payments;
2. Specific evidence that the client has shown persistent mismanagement of assistance payments;
3. A description of the plan and provision of services;
4. Information regarding the qualifications and choice of payee; and
5. Evaluation information giving specific reasons for determining whether protective payments should be continued or are no longer necessary.

3-006.03E Fair Hearing: The client must be given the opportunity to appeal the initial decision or continuance of protective payments and the choice of the protective payee.

3-006.04 Revision of Budget and Payment: The worker revises the assistance budget and modifies the payment whenever changes in the client's circumstances indicate a need to reconsider requirements or resources.

3-006.05 Erroneous Payments: The following regulations apply to incorrect payments-

3-006.05A Underpayments: All underpayments must be corrected. In no case may one month's corrected payment exceed the maximum payment which can be made for any one month. If the unit is already receiving the maximum payment, the worker can correct an underpayment with a retroactive payment. Retroactive payments are not considered income or a resource in the month paid or in the following month. If underpayments have not been corrected when a case is closed, corrective payments must be made if the client is eligible for assistance at a later date.

3-006.05B Overpayments: The agency must take all reasonable steps necessary to promptly correct all overpayments. The worker records in the case record all steps taken to recoup any overpayments.

The worker must first send a demand letter, giving the client the choice of reimbursing the total overpayment or having future assistance reduced. The worker must allow the client ten days to respond to the demand letter. If the client requests recoupment within the ten days, the worker must take necessary action at that time. If the client does not respond within ten days, the worker must begin recoupment procedures in the first month possible, taking into account adequate and timely notice.

If the client chooses to repay but fails to do so, the worker must immediately take necessary action to recoup the overpayment.

When the evidence clearly establishes that a client willfully withheld information which resulted in an overpayment, the eligibility worker refers the case to the Special Investigation Unit, Central Office; or in the Omaha Office, to the Omaha Special Investigation Unit. Once a case has been referred to the Special Investigation Unit, the worker must take no action with regard to the prosecution of the suspected fraud except in accordance with instructions or approval by the Special Investigation Unit. However, the worker must complete normal case actions. Normal case actions include closing a case that is found to be ineligible and recovering overpayments.

If a case with an overpayment is closed, the agency must collect an overpayment of \$35 or more if the client becomes eligible for assistance at a future date. The worker must send a demand letter advising the client that s/he is still liable for the overpayment.

3-006.05B1 Identification of an Overpayment: There are two types of overpayments:

1. Administrative errors: Worker errors caused by inaccurate computation or the worker's failure to take action; and
2. Client errors: Errors caused because the client supplies inaccurate or incomplete information or fails to provide information resulting in an overpayment.

All overpayments, regardless of cause, must be recouped (if there is an active case) or recovery must be attempted if the outstanding payment is \$35 or more.

3-006.05B2 Recoupment Calculation: The following calculation is used to determine the amount of the allowable grant reduction for one month:

When an overpayment is determined to be due to a client or agency/administrative error, the grant is reduced by ten percent of the family's payment.

When the overpayment is determined to have occurred due to an Intentional Program Violation or due to fraud as determined by a court of law, the grant is reduced by 20 percent of the family's payment.

If an overpayment still exists after the grant is reduced one month, the worker does the same computation each following month until the total overpayment is recouped.

3-006.05B3 Retroactive SSI Payment: The first month of ineligibility for RRP/MA for an individual with continuing SSI entitlement is the month s/he receives an SSI retroactive payment unless the SSI payment has been reduced by the amount of RRP paid for that month. Since ineligibility for RRP/MA does not begin before receipt of an SSI payment, RRP payments issued before the receipt of SSI do not constitute overpayments (see 470 NAC 3-004.02C).

3-006.05B4 Ninety Percent of the Payment Limits:

Number in Unit	1	2	3	4	5	6	7	8	9	10
Standard	222	293	364	435	506	577	648	719	790	861
90 Percent	200	264	328	392	455	519	583	647	711	775

3-006.05B5 Zero Grant: If the assistance grant is reduced to zero, members of the assistance unit are still considered a grant case.

3-007 Case Records: The worker must include in the case record facts to substantiate each action with respect to assistance payments. Case records must be retained for four years from the closing of the case.

