County General Assistance
And
Medical Assistance Program

1-000 – GENERAL BACKGROUND

1-001 – Legal Basis: The County General and Medical Assistance Program was established as a responsibility of the county boards under sections 68-104, 68-114, 68-115, 68-126, and 68-131 through 68-148, Reissue Revised Statutes of Nebraska. 1943. It is funded by county revenues. General assistance provided to refugees who have been in this country from 18 through 35 months is funded by federal revenues.

1-002 – Purpose: The purpose of County General and Medical Assistance (GA/CM) is to provide the necessities of life to persons who meet the eligibility guidelines and to furnish medical services that may be required for the poor of each county. County Medical Assistance is also referred to as County Medical (CM). The program has the following guidelines:

1) GA provides a means to meet the needs of a household when these needs would not otherwise be met.
2) The need must not have arisen because the applicant or any other adult household member quit or refused employment (see 2-006.01).
3) GA is the program of last resort. Eligibility for all other appropriate private and public assistance programs must be explored before GA funds are used.
4) GA is designed to meet basic needs when the applicant:
   a) Is unable to meet these needs; and
   b) Is unable to alleviate the need by setting up a payment plan.
5) CM is the program of last resort. Any other resource potentially available to meet the applicant's medical needs must be exhausted before CM funds are used. An individual who is eligible for a categorical program which provides medical services is ineligible for CM.
6) CM must not be used when a payment plan can be negotiated with the provider.
7) The term of coverage for each individual under GA/CM will be as needed on an application-by-application basis.
8) Elective procedures are not covered.
9) Any service not allowed by the Nebraska Medical Assistance Program (NMAP), also known as Medicaid, is not allowed by CM.
10) Payment for all health care services, except an allowable drug need, must be prior approved (see 2-009.01). Payment will be approved for treatment already provided only if:
    a) The medical review of the application shows that it was a life trauma situation;
    b) Only medically necessary services (see 2-009.01A1) were given;
    c) All eligibility criteria were met; and
    d) Proper notice (see item 12) was given.
11) Boone County Board has the right to contract with one or more physicians and other medical providers. Eligible applicants may be required to receive necessary treatment from a county-designated provider when:
    a) Services have not been provided; or
    b) Services have already been provided and the life trauma situation ends, or after 48 hours, whichever comes first.

12) A hospital admitting a potentially indigent person for a life trauma situation shall notify the Boone County Board of Commissioners of the admission by the next working day. If this notice is not given in a timely manner, the entire hospitalization or medical claim will be denied, i.e., if the initial notice is not given, assistance will not be granted for any period after an improper notice is given.
13) The county's obligation to pay for hospital and/or physician services is limited to the following periods:
    a) The number of days approved by a county-designated health care professional based on medical documentation; or
    b) The appropriate length of stay, which is determined by comparison with the average length of stay based on Nebraska Hospital Association Care Compare, (www.nhacarecompare.com/Basic_INP.aspx; 402-742-8152).
14) All services must be given by appropriately licensed health care professionals and are subject to later review to ensure that only essential care was provided. Each county reserves the right to contract with individual hospitals for professional standards review.
15) Citizenship and Alienage: Recipients of assistance must qualify as either:
    a) A citizen of the United States; or
    b) A registered alien or refugee lawfully admitted to the United States. Aliens and refugees must substantiate legal entry by means of documentary evidence.
16) An individual who is a drug felon is permanently disqualified from the General Assistance and/or the County Medical program when s/he has:
    a) A drug-related violation and felony conviction involving the sale or distribution of a controlled substance, including the intent to sell or distribute;
    b) Fewer than three drug-related felony violations and convictions for the possession or use of a controlled substance, but has not participated in or completed an approved substance abuse treatment program since the last conviction; or
    c) Three or more drug-related felony violations and convictions for possession and use of a controlled substance.
17) A drug felon with fewer than three drug-related felony violations and convictions for the possession or use of a controlled substance continues to be eligible for County General or Medical Assistance when s/he is participating in or has completed an approved substance abuse treatment program since his/her last conviction. The program must be either nationally accredited or state-licensed to qualify as an approved substance abuse treatment program. The determination of whether or not the drug felon is participating in or has completed the program must be made by the treatment provider administering the program.
18) In no case shall any applicant receive rental, utility or medical assistance for more than 3 (three) months in any calendar year or 3 (three) consecutive months.

