



Resolution 2020-234

BOARD OF COMMISSIONERS
SARPY COUNTY, NEBRASKA

Adopting Sarpy County Human Services Program Guidelines for Medical/Medication Assistance, Cremation Assistance, and Administrative Procedures

WHEREAS, pursuant to Neb. Rev. Stat. § 23-104(6), the County has the power to do all acts in relation to the concerns of the County necessary to the exercise of its corporate powers; and,

WHEREAS, pursuant to Neb. Rev. Stat. § 23-103, the powers of the County as a body are exercised by the County Board; and,

WHEREAS, the General Assistance and Medical Assistance Guidelines for Sarpy County were previously approved, as amended, on February 28, 2012 via Resolution 2012-50; and,

WHEREAS, in order to remain consistent with the requirements of Neb. Rev. Stat. § 68-133, the County standards need to be reviewed to ensure that all standards reflect changes in living standards and costs-of-living; and,

WHEREAS, the Sarpy County Human Services program guidelines for medical/medication assistance, cremation assistance, and administrative procedures have been reviewed and updates have been made.

NOW, THEREFORE, BE IT RESOLVED by the Sarpy County Board of Commissioners that the attached updated Sarpy County Human Services Program Guidelines for Medical/Medication Assistance, Cremation Assistance, and Administrative Procedures are hereby approved.

The above Resolution was approved by a vote of the Sarpy County Board of Commissioners at a public meeting duly held in accordance with the applicable law on the 21 day of July 2020

Attest:
SEAL





Sarpy County Chairman



Sarpy County Clerk/Register of Deeds



Sarpy County Human Services
Program Guidelines
Medical/Medication Assistance
Cremation Assistance
Administrative Procedures

Revised and Reissued
Effective August 1, 2020

SARPY COUNTY
DEPARTMENT OF HUMAN SERVICES
GENERAL ASSISTANCE GUIDELINES

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STATUTORY REQUIREMENT AND PROGRAM DESCRIPTION

Chapter 68 of the Nebraska Statutes requires counties to provide for the poor of the county who are not eligible for any other governmental assistance and do not have a parent, stepparent, or spouse responsible for their support. These statutory requirements are the basis for the programs administered by the Department of General Assistance, which are considered programs of last resort.

The attached regulations, which will govern this Program, are being adopted as a means of insuring the consistent and fair administration of the General Assistance Program and, at the same time, to provide a means of accounting for the expenses of this Program to the local taxpayers. The Sarpy County Board of Commissioners enacts the following regulations. These regulations establish the General Assistance eligibility criteria: a schedule of goods and services provided: and the procedures used to administer these goods and services to eligible persons.

Chapter 1

General Assistance Definitions

The following general provisions and definitions shall apply to all programs administered by Sarpy County Human Services unless specific requirements of a program provide otherwise, in which case the specific program requirement will control; unless the context would indicate otherwise.

Definitions

- 77-100 **Adequate/Timely 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 the County regulation which requires the action taken. A timely notice must be mailed at least five calendar days before the date that action would become effective.
- 77-101 **Appeal:** A request for a hearing by an applicant to have the General Assistance action or inaction of their case reviewed. An appeal can be requested by contacting the Human Service Office in writing.
- 77-102 **Applicant Categories:**
- a. **Applicant:** An individual/married couple who applies for any program administered by the Sarpy County Human Services.
 - b. **Recipient:** An individual/married couple who is receiving assistance through a program administered by the County, in accordance with specific definitions/guidelines set forth herein.
- 77-103 **Application:** A written form(s) prescribed by the County and signed by the applicant, which indicates the applicant's desire to receive General Assistance. An application will not be considered complete until all required documentation and information is received from the client.
- 77-104 **Application Date:** The date the client signs the application form.
- 77-105 **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

- 77-106 **Authorization Period:** All eligibility factors and benefits provided will be determined based on a calendar month and constitutes the authorization period. Such authorization period will be the month in which an application is filed.
- 77-107 **Board and Room:** See 77-105, herein.
- 77-108 **Client:** Anyone who has applied for, or is receiving General Assistance.
- 77-109 **Contributions:** Verified payments, which are paid to, or paid on behalf of; an individual or married couple.
- 77-110 **Deceased Client:** An applicant/recipient who has died.
- 77-111 **Emancipated Minor:** A child under the age of nineteen is considered an adult because he/she has married and or moved from the parent's home, and has been providing for their own needs.
- 77-112 **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.
- 77-113 **Full-Time Student:** An individual registered for full attendance and regularly attending an established school, college or university; who has attended during the most recent school term, or intends to register for full attendance at the next regular term of the school. The number of credit hours required by the school, college or university determines full-time status. 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.
- 77-114 **Household:** Individual or married couple, who has applied for or is receiving general assistance.
- 77-115 **Income:** Money received from or payments made by any source on a regular, continual, periodic, occasional, or one time basis. (See 77-132 Types of Income).
- 77-116 **Indigent:** See Poor Person, herein 77-123