3-008 Fraud: See 465 NAC 2-007

CHAPTER 4-000 REFUGEE MEDICAL ASSISTANCE PROGRAM (RMAP): RMAP provides medical care and services to refugees who do not have sufficient income to meet their medical needs, and who qualify according to the program definitions. RMAP is a time-limited program; the number of months of medical assistance is determined by the amount of federal funds that are available.

RMAP is governed by the requirements and limitations of the Nebraska Medical Assistance Program (see Title 471).

4-001 Individuals Eligible for an Assistance Grant and MA: Clients who receive an assistance grant, including clients who do not receive a payment because of the \$10 minimum payment, are automatically eligible for MA without a separate eligibility determination.

4-002 Individuals Ineligible for Assistance Grant but Eligible for MA: Eligibility for the following individuals is determined using eligibility requirements listed in 470 NAC 4-003.

1. Those who have resources in excess of resource limits for an RRP grant; and
2. Those who have income in excess of budgetary standards for an RRP grant.

4-002.01 Individuals Sanctioned for Not Cooperating: Individuals who have been sanctioned for noncooperation with employability requirements are automatically eligible for MA without a separate eligibility determination. Income and resources are used in determining eligibility for a grant for the rest of the unit.

4-002.02 Individuals Eligible for Transitional MA: An RRP/MA client who becomes ineligible for a grant because of increased earnings or increased hours of employment is eligible for medical assistance without a Share of Cost for the remaining months of his/her eligibility without regard to income.

4-003 Eligibility Requirements: To be eligible for RRP/MA only, the individual must meet the following requirements:

1. Application (see 470 NAC 2-001);
2. Refugee status (see 480 NAC 2-002);
3. Time limit (see 470 NAC 2-003);
4. Nebraska residence (see 470 NAC 2-004);
5. Social Security number (see 470 NAC 2-005);
6. Resources (see 470 NAC 4-005);
7. Income (see 470 NAC 4-006);
8. Enrollment in an available health plan (see 470 NAC 4-009); and
9. Cooperation with requirements for third party medical payments (see 470 NAC 4-011).

4-004 Effective Date of Medical Eligibility: The effective date of eligibility for MA is determined according to the following regulations. If an individual is eligible one day of the month, s/he is eligible the entire month.

4-004.01 Prospective Eligibility: Prospective eligibility is effective the first day of the month of request if the client was eligible for RMAP in that same month and had a medical need.

4-004.02 Retroactive Eligibility: Retroactive eligibility is effective no earlier than the first day of the third month before the month of request or the date of entrance in the U.S.

4-005 Resources

4-005.01 Maximum Resource Levels: The established maximums for available resources which the client may own and still be eligible for MA only are as follows:

One member unit	\$4,000
Two member unit or family	\$6,000
Three member unit or family	\$6,025
Four member unit or family	\$6,050
Each additional individual	+ \$ 25

4-005.02 Determination of Resource Levels: The resource level is based on the number of eligible unit members.

4-005.03 Treatment of Resources: For the treatment of all resources except those in the following regulations, the criteria outlined in 470 NAC 2-007 are used.

4-005.03A Motor Vehicles: The worker must disregard one motor vehicle regardless of its value as long as it is necessary for the client or a member of his/her household for employment or medical treatment. If the client has more than one motor vehicle, s/he may designate which vehicle should be disregarded. Any other motor vehicles are treated as nonliquid resources and the equity is counted in the resource limit. The client's verbal statement that the motor vehicle is used for employment or medical treatment is sufficient.

4-005.03B Essential Property: See 468 NAC 4-005.03B.

4-005.03C Funds Set Aside for Burial: See 468 NAC 2-008.07A3.

4-006 Treatment of Income: For the treatment of income in RMAP, the criteria outlined in 470 NAC 2-007 are used, with the exceptions in the following regulations.

4-006.01 Earned Income: A \$100 disregard is applied to earned income of each employed individual. For other earned income treatment, see 470 NAC 2-008.03.

4-006.02 Unearned Income: See 470 NAC 2-008.04.

4-006.02A Medical Insurance Disregards: The cost of medical insurance premiums is deducted if a member of the unit is responsible for payment.

