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# AGENDA ITEM
# REQUEST/JUSTIFICATION FORM

*(To be completed by requesting Department)*
*Forward all requests to Sharon Bourke, LC2 Civic Center*
**DEADLINE SUBMITTAL IS 3:00 P.M. WEDNESDAY BEFORE THE TUESDAY MEETING**

Agenda item: Consent
(i.e. Consent/Recognition-Proclamation/Presentation/Public Hearing/Committee, etc.)
Date to be on agenda: December 1, 2015

Exact wording to be used for the agenda: Resolution authorizing the County Board to approve, ratify, and adopt the Department of General Assistance Guidelines, as amended, effective January 1, 2016.

Action requested: Approval of Resolution

Amount requested: _____ Object Code: _____

Is item in current year's budget? Yes x No ____

Does this item commit funds in future years? Yes x No ____

If yes, explain: mandated County assistance programs

If an agreement or contract, has the County Attorney reviewed and approved? Yes __ No____

Previous action taken on this item, if any: Two Public Forums held on September 28th, 2015 and two Public Hearings held, one on October 6th, 2015 and one November 17th, 2015.

Recommendations and rationale or action: Biennial General Assistance Guidelines review required by Nebraska Statute 68-134, as amended.

Will anyone speak on behalf of this item, if so who? No – Deb Redding will be present if questions

If this is a rush agenda item, please explain why: _____

Submitted by (Name & Dept.:) Deb Redding, Gen. Assistance Ext. 7232
Date submitted: Nov 23, 2015
List Attachments: Resolution, General Assistance Guidelines to become effective January 1, 2016
(Attach resolution and all pertinent documentation; i.e. contract, agreement, memorandums, etc.)
Certified resolutions can be obtained at the County Clerk's website:
http://www.douglascountyclerk.org/county-board-records/search-for-resolutions

*Completed by receiving office*
Received in Administrative Office: Date 11/23/15 Time

agenda request form effective 1-26-2010

Revised 1-26-2010

# BOARD OF COUNTY COMMISIONERS
# DOUGLAS COUNTY, NEBRASKA

*Resolved*

WHEREAS, the Douglas County Board of Commissioners is mandated by Nebraska Revised Statute 68-134 as amended to review the General Assistance Guidelines on a biennial basis: and,

WHEREAS, this review process was begun with two Public Forums held on September 28, 2015 and included two Public Hearings held on October 6, 2015 and November 17, 2015 for the purpose of receiving public comment and testimony on proposed revisions; and,

NOW THEREFORE BE IT RESOLVED BY THIS BOARD OF COUNTY COMMISIONERS, DOUGLAS COUNTY, NEBRASKA, THAT the revised Department of General Assistance Guidelines, which are attached hereto, are hereby approved, ratified, and adopted by this Board of Commissioners and shall become effective on the 1st day of January 2016.

Dated this _____.

_____

DOUGLAS COUNTY CLERK

# DOUGLAS COUNTY NEBRASKA
# DEPARTMENT OF GENERAL ASSISTANCE
# PROGRAM GUIDELINES

**General Assistance**

**Primary Health Care Network**

**Job Training/Community Service**

**Cremation Assistance**

## ADMINISTRATIVE PROCEDURES
## GENERAL PROVISIONS

**Revised and Reissued**

**Effective January 1, 2016**

# DOUGLAS COUNTY
# DEPARTMENT OF GENERAL ASSISTANCE GUIDELINES

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CHAPTER 1

# GENERAL PROVISIONS

**The following general provisions and definitions shall apply to all programs administered by the Douglas County Department of General Assistance and Primary Health Care Network Program (the County) unless specific requirements of a program provide otherwise, in which case the specific program requirement will control.**

## Definitions

The following definitions shall apply, unless the context would indicate otherwise.

**1:000** **Adequate Notice**: Notice of case action which includes a statement of the action taken by the worker, the reason for the action taken, and the specific regulation that supports the action taken, or a change in state law and/or County regulations which requires the action taken.

**1:002** **Apartment:** See 1:121, Residential Unit, herein.

**1:004** **Appeal**: A request for a hearing by an applicant to have the County's action or inaction on their case reviewed. An appeal must be requested in writing.

**1:006** **Applicant Categories:**

**a)Applicant**: An individual/married couple who applies for any program administered by the Douglas County Department of General Assistance.

**b)First-Time Applicant**: An individual/married couple who has not received General Assistance or Primary Health Care Network benefits in the twenty-four (24) months immediately preceding the month of application.

**c)Recipient**: An individual/married couple who is receiving assistance through a program administered by the Department of General Assistance, in accordance with specific definitions/guidelines set forth herein. (See 1:120, herein).

**1:008** **Application**: Written form(s) prescribed by the County and signed by the applicant which indicate(s) the applicant's desire to receive general assistance and/or Primary Health Care benefits. An application will not be considered to be completed until all required documentation and information has been provided by the client.

**1:010** **Application Date**: The date the client signs the application form.

**1:012** **Approved Job Training Program**: Vocational training in technical job skills and equivalent knowledge, which program has been approved by the county or its designee as meeting the requirements specified in Chapter 4 herein.

1:014 **Assisted Living Facilities**: A facility licensed by the Nebraska Department of Health and Human Services to provide shelter, meals and oversight to persons having a verified medical need which requires some degree of supervision.

1:016 **Authorization Period**: Except where reasonable cause exists, all eligibility factors and benefits provided will be determined on the basis of a calendar month which constitutes the authorization period. Such authorization period shall be the month in which an application was filed unless a request for assistance was made in the month immediately preceding the application and the applicant was unable to obtain an appointment in the month of request. In such cases, the authorization period may be the month of request, if all other eligibility factors are met for that month.

1:018 **Board and Room Facility**: See 1:014, herein.

1:020 **Boarding House/Rooming House**: For General Assistance purposes, a dwelling unit in which the applicant(s)/recipient(s) has/have a sleeping room and must share as common areas a minimum of one of the following: entrance and/or cooking and food storage facilities and/or bathroom facilities. Total dwelling unit rent is not one rate for the premises, as in a residential unit, but is a "sleeping room" rate. This includes a Boarding/Rooming House as defined in Nebraska Revised Statutes 41-204 and 41-205 (as amended).

1:022 **Client**: Anyone who has applied for or is receiving assistance, through the Department of General Assistance.

1:024 **Clinic Practitioner**: Shall mean a licensed physician, advanced practice registered nurse or physician's assistant who under the supervision of the Medical Director/Consultant, or designee, provides medical care at a designated Primary Health Care Network Clinic.

1:028 **Contributions**: Regular, periodic, or occasional gifts or loans which are given to, or paid on behalf of, an individual or household.

1:029 **Deceased Client:** An applicant/recipient who has died.

1:030 **Emancipated Minor**: A child under the age of nineteen (19) who is considered an adult because he/she has married and/or moved away from the parent's home and has been providing for his/her own needs. In all cases, an emancipated minor will be presumed to be an adult and will be subject to all provisions of these Guidelines.

1:034 **Full-time Employment**: The applicant/recipient is employed on a regular basis and working at least 25 hours per week and earning the federal minimum wage or equivalent.

1:036 **Full-Time Student**: An individual registered for full attendance at and regularly attending an established school, college or university, or who has so attended during the most recent school term, or intends to register for full attendance at the next regular term of the school. Full-time

status is determined by the number of credit hours required by the school, college or university. An individual who began the semester/term as a fulltime student but has had a reduction in class load and has become a part time student will be presumed to have done so in an attempt to qualify for County benefits unless sufficient evidence is presented to the contrary.

**1:038** **Household**: An individual or a married couple who has applied for or is receiving general assistance.

**1:040** **Income:** Money received from or payments made by any source on a regular, continual, periodic, occasional, or one time basis. (See 1:132 Types of Income)

**1:041** **Indigent:** See Poor Person, Section 1:116, herein.

**1:042** **Life Threatening/Life Trauma Condition**: Any medical condition which, in the opinion of the Medical Consultant or designee, requires that the individual be either:

a) Admitted to an intensive care unit and not specified as overflow; or

b) Operated upon before the next working day for emergency non-elective procedures; or

c) Designated an emergency admission because he/she requires hospital treatment to prevent possible mortality or increased morbidity.

**1:044** **Medical Director/Consultant**: Shall mean the Department of General Assistance Medical Director/Consultant.

**1:046** **Medically Indigent**: One whose income and resources are determined under the Primary Health Care Network Guidelines to be insufficient to obtain medical care, who does not have a parent, stepparent or spouse supporting him or her; and, who is unable to provide for his/her medical care through any other source. Any person who is or becomes ineligible for other medical assistance programs due to his/her own action/inaction shall also be ineligible for medical services from the county.

**1:048** **Medically Necessary:** Treatment for a condition is medically necessary if the condition will worsen without medical intervention and interfere with the client's self-sufficiency or ability to work. Dental care is medically necessary for the purpose of preventing, controlling and eliminating orofacial infection, pain and disease.

**1:050** **Net Income**: Gross income from earnings minus allowable deductions for:

a) state and federal income taxes.

b) Social Security and Medicare (F.I.C.A.) taxes.

c) mandatory pensions.

d) premiums paid for major medical health insurance coverage.

**1:116** **Poor Person (Indigent)**: One whose income and resources are below the general assistance

standards, as outlined herein, who does not have a parent, stepparent, spouse, or other family member(s) supporting him/her, and who is unable to provide for his/her own needs through any other source. Provided that in those cases where a pattern of financial support (dependency) in one of the above described situations has been established, such support shall be presumed to be continuing unless sufficient evidence is presented to the contrary. Any person who is or becomes ineligible for other general assistance and/or medical assistance programs, due to his/her own actions or inactions shall also be ineligible in accordance with Nebraska Revised Statutes, Sections 68-104 and 68-131 (as amended).

**1:118** **Potential or Contingent Resources**: Income and/or resources which are not in the immediate possession and control of the applicant but to which the applicant may be entitled.

**1:120** **Recipient Categories**: Eligibility requirements for General Assistance and Primary Health Care Network benefits will be determined based on the following definitions:

**a)** **Employable Recipient** shall mean any individual who is between the ages of nineteen (19) years of age and his/her retirement age as defined by the Social Security Administration, unless the individual is eligible to receive early Social Security Retirement benefits and/or qualifies for Aid to the Aged.

**b)** **Employed Recipient** shall mean any individual who is employed at least twenty-five (25) hours per week and receiving wages, tips and other compensation which meet the applicable federal minimum wage requirements.

**c)** **Medically Unable to Work Recipient** shall mean any individual who is rendered unable to work by illness or significant and substantial mental or physical incapacitation, to the degree and of the duration that the illness or incapacitation prevents the person from performing designated vocational, rehabilitation, or job training activities and/or maintaining employment. (See1:006 Applicant Categories).

**1:121** **Residential Unit:** For General Assistance purposes, a residential unit is defined as a self-contained dwelling unit which has a separate secure entrance, separate cooking and food storage facilities and a separate bathroom. Additionally, there must be a sink large enough to accommodate dish washing. A residential unit may be rented to related or unrelated individuals. Total residential unit rent is one rate for the self-contained dwelling unit.

**1:122** **Request Date**: The date the applicant, or someone on his/her behalf, contacts the Department of General Assistance and schedules an appointment to apply for benefits. Or in the case of Primary Health Care Network applicants only, the date on which the client, or someone on his/her behalf, first contacts the Primary Health Care Network for assistance.