- 77-117 **Legal Settlement:** If the applicant has established a County of legal settlement, that County is responsible for assuming financial responsibility through reimbursement to the County of the client's residence.
- 77-118 **Life Trauma/Threatening Condition:** Any medical condition, which, in the opinion of a duly licensed physician or designee, requires that the individual be:
- a) Admitted to an intensive care unit (ICU) and not specified overflow; or
 - b) Operated upon before the next working day for emergency (non-elective) procedure; or
 - c) Designated an emergency admission because he/she requires hospital treatment to prevent possible mortality.
- 77-119 **Medically Indigent:** One whose income and resources are determined under the Medical/Medication Assistance 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.
- 77-120 **Medical Necessity/Need:** A verified medical need created by a life trauma situation or by a lack of medication or medical treatment whose absence would lead to a medical condition requiring hospitalization, institutionalization, or residence in a long-term care facility. The medical or psychological need does not include physical, psychological, or psychiatric outpatient therapy.
- 77-121 **Motor Vehicles Defined:** Cars, trucks, vans, motorcycles, recreational vehicles, motor boats, and planes are included in the category of motor vehicles. To determine the fair market value of vehicles, the worker will use the trade-in value set forth in the online *N.A.D.A Guide*. If the vehicle is not listed in the N.A.D.A. Guide, if the client feels that the value listed in the N.A.D.A. Guide is inappropriate or not a true valuation of the vehicle, the client may:
- a) Obtain the vehicle's value from a used car dealer or reputable mechanic.

77-122 **Net Income:** Gross income from earnings, minus allowable deductions for:

- a) Withholding taxes,
- b) Social Security and Medicare (F.I.C.A.)
- c) Mandatory retirement,
- d) Premiums for health insurance.

77-123 **Poor Person (Indigent):** One whose income and resources are below the General Assistance Guidelines as outlined in Section 77-211., who does not have a parent, stepparent or spouse supporting him or her, and who is unable to provide for his/her own needs through any other source. If in those cases where a pattern of financial support (dependency) in one of the above 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).

77-124 **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.

77-125 **Recipient Categories:** Eligibility requirements for General Assistance and Medical Assistance 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. (See 77-102 Applicant Categories).

77-126 **Request Date:** The date the applicant, or someone on his/her behalf, contacts the Human Service Office and schedules an appointment to apply for benefits.

77-127 **Residential Unit:** For General Assistance purposes, a residential unit 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 dishwashing. A residential unit may be rented to related or unrelated individuals. Total residential unit rent is one rate for the self-contained dwelling unit.

77-128 **Resources:** Personal and real property in which the applicant has a legal interest.

77-129 **Retroactive Eligibility (Medical/Medication Assistance Only):** Approval for medical assistance may be considered prior to the date of the application interview if the individual was an inpatient in a hospital and referred in accordance with Section 77-317, herein.

77-130 **Shared Living:** For General Assistance purposes, “shared living” is as a living arrangement in which the applicant/recipient or married couple shares a residential unit, as defined in 77-127 herein, with the property owner.

77-131 **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 77-211, under no circumstances may payments exceed the maximum shelter allowances.

77-132 **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 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 77-216 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 client's income 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, because 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

77-133

Vested Right to Income: The applicant is to have a vested right to income if:

- a) The applicant 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 within 30 days following the application date:
- b) The applicant 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 within 30 days following the application date.
- c) The applicant 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 or spouse within 30 days following the application date.

Client and County Responsibilities

77-134

Client Responsibilities: The client is required to:

a) Provide complete and accurate information, sign all required documents and provide verification of eligibility:

b) Report any change in circumstances no later than three days following the date of change. This includes 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 the composition of the household.

5. A change in address and/or living arrangements.

6. A change in incapacity or disability status.

7. A change in marital status;

8) 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.

9) Change in student/school status

c) Accept referral to any other public, private agency or organization, which may be able to provide the requested assistance to the client.

77-135

County Responsibilities: At the time of initial application and redetermination, the worker will:

a) Explain 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 the reasonable promptness on the client's application for assistance:

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

h) Inform the client of medical/medication services available and program restrictions.

Appeal Procedures

77-136 **Appeal Rights:** 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 77-230 and 77-315, 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 Sarpy County Board through the Department of Human Services.

77-137 **Appeal Timeframe:** A written request for an appeal must be filed within (30) calendar days following the date on the notice mailed to the client of the county's action.

77-138 **Appeal Procedure:** Every applicant for or recipient of General Assistance has the right to appeal to Sarpy County for a hearing on any action or inaction in regard to the General Assistance Program. The appeal must be filed in writing within 30 days of the action or inaction. All requests will be referred to a Hearing Examiner, designated by the Sarpy County Board, for a fair hearing and the following procedures will apply:

- a) The client will have the right to:
 - 1. Examine his/her General 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.
 - 4. Confront and cross-examine witnesses.

- b) The Hearing Officer will:
 - 1. Record the hearing.
 - 2. Make a recommendation to the County Board, based upon the evidence.

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 period not exceed 10 days, in order to obtain additional information or to verify new information.

d) The County Board will:

1. Make a decision within thirty days following the hearing.
2. Make the decision based upon the evidence.
3. Provide the client with a written copy of the decision setting forth findings and conclusions; and
4. Preserve the tape of the hearing and all exhibits offered at the hearing for sixty days following entry of the County Board's decision.