Exception: The cost of premiums for income-producing policies is not allowed as medical deduction (see 470 NAC 2-008.05A).

4-007 Prospective Budgeting: For medical budgeting policies, see 468 NAC 4-009.

4-008 Medically Needy Income Level (MNIL): The medically needy income level is determined by the number of family members.

The net income is compared to the appropriate MNIL to determine eligibility for MA only or MA with a share of cost.

If the net income is equal to or less than the MNIL, the unit may be eligible for MA only; if the net income is more than the MNIL, the unit may be eligible for MA with a share of cost.

4-009 Cooperation in Obtaining Health Insurance: As a condition of eligibility for MA, a client is required to enroll in an available health plan if the Department has determined that it is cost effective and the client is able to enroll on his/her own behalf. The Department then pays the premiums, deductibles, coinsurance, and other cost sharing obligations.

4-010 Required Copayments: Effective April 1, 1994, RRP adults are required to pay a copayment for the medical services listed at 470-000-205. Copayment amounts are listed at 470-000-205.

4-010.01 Covered Persons: With the exceptions listed at 470 NAC 4-010.02, RRP adults are subject to the copayment requirement.

The provider must verify the client's copayment status by accessing the Department's Internet Access for Enrolled Providers; the Nebraska Medicaid Eligibility System (NMES) at 800-642-6092 (in Lincoln, 471-9580); or the Medicaid Inquiry Line at 877-255-3092 (in Lincoln 471-9128).

4-010.02 Exempted Persons: The following individuals are exempted from the copayment requirement:

1. Individuals age 18 or younger;
2. Pregnant women through the immediate postpartum period (the immediate postpartum period begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends);

3. Any individual who is an inpatient in a hospital, long term care facility (NF or ICF/MR), or other medical institution if the individual is required, as a condition of receiving services in the institution, to spend all but a minimal amount of his/her income required for personal needs for medical care costs;
4. Individuals residing in alternate care, which is defined as domiciliaries, residential care facilities, centers for the developmentally disabled, and adult family homes;
5. Individuals who are receiving waiver services, provided under a 1915(c) waiver, such as the Community-Based Waiver for Adults with Developmental Disabilities or Related Conditions; the Home and Community-Based Model Waiver for Children with Developmental Disabilities and Their Families; or the Home and Community-Based Waiver for Aged Persons or Adults or Children with Disabilities;
6. Individuals with excess income (over the course of the excess income cycle, both before and after the obligation is met); and
7. Individuals who receive assistance under SDP (program 07).

4-010.03 Covered Services: For covered and excluded services, see 470-000-205.

4-010.04 Client Rights: If a client believes that a provider has charged the client incorrectly, the client must continue to pay the copayments charged by that provider until the Department determines whether the copayment amounts are correct.

If the client is unable to pay the required copayment, s/he may inform the provider of the inability to pay. While the provider must not refuse to provide services to the client in this situation, the client is still liable for the copayment and the provider may attempt to collect it from the client.

The client has the right to appeal under 465 NAC 2-001.02.

4-010.05 Collection of Copayment: For provider procedures, see 471 NAC 3-008.04.

4-011 Assignment of Third Party Medical Payments: Application for medical assistance constitutes an automatic assignment to the Nebraska Department of Health and Human Services of the client's rights to third party medical payments. This assignment includes the rights of the client as well as the rights of any other member of the Refugee Cash/Medical Assistance unit. As a requirement for assistance the client must cooperate (unless s/he has good cause for noncooperation, (see 470 NAC 4-011.03B3). in securing any third party medical payments. This includes payments from:

1. The client's own medical coverage for any member of the unit, e.g., the client's health insurance; and
2. An individual not in the unit who has medical coverage for any member of the unit, e.g., health insurance of an absent parent or another individual which covers a child in the unit.

This assignment gives the Department the right to pursue and receive payments from any third party liable to pay for the cost of medical care and services of the client or any other unit member and which otherwise would be covered by RMAP. The assignment of the rights to third party medical payments is effective with the date of eligibility for assistance. For MA cases with a Share of Cost, the assignment becomes effective the first day of the month when the case status changes to 450, "Share of Cost met."