1-003 – Administration: The program is administered by the Boone County Board of Commissioners (Board) in accordance with state laws and with the rules, regulations and procedures adopted by the county board.

1-004 – Definitions:

Allowable Drug Need: A medical need created by a lack of medication, which the absence of will lead to a medical condition requiring hospitalization, institutionalization or residence in a long-term care facility.

Continuing Assistance: Assistance which may be provided over a consecutive three-month period of time if it appears that there will be no immediate change in the applicant's circumstances. Examples of continuing assistance applications are the long-term unemployed, applicants for Supplemental Security, and individuals whose income producing potential is unlikely to change in the next 90 days.

Life Trauma Situation: Any medical condition which, in the opinion of a licensed or registered health care professional, requires that the individual receive emergency treatment to prevent possible mortality or increased morbidity.

Medical Need: A verified medical need created by a life trauma situation or by a lack of medication or medical treatment, the absence of which would lead to a medical condition requiring hospitalization, institutionalization or residence in a long-term care facility (see 2-009).

Short-term Assistance: Assistance provided for a short period of time if they are not considered continuing assistance applications such as:

a) The applicant requests only short-term assistance;
b) The applicant indicates that s/he will have another means of support soon;
c) It appears to the Board that the applicant will have another means of support soon; or
d) The need is short-term, i.e., one time in 6 or 12 months.

Vendor Payment: A payment made on behalf of the applicant(s) will be paid directly to the entity, not to the applicant(s).

1-005 – County Responsibilities: Each county has the responsibility to:

1) Ensure that any person who so desires has the opportunity to apply;
2) Determine medical need in accordance with the requirements set forth in these regulations;
3) Ensure that any applicant is given the right to appeal;
4) Notify hospitals and other medical providers of the CM program policies and procedures and provider responsibilities;
5) Maintain confidentiality of applicant records as required by law;
6) Provide funds for the services and assistance provided for under these regulations and to seek reimbursement from the county of legal settlement for assistance issued if the recipient has legal settlement in another county; and
7) Seek reimbursement from the applicant for assistance received through fraud or willful misrepresentation of the applicant if such reimbursement is determined to be appropriate and necessary.

1-005.01 – Eligibility Board Responsibilities: The Board shall:

1) Explore all potential sources of medical help and refer to one or more of these sources if appropriate;
2) Give an explanation of the program requirements;
3) Collect and review the information entered on the application form;
4) Explain the eligibility and payment factors and how changes will affect eligibility and payment;
5) Explain the eligibility and payment factors that require verification;
6) Obtain the applicant's written consent for the needed verification and for the release of information to the provider;
7) Explore income that may be currently or potentially available such as Retirement, Survivors, and Disability Insurance (RSDI); Supplemental Security Insurance (SSI); Veteran's Assistance benefits (VA); worker's compensation; unemployment compensation; Aid to Dependent Children (ADC); etc.;
8) Inform the applicant about his/her rights and responsibilities;
9) Complete necessary reports and information forms;
10) Treat the applicant's information confidentially;
11) Serve each applicant under program regulations without regard to race, sex. religious creed, national origin, physical handicap, color, or political beliefs;
12) Process those papers necessary to cause payment to be executed;

13) Work with the applicant to outline actions that the applicant must take in an attempt to alleviate the current crisis and prevent a recurrence of the crisis, if determined appropriate by the Board (see 2-010);
14) Determine each applicant's eligibility in accordance with the requirements set forth in these regulations; and
15) Explain the appeal process.