**1:124** **Resources**: Personal and real property in which the applicant has a legal interest.

**1:126** **Retroactive Eligibility:** Approval for medical assistance may be considered prior to the date of the application interview provided that the individual was an inpatient in a hospital and referred in accordance with Section 5:400 and 5:403, herein. Approval for shelter assistance may be considered for the month prior to the month of application, provided that the individual's request for an appointment was made in the previous month, and the applicant/recipient was unable to obtain an appointment in the month of request, if all eligibility criteria were met for that month.

**1:128** **Shared Living:** For General Assistance purposes, "shared living" is defined as a living arrangement in which the applicant/recipient or married couple shares a residential unit, as defined in 1:121 herein, with the property owner.

**1:130** **Standard-of-Need:** The dollar amount allowable for shelter, utilities and non-food essentials combined. Although an applicant's standard-of-need may exceed the amounts established in Section 2:202, under no circumstances may payments exceed the maximum shelter allowances.

**1:132** **Types of Income**:

a) **Earned Income**: Money received from wages, tips, salaries, earned income credit, commissions, and/or profits from activities in which an individual is engaged as a self-employed person or as an employee.

b) **In-Kind Income**: The value of food, clothing, shelter or other items received in lieu of wages. For purposes of determining the value of in-kind income, the worker shall use the maximum payments specified for an item under the General Assistance provisions of Chapter 2, Section 2:202 herein.

c) **Unearned Income**: Includes, but is not limited to, money received from:

1) government entitlement programs;
2) Social Security benefits, Railroad Retirement, Veterans benefits;
3) pensions and annuities;
4) disability benefits from any source;
5) child support, alimony;
6) Unemployment or Worker's Compensation;
7) inheritance, gifts, loans, trust fund benefits, etc.;
8) returns from securities, investments, interest on savings, etc.;
9) income received from an insurance policy that supplements the client's income when he/she is hospitalized or receiving medical care;
10) regular payments made to or on behalf of a client from any source;
11) relocation assistance payments;

12) personal injury settlements; and/or other amounts received as a lump sum, or on a periodic basis, as a result of litigated matters, or the assertion of a legal claim of right.

13) gaming/gambling proceeds.

If payments are received in increments, such as annually, semiannually or quarterly, the amount is pro-rated on a monthly basis.

**1:136** **Vested Right to Income**: The applicant/recipient is deemed to have a vested right to income if:

a)The applicant/recipient or spouse has been approved to receive benefits under a state or federal program for the calendar month in which general assistance has been requested or applied for, and will be received by the applicant/ recipient within thirty (30) days following the application date;

b) The applicant/recipient or spouse has earned income in the calendar month in which general assistance has been requested or applied for and such earnings will be paid to the applicant/recipient within thirty (30) days following the application date.

c)The applicant/recipient or spouse has been approved to receive benefits from a private employer; such as pensions, disability, severance pay, etc. in the calendar month in which General Assistance has been requested or applied for, and will be received by the applicant/recipient or spouse within thirty (30) days following the application date.

## Client and Agency Responsibilities

**1:200** **Client Responsibilities**: The client is required to:

a) provide complete and accurate information, sign all required documents, attend all required meetings, and provide verification of eligibility; give consent for the Douglas County Department of General Assistance to make whatever contacts are necessary to determine eligibility for its programs, payer of last resort status and potential eligibility for any other assistance programs;

b) report a change in circumstances no later than five working days following the date of change. This includes but is not limited to information such as:

1) an increase or decrease in monthly income and expenses;

2) an increase or decrease in resources;

3) a change in employment status;

4) a change in address and/or living arrangements, including moving persons into or out of the dwelling unit.

5) a change in incapacity or disability status; including, an application for federal/state disability benefits;

6) a change in marital status;

7) a change in status of any application for any public assistance or third party benefits such as workers compensation, unemployment benefits, or personal injury lawsuits/claims.

8) change in student/school status

c) Accept referral, fully cooperate with all program requirements, and remain compliant with any other public or private agency or organization which may/did provide the requested assistance to the client, to preserve Douglas County's statutory standing as payer of last resort.

Any attempt to receive General Assistance through fraud and/or misrepresentation may be reviewed by the Director/designee and referred to the Douglas County Sheriff's Office for investigation and prosecution.

**1:202** **Agency Responsibilities**: At the time of initial application and re-determination, the worker shall:

a) give an explanation of program requirements;

b) explain the eligibility factors that require verification;

c) obtain the client's written consent for needed verification;

d) explore current and potentially available income and resources with the client;

e) inform the client of his/her rights and responsibilities;

f) act with reasonable promptness on the client's application for assistance as defined in Section 2:603;

g) inform the client of medical services available and program restrictions on use of private medical providers;

h) provide adequate notice to the client of approval, rejection, termination, or any other case action which will affect the client's assistance payment.

## Appeal Procedures

**1:300** **Right to Appeal**: Any applicant for County general assistance, medical assistance and/or county cremation whose application:

a) has not been acted upon within the time established under Section 2:603 or 3:402, or

b) has been denied, or

c) has not been granted in full, or

d) reduced or terminated, may request an appeal on such action or inaction to the Douglas County Board through the Department of General Assistance and/or Primary Health Care Network Office.

**1:301** **Time to Appeal**: A written request for an appeal must be filed within thirty (30) calendar days following the date on which notice is mailed to the client of the county's action.

**1:302** **Appeal Procedure**: All requests for appeals will be referred to a hearing examiner, designated by the County Board, for a fair hearing and the following procedure will apply:

a ) The client shall have the right to:

1) examine his/her assistance file prior to and during the hearing;

2) be represented in the proceedings by a lawyer, friend, relative or anyone else he/she may select;

3) present evidence; and

4) confront and cross-examine witnesses.

b) The hearing officer shall:

1) tape record the hearing;

2) provide a written decision based upon the evidence adduced and the law;

3) provide the client with a written copy of the decision setting forth findings of fact and conclusions of law; and

4) preserve the tape of the hearing for not less than sixty (60) days.

c)Upon the request of either party, or the Hearing Officer's own motion, the hearing may be continued and the hearing record held open for a reasonable period of time in order to obtain additional information or to verify new information.

**1:303** **Right to Judicial Review**: Any person aggrieved by a decision rendered pursuant to Sections 1:301 and 1:302 may obtain a review of such decision by filing a petition in the District Court of Douglas County Nebraska within thirty (30) days after service of the decision on the client.

## CHAPTER 2

## GENERAL ASSISTANCE GUIDELINES

### Eligibility Factors

**2:100** **Eligibility Criteria**: In order to be eligible for general assistance, the applicant must come within the definition of a poor person as set forth in Section 1:116 herein, establish a need pursuant to Section 2:500 and meet the following criteria.

**2:101** **Residency**: An applicant must reside within the geographic boundaries of Douglas County in order to make application through the Douglas County Office. Individuals residing outside of Douglas County should be referred to the appropriate county office for assistance. If an individual is not permanently residing in Nebraska and/or Douglas County, temporary assistance may be granted provided all other eligibility criteria are met.

**2:102** **Citizenship Requirements**: An applicant for assistance must attest that:

a) he or she is a United States citizen, or

b) he or she is a qualified alien under the federal Immigration and Nationality Act, 8 U.S.C. 1101 et seq.; as such act existed on January 1, 2009, and is lawfully present in the United States.

If the applicant attests that he or she is a lawfully present qualified alien under the federal Immigration and Nationality Act, the political subdivision (Douglas County) must then verify the applicant's eligibility through Systematic Alien Verification for Entitlements Program ("SAVE Program"). The SAVE Program is operated by the United States Department of Homeland Security and is an intergovernmental, information-sharing initiative, which is designed to aid federal, state, and local benefit-issuing agencies and licensing bureaus to verify an applicant's immigration status to ensure that only eligible persons receive public benefits and licenses. The income of a federally recognized sponsor will be considered in determining eligibility, as specified by federal legislation.

**2:103** **Resources**: Equity value of all resources in the immediate possession or control of the applicant or recipient, unless otherwise exempt, will be considered as income for purposes of eligibility. Such resources include but are not limited to:

a) bank accounts, stocks, bonds, time certificates, mutual funds, trust funds, revocable burial funds, net proceeds available from the surrender/liquidation of stocks, 401(k) and/or any other types of retirement accounts, etc.;

b) personal property such as automobiles, boats, campers, motorcycles, etc.;

c) real estate;

d) business equipment including all business property, fixtures and machinery, including farm machinery;

e) livestock, poultry and crops;

f )royalties received by registered tribal members from land developed and operated as a casino;

g) life insurance with a cash/surrender value in excess of the maximum amount permitted for an adult county burial as specified in Chapter 6, herein;

h) gaming/gambling proceeds, and

i) personal injury settlements and/or other documents received as a lump sum, or on a periodic basis, as a result of litigated matters, or the assertion of the legal claim of right.

**2:104** **Equity Value:** The fair market value of a resource less any recorded liens or encumbrances and in the case of real estate, reasonable fees required to liquidate those resources, including the usual and customary real estate commission computed using the appraised value for tax purposes.
In cases of jointly owned property and/or joint interest in a resource that is in the name of the applicant/recipient and an individual not included in the household, it shall be presumed that the applicant's/recipient's interest in such property is proportionate to all other joint owners, unless sufficient evidence is presented to the contrary.

**2:105** **Fair Market Value of Real Estate and Vehicles:** Unless sufficient evidence is presented to the contrary, the fair market value of real estate will be determined in accordance with the property's appraised value for tax purposes, and the fair market value of a vehicle will be determined in accordance with the trade-in values set forth in the *N.A.D.A. Guide*.

**2:106** **Exempt Resources:** The following resources shall not be considered in determining an applicant's eligibility for general assistance.

a) $35,000.00 of equity in a primary residence owned by the applicant;

b) household furnishings;

c) one vehicle which is presently being used to meet the applicant's transportation needs and which has an equity value of less than $5,000.00. In the case of a married couple, two (2) vehicles which are operable and presently being used to meet the transportation needs of the household, which have a combined equity value not to exceed $7,000.00. In cases where the equity value exceeds $5,000.00; or, in the case of a married couple, $7,000.00, assistance may be authorized for up to thirty (30) days to allow sufficient time to sell the vehicle(s) and reduce the equity value. Proceeds from the sale shall be considered income to the household at the time of sale;

d) burial lots;

e)life insurance policy/policies with a combined cash value equal to the maximum expenses permitted for an adult county burial as specified in Chapter 6, herein. Cash value in excess

of this exemption shall be considered a resource to the client, provided that no exemption shall be allowed on requests for county burial;

f) Indian Lease Land.

**2:107** **Potential Resources**: In order to be eligible, all applicants and/or recipients will be required to seek alternative sources of income and/or resources to meet future needs. In order to comply with this provision, an applicant and/or recipient, when applicable, shall:

a) Complete the application and follow through with all available appeal processes for any public and/or private entity benefits to which he/she may be entitled, or is potentially entitled to, including but not limited to: Social Security, Supplemental Security Income, Veterans Benefits, Aid to the Aged, Blind or Disabled, Temporary Assistance to Needy Families, Energy Assistance, Food Stamps, Unemployment Compensation, Worker's Compensation, available transportation services, etc.

b) Employable applicants/recipients shall make good faith efforts to seek employment, and/or comply with the requirements of the Job Training/Community Service Programs as specified in Chapter 4 herein, unless the client:

1) has reached retirement age as defined by the Social Security Administration and has applied for, or is receiving Social Security benefits.