4-011.01 (Reserved)

4-011.02 Third Party Payments Not Assigned: The following third party payments are not subject to the automatic assignment provision:

1. Medicare benefits; and
2. Payments from income-producing policies which subsidize the client's income while s/he is hospitalized or receiving care, regardless of the type of medical service being provided.

4-011.03 Cooperation in Obtaining Third Party Payments: Cooperation includes any or all of the following:

1. Providing complete information regarding the extent of third party coverage which s/he or any other unit member has or may have. This includes coverage provided by a person not in the unit or by an agency;
2. Providing any additional information or signing claim forms which may be necessary for identification and collection of potential third party payments;
3. Appearing as a witness in a court or another proceeding, if necessary;
4. Notifying the Department of any action s/he is initiating to recover money from a liable third party for medical care or services. This includes the identity of the third party as well as the entire amount of any settlement, court award, or judgment;
5. Reimbursing the Department or paying to the provider any payments received directly from a third party for any services payable by RMAP; and
6. Taking any other reasonable steps to secure medical support payments.

4-011.03A Refusal to Cooperate: The worker is responsible for determining noncooperation by the client. This determination is based on the client's failure or refusal to fulfill the requirements listed in 470 NAC 4-011.03.

4-011.03B Opportunity to Claim Good Cause

4-011.03B1 Notification of Right: The worker must notify the client of the right to claim good cause for noncooperation at the intake interview, redetermination, and whenever cooperation becomes an issue.

The worker must give the client a verbal explanation of good cause and the opportunity to ask questions.

A written explanation of good cause is included in the Application for Assistance.

4-011.03B2 Worker's Responsibilities If Good Cause Claimed: If the client claims good cause, the worker must:

1. Explain that the client has the burden of establishing the existence of a good cause circumstance; and
2. Obtain a signed statement from the client listing the reason(s) for claiming good cause. The client is allowed 20 days to present evidence of the claim.

4-011.03B3 Acceptable Circumstances for Good Cause: Good cause claims must be substantiated by signed statements. When documentary evidence is not available the client shall furnish sufficient information as to the location of the information.

To establish good cause, the evidence must show that cooperation would not be in the best interest of the client or another unit member for whom assignment is sought. Good cause includes the following circumstances, provided proper evidence is obtained.

4-011.03B3a Physical or Emotional Harm to the Client or Other Unit Member: Good cause exists if the client's cooperation in assigning benefits is reasonably anticipated to result in physical or emotional harm to the client or another unit member. Emotional harm must only be based upon a demonstration of an emotional impairment that substantially reduces the individual's functioning.

4-011.03B3a(1) Documentary Evidence: Documentary evidence which indicates these circumstances includes:

1. Medical records which document emotional health history and present emotional health status of the client or other unit member;
2. Written statements from a mental health professional indicating the diagnosis or prognosis concerning the emotional health of the client or other unit member;
3. Court, medical, criminal, protective services, social services, psychological, or law enforcement records which indicate that the third party might inflict serious physical or emotional harm on the child or parent/needy caretaker relative; or
4. Signed statements from individuals other than the client with knowledge of the circumstances which provide the basis for the claim.

4-011.03B3a(2) Evidence Not Submitted by Client: When the claim is based on the client's anticipation of physical harm and corroborative evidence is not submitted in support of the claim the worker must:

1. Investigate the good cause claim when s/he believes that the claim is credible without corroborative evidence and corroborative evidence is not available; and
2. Find good cause if the client's statement and the investigation indicate that the client has good cause for refusing to cooperate.

4-011.03B3a(3) Worker Considerations: If the determination of good cause is not substantiated by documentary evidence, the worker must consider and document the following evidence:

1. The present physical or mental state of the client;
2. The physical or mental health history of the client;
3. Intensity and probable duration of the physical or mental upset; and
4. The degree of cooperation required by the client.

4-011.03B4 Decision On Good Cause: Within 30 calendar days of receiving the good cause claim, HHS staff must evaluate the evidence and determine whether good cause exists. In determining good cause, HHS staff must consider the recommendations of the case manager. HHS staff must notify the custodial party and the case manager of the determination in writing. If the client does not cooperate, withdraw the application, or request the case closed, a sanction is imposed (see 470 NAC 4-011.03C).