1-006 – Applicant Responsibilities: The applicant has the responsibility to:

1) Provide complete and accurate information. State law provides penalties, including a fine, imprisonment, or both, for persons found guilty of obtaining assistance or services for which they are not eligible by making false statements or failing to report promptly any changes in their circumstances;
2) Report a change in circumstances no later than five days following the change. This includes information regarding:
    a) Monthly income and expenses;
    b) Resources or other financial matters;
    c) Employment status;
    d) The composition of the household;
    e) Living arrangements;
    f) Address; or
    g) Incapacity or disability status.
3) Cooperate with the Board in exploring all other sources of available aid;
4) Apply for and accept any available aid to meet their needs;
5) Sign any release of information forms which will help establish eligibility; and
6) Cooperate with the Board, when determined appropriate by the Board, in outlining and following through with actions that s/he must take in an attempt to alleviate the current crisis and prevent a reoccurrence of the crisis (see 2-010).

1-007 – Applicant Rights: The applicant has the right to:

1) Apply. Anyone who wishes to request and/or apply for GA/CM must be given the opportunity to do so. No one may be denied the right to apply for CM;
2) Reasonably prompt action on his/her application for GA/CM ;
3) Adequate notice of any action affecting his/her GA/CM application;
4) Appeal any action or inaction by the county board with regard to an application, the amount of the assistance payment, or failure to act with reasonable promptness;
5) Have his/her private information treated confidentially;
6) Have his/her civil rights upheld. No person may be subjected to discrimination on the grounds of his/her race, color, national origin, sex, age, handicap, religion or political belief;
7) Have the program requirements and benefits fully explained;
8) Be represented and/or assisted in the application process by the person of his/her choice; and
9) Referrals to other social or private agencies.

1-008 – Application Processing

1-008.01 – Request: A request for assistance may be made in an interview with the Board of Commissioners as an agenda item at a regular Board meeting.

1-008.02 – Application: Application will be made on a written form prescribed by the county and signed by the recipient.

If the individual is incapable of completing an application, a responsible person may complete an application on behalf of the applicant.

The Board must make a determination within 48 hours of receipt of the application whether the application is to be continuing assistance or short-term assistance.

1.008.02A – Emergency General Assistance: Emergency assistance may be provided through the local Ministerial Group upon referral from the local law enforcement.

1-008.02B – Alterations: The application, when completed and signed by the applicant or his/her representative, constitutes his/her own statement in regard to eligibility. If the Board ads information received from an applicant to a properly signed application, the Board shall date the information and:

1) Request that the applicant initial the change, if the applicant is present; or
2) Identify the source of the information, if the applicant is not present.

1-008.02C – 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.

1-008.02D – Prompt Action on Applications: The Board shall act with reasonable promptness on all applications. Services must be furnished to all eligible individuals within seven days of the submission of an application if the need is for short-term assistance and within 30 days after the submission of an application if the need is for continuing assistance. If circumstances beyond the control of the Board prevent action within the allotted time frame, the Board shall record the reason(s) for the delay in the applicant's record. The Board shall send a notice of finding (see 1-008.04), informing the applicant of the reason for the delay. This time period must not be used as a routine waiting period before granting assistance or as a basis for the denial of assistance.

1-008.02E – Place of Application: An individual makes application for assistance with the Boone County Board of Commissioners.

The applicant must have resided one year continuously within the State of Nebraska and a resident of the County of Boone, Nebraska for six consecutive months.

1-008.02F – Failure to Cooperate: An application may be held pending 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, s/he is ineligible. However, the failure or delay of outside parties to act upon the Board's request for information/verification must not be used to disqualify an applicant.

1-008.02G – Procedures for Denying an Application: If an applicant is determined ineligible, the Board shall send a notice of finding to the applicant, giving the reason(s) for denial and listing supporting manual references. The Board keeps one copy for the applicants file.