77-138

Right to Judicial Review: Any person aggrieved by a decision rendered pursuant to 77-136 and 77-137, may obtain a review of such decision by filing a petition in the District Court of Sarpy County, Nebraska, within thirty days after the decision.

CHAPTER 2

GENERAL ASSISTANCE GUIDELINES

Eligibility Factors

77-200 **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 77-123 herein, establish a need pursuant to Section 77-223 and meet the following criteria:

77-201 **Residency:** An applicant must reside within the geographic boundaries of Sarpy County in order to make application through the Sarpy County Office. Individuals residing outside Sarpy County should be referred to the appropriate county office for General Assistance. If an individual is not permanently residing in Nebraska and/or Sarpy County, temporary assistance may be granted, if all other eligibility criteria are met.

77-202 **Citizenship Requirements:** An applicant for assistance must attest that:

- a. A citizen of the United States; or
- b. They are 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 (Sarpy 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.

- c. The income of a federally recognized sponsor will be considered in

determining eligibility, as specified by federal legislation.

- d. All applicants/clients are required to have on file with this office, a US Citizenship Attestation Form.

77-203

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

- a) Bank accounts, stocks, bonds, time certificates, mutual funds, cash value of life insurance, trust funds, revocable burial funds, net proceeds available from the surrender/liquidation of stocks, 401(k), 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) Life insurance with a cash/surrender value
- 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 Section 7-404, herein;
- h) gaming/gambling proceeds, and
- i) Personal injury settlements and/or other documents received as a lump sum, or on a periodic basis, because of litigated matters, or the assertion of the legal claim of right.

77-204

Equity Value: The fair market value less any recorded liens or encumbrances. 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 in the name of the applicant/recipient and an individual not included in the household, it is presumed that the

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

77-205 **Fair Market Value of Real Estate and Vehicles:** Unless 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 online *N.A.D.A Guide*.

77-206 **Exempt Resources:** The following resources will not be considered in determining an applicant's eligibility for General Assistance.

a) The home in which the client resides (Primary Residence), unless the equity value exceeds \$35,000.00, in which case the applicant may be assisted for up to 60 days with utilities and/or non-food only, to allow the applicant time to arrange for sale or mortgage of such property:

b) Household furnishings:

c) An automobile which is presently being used to meet the applicant's transportation needs and which has an equity value of less than \$7,000. If the equity value exceeds \$7,000 the applicant may be assisted for up to thirty days to allow the applicant sufficient time to sell the automobile and secure a less expensive one. Proceeds from such sale will be considered income to the applicant at the time of the sale.

In the case of a married couple, \$9,000.00, assistance may be authorized for up to (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 Sections 77-404 herein. Cash value in excess of this exemption shall be considered a resource to the client, if no exemption shall be allowed on requests for county burial;

f) Indian Lease Land.

77-207 **Potential Resources:** In order to be eligible, all applicants 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 will:

- a) Make 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, including but not limited to Prescription Assistance Programs, Social Security, Supplemental Security Income, Veterans Benefits, Aid to the Aged, Blind or Disabled, ,Temporary Assistance to Needy Families, Energy Assistance, Unemployment Compensation, Worker's Compensation, Housing Assistance etc.:
- b) Employable applicants shall make reasonable efforts to secure full or part- time employment and/or comply with job search requirements, unless;
 - a. Has reached retirement age as defined by the Social Security
- c) Make reasonable efforts to obtain possession and control of resources or income in which the applicant 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).

77-208

Verification: For purposes of complying with the provisions mentioned in Section 77-207, the following documentation will be sufficient evidence that the applicant is seeking alternative sources of income to meet future needs:

- 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 has scheduled an appointment to apply for benefits.
- b) Provide verification that the individual is currently registered with the Nebraska Workforce, and is actively searching for employment.
- c) Provide verification that the applicant has made every effort within his/her means to secure possession and control of resources in which he/she has a legal interest.

77-209 **Net Income/Available Income**: all income received by, vested in the applicant, or related household member for the authorization period. In the case of earned income, the following items are allowable deductions from gross earnings:

- b) Withholding taxes,
- b) Social Security and Medicare (F.I.C.A.)
- e) Mandatory retirement,
- f) Premiums for health insurance.

77-210 **Exempt Income**: The following income will be disregarded when determining the amount of assistance the client is eligible to receive:

- a) Stipends received through the Job Training Partnership Act and/or the Vocational Rehabilitation Division of the Nebraska Department of Education. For the first three months of the Vocational Rehabilitation Training Program, all income from the program will be disregarded. If additional time is required after consultation with the appropriate agency, it can be extended up to one year, but in no event can the disregard be allowed beyond one year:
- b) One hundred (100) 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, if the recipient has been employed less than fulltime and has received shelter or medical assistance during any of the three (3) most recent months.
- c) Revenue from Indian Lease Land.
- d) Energy assistance stipends/grants if the stipend/grant is used to meet the applicant/recipient's energy needs.
- e) 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;
- f) Security deposits for shelter and/or utilities paid on behalf of the client
- g) Payments made by a third party that have been determined to be a contribution as defined in 77-109 herein.