2) is employed on a regular basis and working at least twenty-five (25) hours per week and earning the federal minimum wage or equivalent; or,

3) has a verified physical and/or mental disability which precludes him/her from being employed, or his/her presence in the home as a fulltime caregiver has been verified by a physician to be essential for the health and safety of a person rendered disabled by a verifiable medical or mental health condition. In such cases, the client shall not be required to participate in Job Training/Community Service until a medical practitioner certifies that his/her condition no longer precludes employment; or,

4) is a single parent and has a child under the age of six (6) residing in the home; or,

5) is required to attend an orientation meeting(s) in lieu of any of the above requirements.

c) make reasonable efforts to obtain possession and control of resources, or income, in which the applicant/recipient has a legal interest. Any person who is or becomes ineligible for other general assistance and/or medical assistance programs, due to his/her own actions or inactions, shall also be ineligible in accordance with Nebraska Revised Statutes, Sections 68-104 and 68-131 (as amended).

d) Attend all meetings as required to assist in the development of potential resources, education, and/or employment.

**2:108** **Verification**: For purposes of complying with the provisions of Section 2:107, the applicant/recipient must:

a) provide verification from the appropriate agency that an application for benefits has been submitted, or an appeal has been filed, and/or the applicant/recipient has scheduled an appointment to apply for benefits; or,

b) provide verification of participation with the Job Training/Community Service Program, as required.

c) provide verification that the applicant/recipient has made every effort within his/her means to secure possession and control of resources in which he/she has a legal interest.

d) provide verification as required. Provide work history and consent to the release of interagency earnings data from other governmental agency sources.

**2:109** **Net Income/Available Income**: All income received by or vested in the applicant/recipient or member of the family unit, for the authorization period not otherwise exempt. In the case of earned income, the following items are allowable deductions from gross earnings:

a) withholding taxes

b) Social Security and Medicare (FICA)

c) mandatory retirement

d) premiums for health insurance

**2:110** **Exempt Income**: The following income shall be disregarded when determining the amount of assistance which the client is eligible to receive:

a) stipends received through a county approved job training program. Such disregard shall be granted for an initial period of three (3) months beginning with the month in which the first payment is received. If after consultation with the program representative, it is determined that the applicant/recipient requires additional time to complete his/her training program, the disregard may be extended for an additional three (3) months. In no event may the disregard be allowed for a period in excess of six (6) months.

b) job training program stipends defined as exempt income by the federal government.

c) the balance of a Pell Grant remaining after deductions for tuition, fees and books have been determined by the educational institution. The balance of these funds is to be used in lieu of transportation, non-food allotment and clothing for the number of months equal to the academic period for which the Pell Grant was awarded.

d) fifty (50) percent of a newly employed recipient's gross earned income may be disregarded for a period not to exceed three (3) consecutive months of full pay, provided that the recipient

has been employed less than fulltime and has received shelter or medical assistance during any of the three (3) most recent months.

e) revenue from Indian Lease Land.

f) energy assistance stipends/grants, provided that the stipend/grant is used to meet the applicant's/recipient's energy needs.

g)basic phone service for one phone number including basic internet services, taxes and mandated fees and excluding charges for long distance and optional features; with the exception of any optional features certified by a healthcare provider to be medically necessary;

h) security deposits for shelter and/or utilities paid on behalf of the client

i) Payments made by a third party(ies) that have been determined to be a contribution as defined in 1:028.

**2:111** **Income and Resource Guidelines**: Applicants/recipients with available income and resources equal to or in excess of the following standards, during the authorization period, are ineligible for general assistance.

One-Person Household - $525.00

Two-Person Household - $540.00

Provided that in those cases where the available income is deemed to be vested and would otherwise disqualify the applicant/recipient, general assistance may be authorized within the applicable amounts to prevent an eviction or a shut-off of utilities. An exception to the income limits specified herein may be made for individuals who have a verified physical/mental health condition which necessitates a specialized housing need. In such cases, the income limit shall not exceed $125.00 per month over the income and resource guidelines specified herein.

**2:112** **Verification and Documentation of Income and Resources**: The worker shall verify all income and the ownership and value of all resources declared by the applicant/recipient. All verification must be documented and contained in the case record prior to approval.

**2:113** **Right of Reimbursement**: The applicant/recipient, in order to be eligible, shall authorize the County to be reimbursed for relief granted, if the applicant/recipient is found eligible for a State or Federal program which provides retroactive benefits to the applicant/recipient from the date of application; or the applicant/recipient has applied for replacement of a lost or stolen check which may be reissued.

**Assistance Provided**

**2:200** **Goods and Services Provided**: The following items are payable or provided through the general assistance program:

a) food

b) shelter - includes rent and utilities (no security deposits or application fees)

c) medical care through the Primary Health Care Network as outlined in Chapter 3, herein

d) transportation

e) non-food necessities (includes laundry, housekeeping supplies and personal care items)

f) clothing

g) cremation expenses as outlined in Chapter 6, herein.

**2:201** **Standards for Payment**: All General Assistance payments will be determined by household composition and the type of dwelling unit. The maximum payment shall not exceed the standard established for each category. All payments will be made directly to the vendor providing the goods or services.

**2:202** **Dwelling Unit/Shelter Definitions: Payment Schedule**

1) Residential Unit - For General Assistance purposes, a residential unit is defined as a self-contained dwelling unit which has a separate secure entrance, separate cooking and food storage facilities and a separate bathroom. Additionally, there must be a sink large enough to accommodate dish washing. A residential unit may be rented to related or unrelated individuals. Total residential unit rent is one rate for the self-contained dwelling unit. The maximum shelter allowance is $500.00 for an applicant/recipient or married couple.

2) Boarding/Rooming House - For General Assistance purposes, a dwelling unit in which the applicant(s)/recipient(s) has/have a sleeping room and must share as common areas a minimum of one of the following: entrance, cooking and food storage facilities and/or bathroom facilities. Total dwelling unit rent is not one rate for the premises, as in a residential unit, but is a "sleeping room" rate. This includes a Boarding/Rooming House as defined in Nebraska Revised Statutes 41-204 and 41-205 (as amended). The maximum shelter allowance shall be $300.00 for an applicant/recipient or a married couple.

3) Shared Living - For General Assistance purposes, "shared living" is defined as a living arrangement in which the applicant/recipient or married couple shares a residential unit as defined above, with the property owner. The maximum shelter allowance shall be $250.00 for an applicant/recipient or a married couple.

**A. Shelter**: A recipient or married couple may elect to have all or part of the shelter allowance applied to his/her rent or utilities, any combination of which cannot exceed the maximum shelter rate. In no case will payment be authorized for an amount which exceeds the actual charges incurred during the authorization period.

Once a shelter payment has been issued to the vendor, the recipient or married couple cannot receive payment for an alternate living situation unless the payment was issued in error or the recipient or married couple is/are required to obtain a new living situation due to circumstances beyond his/her control. In no case will payments be authorized in any one month which would exceed the maximum shelter allowance specified herein.

**B. Specialized Housing Need** :Individuals who have a verified physical and/or mental health condition which necessitates a specialized housing need may be authorized a supplemental shelter allowance, not to exceed $125.00 per month, provided the individual cannot obtain housing which will meet his/her specialized need without such supplement.

**C. Assisted Living/Board and Room Facilities**:

Payment for shelter at a facility licensed by the State of Nebraska at the rate established by the State, may be authorized if the applicant/recipient has a verified medical need which requires some degree of supervision.

**D. Non-Food Necessities**: Non-food necessities are defined as items needed for personal hygiene and environmental cleanliness; i.e. toilet paper, cleaning products, laundry detergent, shampoo, bath soap, deodorant, toothbrush, toothpaste, paper towels, broom, dust pan, etc. Items considered inappropriate are tobacco and tobacco products, alcoholic beverages, food items, pet food, magazines, etc.

**Non-Food Maximum Allowances**

| Household Size | Allowance |
|---|---|
| 1 | $25.00 |
| 2 | $40.00 |

**Group Living Facility**

Persons residing in a group living facility, such as a shelter, where some but not all housekeeping aids and/or toiletries are not uniformly or consistently available.

| Household Size | Allowance |
|---|---|
| 1 | $20.00 |
| 2 | $25.00 |

**E. Food**: All applicants/recipients will be required to apply for food stamps to meet this need. General Assistance will not be issued to supplement the food stamp allotment. In cases of emergency, the food stamp tables will be used to determine the amount of the food order by household size and the number of days covered.

**F. Transportation**: Bus tickets may be issued to applicants/recipients for medical and administrative appointments, job training/community service participation, employment until alternative transportation is secured or the first pay check is received, and acquiring shelter and other general assistance benefits. If there is a health condition, or situation which precludes the use of the bus service, the applicant/recipient will be referred to the State of Nebraska for Title XX Transportation Services. Alternative forms of transportation may be arranged at the discretion of the Director of the Department of General Assistance or designee.

**G. Transportation Outside of Douglas County**: Families with minor children requesting transportation must seek other appropriate resources. Bus transportation may be provided to individuals who financially qualify for assistance to locations outside of Douglas County if either of the following conditions are met:

1) The individual has not resided in Douglas County for six (6) consecutive months and wishes to return to his/her place of residence, provided the individual has secured a place to stay upon his/her arrival and this information can be verified; or,

2) The individual has secured employment outside of Douglas County, and the prospective employer can confirm this information.

**H. Clothing**: The caseworker may authorize a clothing purchase not to exceed $75.00 per person, every six (6) calendar months, provided that:

1) the clothing is essential for health and safety; and

2) the recipient has been referred to a public and/or private organization for clothing, and it has been verified that appropriate donated clothing is not available in the community; and,

3) the recipient has not been authorized for a General Assistance clothing allowance within the last six months. Exceptions may be granted at the discretion of the Director of the Department of General Assistance or designee.

**I. Cremation Assistance**: See Chapter 6, herein.

## Disqualification from Program Participation

**2:300** **Ineligible Applicants**: Applicants who meet the eligibility criteria may still be denied General Assistance, as follows:

a) If the lack of income and/or resources is a result of the client's own actions or inactions.

b) For purposes of this provision, a full-time student will be presumed to lack income and/or resources as a result of his/her own action in restricting his/her ability to engage in full-time employment, unless sufficient evidence is presented to the contrary.

c) The provisions of 2:300(b) herein, shall not apply if the client is enrolled as a full-time student as part of a County approved job training program as specified in Chapter 4, herein, or the individual is nineteen (19) years of age or younger and is attending high school.

d) The applicant has obtained/attempted to obtain General Assistance benefits to which he/she was not entitled through fraud or misrepresentation and/or has not fully made restitution to the County.

**2:301** **Disposal of Resources**: An individual having knowledge of the General Assistance (GA) income and resource limits is ineligible if he/she disposes of, or deprives himself/herself of, resources by transfer or sale of the resources for less than fair market value. The worker shall investigate any resource the applicant/recipient may have owned but has disposed of before or following application for benefits. The worker shall verify the fair market value of the resource at the time it was disposed of and determine the equity value of the resource. To determine the countable value disposed of, the worker shall:

a) Subtract the compensation, if any, the client received from the equity value.