1-008.02H – Authorization for Investigation: For some sources of information, the Board asks the applicant to sign an authorization for Release of Information form.

1-008.02I – Eligibility Investigation: All applications are investigated in accordance with the eligibility requirements in 2-000. The applicant is the primary source of information. All information is documented in the applicant's record.

1-008.03 – 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 applicant's residence.

1-008.03A – Determination of Legal Settlement: Length of residence in a particular county does not affect eligibility for assistance, but does determine which county is ultimately financially responsible (see 1-005).

An individual acquires a county of legal settlement for assistance by:

1) Residing in one particular county for a period of 12 months continuously; or
2) Residing in the state for 12 months continuously and one particular county for 6 months continuously within the 12-month period.

The applicant applies in the county in which s/he resides.

An applicant who moves to Nebraska from another state begins obtaining legal settlement in the month that s/he moves to Nebraska, even if s/he is receiving assistance from the other state.

1-008.03A1 – Students and Military Personnel: Students and military personnel are presumed to gain legal settlement in the county where they are attending school or are stationed unless they intend to return to the original county where they maintain a home. Some evidence of where the applicant intends to maintain his/her home includes his/her voter registration, motor vehicle license, or home ownership.

> 1-008.03A1a – Students Defined: 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.
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> 1-008.03A1b – Full-time Defined: The term "full-time" shall mean 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 and intends to register for full attendance at the next regular term of the school.

1-008.03A2 – Legal Settlement of a Minor Child: A minor who is not emancipated or settled in his/her own right has the legal settlement of the parent with whom the child currently resides. If the child is not living with his/her parent, s/he has the legal settlement of the parent with whom s/he last resided.

The child of an illegal alien takes the legal settlement of the parent even though the parent is not eligible for assistance.

1-008.03A3 – Department Wards: Wards of the Nebraska Department of Health and Human Services do not gain legal settlement while they are wards. After a Department ward is no longer a ward, his/her county of legal settlement is determined by the legal settlement status before judicial determination.

1-008.03A4 – Applicant with a Guardian or Conservator: When an applicant has a court-appointed guardian or conservator, the applicant's county of legal settlement is determined by where the applicant resides. Where the guardian or conservator resides is not a consideration.

1-008.03A5 – Temporary Absences: Temporary absences from the county (absences of less than 12 months) with the intent to return do not interrupt the continuity of legal settlement. Temporary absences are not deducted when computing length of legal settlement in a new county.

1-008.03A6 – Inability to Acquire Legal Settlement: An applicant does not acquire legal settlement during those months that s/he:

1) Lives in housing that is totally or partially subsidized through private charity or public expense (including subsidized public or private housing). (Exception: Individuals who are purchasing homes through a low income loan program such as FHA, USDA, or HUD program do acquire legal settlement);

2) Lives in any non-profit facility (private or public) such as a nursing home, institution, or other licensed alternate care facility;
3) Receives public assistance while living in any institution, nursing home or alternate care facility;
4) Receives relief from private charity or the poor fund of any county; or
5) Is an inmate of a penal institution.

1-008.03A7 – Loss of Legal Settlement in Nebraska: Legal settlement in Nebraska is lost by:
1) Acquiring a new one in another state; or
2) Voluntary and uninterrupted absence from the state for one year with the intent to abandon residence in Nebraska.

1-008.03B – Refugees: Refugees may be eligible for support through the Nebraska Department of Health and Human Services, Division of Public Health, Refugee Resettlement Program. This State office is to be contacted for further guidance for referring these individuals to the appropriate agency for assistance.

1-008.04 – Notice of Finding: The Board shall send adequate notice to the applicant of any action affecting his/her GA/CM application.

1-008.04A – Types of Notices

1-008.04A1 – Adequate Notice: An adequate notice must include a statement of what action(s) the Board intends to take, the reason(s) for the intended action(s), and the specific manual reference(s) that supports, or the change in state law that requires, the action(s). The Board shall send an adequate notice to arrive no later than the date of action.