77- **Income and Resources:** Applicants with available income and resources equal to or in excess of the following standards, during the authorization period, are ineligible for General Assistance:

1 - Person Household	\$525
2 - Person Household	\$550

Provided that in those cases where the available income is deemed to be vested and would otherwise disqualify the applicant, General Assistance may be authorized within the applicable amount 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 \$200.00 per month over the income and resource guidelines specified herein.

77-212 **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.

77-213 **Right of Reimbursement:** The applicant, in order to be eligible, will authorize the County to be reimbursed for relief granted, if the applicant is found eligible for a State or Federal Program which provides retroactive benefits to the applicant from the date of application, or the applicant has applied for replacement of a lost or stolen check which may be reissued.

Assistance Provided

77-214 **Goods and Services Provided:** The following items are payable or provided through the General Assistance Program:

- a) Shelter - includes rent and utilities (no security deposits) (See 77-216)
- b) Medical expenses - (See Chapter 3)

- c) Non-Food necessities - (77-216)
- d) Transportation (See 77-216)
- e) Clothing (See 77-216)
- f) Cremation expenses (See Chapter 4)

77-215 **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. General Assistance will not be used to supplement any Federal or State categorical program(s), i.e., ADC, SSI, or Social Security. Also, no private pensions will be supplemented if they exceed the General Assistance guidelines.

77-216 **Dwelling Unit 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 dishwashing. 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) 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 \$300.00 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 shelter rate. In no case will payment be authorized for an amount, which exceeds the actual charges incurred during the authorization period. At no time will a rent or utility deposit be paid. Once a shelter voucher has been issued to the vendor, the client cannot receive payment for an alternate living situation, unless the voucher was issued in error, or the client is 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. Rent will

not be paid to a relative, unless the Human Service Office can verify this need through documented medical or mental health provider(s). If the client's rent and/or utilities exceed the maximum payment allowed, the client will have to pay the amount over and above the maximum. The Sarpy County General Assistance Program will authorize one time only when the maximum will exceed and the client makes up the difference. Sarpy County General Assistance does not make mortgage payments.

b) Specialized Housing Need: 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 \$200.00 per month over the income and resource guidelines specified herein.

c) Assisted Living/Board and Room Facilities: Payment for shelter at a facility licensed by the State of Nebraska at the rate established and 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/non-alcoholic beverages, food items, pet food, magazines, over the counter (OTC) medications etc.

Non-Food Maximums:

1 - Person household \$25.00

2 - Person household \$50.00

e) Food: All applicants will be required to apply for food stamps (SNAP) to meet this need. General Assistance will not be issued to supplement the food stamp allotment.

f) Transportation within Sarpy County: The Sarpy County General Assistance Program has no public or private transportation service at its disposal. If the client is not eligible for State transportation service, then he/she must use their own resources to go to a desired location in the county. Alternative forms of transportation may be arranged at the discretion of the Department Director/designee.

g) Transportation Outside Of Sarpy County: Bus transportation may be provided to individuals to locations outside of Sarpy County if the following condition is met:

- 1) The individual has not resided in Sarpy County for six 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 Sarpy County, and the perspective employer can confirm this information.

Families with minor children requesting transportation must seek other appropriate resources.

h) Clothing: The worker may authorize a clothing purchase not to exceed \$40.00 per person every six (6) calendar months, if:

- 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 general assistance clothing allowance within the last six months.

i) Cremation/Burials: See Sections 77-630 through 77-720.

Disqualification from Program

77-217

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, full-time students will be presumed to lack income and/or resources as a result of their own actions in restricting their ability to obtain full-time employment, unless sufficient evidence is presented to the contrary:
- c) 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.

77-218 **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.

77-219 **Reduction or Loss of Income:** If an applicant 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, General Assistance will be denied. Such actions or inactions include, but are not limited to the following:

- a) 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:
- b) Failure to work when employment is or was available within the last 90 days, 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. 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 has been denied or suffered a reduction of benefits due to fraud or misrepresentation in applying for or receiving benefits from a State, Federal, or local agency or a private entity.
- d) The applicant has through fraud or misrepresentation attempted to receive or did receive General Assistance to which they were not entitled in the month immediately preceding the month of application.

Payment Procedures

77-220 **Vendor Payments:** Payments on behalf of eligible clients can only be made if the vendor will accept a County payment and/or County voucher, agrees to adhere to all requirements set forth herein and the vendor agrees to provide the goods and services through the authorization period.

77-221 **Insuring Maintenance of Minimum Health and Decency:** Even though an applicant 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 has received a shut-off notice for nonpayment and the maximum rate allowable under current Sarpy County General Assistance guidelines is insufficient to prevent the shut-off from occurring:
- b) Foreclosure or eviction proceedings are pending and the maximum payment allowable under Sarpy County General Assistance guidelines is insufficient to prevent foreclosure or eviction:
- c) The applicant's residence does not meet the minimum provisions of the applicable health codes.

77-222 **Notice of Eligibility but Non-Issuance of Payment:** In all cases in which the provisions of 77-220 and 77-221 apply, the client 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 (30) days of the date of the notice of termination.