4-011.03B5 Delay of Assistance Pending Determination: The agency must not deny, delay, or discontinue assistance pending a determination of good cause if the client has complied with the requirements of providing acceptable evidence or other necessary information. In most instances, a good cause determination must be made within 30 days following the receipt of a claim.

4-011.03C Sanction for Refusal to Cooperate: If the client fails or refuses to cooperate and there is no good cause claim or determination, the appropriate sanction is applied. If the reason for noncooperation is the client's failure or refusal to provide information about or obtain third party medical payments (see 470 NAC 4-011.03), the client is ineligible for grant and medical assistance. Ineligibility continues for the client until s/he cooperates or cooperation is no longer an issue, and the grant is increased effective the first day of the month during which cooperation is restored. A protective payee is required for the case unless the worker is unable to find a protective payee.

4-011.04 Third Party Payments Received Directly: If the client receives a third party medical payment directly and the medical expense for which the third party medical payment is intended is payable by RMAP, the worker must take the following actions:

1. Send a demand letter advising the client that s/he must reimburse the Department or the provider. The client is allowed ten days from the date of notification to reimburse the medical payment. For an applicant, the worker must not delay determination of eligibility for assistance and authorization for payment pending the applicant's reimbursement. At the time the application is approved, the worker must notify the client of the number of days left in which to reimburse the payment;
2. If the client refunds within ten days, take no further action; or
3. If the client fails or refuses to refund within ten days, consider the entire third party payment as unearned income in the first month possible, taking into account adequate and timely notice. Any balance remaining is considered a resource in the following month.

If the insurance payment exceeds RMAP rates, the excess is considered unearned income unless paid out on other medical services or supplies.

Regardless of the existence of a good cause claim, any third party medical payment that is received directly by the client must be reimbursed.

4-011.05 Willfully Withheld Information: When the evidence clearly establishes that a client willfully withheld information regarding a third party medical payment which resulted in an overpayment of RMAP expenditures, the worker must refer the case to the Special Investigation Unit, Central Office, or in the Omaha Office to the Omaha Special Investigation Unit. Once a case has been referred to the Special Investigation Unit, the worker must take no action with regard to the prosecution of the suspected fraud except in accordance with instructions or approval by the Special Investigation Unit. However, the worker must complete normal case actions which include applying the appropriate sanction in this section

4-011.06 Termination of Assignment: When a client's grant and medical case is rejected or closed, or an individual is removed from the medical unit, the assignment provision is terminated. The client's rights to any future third party and medical support payments are automatically restored effective with the date of ineligibility. However, the assignment remains in effect for the time period during which the client was on medical assistance.

Chapter 5-000 HEALTH CHECKS and Treatment Services for Conditions Disclosed During HEALTH CHECKS (EPSDT)

5-001 Introduction

5-001.01 Legal Basis: HEALTH CHECKS are covered under the Early and Periodic Screening, Diagnosis, and Treatment Program which was established by Title XIX of the Social Security Act. Section 1905(r) of the Social Security Act was added by the Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239).

5-001.02 Purpose and Scope: HEALTH CHECK, the Nebraska Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is a service available to all individuals age 20 and younger eligible for medical assistance. The goal is to provide each eligible individual the opportunity for achieving and maintaining optimal health status. This can be facilitated by early detection of illness or defects through regular and periodic screening examinations, by providing follow-up care of the conditions detected during the screening, by providing continuity of care, and by promoting healthy lifestyles. It is intended to encourage and ensure that treatment is available and received by those eligible and in need of treatment by the application of medical knowledge and technology to cure, correct, or alleviate health problems. Preventive health care provides the following benefits:

1. Early detection and treatment of health problems to prevent serious impairment and to increase the chance of successful treatment;
2. Protection from certain preventable diseases by immunization for children at an early age;
3. Maintenance of good health and assurance of normal development through periodic check-ups and the establishment of a "medical home." In most cases, this will be a continuing relationship with a primary care physician; and
4. Savings of future medical costs.

The EPSDT program's objectives are ensuring the availability and accessibility of required health care resources and helping Medicaid-eligible children and their parents or caretakers effectively use them. This may be accomplished through care coordination. For further information, see 468 NAC 5-000 ff.