1-008.04A2 – Timely Notice: A timely notice must be mailed at least five calendar days before the date that action would become effective.

1-008.05 – Adequate and Timely Notice: In applications of intended adverse action (action to discontinue, terminate or reduce assistance), the Board shall give the applicant adequate and timely notice.

1-008.06 – Situations Requiring Adequate Notice Only: In the situations outlined below, the Board may dispense with timely notice but shall send adequate notice no later than the effective date of action.
1) The office has factual information confirming the death of an applicant;
2) The office receives a written and signed statement from the applicant;
   a) Stating that assistance is no longer required; or
   b) Giving information which requires termination or reduction of assistance, and indicating, in writing, that the applicant understands the consequence of supplying the information.
3) The applicant has been admitted or committed to an institution and no longer qualifies for assistance.
4) The applicant's whereabouts are unknown and office mail directed to the applicant has been returned by the post office indicating no known forwarding address.

1-008.06A – Eligibility Determination: Once the applicant's eligibility has been determined, the Board shall prepare a notice of finding. In addition to other information required in the notice, it must contain the dates of eligibility. The original is sent to the applicant. The Board keeps one copy for the applicant's file.

1-008.06B – Notice for One-Time Assistance: When assistance is authorized for one time only, the Board will notify the applicant at the same time of the approval with a letter stating the one-time assistance benefit(s). No further assistance will be considered for a period of two years.

1-008.06C – Waiver of Notice: If an applicant agrees to waive his/her right to a timely notice in situations requiring timely notice, the Board shall obtain a statement signed by the applicant to be filed in the applicant's record.

The notice requirement may be waived if the applicant is provided with limited assistance by another designated agency after normal office hours.

1-009 – Re-determination of Eligibility for Applications of Continuing Assistance: The Board shall re-determine eligibility according to the schedules in the following subsections. Whenever there is a reported or suspected ineligibility of an applicant, the Board shall take immediate action.

1-009.01 – Complete Re-determination: The Board shall do a complete re-determination of eligibility for each applicant that were not prior approved as consecutive assistance. At this time the Board shall conduct a face-to-face interview with the recipient. A new application form is required.

1-009.02 – Monthly Desk Review of Eligibility: The Board shall conduct a monthly review of eligibility and need when the Board approves assistance for a consecutive three-month period of time. The Board may require a face-to-face interview, or the review may be completed by telephone, and/or by collateral contact(s). The Board shall review the following eligibility requirements:

1) Income;
2) Resources; and
3) Employment search activities.

Completion of a new application form is not necessary.

1-009.03 – Review of Incapacity: If a household member is exempt from employability requirements because of incapacity, the Board shall review the application when the incapacity is expected to end according to the statement by the physician, psychologist or mental health facility.

1-010 – Appeal Procedures: Every applicant for or recipient of GA/CM has the right to appeal to the county for a hearing on any action or inaction in regard to the GA/CM program. The appeal must be filed in writing within 30 days of the action or inaction.

2-000 – Eligibility Requirements: In order to receive county assistance, the individual shall meet the following eligibility requirements;

1) Face-to-Face interview (2-001)
2) Institutional Status (2-002)
3) Relative Responsibility (2-003)
4) Nebraska Residence (2-004)
5) Potential Benefits (2-005)
6) Employment Requirements (2-006)
7) Resources (2-007)
8) Income (2-008)
9) Medical Need (2-009)
10) Outline for Alleviation (2-010)

2-001 – Face-to-Face Interview: An individual wishing to apply for assistance is required to have a face-to-face interview. At this time the Board shall have the General Assistance Application Form completed.

2-002 – Institutional Status: Institutional status shall presume that immediate needs are being met by the institution. If it appears that the institutional stay is temporary, the application may be pended or the continuing assistance application held open. If the stay is expected to be of long duration, the application should be rejected or the application should be closed.