Benefits Determination

77-223 **Budgeting:** In order to determine the amount of General Assistance that may be authorized, the worker will:

- a) Determine the total amount of income and resources available. If this figure equals or exceeds the amount established in 77-211, the applicant is ineligible:
- b) If the above figure is below the guidelines, the worker will then determine the basic needs of the household by adding together the actual housing and/or utilities cost, not to exceed the maximum set forth in 77-216, and the non-food necessities allowance established in 77-216, based on related household size.
- c) Subtract the available income and resources from the basic needs. The difference is the amount of General Assistance that may be authorized. In addition, the individual may be eligible for a clothing allowance every six (6) calendar months, provided the conditions in, herein, are met.
- d) 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.

77-224 **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 other than a year, divide the total amount received by the number of months in the designated period.

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 in question, the excess amount shall be determined, and it is then presumed that the applicant has deprived themselves of a resource equal to the amount of the excess. Section 77-218; 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.

77-225

Recovery of Overpayments: in the event, a person received General Assistance benefits through fraud or misrepresentation, the worker will determine the amount that was overpaid and notify the client in writing that they are required to repay this amount. If the client reapplies for General Assistance, repayment has not been made, and 77-219 does not apply, the worker will reduce the amount of General Assistance, which would otherwise be issued, by 25%. The balance is the amount of General Assistance, which may be authorized and issued. The unissued portion will be applied against the overpayment. This procedure will continue each month until the entire overpayment has been recovered. If the benefit amount that was fraudulently obtained exceeds \$5,000 and full restitution has not been made within (30) calendar days of the notification, the Director may refer the matter to the Sarpy County Sheriff's Office for investigation and subsequent prosecution. If the amount owed is less than \$5,000, the Director will determine whether to refer the matter to the Sheriff's Office or arrange a suitable payment plan with the individual.

NEEDS CLASSIFICATION

- 77-226 **Case Categories:** All applications for General Assistance will be identified according to whether the need is deemed continuous or short-term.
- 77-227 **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, if 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.
- 77-228 **Short-Term Cases:** All applicants who are in the process of applying for Aid to the Aged, Blind or Disabled, Social Security Benefits, Veteran’s Benefits, Unemployment Compensation, Retirement Benefits, Medicaid, etc. and has not resided in Sarpy County for 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 calendar month, if all eligibility factors have been met.
- 77-229 **Action on Continuous and Short-Term Cases:** General Assistance will be furnished to all eligible individuals:
- a) Within seven days from the date that the application is completed as defined in Chapter 1, Section 77-103, 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 days from the date, the application is completed as defined in Chapter 1, Section 77-103, herein, if the need is continuous. If circumstances beyond the control of the applicant/recipient and/or County necessitate a delay, the reason shall be documented in the case file.
- 77-230 **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) Participate in Job Search activities as required. Failure to complete and submit required Job Searches will result in a denial of assistance for three (3) calendar months.
- c) All assistance provided pursuant to this section shall be for the month immediately following the reporting period.
- d) 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.

77-231 **Eligibility Re-determination:** All cases falling within the provisions herein must be reviewed and eligibility re-determined in order to certify the case for an additional six (6) month period.

77-232 **Elements of Redetermination:** In order to re-determine eligibility, the applicant must:

- a) Complete and sign a new General Assistance application and have a face-to-face interview:
- b) Provide necessary verification on all points of eligibility.

77-233 **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 77-136 through 77-138 herein.

CHAPTER 3
MEDICAL/MEDICATION ASSISTANCE

Eligibility Factors

Purpose: To furnish medical services that may be required for the poor and medically indigent of Sarpy County; the Medical/Medication Assistance Program is the program of last resort. In order to be eligible for enrollment in the Medical/Medication Assistance Program the applicant/recipient must qualify for General Assistance as a continuous case, except as provided herein, and/or meet the following criteria/Guidelines:

77-301 **Residency:** An applicant/recipient must reside within the geographic boundaries of Sarpy County in order to make application through Human Services. Individuals, who reside outside of Sarpy County, will be referred to the appropriate county office for application and assistance. If an individual is not residing in Nebraska and/or Sarpy 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 Sarpy County; for example, family ties, employment, etc.
- c) The illness or injury for which medical assistance is requested arose in Sarpy County; and
- d) The medical care provided for a life threatening/life trauma condition.

77-302 **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 (Sarpy 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

77-303

Resources: The equity value of all resources as defined 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 minus fees and penalties, 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 4, herein.
- h) Gaming/gambling proceeds.

77-304

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.

77-305

Exempt Resources: The following resources should not be considered in determining an applicant's eligibility for Medical Assistance 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) Vehicle(s) which is used to meet the applicant's transportation needs and which has an equity value not to exceed \$7,000.00. 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 \$9,000.00;
- d) Irrevocable burial funds in effect at the time of the first request for Medical Assistance 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 4, herein;
- f) Burial lots, and
- g) Indian Lease Land.

77-306

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 Medical Assistance benefits. In order to comply with this provision, an applicant/recipient, shall:

- a) Complete the application and follow through with all available appeal processes for any public and/or private entity benefits to which they 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 Victims Reparations, and any other federal or state programs, etc.;
- b) Employable applicants/recipients shall make good faith efforts to seek employment, 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 their own actions or inactions shall also be ineligible in accordance with Nebraska Revised Statutes, Section 68-104 and 68-131 (as amended).