The result is the countable value (i.e., equity value $3,000.00 – amount received at transfer $1,000.00 = $2,000.00)

b) Divide the countable value by the standard-of-need (monthly figure) for the household size to determine the number of months that the applicant/recipient is ineligible.

**2:302** **Reduction or Loss of Income**: If an applicant/recipient has suffered a loss or reduction in income and such loss or reduction is a result of the voluntary actions or inactions of the applicant/recipient, General Assistance will be denied. Such actions or inactions include, but are not limited to the following:

a) failure to cooperate with any federal, state, municipal, or county agency, or private entity providing benefits to the applicant/recipient and resulting in the loss or reduction of benefits.

b) failure to work when employment is or was available within the last ninety (90) calendar days, or has been offered to the applicant/recipient; and it is, or was, within the applicant's/recipient's physical and mental ability to perform the type of work involved. In the event that the disqualification period falls within the 1st and the 31st of any month, assistance payments will be prorated from the date the disqualification ends to the last day of the authorization period.

c) the applicant/recipient has failed or refused to pursue employment opportunities within the last ninety (90) calendar days. Such failure may consist of:

1) failure to complete a formal application for employment when required by the prospective employer.

2) failure to appear for a personal interview which has been arranged with a prospective employer.

3) failure to accept referrals from the Workforce Development Office (Nebraska Job Service) to apply and/or interview with a prospective employer.

d) the applicant/recipient has been denied or suffered a reduction of benefits due to fraud or misrepresentation in applying for or receiving benefits from a federal, state, or local agency or a private entity.

e) the applicant/recipient has through fraud or misrepresentation attempted to receive or did receive general assistance to which they were not entitled.

f) the applicant/recipient has been denied or suffered a reduction of benefits from a private employer due to fraud, misrepresentation or failure to cooperate.

## Payment Procedures

**2:400** **Vendor Payments**: Payments on behalf of eligible recipients can only be made if the vendor will accept a County payment, agrees to adhere to all requirements set forth in Section 5:200 herein, and agrees to provide the goods or services through the authorization period.

**2:401** **Insuring Maintenance of Minimum Health and Decency**: Even though an applicant/recipient is found eligible for General Assistance, payment will not be issued unless such payment will insure the maintenance of minimum decency and health for the client. Such situations include, but are not limited to the following:

a) Utility shut-offs: The applicant/recipient has received a shut-off notice for non-payment and the maximum rate of payment allowable for the household is insufficient to prevent the shut-off from occurring.

b) Foreclosure or eviction proceedings are pending and the maximum payment allowable for the household unit is insufficient to prevent foreclosure or eviction.

c) The applicant's/recipient's residence does not meet the minimum provisions of the applicable health codes.

**2:402** **Notice of Eligibility but Non-Issuance of Payment**: In all cases in which the provisions of Sections 2:400 and 2:401 herein apply, the applicant/recipient will be notified in writing that:

a) he/she is eligible for General Assistance for the authorization period,

b) the maximum payment available for the items requested,

c) payment will not be issued to the vendor; and

d) once alternative living arrangements are made and the vendor has agreed to provide the goods and services through the authorization period, General Assistance will be issued.

If General Assistance is not issued during the authorization period, a notice of termination of benefits will be sent to the applicant/recipient. In the event that the applicant/recipient and vendor reach an agreement after the letter of termination has been issued, General Assistance may be issued if it will assist the applicant/recipient in avoiding relocation, and if such agreement is reached within thirty (30) days of the date of the notice of termination.

## Determination of Benefits

**2:500** **Budgeting**: In order to determine the amount of General Assistance that may be authorized, the worker shall:

a) Determine the total amount of income and resources available. If this figure equals or exceeds the amounts established in Section 2:111, herein, the applicant/recipient is ineligible. If this amount is below the Guidelines, the worker shall then;

b) Determine the basic needs of the household by adding together:

1) The actual housing and/or utilities cost, not to exceed the maximums established in Section 2:202 herein, and

2) The non-food necessities allowance established in Section 2:202, herein.

3) In cases of a shared dwelling unit, the client's portion of the total shelter cost is determined in accordance with Section 2:202 herein.

c) Subtract the available income and resources from the basic needs. The difference is the amount of General Assistance that may be authorized.

d) In cases where the individual's basic needs, as defined above, are equal to his/her available income and/or resources, and such income and resources are within the applicable guidelines, and the individual has a transportation need as defined in Section 2:202 (F) herein, bus tickets may be authorized to meet this need. In addition, the individual may be eligible for a clothing allowance every six (6) calendar months, provided the conditions in Section 2:202 (H), herein, are met.

e) In cases where the individual's total income and/or resources are less than his/her basic needs and this total is at or below the applicable guidelines, the individual may be eligible for partial shelter, non-food and/or clothing assistance.

**2:501** **Periodic or Lump Sum Payments:**

a)If an applicant/recipient receives regular periodic income, from any source, the worker shall divide the total amount received, or anticipated to be received in a year, by twelve (12) to determine the amount of monthly income to be shown in the applicant's/recipient's budget each month. If the payment is intended for a period of time other than a year, divide the total amount received by the number of months in the designated period of time.

b) If an applicant/recipient, with or without knowledge of County assistance program regulations, receives a one-time lump sum payment, from any source, divide this amount by the standard-of-need for the household to determine the number of months the recipient is ineligible for General Assistance. Provided that if such sum was received prior to the date of the application, and/or the applicant was not receiving General Assistance prior to the receipt of the lump sum, the worker shall determine the amount of the lump sum and the number of months which have expired since its receipt in comparison to the reasonable and necessary monthly living expenses needed or required by the household for necessities of life, based on its then standard of living. For this purpose all actual, reasonable, and verifiable expenditures will be considered. If the lump sum exceeds the reasonable needs of the household for necessities of life during the time period in question, the excess amount shall be determined, and it is then presumed that the applicant has deprived himself/herself of a resource equal to the amount of the excess. Section 2:301; herein, and its provisions shall control.

c) If an applicant has received a lump sum payment which has resulted in the termination of previous General Assistance eligibility the worker shall review the number of months for which the applicant was determined ineligible and whether that period of time has elapsed.

d) If a first time applicant declares receipt of a lump sum payment prior to the month of application, an itemized statement of expenditures made to deplete the sum must be provided as verification that the money is gone.

**2:502** **Recovery of Overpayments**: In the event that a person receives General Assistance benefits through fraud or misrepresentation, the Department shall notify the individual in writing to repay the amount of the overpayment within thirty (30) calendar days of the date of notification or contact the Department to arrange a repayment plan. If the benefit amount that was fraudulently obtained exceeds $1,500.00 and full restitution has not been made within thirty (30) calendar days of the notification, the Director will refer the matter to the Douglas County Sheriff's Office for investigation and subsequent prosecution. If the amount owed is less than $1,500.00, the Director will determine whether to refer the matter to the Sheriff's Office or arrange a suitable payment plan with the individual.

## Classification of Need

**2:600** **Case Categories**: All applications for General Assistance will be identified according to whether the need is deemed continuous or short-term.

**2:601** **Continuous Cases**: All County applicants/recipients who are also in the process of applying for Social Security and/or State Disability benefits will be deemed a continuous case until the Social

Security/State application process is concluded. This would include denials that are on appeal. All applicants/recipients who have been unemployed for more than three (3) months will be deemed a continuous case until employment is found, provided that the applicant/recipient does not qualify for any other form of state or federal assistance, exclusive of Food Stamps and Energy Assistance. All cases falling within this section will be certified for a period not to exceed six (6) calendar months from the date that the client is notified in writing.

**2:602** **Short-Term Cases**: If an applicant/recipient is in the process of applying for Aid to the Aged, Blind or Disabled, Medicaid, Temporary Assistance to Needy Families, Social Security benefits, Veterans benefits, Unemployment Compensation, retirement benefits, etc. and has not resided in Douglas County for at least ninety (90) days, or any other case which does not fall within the definition of a continuous case, will be deemed short-term and approved for one (1) calendar month, if all eligibility factors have been met.

**2:603** **Action on Continuous and Short-Term Cases**: General Assistance shall be furnished to all eligible individuals:

a)within seven (7) days from the date that the application is completed as defined in Chapter 1, Section 1:008, herein if the need is short-term. If circumstances beyond the control of the applicant/recipient and/or County necessitate a delay, the reason for the delay shall be documented in the case file.

b)within thirty (30) days from the date the application is completed as defined in Chapter 1, Section 1:008, herein, if the need is continuous. If circumstances beyond the control of the applicant/recipient and/or County necessitate a delay, the reason for the delay shall be documented in the case file.

**2:604** **Continuous Cases: Monthly Reporting**: Applicants/recipients who have been certified for General Assistance and who meet the definition of a continuous case will remain certified for a period of six (6) calendar months from the date that the client was notified in writing and will not be required to reapply on a monthly basis, provided the applicant/recipient:

a) In all cases, completes the monthly reporting requirements, as directed, to confirm the living situation and review his/her needs for the next month. Failure to submit any other information as required by this section will result in a denial of assistance for the month following the reporting period.

b) Participates in Job Training and/or Community Service in accordance with Chapter 4, herein, and submits the required documentation of active participation within the specified reporting period.

c) Failure to participate in Job Training and/or Community Service or to provide verification in accordance with Chapter 4, herein; will result in a denial of assistance for three (3) calendar months.

d) All assistance provided pursuant to this section shall be for the month immediately following the reporting period.

e) If there has been a change in the applicant/recipient's circumstances which would have affected the amount of assistance that he/she was eligible to receive and assistance has already been provided, such change may be reflected in the following month or months which may result in an increase, decrease or denial of assistance for that month or months.

**2:605** **Eligibility Re-determination**: All cases falling within the provisions of Section 2:601 herein must be reviewed and eligibility re-determined in order to certify the case for an additional six (6) month period.

**2:606** **Elements of Re-determination**: In order to re-determine eligibility, the applicant must:

a) complete and sign a new General Assistance application in a face-to-face interview;

b) provide necessary verification on all points of eligibility.

**2:607** **Right to Appeal**: An individual who has suffered a loss or reduction of benefits based upon the provisions of this chapter shall have the right to appeal such adverse action as provided for in Sections 1:300 through 1:303 of these regulations herein.

## CHAPTER 3

## PRIMARY HEALTH CARE NETWORK

### Eligibility Factors

**Purpose: To furnish medical services for the poor and medically indigent of Douglas County.**

**3:100** **Eligibility Criteria**: In order to be eligible for enrollment in the Primary Health Care Network, the applicant/recipient must qualify for General Assistance as a continuous case, except as otherwise provided herein, and/or meet the following criteria:

**3:101** **Residency**: An applicant/recipient must reside within the geographic boundaries of Douglas County in order to make application through the Douglas County office. Individuals residing outside of Douglas County should be referred to the appropriate county office for application and assistance. If an individual is not residing in Nebraska and/or Douglas County, temporary assistance may be provided if:

a) all other eligibility criteria are met; and

b) medical care is not the only reason the applicant entered Douglas County; for example, family ties, employment, etc.

c) the illness or injury for which medical assistance is requested arose in Douglas County, Nebraska; and

d) the medical care is provided for a life threatening/life trauma condition.