2-003 – Relative Responsibility: Relative responsibility for GA/CM includes:

1) Spouse for spouse unless there is a bona fide separation , legal separation or divorce;
2) Parent (natural, adoptive, or step) for child if the child is age 18 or younger, still considered part of the household and not emancipated; and
3) Unrelated companions within the household will be considered for eligibility.

Note: The presence of minor children in the family should alert the Board to possible eligibility for Emergency Assistance, Aid to Dependent Children (ADC), or any other program designed to help families with children.

2-003.01 – Emancipated Minor: An emancipated minor is a person below the age of majority who has:

1) Married; or
2) Left parental control, as evidenced by leaving his/her parents' home and is providing for his/her own needs.

2-004 – Nebraska Residence: There are no durational residence requirements for county residence.

2-005 – Potential Benefits: An applicant must apply for potential benefits within 15 days of the date of notification of this requirement, and accept any benefits to which s/he may be entitled. If the applicant refuses, s/he is ineligible.

2-005.01 – Eligibility for Other Programs: An individual who is eligible for any other assistance program which provides the same benefits as county assistance is ineligible for county assistance. If it appears that a GA/CM applicant may be eligible for another assistance program, the Board shall refer the applicant to the place where an application may be taken.

2-005.02 – Eligibility for Insurance Coverage: An individual who is eligible to receive health insurance benefits is ineligible for CM if the insurance is for a service covered by CM. Per Diem payments from insurance to the individual are considered income. See 2-008.02 and 2-008.04.

2-005.03 – Reimbursement Authorization: Any GA/CM applicant who is referred to SSI by the Board or who has a SSI (Supplemental Security Income) application pending shall sign form IM-17, "Reimbursement Authorization Form." If the applicant refuses, s/he is ineligible.

The applicant, in order to be eligible, shall 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.

2-006 – 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.

2-006.01 – Actions or Inactions Defined: Such actions or inactions include, but are not limited to the following:

1) Failure to cooperate with any state or federal agency 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 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.
3) 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 or federal agency.
4) An inmate of a correctional facility is ineligible until 90 days after release from prison.
5) A full-time student is ineligible until 90 days after graduation or quitting school.
6) Examples of inaction/action could be, but are not limited to:
    a) Not having any employment for 90 consecutive days within the past six months unless incapacitated or support was given by a spouse; or
    b) The inability to live with the supporting parent, spouse or unrelated companion, unless an abusive condition existed.

2-006.02 – Job-Seeking Requirements: An applicant shall seek full-time employment unless s/he is:
1) Incapacitated (see 2-006.02A); or
2) Employed at least 30 hours a week but is still in need.

Any applicant, unless incapacitated, who receives assistance must complete 5 verified job searches per week each week in a calendar month to be eligible for further assistance and documented on a form given by the Board. The applicant is required to be currently registered with Nebraska Workforce Development.

2-006.02A – Incapacity Requirements:

2-006.02A1 – Definition: Incapacity is any physical or mental illness, impairment or defect which is so severe that it currently eliminates the applicant's ability to support himself/herself and/or family. If the applicant has filed an application for RSDI or SSI based on disability, or has appealed the decision on the application or is receiving RSDI or SSI based on disability, s/he is considered incapacitated. The maximum period of incapacitation is the lesser of the time of approval of SSI or RSDI application, or 90 days from the date of first applying for SSI or RSDI.

2-006.02A2 – Determination of Incapacity: The determination of incapacity is based on a narrative report or Physician Confidential Report Form completed by a physician, psychologist or mental health agency.

The Board may authorize payment from the County Relief & Assistance function within the General Fund for an office visit and/or a limited exam to obtain a completed Physician Confidential Report Form only if the applicant is unable to provide a statement from a physician, psychologist or mental health agency. Payment for the office visit or examination is made at rates set by the Nebraska Medical Assistance Program.