77-307 **Verification:** For purposes of complying with the provisions 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 Job Searches as required; or
- c) Provide verification that the applicant/recipient has made every effort within their means to secure possession and control of income, resources and medical assistance in which they has a legal interest.

77-308 **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.

77-309 **Disposal of Resources:** An individual having knowledge of the Medical Assistance resource limits is ineligible if they disposes of, or deprives themselves of, resources by transfer or sale of the resources for less than fair market value. The worker shall investigate any resources 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

77-310

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 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.

77-311

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, herein.
- c) Stipends and Pell Grant balances as outlined in Chapter 2, herein.
- d) One hundred (100) percent of a newly employed applicant/recipient's gross earned income may be disregarded annually for a period not to exceed three (3) consecutive months of full pay.
- e) Payroll deductions for, or payments made on behalf of the applicant/recipient to purchase private health insurance.

77-312

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.

Eligibility Dates

- 77-313 **Certification Period:** All qualified recipients for Medical Assistance benefits are certified for coverage for a period of six (6) calendar months, from the date that the client is notified in writing.
- 77-314 **Certified Cases: Monthly Reporting:** Applicants certified for Medical Assistance 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 their 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 77-306, 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.
- 77-315 **Action on Client Applications:** All applications for Medical Assistance shall be acted upon within (30) days from the date the application is completed as defined in Chapter 1, 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.
- 77-316 **Presumptive Eligibility:** If an application for Medical Assistance benefits has been signed but cannot be acted upon because all verification and documentation have not been obtained, and the applicant is in immediate need of prescription drugs, 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 they will become financially responsible for the cost of such health care if it is subsequently determined that they do not qualify for Medical Assistance coverage. The authorization to receive health care based upon presumptive eligibility shall not exceed a period of (30) calendar days. However, an individual shall not be granted presumptive eligibility for purposes of this section if:

d) Their previous application for benefits was rejected or their 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.

77-317

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 or her behalf within (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.

77-318

Notice of Action: After an application for Medical Assistance benefits has been completed and eligibility has been determined, a Notice of Action will be sent to the applicant/authorized representative within thirty (30) days from the date the application is completed, as defined in Chapter 1, 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 Action will indicate one of the following findings:

a) Approval.

b) Denial.

Disqualification from Program

77-319

Ineligible Applicants: An applicant who meets the financial eligibility criteria may still be denied Medical Assistance benefits if they:

a) is receiving or is eligible to receive Medicare, Medicaid (including Medicaid with an excess income obligation), Veterans Health Care benefits and/or 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 their rights under the policy to Sarpy County;

d) Refuses to use any resources (unless otherwise exempt) which are available to meet their 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 because of their own actions or inactions, or the actions/inactions of the household as defined in Chapter 1, herein.

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

2) 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 Medical Assistance) benefits to which they were not entitled through fraud or misrepresentation and/or has not fully made restitution to the County.

Scope of Medical Services

77-320 **Allowable Drug Need**: A medical need created by a lack of medication whose absence will lead to a medical condition requiring hospitalization, institutionalization, or residence in a long-term care facility. This includes prescribed medications to meet medical and psychiatric needs.

77-321 **Pharmacy Services**:

- a) Licensed pharmacists in accordance with the standards will provide pharmacy services and procedures established by the Nebraska Medicaid Program with the exception that no co-payment will be required. All pharmaceutical services are provided by the contract pharmacy.
- b) Only prescription medications and over the counter medications are authorized as a reimbursable expense when pharmacy services are approved. All medical supplies and durable medical equipment must be pre-approved.
- c) All prescription medications will be issued as prescribed by the physician.
- d) Replacement of lost or stolen drug products will be considered, but the pharmacy provider must provide this information on the usual and customary form. Replacement must be authorized by the Director.
- e) The dispensing fee will be the same as that allowed by the State Medicaid System. However, pharmacists shall not, under any circumstances, make a charge to the Sarpy County General Assistance Program, which exceeds the pharmacy's usual and customary charges.
- f) Medications and Pharmacy services provided by Contracted Pharmacies and the General Assistance Program will be limited to those services provided for and covered by the Medicaid program.
- g) When appropriate, applicant/recipients shall be required to apply for the Prescription Assistance Program.

h) If the client is deemed eligible under the Sarpy County Medical Assistance Program guidelines, all prescribed medications verified by the client's physician will be authorized by the except as follows: brand name medications, and only prescribed narcotics for the management of pain associated with immediate post-surgical discomfort, trauma and/or terminal illness.

77-322 **Medical Need:** A verified medical need created by a life trauma situation or by a lack of medication or medical treatment whose absence would lead to a medical condition requiring hospitalization, institutionalization, or residence in a long-term care facility. The medical or psychological need does not include physical, psychological, or psychiatric outpatient therapy.

77-323 **Payment Procedure:** All inpatient hospital claims are paid based on the Medicaid per diem and/or percentage, provided applicant/recipient are eligible for Medical Assistance.