**3:102** **Citizenship Requirements**: An applicant for medical assistance must attest that:

a) he or she is a United States citizen, or

b) he or she is a qualified alien under the federal Immigration and Nationality Act, 8 U.S.C. 1101 et seq., as such act existed on January 1, 2009, and is lawfully present in the United States. If the applicant attests that he or she is a lawfully present qualified alien under the federal Immigration and Nationality Act, the political subdivision (Douglas County) must then verify the applicants eligibility through the Systematic Alien Verification for Entitlements Program ("SAVE Program"). The SAVE Program is operated by the United States Department of Homeland Security and is an intergovernmental, information-sharing initiative, which is designed to aid federal, state and local benefit-issuing agencies and licensing bureaus to verify an applicant's immigration status to ensure that only eligible persons receive public benefits and licenses.

The income of a federally recognized sponsor will be considered in determining eligibility, as specified in federal legislation.

## Resources

**3:200** **Resources**: The equity value of all resources (as defined in Sections 2:104 and 2:105) herein in the immediate possession or control of the applicant/recipient, unless otherwise exempt, will be considered for purposes of eligibility. Such resources include, but are not limited to:

a) bank accounts, stocks, bonds, time certificates, mutual funds, trust funds, revocable burial funds, net proceeds available from the surrender/liquidation of stocks, 401(k) and/or any other type of retirement accounts, etc;

b) personal property such as automobiles, boats, campers, motorcycles, jewelry, etc;

c) real estate;

d) business equipment including all business property, fixtures and machinery, including farm machinery;

e) livestock, poultry and crops;

f) royalties received by registered tribal members from land developed and operated as a casino;

g) life insurance with a cash/surrender value exceeding the maximum expenses permitted for an adult county burial as specified in Chapter 6, herein.

h) Gaming/gambling proceeds.

**3:201** **Resource Limits**: To be eligible, an applicant may have resources whose combined equity values are:

a) $1,500.00 or less for a family size of one.

b) $2,500.00 or less for a family size of two or more.

**3:202** **Exempt Resources**: The following resources shall not be considered in determining an applicant's eligibility for Primary Health Care Network benefits:

a) $35,000.00 of equity in a primary residence owned by the applicant/recipient;

b) household furnishings necessary to maintain a home;

c) one vehicle which is presently being used to meet the applicant's transportation needs and which has an equity value not to exceed $5,000.00. In the case of a married couple, two (2) vehicles which are operable and presently being used to meet the transportation needs of the household, which have a combined equity value not to exceed $7,000.00;

d) Irrevocable burial funds in effect at the time of the first request for Primary Health Care Network benefits.

e) life insurance policies with a combined cash/surrender value equal to the maximum amount permitted for an adult county burial as specified in Chapter 6, herein;

f) burial lots, and

g) Indian Lease Land.

**3:203** **Potential Resources**: All applicants/recipients will be required to seek alternative sources of income, resources, and/or medical assistance to meet current and future medical needs when applicable. Failure to comply with any of these provisions will result in the denial or termination of Primary Health Care Network benefits. In order to comply with this provision, an applicant/recipient, shall:

a) Complete the application for and follow through with all available appeal processes for any public and/or private entity benefits to which he/she may be entitled and/or eligible for, including but not limited to: Social Security, Supplemental Security Income, Veterans Benefits, Aid to The Aged, Blind or Disabled (Medicaid), Temporary Assistance to Needy Families, Unemployment Compensation, Worker's Compensation, Crime Victim's Reparations, and any other federal or state programs, etc;

b) employable applicants/recipients shall make good faith efforts to seek employment, and/or comply with the requirements of the Job Training/Community Service Programs as specified in Chapter 4 herein,: and/or

c) make reasonable efforts to obtain possession and control of resources and/or income in which the applicant has a legal interest.

d) Any person who is, or becomes ineligible for other general assistance and/or medical assistance programs, due to his/her own actions or inactions shall also be ineligible in accordance with Nebraska Revised Statutes, Section 68-104 and 68-131 (as amended).

**3:204** **Verification**: For purposes of complying with the provisions of Section 3:203 herein, the applicant/recipient must:

a) provide verification from the appropriate agency that an application for benefits has been completed; or,

b) provide verification of participation with the Job Training/Community Service Program, as required; or

c) provide verification that the applicant/recipient has made every effort within his/her means to secure possession and control of income, resources and medical assistance in which he/she has a legal interest.

d) Provide verification as required. Provide work history and consent to the release of interagency earnings data from other governmental agency sources.

**3:205** **Ownership of Resources**: Real and/or personal property which appears on record in the name of the applicant/recipient and/or persons included in the household will be considered in determining eligibility unless sufficient evidence is presented to the contrary. In cases of jointly owned property in the name of the applicant/recipient and an individual not included in the household, it shall be

presumed that the applicant's/recipient's interest in such property is proportionate to all other joint owners, unless sufficient evidence is presented to the contrary.

**3:206** **Disposal of Resources**: An individual having knowledge of the Primary Health Care Network (PHCN) resource limits is ineligible if he/she disposes of, or deprives himself/herself of, resources by transfer or sale of the resources for less than fair market value. The worker shall investigate any resource the applicant/recipient may have owned but has disposed of before or following application for benefits. The worker shall verify the fair market value of the resource at the time it was disposed of and determine the equity value of the resource. To determine the countable value disposed of, the worker shall:

a) Subtract the compensation, if any, the client received from the equity value. The result is the countable value (i.e., equity value $3,000.00 - amount received at transfer $1,000.00 = $2,000.00).

b) Divide the countable value by the Federal Income Poverty Guidelines (monthly figure) for the household size to determine the number of months that the applicant/recipient is ineligible.

## Income Criteria

**3:301** **Financial Eligibility/Federal Income Poverty Guidelines**:

a) The guidelines in effect at the time of application shall govern initial eligibility determinations. Retroactive eligibility determinations will utilize the Federal Income Poverty Guidelines in effect on the date of hospital admission.

b) If the applicant's/recipient's gross income for a six (6) month period exceeds the current annual Federal Income Poverty Guidelines for household size, the applicant shall be ineligible for medical assistance benefits.

c) Federal Income Poverty Guidelines, as issued yearly by the Office of Management and Budget, shall become effective on the first day of the month following the month of publication in the Federal Register.

**3:304** **Excluded Income**: The following items are not considered as income in determining eligibility:

a) Energy Assistance payments, the value of food stamps, General Assistance benefits, the value of any Title XX services, and certain relocation assistance payments.

b) Contributions as specified in Chapter 1, Section 1:028, herein.

c) Stipends and Pell Grant balances as outlined in Chapter 2, Section 2:110, herein.

d) Fifty (50) percent of a newly employed recipient's gross earned income may be disregarded for a period not to exceed three (3) consecutive months of full pay, provided that the

recipient has been employed less than fulltime and has received shelter or medical assistance during any of the three (3) most recent months.

e) Payroll deductions for, or payments made on behalf of the applicant/recipient to purchase private health insurance.

**3:305** **Projecting Income**: In order to determine eligibility, the caseworker shall consider the former and potential earning capacity of the client and/or spouse. For purposes of projecting income, the caseworker shall, unless specific reasons are provided which would justify use of a different method:

a) When there has been no significant change in income during the three (3) months immediately preceding the application or hospitalization, whichever occurs first, determine the average monthly gross income based upon the three (3) months immediately preceding the month of application or hospitalization, whichever occurs first. The monthly average is then multiplied accordingly to determine initial eligibility.

b) When the client and/or spouse declares seasonal or self-employment, the worker shall consider the most recent income history of the applicant/recipient together with the adjusted gross income as reported on IRS Form 1040, together with any unemployment benefits received in the year prior to application or hospitalization to determine average monthly income.

c) When there has been a significant change in income in the month of application or during the three (3) months preceding the month of application or hospitalization, whichever occurs first, use the period beginning with the month the change occurred to determine the average monthly income. Such changes may include recent employment, termination, promotion, job change, reduced hours, change in amount of unearned income, etc.

d) Use the monthly gross income received immediately prior to the month of significant change as calculated in paragraph (a) above, if the applicant has suffered a loss or reduction of income prior to the request for assistance and such loss or reduction was a result of the voluntary actions or inactions of the client and/or spouse. Such actions or inactions include but are not limited to:

1. Failure to cooperate with any state, federal, municipal, or county agency, or private entity providing benefits to the applicant and which non-cooperation results in the loss or reduction of benefits.

2. Failure to work when employment is or was available within ninety (90) calendar days prior to the request for assistance, or has been offered to the

applicant, and it is or was within the applicant's physical and mental ability to perform the type of work involved.

3.The applicant/recipient has been denied or suffered a reduction of benefits due to fraud or misrepresentation in applying for or receiving benefits from a federal, state, local agency or private entity.

## Dates of Eligibility

**3:400** **Certification Period**: All qualified applicants for Primary Health Care Network benefits will be certified for coverage for a period of six (6) calendar months, from the date that the client is notified in writing.

**3:401** **Certified Cases: Monthly Reporting**: Applicants who have been certified for Primary Health Care Network will remain certified for a period of six (6) calendar months from the date that the client was notified in writing provided the applicant:

a) In all cases completes the monthly reporting requirements to confirm his/her living situation and income; and

b) in cases where the applicant has earned income, submits documentation of current earnings with the monthly reporting form; and

c) in cases where the applicant is required to comply with any aspect of Section 3:203, as mandated herein, the applicant submits the required documentation within the specified reporting period.

Failure to comply with the provisions of this section will result in termination of the client's case and the denial of benefits for the month following the reporting period.

**3:402** **Action on Client Applications**: All applications for Primary Health Care Network shall be acted upon within thirty (30) days from the date the application is completed as defined in Chapter 1, Section 1:008, herein, unless circumstances beyond the control of the client and/or County necessitate a delay. In all such cases, the reason for the delay shall be documented in the case file.

**3:403** **Presumptive Eligibility**: If an application for Primary Health Care Network benefits has been signed but cannot be acted upon because all verification and documentation have not been obtained, and in the opinion of a PHCN medical provider, the applicant is in immediate need of a medical service, prescription drugs or durable medical supplies, the caseworker shall presume that the applicant's declarations of income and resources are true and accurate and shall:

a) determine eligibility based on the client's declarations; and

b) if the applicant is eligible based upon such declarations, notify the appropriate medical provider that the required services, as described above, can be authorized and issued; and

c) inform the applicant that he/she will become financially responsible for the cost of such health care if it is subsequently determined that he/she does not qualify for Primary Health Care Network coverage. The authorization to receive health care based upon presumptive eligibility shall not exceed a period of thirty (30) calendar days. However, an individual shall not be granted presumptive eligibility for purposes of this section if:

d) his/her previous application for benefits was rejected or his/her benefits were terminated, for failure to submit requested documentation and/or information, and such rejection/termination occurred within six months prior to the month of the current application; or,

e) the current application does not appear to be meritorious for the same or similar reason(s) that the previous application was rejected, denied or terminated.

**3:404** **Retroactive Eligibility for Medical Assistance**: Retroactive eligibility may be considered for a period of inpatient hospitalization, if the following conditions are met:

a) A request for medical assistance was made by the applicant or someone on his/her behalf within thirty (30) days of the date of hospital discharge.

b) The applicant received medical services for a life threatening/life trauma condition.

c) The provider complied with program requirements in the delivery of care.

d) The client met all other eligibility requirements for the retroactive period under consideration.