2-006.02A3 – Incapacity Ended: An individual who was receiving GA/CM based on incapacity but who is no longer considered incapacitated based on a statement from a physician, psychologist or mental health agency is then subject to job-seeking requirements for continued GA/CM benefits. If an applicant is exempted from the employability requirement based on incapacity and at an administrative law judge's appeal SSA/SSI determines that the applicant is not considered disabled, the Board shall consider the incapacity ended. At this point all employability requirements must be met.

2-007 – Resources: The equity value of all available resources is considered in determining eligibility for GA/CM (see 2-007.03 for liquidation).

Equity value is the amount the resources are worth at current market values minus any encumbrances and any fees required to liquidate the resources.

Resources include items such as cash on hand, bank accounts, certificates of deposit, savings bonds, stocks, bonds, mutual fund shares, promissory notes, mortgages held by the applicant, cash value of insurance policies, real property, personal and other property and motor vehicles.

2-007.01 – Resources Considered: All available resources of the applicant and the responsible relative(s) (see 2-003) will be counted in determining eligibility for CM.

2-007.01A – Available Resources Defined: Available resources include every type of property or interest in property that the family owns and may convert to cash, with the exception of:

1) In GA and CM applications up to $5,000 equity in the home is exempt; equity in excess of $5,000 will require the applicant/recipient to make reasonable efforts to explore the available liquidity of the real estate. Such exploration shall include contacts with real estate agents and financial institutions to determine if the property can be sold or mortgaged to meet the applicant's needs. (See also 2-007.03 for liquidation and 1-002, item 6, regarding payment plan);
2) Goods of moderate value used in the home;
3) Equity of up to $1,500 in one motor vehicle; and
4) Irrevocable burial trusts up to $3,000 and any interest or dividends which are irrevocable as allowed by state law.

The Board shall determine that resources are currently accessible to the family before including the resources in the limit.

2-007.01A1 – Jointly Owned Resources: As a general rule, the words and/or or or appearing on a title or other legal contract denotes joint tenancy. This means that either owner(s) could sign and turn the resource to cash without the other; therefore, the total resource is considered available to either owner(s).

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

2-007.01A2 – Real Property and Motor Vehicles: For cars and real estate, regardless of the terms of ownership, only the proportionate share is counted as a resource.

2-007.01A2a – Real Estate: The Board shall verify ownership of real estate through records in the offices of the register of deeds or county clerk. The Board shall verify the terms on which property is held in applications of joint ownership. Records of the county court have information in regard to estates which have not been settled or which are in probate. The Board shall consult the records of the county court if the property has come to the holder as a part of an estate; if by joint purchase, the facts will appear in the record of the deed.

2.007.01A2b – Motor Vehicles: The Board shall verify ownership of a motor vehicle. The title, not the registration, of a motor vehicle legally determines ownership.

2-007.01A3 – Bank Accounts: The Board shall verify the terms of the account with the bank. If any of the people on the account are able to withdraw the total amount, the full amount of the account is considered the applicant's. If all signatures are required to withdraw the money, the proportionate share must be counted toward the applicant.

2-007.01B – Liquid Resources: Liquid resources are any property owned by the applicant which can be converted to cash, excluding the applicant's clothing and personal items of little value.

2-007.02 – Value and Equity: Equity is the actual value of an item (the price at which it could be sold) less the total of encumbrances against it (mortgages, mechanic's liens, other liens and taxes, and estimated selling expenses).

If the encumbrances against the property exceed or equal the price for which the property could be sold, the property is not an available resource.

2-007.02A – Determination of Value: The Board may use public tax records to determine the sales value of a resource. If there is a question as to the accuracy of the sale value determined by tax records, the applicant shall contact a real estate agent, car dealer or other appropriate individual and provide verification to the Board. If the applicant is unable to secure the necessary information, the Board shall assist.