77-324 **Requests for Medical Assistance:** A request for assistance may be made in an interview, letter or telephone and may be presented by the client, his/her guardian conservator, or another person authorized to act for the client. The client must apply within 14 days of the request.

77-325 **Relative Responsibility:** Relative responsibility for Medical Assistance includes:

- a) Spouse for spouse unless there is legal separation,
Or divorce: and
- b) Parent (natural, adoptive, or step) for a child if the child is age 18 or younger, still considered part of the household, and not emancipated.

77-326 **Jail Inmates:** All claims for medical care for inmates of the County jail not otherwise covered by this program will also be paid at the County Medical Rate.

77-329 **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 77-136 through 77-138 of these regulations.

77-403

Services Covered by County Cremation: The following principal services are included within the above fee structure:

- a) Required preparation;
- b) Brief newspaper notice (name, age, and time of service);
- c) Simple container for cremated remains as selected by the mortuary/crematory;
- d) Transportation from the place of death to the mortuary and to the place of cremation if different from mortuary;
- e) Crematory fee.

77-404

Items not Covered by County Cremation: The following items are not included or provided in the assistance fee structure, and may not be purchased by the responsible relatives or any other party as an alternative to paying for the items defined as principal services. Violations of these conditions will forfeit the county's responsibility for participation in the cost of the services provided:

- a) Flowers
- b) Organist
- c) Pallbearer expenses
- d) Clergy fees
- e) Clothing
- f) Transportation for the family
- g) Memorial cards or record book
- h) Long distance telephone charges
- i) Transportation of the deceased outside of Sarpy County
- j) Funeral escort service
- k) Tents

- l) Headstone
- m) Urn
- n) Burial or inurnment of remains;
- o) Services at a mortuary or any other fee based facility.

77-405

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, service)

Simple casket

Transportation from the place of death to the mortuary and from the Mortuary to the cemetery.

Adult*	\$1,698
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Child*	\$458
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Infant*	\$263
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*casket size

- 2) Cemetery (Paid to Mortuary)

Adult*	\$522
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Child*	\$263
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Infant*	\$198
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- 3) Additional items as required:

Oversized casket	\$263
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Disaster bag	\$104
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Outer casket receptacle (vault)	\$372
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Cemetery plot**	\$522
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Sealed Metal Container \$354

Oversized Outer Receptacle (vault) \$522

**If the decedent did not own a burial plot at the time of death, or if a plot is not donated, interment will be arranged by the mortuary at a cemetery that will accept county burial fees as payment in full.

77-406 **Financial Eligibility Requirements:** In order to be eligible for County Cremation, the assets of the decedent's estate and/or the income and resources of responsible relatives cannot exceed allowable cremation expenses as previously defined.

77-407 **Financial Participation:** If the financial eligibility requirements are met, County Cremation may be authorized, but only to the extent that the cost of cremation exceeds the assets of the decedent's estate and/or income and resources of responsible relative.

77-408 **Responsible Relatives:** Includes spouse of the decedent and parents of a minor child. 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 final 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.

77-409 **Other Eligibility Requirements:** In addition to meeting the financial eligibility criteria, any individual requesting County Cremation on behalf of the decedent must agree in writing to the following terms and conditions:

- a) That they will accept the services as previously outlined and understand that the funeral home **will not** provide additional items or services:
- b) That they have not made financial arrangements to provide for services not covered

by the County:

- c) That they will cooperate with the funeral home in securing income and assets of the decedent to be applied to the cost of services.

7-410 **Agency Procedures:** All requests for County Cremation must be in writing and signed by the legally responsible person making the request.

- a) An appointment to complete an application may be scheduled Monday through Friday between 8:00 a.m. and 4:30 p.m., (excluding holidays) by contacting the Sarpy County Human Services Office at 402-593-4414.
- b) If arrangements have been made with the mortuary in excess of the County fee schedule, County assistance will be denied.
- c) Both the applicant and the mortuary will receive notice, which will indicate whether the request is approved or denied.
- d) In cases where there is 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 Director.
- e) If funds from the estate exist which are to be applied to the cost of the County Cremation, and the financial institution holding such funds requires a certified copy of the death certificate, an additional cost may be paid to the mortuary.
- f) All the above procedures and requirements are also applicable to County Burials where cremation is not an option due to legal considerations.

77-411 **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 77-136 through 77-138

CHAPTER 5

Administrative Procedures

The following regulations will control the financial obligation of Sarpy County Nebraska to expend funds on behalf of any individual eligible to receive General Assistance, Medical/Medication Assistance and/or Cremation Assistance. The Department Director, with the Sarpy County Board of Commissioners approval may choose to expand the scope of this program by increasing the maximum payments or making certain exceptions to the income standards for unusual circumstances or one-time needs.