**3:405** **Notice of Finding:** After an application for Primary Health Care Network benefits has been completed and eligibility has been determined, a Notice of Finding will be sent to the applicant/authorized representative within thirty (30) days from the date the application is completed, as defined in Chapter 1, Section 1:008, herein, unless circumstances beyond the control of the client and/or County necessitate a delay. In all such cases, the delay shall be documented in the case file. The Notice of Finding will indicate one of the following findings:

a) Approval.

b) Payment(s) denied or other third party determination pending.

c) Denial.

The Department shall provide a monthly list to the County Board of Commissioners of those applications pending sixty (60) days or longer by date of application.

**3:410** **Reconsideration of a Denial Pending the Outcome of Other Third Party Eligibility:** Any applicant/recipient or authorized representative who has received a Notice of Finding indicating that payment(s) are denied pending a determination of third party eligibility as specified in Section 3:405, may submit a written request for a reconsideration if eligibility for the other medical assistance program(s)/benefits(s) specified on the Notice of Finding has/have been denied and all required appeal/reconsideration processes have been exhausted. The written request for reconsideration must be received by PHCN within ninety (90) days of the date that written notice of ineligibility for the other medical assistance program(s)/benefits(s) was/were received. A copy of any pertinent denials must accompany the written request. If it is determined that PHCN is the payer of last resort for the retroactive period for which the Notice of Finding denying payment was issued, and all other financial eligibility requirements remain met for this same period, payment will be issued in accordance with the provisions of Chapter 5, herein. However, under no circumstances will a Notice of Finding be rescinded (withdrawn) and payment issued if the applicant/recipient or authorized agent failed to make a good faith effort to fully pursue any benefit or claim or failed to cooperate with the application or appeal requirements of any program/benefit to which he/she may be entitled. A final Notice of Finding will be issued upon completion of the review of the request for a reconsideration of eligibility.

## Disqualification from Program Participation

**3:600** **Ineligible Applicants**: An applicant who meets the financial eligibility criteria may still be denied Primary Health Care Network benefits if he/she:

a) is receiving or is eligible to receive Medicare, Medicaid (including Medicaid with an excess income obligation), Veterans Health Care benefits and any other governmental health care benefits.;

b) fails to comply with federal and/or state entitlement program guidelines which results in a denial of benefits;

c) has a health insurance policy in effect, unless there is no coverage for a particular life threatening/life trauma situation and documentation of non-coverage is provided and the applicant agrees to assign his/her rights under the policy to Douglas County;

d) refuses to use any resources (unless otherwise exempt) which are available to meet his/her medical needs; or fail to comply with any aspect of Section 3:203, herein, as required;

e) lacks income and/or resources to meet their medical needs as a result of his/her own actions or inactions, or the actions/inactions of the household as defined in Chapter 1, herein.

1) For the purpose of this provision, fulltime students will be presumed to lack income and/or resources as a result of their own actions in restricting their ability to engage in fulltime employment, unless sufficient evidence is presented to the contrary.

2) The provisions of 3:600(e) (1) shall not apply if the client is enrolled as a full-time student as part of a County approved job training program as specified in Chapter 4, herein, or the individual is nineteen (19) years of age or younger and is attending high school.

f) The applicant has obtained/attempted to obtain General Assistance (including Primary Health Care Network) benefits to which he/she was not entitled through fraud or misrepresentation and/or has not fully made restitution to the County.

**Scope of Medical Services**

**3:700** **Medical Coverage for Program Participants**: Individuals enrolled in the Primary Health Care Network (PHCN) Program may be eligible for the following services:

a) Primary medical care and related health care services certified as medically necessary, through the Primary Health Care Network Clinic. Clinic hours will be from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays observed by Douglas County.

b) Emergency medical care is not available at the Primary Health Care Network Clinic. Any Primary Health Care Network patient who suspects that he/she is having a life threatening/life trauma medical emergency, as defined in Chapters 1 and 5, herein, must call 911 or go to the closest hospital emergency room. If the emergency is during regular Primary Health Care Network Clinic hours a patient may contact the Clinic first if uncertain as to how to proceed. If the emergency is after regular clinic hours the patient must either call 911 or go to the closest

emergency room. A contracting hospital may receive payment for emergency services as specified in Chapter 5, herein.

c) Specialty physician services and hospital outpatient/inpatient care when certified as medically necessary and prior authorized by the Medical Consultant or designee, who shall also determine the physician and/or medical facility to be utilized and the scope of medical services to be provided.

d) Inpatient and outpatient mental health care is administered by and available through the Douglas County Community Mental Health Center.

e) A maximum of three (3) days of psychiatric inpatient care provided by a contracting hospital if all of the following conditions are met:

   1) If the patient was admitted to the hospital for treatment because he/she presented a danger to himself/herself or others; and
   2) the admitting physician certifies that the patient was a danger to himself/herself or others at the time of admission; and
   3) The patient cannot be transferred to a psychiatric facility or psychiatric bed because of unavailability of space, and no other funding is available.

f) Psychiatric inpatient care in excess of three (3) days provided by a contracting hospital only if the following conditions are met:

   1) The patient was admitted to the hospital for treatment because he/she presented a danger to himself/herself or others; and,
   2) the admitting physician has initiated action to obtain a Board of Mental Health commitment; and,
   3) the other conditions specified in paragraph (e), above, are met. Refusal by the admitting physician to seek a Board of Mental Health commitment, for any reason, will result in the denial of payment of hospital and related costs in excess of three (3) days.

**3:701** **Special Cases/Prisoners**: Prisoners in the custody of Douglas County Corrections and/or any other law enforcement agency, whether incarcerated, on work release, on house arrest, or participating in any other community diversion program, shall receive medical care as designated by correctional system officials.

**3:702** **Benefits Obtained Through Fraud or Misrepresentation**: In the event that a person receives Primary Health Care Network benefits through fraud or misrepresentation, the

Department shall notify the individual in writing to repay the amount of fraudulently obtained benefits within thirty (30) calendar days of the date of notification or contact the Department to arrange a repayment plan. If the benefit amount that was fraudulently obtained exceeds $1,500.00 and full restitution has not been made within thirty (30) calendar days of the notification, the Director will refer the matter to the Douglas County Sheriff's Office for investigation and subsequent prosecution. If the amount owed is less than $1500.00, the Director will determine whether to refer the matter to the Sheriff's Office or arrange a suitable payment plan with the individual.

**3:703** **Right to Appeal**: An individual who has suffered a loss or reduction of benefits based upon the provisions of this chapter shall have the right to appeal such adverse action as provided for in Section 1:300 through 1:303 of these regulations.

## CHAPTER 4

## JOB TRAINING AND COMMUNITY SERVICE PROGRAM

**Notwithstanding the provisions of any other chapter of these regulations, a General Assistance or Primary Health Care Network applicant/recipient who is unemployed or employed less than twenty-five (25) hours per week, or is employed a minimum of twenty-five (25) hours per week but is not receiving wages, tips and other compensation equal to the applicable federal minimum wage and who does not have a verified physical and/or mental disability which precludes the individual from participating in a job training, vocational rehabilitation or community service program shall be subject to the requirements of this chapter. For purposes of this chapter, the following definitions shall apply:**

**4:100** **Approved Job Training Program**: Shall mean vocational training in technical job skills and equivalent knowledge, which program has been approved by the county or its designee as meeting the requirements specified herein.

**4:102** **Community Service**: Shall mean work performed for a governmental agency, non-profit corporation or health care corporation, provided such entity is approved by the County or its designee to participate in the Community Service Program.

**4:103** **Employable Recipient**: An individual who has been approved for General Assistance and/or Primary Health Care Network benefits who is not rendered unable to work, by illness or significant and substantial mental or physical incapacitation, to the degree and of the duration that the illness or incapacitation prevents the person from performing designated vocational, rehabilitation, job training or community service activities.

**4:201** **Job Training Participation**: An employable recipient of General Assistance and/or Primary Health Care Network benefits who is unemployed, employed less than twenty-five (25) hours per week, or is employed twenty-five (25) hours per week or more but is not receiving wages, tips, and other compensation which meet the applicable federal minimum wage requirements and who has not completed an approved job training program within two years prior to the date of application may be required to participate in an approved job training program.

**4:202** **Community Service Participation**: An employable recipient who has completed an approved job training program or for whom an appropriate job training placement is not available, as deemed by a County representative, and continues to be unemployed,

employed less than twenty-five (25) hours per week, or is employed twenty-five (25) hours per week or more but is not receiving wages, tips and other compensation which meet the applicable federal minimum wage requirements, shall be required to participate in the Community Service Program. Provided further, that any employable recipient who has completed an approved job training program within two (2) years prior to the date of application, shall also be required to participate in the Community Service Program.

**4:203** **Failure to Participate in Job Training**: Any applicant or recipient who is required to participate in a job training program and who fails or refuses to attend orientation or any other required meeting or who fails or refuses to fully participate and show good-faith three (3) calendar months and Primary Health Care Network benefits for one (1) calendar month. If an employable applicant/recipient reapplies following the period of disqualification, participation in the Community Service program may be required.

**4:204** **Failure to Participate in Community Service Program**: Any applicant/recipient who is required to participate in the Community Service Program and who fails or refuses to attend an orientation meeting or any other required meeting or who fails or refuses to complete the specified hours of community service or refuses to cooperate with directions given or complete duties assigned by the Community Service placement site shall be ineligible for General Assistance for a period of three (3) calendar months and Primary Health Care benefits for one (1) calendar month.

**4:205** **Exemption from Community Service Program**:

An employable applicant/recipient shall not be required to participate in a Community Service program if:

a) he/she is a single parent and has legal and actual custody of a child under six (6) years of age;

b) he/she has not completed an approved job training program within two (2) years prior to the date of application and has not been given the opportunity to participate in an approved job training program; or,

c) his/her presence in the home as a fulltime caregiver has been verified by a physician to be essential for the health and safety of a person rendered disabled by a verifiable medical or mental health condition.

**4:206** **Community Service Hours Required**: The required hours of community service shall be determined by dividing the individual's General Assistance received in the prior

calendar month by the federal minimum hourly wage, provided that no individual shall be required to perform community service for more than eight (8) hours in any one day or more than sixteen (16) hours in one week. An individual receiving Primary Health Care Network benefits only shall be required to perform forty (40) community service hours per calendar month.

**4:207** **Unavailability of Job Training/Community Service Program**: An applicant/recipient subject to the provisions of this chapter may not be denied General Assistance and/or Primary Health Care Network benefits because an approved job training program or an appropriate community service placement is not available at the time assistance is approved.

**4:300** **Transitions to Work:** The Transitions phase of the Job Training/Community Service Program allows participants to further utilize the skills obtained through successful completion of a job training program or community service participation to obtain and retain employment. Through the Transitions experience, guidance is provided on what realistic work options may be available for persons entering or re-entering the job market with little or no recent employment history, and/or with multiple barriers to employment. Motivational and educational workshops, individual instruction, and guided job search activities are made available to assist employable recipients in securing employment and developing habits and attitudes that aid in job search, job retention and job progression skills.

**4:301** **Transitions to Work (Transitions) Selection Criteria:** Individuals may be designated for mandatory participation in Transitions based on the minimum criteria that a recipient has demonstrated consistent satisfactory participation in community service for at least six (6) months, has been enrolled in the GED program at least one (1) year, has recently left the labor force, or has other similar qualifications. An approved recipient of General Assistance programs may request to enroll in Transitions to increase his/her employability. The decision to enroll a recipient in Transitions will be made by the Department Director or designee. General Assistance recipients required to participate will be contacted to schedule an individual assessment appointment with a Community Service staff member. This appointment is to explain that the Transitions requirement is mandatory and may be in addition to any other scheduled Community Service hours or requirements. Each participant deemed ready for Transitions will meet with County

staff to design an individual plan for analyzing and removing some employment barriers.

**4:302 Failure to Participate in Transitions to Work(Transitions):**

Any recipient who has been assigned to participate in Transitions but fails to participate in activities as required may be ineligible for General Assistance for a period of three (3) calendar months and Primary Health Care Network benefits for one (1) calendar month, regardless of whether any other Community Service/Job Training requirements have been met.

**4:400 Right to Appeal:** An individual who has suffered a loss or reduction of benefits based upon the provisions of this chapter shall have the right to appeal such adverse action as provided for in sections 1:300 through 1:303 herein.

# CHAPTER 5

# ADMINISTRATIVE POLICIES AND PROCEDURES

**The following regulations will control the financial obligation of Douglas County Nebraska to expend funds on behalf of any individual eligible to receive General Assistance, Primary Health Care Network benefits and/or Cremation Assistance.**

## General Provisions

**5:100** **Completed Application**: Douglas County will assume no liability to provide program benefits to any individual who fails to complete a written application within the time specified by a program's requirements. A written request for assistance will not act as a substitute for such written application.

**5:101** **Notice of Finding:** After an application for Primary Health Care Network benefits has been completed and eligibility has been determined, a Notice of Finding will be sent to the applicant/authorized representative within thirty (30) days from the date the application is completed, as defined in Chapter 1, Section 1:008, herein, unless circumstances beyond control of the client and/or County necessitate a delay. In all such cases, the delay shall be documented in the case file. The Notice of Finding will indicate one of the following findings:

a) Approval

b) Payment(s) denied or other party determination pending

c) Denial

In the case of a hospitalization, a copy of the Notice of finding will be provided to the referring hospital. The Department shall provide a monthly list to the County Board of Commissioners of those applications pending sixty (60) days or longer by date of application.

**5:102** **Availability of Funds**: The obligation of Douglas County to provide assistance under any program shall be subject to the availability of funds in the fiscal year.

**5:103** **Approved Vendors**: Even though an individual is qualified to receive program benefits, Douglas County shall not make payment for any service unless:

a) The provider of those services is an approved vendor and complies with the appropriate program regulations.

b) The vendor agrees to reimburse Douglas County in the event payment is made for

goods or services which are subsequently not provided. Such reimbursement shall be in whole or in part based upon actual goods or services provided.

c) The dwelling/place of residence is not a drug or alcohol treatment or supportive living facility that mandates behavioral restrictions as a condition of occupancy.

**General Assistance Payments**

**5:200** **Housing Payments:** In all cases, the place of residence must be located within the geographic boundaries of Douglas County. Under no circumstances are security deposits or application fees paid. In order to receive payments, the vendor receiving payments must either be:

a) the title holder of record of the real estate where the applicant/recipient resides; or,

b) the designated agent of the title holder of record of the real estate where the applicant/recipient resides; or,

c) the mortgage holder of record to the real estate where the applicant/recipient resides; or,

d) the buyer of real estate on Land Contract or by order of the court. If the title of record is still in the name of the seller or a trustee, a copy of the contract must be provided to the Department of General Assistance.

All property owners receiving payments must complete the Department's vendor certification process to describe the type of dwelling unit and, if needed, designate a payee. Vendors must also agree to notify the Department of General Assistance of any change in the client's address and/or living arrangements, including persons moving into and out of the dwelling unit, or if the client vacates the property. Douglas County may seek reimbursement for any rent payments made based on false information provided by the vendor. Since the Department of General Assistance does not pay utility deposits, clients are encouraged to locate housing with utilities included in the rent payment.

**5:201** **Assisted Living**: In order to be an approved vendor eligible to receive payment, the facility must be properly licensed as such by the State of Nebraska. Payment will be made at the State rate, determined by the type of facility. Such payment will only be made if there is a documented medical need.

**5:202** **Other Types of Assistance:** Payment for other General Assistance approved items, such as transportation, food, clothing and non-food payments shall be made only to

vendors who comply with the County's policies and requirements. Cremation Assistance shall be issued according to Chapter 6 provisions herein.

### Primary Health Care Network Approved Vendors

**5:300** **Hospitals**: In order to be an approved vendor and eligible to receive payments for medical care provided to a qualified Primary Health Care Network recipient, the hospital must have a signed agreement with Douglas County to participate in the Primary Health Care Network, which agreement was in effect at the time medical care was provided. Reimbursement for authorized services will be made at the established Primary Health Care Network rate in effect at the time services are provided.

**5:301** **Medical Providers:** In order to be an approved vendor and eligible to receive payments for medical goods or services provided to a qualified Primary Health Care Network client, the medical provider must have a signed agreement with Douglas County in effect at the time that medical goods or services were provided unless the conditions outlined in 5:404 herein are met.

### Authorized Medical Services

**5:400** **Prior Authorization**: All specialized medical care must be prior authorized by the Primary Health Care Network Medical Consultant or designee unless otherwise provided for herein. Prior authorization shall consist of a written referral from the Primary Health Care Network (PHCN) designating the hospital and/or medical provider authorized to provide care, specifying the nature of the medical service being authorized and that the medical care is to be provided within a specified period of time. Verbal authorization may initially be given by the PHCN, to be followed by a written referral.

**5:401** **Patient Rotation**: Clients requiring specialty services and/or hospitalization shall be assigned to a participating medical provider and/or hospital by the Clinic practitioner and/or Medical Consultant. Every effort will be made to assure that referrals are determined on an equitable basis taking into consideration:

a) The availability of services and space at contracting hospitals;

b) the ability of the specialty physician accepting the referral to admit patients to a contracting hospital, and

c) the importance of continuity of treatment in selecting a physician and/or hospital.

**5:402** **Prescription Drugs**: All drugs and durable medical equipment prescribed through the Primary Health Care Network will be dispensed in accordance with the approved Primary Health Care Network Formulary. It is the policy of Douglas County Primary Health Care Network to only prescribe narcotics for the management of pain associated with immediate post-surgical discomfort, trauma, and/or terminal illness. The Formulary contains other non-narcotic analgesics which are dispensed for all other situations requiring pharmaceutical pain management. A maximum of five (5) days worth of prescription drugs and/or durable medical equipment may be issued by the hospital pharmacy to a qualified Primary Health Care Network patient if dismissal from the hospital occurs when the Primary Health Care Network Clinic is closed.

**5:403** **Hospital Discharge Protocol**: If follow-up treatment, medications, and/or durable medical equipment are required post hospitalization, the Primary Health Care Network Clinic must be contacted (402-444-7540), prior to discharge. An appointment must be scheduled and appropriate arrangements made to insure continuity of care upon discharge. If the patient is not currently receiving assistance through the Department of General Assistance Primary Health Care Network he/she must first schedule with Intake and Referral by calling (402)444-6215. Hospital discharges will be seen within 1-2 working days whenever possible. Medications and/or durable medical equipment shall be provided by the discharging hospital until the patient is seen in the Primary Health Care Network Clinic, or for a maximum of five (5) days.

**5:404** **Emergency Medical Care**: Approved vendors may be eligible to receive payments for emergency medical care and/or subsequent inpatient hospitalization provided:

a) Medically necessary emergency care was provided because of a life threatening/life trauma condition; as defined in Chapter 1, herein.

b) The medical provider must notify the Primary Health Care Network within twenty four (24) hours or the first working day following a weekend/holiday if medical services, as described in (a), were provided to a Primary Health Care Network patient who was discharged from the emergency room.

c) The medical provider notifies the Primary Health Care Network within twenty-four (24) hours of admission or the first working day following a weekend/holiday admission during established office hours, that they are

providing medical care to a patient actively enrolled or potentially eligible for Primary Health Care Network coverage and give the following information:

1) Patient identification.
2) Medical diagnosis.
3) Patient's physician.

d) The Medical Consultant, or designee, upon completion of a review of pertinent medical records, certifies that the medical treatment was for a life threatening/life trauma condition and only medically necessary care was provided, as defined in Chapter 1, herein.

**5:405** **Continued Hospitalization/Inpatient Review**: The Medical Consultant or designee may at any time assign a County practitioner to evaluate the patient and treatment plan and determine whether:

a) continued care should be authorized; or,
b) the patient could be transferred to a step-down care facility; or,
c) treatment could be provided on an outpatient basis. Any determination so made shall be noted on the patient's medical records. In the event continued care is not authorized, Douglas County shall not assume liability for payment of medical expenses incurred from and after the date such determination is made.

**5:406** **Dental Care**: Medically necessary emergency dental care may be provided. All dental care must be prior authorized as specified in section 5:400, herein. Dental care outside the scope of this section may be provided if in the opinion of the Medical Consultant, or designee, and in consultation with the County appointed dentist, the same is necessary for the health of the patient. In all such cases, the decision of the Medical Consultant or designee is final. In no case will care be authorized for procedures which are wholly or mainly cosmetic.

**5:407** **Visual Care Services**: All Primary Health Care Network patients will have the initial visual acquity exam completed by the Primary Health Care Network Clinic medical personnel. Reading glasses will be provided through a nonfood certificate for over the counter purchase. Routine visual care services will be referred to any available community resources. Services provided by Primary Health Care Network Clinic referral to an outside provider may include:

Eye examinations, office visits, and other ophthalmological/optometric procedures when prior authorized and medically necessary and appropriate to treat or diagnose a specific illness, symptom, complaint, or injury. All vision care must be prior authorized as specified in Section 5:400, herein. Vision care outside the scope of this section may be provided if in the opinion of the Medical consultant, or designee, the same is necessary of the health of the patient.

Payment for visual services is based on "actual cost" of material(s) as shown on the laboratory invoice plus the allowable/appropriate dispensing fee(s). Payment cannot exceed the allowable dollar amount listed in the Medicaid Practitioner Fee Schedule.

## Non-Reimbursable Services

**Medically necessary services will be provided through the Primary Health Care Network and are therefore non-reimbursable expenses when delivered by an otherwise approved vendor, unless specifically authorized by the Medical Consultant or designee.**

**5:500** **Clinic Services**: The Douglas County Department of General Assistance operates the Primary Health Care Network Clinic for approved/eligible Douglas County residents. All qualified clients shall access medical care through the Clinic. Clinic hours will be from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays observed by Douglas County. The Clinic is staffed by licensed clinical practitioners under the medical supervision of the Medical Consultant or designee.