General Provisions

- 77-500 **Completed Application**: Sarpy 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.
- a) **Alterations**: The application, when completed and signed by the applicant or
 - 1) His/her representative constitutes his/her own statements about eligibility.
 - 2) If the Director or designee ads information received from an applicant to a properly signed application, will date and initial the change.
 - b) **Signing a Blank Application**: The applicant must not be asked to sign a blank application. In signing the application, the applicant states that the information contained in it is correct to the best of his/her knowledge and belief.
 - c) **Place of Application**: An individual makes application for Medical Assistance in the office of County residency. Applications may be completed in the office, the applicant's home, or another place that is convenient for the applicant.
 - d) **Third Party Completion of an Application**: In certain circumstances, it may be necessary for a third party to complete a Department application. In some circumstances it is with the understanding, the application will be completed and all information contain in it to be true and accurate. All other provisions of these Guidelines will determine eligibility.
 - e) **Failure to Cooperate**: A pending application will be held for up to 30 days to allow an applicant time to provide all information needed to make an eligibility determination. If the applicant fails to provide this information within 30 days of the application, she/he is ineligible.

77-501 **Notice of Action**: After an application for benefits is completed and eligibility has been determined, a Notice of Action will be sent to the applicant or authorized representative within (30) days from the date the application is completed, as defined in Chapter 1, 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 Action will indicate one of the following findings:

- a) Approval
- b) Denial

77-502 **Availability of Funds**: The obligation of Sarpy County to provide assistance under any program shall be subject to the availability of funds in the fiscal year.

77-503 **Approved Vendors**: Even though an individual is qualified to receive program benefits, Sarpy 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 Sarpy 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

77-504 **Housing Payments**: In all cases, the place of residence must be located within the geographic boundaries of Sarpy 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 goes to Human Services.

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 Human Services of any change in the client's address and/or living arrangements, including people; moving into and out of the dwelling unit, or if the client vacates the property. Sarpy County may seek reimbursement for any rent payments made based on false information provided by the vendor. Since Human Services does not pay utility deposits, clients are encouraged to locate housing with utilities included in the rent payment.

77-505 **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.

77-506 **Other Types of Assistance:** Payment for other General Assistance approved items, such as transportation, clothing and non-food payments will only be made to vendors who comply with the County's policies and requirements. Cremation Assistance shall be issued according to Chapter 4 provisions herein.

Medical/Medication Program Vendors

77-507 **Pharmacy:** For Sarpy County purposes the definition of pharmacy defined as; pharmaceutical services, which is provided by the contracted pharmacy.

Authorized Medical/Medication Services

77-508 **Life Threatening/Life Trauma:** 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 notifies the Human Services within twenty-four (24) hours of

admission or the first working day following a weekend/holiday admission during established office hours they are providing medical care and give the following information:

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

c) After 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.

77-509 **Medically Necessary Services:** Medically necessary services are those which:

a) Meet the medical needs created by:

1. A life trauma situation
2. A lack of medication or medical treatment whose absence will lead to a medical condition requiring hospitalization, institutionalization, or residence in a long term care facility (i.e.: insulin, heart medications, psychotropic medications, etc.

b) Payment is limited to medication required within a 30-day period.

Non-Covered Medical Services

77-510 The following are generally not considered covered services for the Medical Assistance Program:

1. Dental Services:
2. Home health care and related medical supplies, i.e. oxygen, wheel chairs, walkers, hospital beds, etc.:
3. Nursing services provided out of the hospital:
4. Podiatry services:
5. Chiropractic services:
6. Clinic services as defined by Medicare:
7. Speech pathology and audiology:
8. Alcohol/chemical dependency:
9. Long term care services:
10. Routine visual care services:
11. Prosthesis services and devices:
12. Psychiatric treatment:

13. No acute medical outpatient therapy.

Payment Procedures for Medical Care

77- 511 **Submitting Charges:** All medical vendors seeking reimbursement from the Department of Human Services must include the procedure code designations for all 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 (90) days of the date of the last services provided or payment will be denied.

77-512 **Provider Responsibilities:** Each Medical Assistance provider has the responsibility to:

Follow the requirements set forth in this chapter.

a) Submit an initial diagnosis, treatment plan and prognosis to the appropriate Medical Assistance office for patients who appear to be eligible for Medical Assistance.

b) Accept the amount established by Nebraska Medical Assistance Program (NMAP) as the maximum allowable.

All bills submitted in compliance with Section 77-511 herein, shall be paid within a reasonable time, not to exceed forty-five (45) days, unless an application for Medical Assistance 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.

77-513 **Payment for Medically Necessary Services:** Payment will be made only for medically necessary services provided to eligible clients under the standards established in these regulations.

77-514 **Medical Reimbursement Rate:** Reimbursement for authorized services will be made at the established Sarpy County Medical Assistance Program rate in effect at the time services are provided. The amount paid by the Medically Indigent Program for those claims submitted for payment will be considered payment in full and no additional payment will be claimed. If any additional payment is received or will be received from any other source, that amount will be deducted from the amount charged Medical Assistance. Payment received after payment by Medical Assistance will be remitted to the County for credit. A provider will not attempt to recover any amount over this maximum from the client.

- 77-515 **Notice of Non-Coverage:** If all or any portion of the medical expenses billed are denied because such expenses were for non-covered services, a Notice of Action 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.
- 77-516 **Notice of Action: Request for Reconsideration:** If a Notice of Action has been issued following a request for retroactive Medical Assistance payment, 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 Action 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 they may be entitled. A final Notice of Action will be issued upon completion of the review of the request for reconsideration.
- 77-517 **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 77-136 through 77-138