**5:501** **Douglas County Support Services**: Douglas County provides other supportive medical services deemed to be medically necessary, in addition to those provided through the Primary Health Care Network Clinic. In all cases, these resources will be utilized unless a specific exception is authorized by the Medical Consultant or designee. Support services that may be provided by Douglas County include:

a) limited x-ray services,

b) limited laboratory services,

c) pharmacy services and central supply services,

d) outpatient physical therapy, respiratory therapy, occupational therapy, speech therapy, dietary services

e) outpatient mental health treatment, and

f) emergency dental

**5:502** **Follow-Up Care**: All qualified Primary Health Care Network clients shall receive follow-up care directed through the Primary Health Care Network Clinic upon discharge from any hospital. The hospital discharge coordinator must contact the Primary Health Care Network Clinic to arrange all follow up medical care.

## Payment Procedures for Medical Care

**5:600** **Submitting Charges**: All medical vendors seeking reimbursement from the Primary Health Care Network (PHCN) must include the appropriate PHCN referral number(s) and procedure code designations for the services provided in order for the bill to be processed for payment. Any bills received that do not include this information shall not be processed. All bills must be received and/or resubmitted within ninety (90) days of the date of the last services provided or payment will be denied.

**5:601** **Payment of Charges**: All bills submitted in compliance with Section 5:600 herein, shall be paid within a reasonable time, not to exceed forty five (45) days, unless an application for Primary Health Care Network coverage is pending, or the client has been denied coverage and is in the process of appealing the County's decision. If the County's fiscal year-end policies limit access to Department funds, a delay in payment may occur.

**5:602** **Notice of Non-Coverage**: If all or any portion of the medical expenses billed (other than adjustments to reflect the established Primary Health Care Network rate in effect at the time services were provided) are denied because such expenses were for non-covered services, a Notice of Finding shall be issued to the client indicating that coverage has been denied and the reason for the denial. The medical vendor(s) shall also receive written notice of the denial.

**5:603** **Notice of Finding: Request for Reconsideration:** If a Notice of Finding has been issued following a request for retroactive PHCN payment, as specified in Section 3:410, herein, a written request for reconsideration of payment will be considered, provided that a written request is submitted by the applicant/recipient or authorized representative within ninety (90) days of the date that the application(s) for other medical benefits was/were denied and any appeals/reconsideration process has/have been exhausted and the other provisions of Chapter 5, herein, have been met. However, under no circumstances will a Notice of Finding be rescinded (withdrawn) and payment issued if the recipient or authorized agent failed to make good faith effort to fully pursue any

benefit or claim or failed to cooperate with any program/benefit to which he/she may be entitled. A final Notice of Finding will be issued upon completion of the review of the request for reconsideration.

**5:604** **Right to Appeal:** An individual who has suffered a loss or reduction of benefits based upon the provisions of this chapter shall have the right to appeal such adverse action as provided for in Section 1:300 through 1:303 herein.

## CHAPTER 6
## CREMATION ASSISTANCE GUIDELINES

**6:100** **Eligibility Criteria**: Douglas County will consider providing assistance for any person who dies within the geographic boundaries of Douglas County, or who has legal settlement in Douglas County. It is the policy of Douglas County that cremation is the only option available. Exceptions to this policy are only for those situations where cremation is not an option due to legal considerations.

**6:100.1** **County Services**: If the estate of the decedent and/or the income and resources of the Responsible Party, as defined in Section 6:300 herein is/are insufficient to meet the cremation expenses as defined in Section 6:102 herein, Cremation Assistance may be authorized to meet these expenses. Under no circumstances shall the Cremation Expenses provided by Douglas County be supplemented by a private/non-profit payer. Violation(s) of these conditions will forfeit Douglas County's responsibility for participation in the costs of the Cremation Expenses provided.

**6:101** **Fee Schedule**: All payments will be determined by the type of disposition approved. The maximum payment shall not exceed the standard established for each category. All payments will be made directly to the vendor providing the services.

### Cremation Fee Schedule

| | |
|---|---|
| **(1) Mortuary** | |
| adult | $ 826 |
| child | $ 413 |
| infant | $ 255 |
| **(2) Crematory** | |
| adult | $ 193 |
| child | $ 126 |
| infant | $ 95 |

**Maximum Payment** **$ 1019**

**6:102** **Cremation Expenses**: The following principle services are included within the above Fee Schedule:

1) Required preparation;
2) Brief newspaper notice (name, age, and time of service);
3) Simple container for cremated remains as selected by the mortuary/crematory;
4) Transportation from the place of death to the mortuary and to the place of Cremation, if different from mortuary; and
5) Crematory fee.

**6:103** **Items Not Covered by County Cremation Assistance**: The below items are not included or provided for in the assistance Fee Schedule. They may not be purchased by the Responsible Party(ies) or any other party as an alternative to paying for the items defined as Cremation Expenses in Section 6:102, herein. Violations of these conditions will forfeit Douglas County's responsibility for participation in the cost of the Cremation Expenses provided. Again, the following items are not included and may not be purchased as described herein:

1) flowers;
2) organist;
3) pallbearer expenses;
4) clergy fees;
5) clothing;
6) transportation for the family;
7) memorial cards or record book;
8) long distance telephone charges;
9) transportation of the deceased outside of Douglas County;
10) funeral escort service;
11) tents;
12) headstone;
13) urn;
14) burial or inurnment of cremains; or
15) services at a mortuary or any other fee based facility.

**6:104** **Burial Exception:** If cremation is not an option, due to legal considerations, the following maximum fees will be paid:

1) Mortuary, to include:
   - required preparation;
   - brief newspaper notice (name, age, and time of service) ;
   - simple casket; and
   - transportation from the place of death to the mortuary and from the

- mortuary to the cemetery.

| | |
|---|---|
| adult* | $ 1,649 |
| child* | $ 445 |
| infant* | $ 255 |

*casket size

2) Cemetery (for the cost of opening and closing the grave)

| | |
|---|---|
| adult* | $ 507 |
| child* | $ 255 |
| infant* | $ 192 |

3) Additional Items as Required:

| | |
|---|---|
| (a) oversized casket | $ 255 |
| (b) disaster bag | $ 101 |
| (c) outer casket receptacle (vault) | $ 361 |
| (d) sealed metal container | $ 247 |
| (e) cemetery plot** | $ 507 |
| (f) oversized outer receptacle (vault) | $ 507 |

**if the decedent did not own a burial plot at the time of death, or if a plot is not donated, internment will be arranged at a cemetery located in Douglas County that will accept county burial fees as payment in full.

**6:111 Fee Adjustments:**

a) The Fee Schedule set forth in this Chapter is effective October 1, 2015, and will continue through September 30, 2017. The fee schedule will be adjusted effective with all County cremation and burial assistance approved on or after October 1, 2015.

b) The adjustment will be based upon the changes to the U.S. Bureau of Labor Statistics *Consumer Price Index – All Urban Consumers (CPI-U), Midwest Urban, size B/C, 1982-1984 Base Period; as amended.* The adjustment for each fee will be calculated using a two-step formula. All dollar amounts will be rounded to the closest dollar. The percent change in the CPI-U calculated using the Bureau of Labor Statistics escalation formula, from the first half of 2012 to the first half of 2013, is multiplied by the current fee and that sum is added or subtracted to the current fee amount to arrive at subtotal A. The percent change to the CPI-U from first half 2014 to first half 2015 is multiplied by the subtotal A amount and that sum is added or subtracted to the subtotal A amount. This sum is the new adjusted fee for the following two-year period.

Example: MAXIMUM CREMATION PAYMENT

STEP 1:$965 x ..028= $27.02 + $913= $992.02

STEP 2:

$992.02 x ..013 = $12.90 + $992.02 = $1,004.92

NEW MAXIMUM PAYMENT = $ 1,005.00

c) The fee schedules set forth in this Chapter will be reviewed and adjusted effective with all assistance approved on or after October 1, 2015 and every two years thereafter, adhering to the formula set forth in this section, provided that the appropriate adjustments are made to the years of the CPI-U reports that are used in the formula.

**6:200** **Financial Eligibility Requirements**: In order to be eligible for assistance, the assets of the decedent's estate and/or the income and resources of the Responsible Party(ies) cannot exceed the allowable Fee Schedule as defined in Section 6:101 herein.

**6:201** **Financial Participation**: If the financial eligibility requirements are met, assistance may be authorized, but only to the extent that the allowable cost of cremation exceeds the assets of the decedent's estate and/or income and resources of Responsible Party(ies) as defined in Section 6:300 herein.

**6:300** **Responsible Party(ies)**: The right to control the disposition of the remains of a deceased adult person, unless other directions have been given by the decedent, vests in the following persons in the order named, as provided by Nebraska Revised Statute 38-1425(Reissue 2008). (1) Any person authorized by the decedent through a notarized affidavit to direct the find disposition; (2) The surviving spouse; (3) if the surviving spouse is incompetent or not available, or if there is no surviving spouse, an adult child of the decedent; (4) a surviving parent of the decedent; (5) an adult person in the next degrees of kindred in the order named by the laws of Nebraska as being to succeed to the estate of the decedent; (6) a guardian of decedent; or (7) personal representative. The liability for the reasonable cost of interment devolves jointly and severally upon all kin of the decedent in the same degree of kindred and upon the estate of the decedent.

**6:400** **Other Eligibility Requirements**: In addition to meeting the financial eligibility criteria, any individual requesting assistance on behalf of the decedent must agree in writing to the following terms and conditions:

a) that he/she will accept the assistance as outlined above and understand that the funeral home will not provide additional items or services;

b) that he/she has not made financial arrangements to provide for services not covered by the County as itemized in Section 6:103 herein; and

c) that he/she will cooperate with the funeral home in securing income and assets of the decedent, and all responsible relatives, to be applied to the cost of cremation.

Violations of these conditions will forfeit Douglas County's responsibility for participation in the cost of the Cremation Expenses provided.

**6:500** **Financial Liability of Responsible Party(ies)**: The financial liability of the Responsible Party(ies) will be determined by comparing the available income and/or resources in the immediate possession or control of the Responsible Party(ies) to his/her reasonable household expenses.

**6:600** **Agency Procedures**: All requests for assistance must be in writing and signed by the legally responsible person making the request.

1. An appointment to complete an application may be scheduled Monday through Friday between 8:00 a.m. and 4:30 p.m., except for legal holidays observed by Douglas County, by contacting the Department of General Assistance at (402) 444- 6215. The application must be signed by the legally responsible person.

2. If arrangements have been made with the mortuary in excess of the County Fee Schedule, assistance will be denied.

3. Both the applicant and the mortuary will receive written notice which will indicate whether the request for assistance is approved or denied, and in the case of approvals, the amount of the County's payment.

4.In cases where there are no known relatives, or legal guardian, or other Responsible Party as per Nebraska Statute 38-1425 the request for assistance may be made by the County Coroner, mortuary or another appropriate individual as determined by the Department of General Assistance Director or designee, in consultation with the Douglas County Attorney's Office.

5. If funds from the estate of the decedent exist which are to be applied to the cost of the cremation/burial, and the financial institution holding such funds requires a certified copy of the death certificate, this additional cost may be paid to the mortuary.

6. Pursuant to Section 30-2413 of the Nebraska Probate Code, the Department of General Assistance will file a Demand for Notice in the County Court of Douglas County, demanding mailed notice of all filings or orders pertaining to the estate of any decedent for whom assistance has been provided. The Demand for Notice will be executed by the Department of General Assistance Director or designee.

**6:601** **Right to Appeal:** The legally responsible person applying for assistance on behalf of the decedent shall have the right to appeal an adverse action including a loss or reduction of benefits as provided for in Sections 1:300 through 1:303 herein.