2-007.02A1 – Motor Vehicles: 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 Board shall use the trade-in value listed in the most current Midwest edition of the *National Auto Dealers Association (NADA) Used Car Guide* and/or *Kelley Blue Book (KBB).* If the vehicle is not listed in the *NADA Used Car Guide* or *KBB,* or if the *NADA Guide* or *KBB* is inappropriate or not a true valuation of the vehicle, the Board may:

1) Use the applicant's most recent vehicle tax statement; or
2) Have the applicant obtain the vehicle's value from used car dealers.

2.007.02A2 – Real Estate: To determine the current market value of the applicant's real estate, the Board shall use one of the following sources:

1) The county assessor's office; or
2) The applicant's most recent property tax statement.

If there is a question as to the accuracy of the market value determined by tax records, the Board or applicant shall contact a real estate agent or other appropriate person.

2-007.02A3 – Business Equipment: The Board shall use the applicant's declaration of the value of all business equipment unless s/he has reason to believe this value is incorrect. Business equipment includes all business property, fixtures and machinery, including farm machinery.

2-007.02A4 – Livestock, Poultry and Crops: The Board shall use the applicant's declaration of the value of these unless s/he has reason to believe this value is incorrect. Alternate sources for valuation include auctioneers, county assessor, etc.

2-007.02A5 – Burial Lots: The Board shall accept the applicant's declaration regarding the value of available burial lots unless s/he has reason to believe this value is incorrect. The cemetery in which the lot is located can also provide information.

2-007.03 – Liquidation of Resources: If the household has non-liquid resources available which are not immediately accessible to meet an emergency need, GA/CM benefit(s) may be provided for a period not to exceed 30 days pending liquidation of the resource.

If an individual has liquid or non-liquid resources which are not legally available, legal action must be initiated within 30 days to determine if the resources are available.

If the household re-applies within 90 days and has not initiated legal action to liquidate the resources, the household is not eligible.

2-007.04 – Depriving Self of Resources: An applicant/applicant who deprives himself/herself of resources to qualify for GA/CM thereby becomes ineligible. Ineligibility continues for the time the value of the resource disposed of might reasonably be expected to meet the medical and maintenance needs of the individual(s).

2-007.05 – Verification and Documentation of Resources: The Board shall verify all countable resources unless verification cannot be completed in time to meet an emergency need. If the need is immediate, the Board shall presume that the applicant's resource declarations are correct and authorize GA/CM if all eligibility requirements are met. Non-exempt resources must be verified before GA/CM is provided again.

All verification must be documented in the application record, and in applications where verification is delayed, the reason(s) for the delay must be documented in the application record.

2-008 – Income Eligibility for GA: To be eligible for GA benefits, the applicant's income must be equal to or less than the most recently posted income based Federal Poverty Level Guidelines except for one-time emergency payments (See 5-000).

In order to determine the amount of general assistance that may be authorized, the Board shall:

1) Determine the total amount of income and resources available. Based on the household size, if this income amount equals or exceeds the most recently posted Federal Poverty Level Guidelines, the applicant is ineligible.
2) If the income amount is below the most recently posted Federal Poverty Level Guidelines. The Board shall then determine the basic needs of the household by adding together the actual housing and/or utilities costs, not to exceed the maximum set forth in section 3-001.01A.
3) The applicant will be referred to the local food pantry for food and non-food items and will be made aware of the local monthly mobile food distribution for assistance.

2-008.01 – Income Considered: The available countable income of the applicant and responsible relative(s) must be considered in determining eligibility. The available countable portion of wages is the gross wage less mandatory deductions (such as FICA and State/Federal Income Taxes) and group health insurance premiums.

2-008.01A – Disregarded Income: The following items must not be counted in determining eligibility:

1) Energy assistance payments;
2) The value of a family's Supplemental Nutrition Assistance Program (SNAP) allotment;
3) The value of any Title XX services a family is receiving; and
4) In-kind income.

2-008.01A1 – Deductions for Self-Employed: The Board shall examine a self-employed applicant's profit and loss statement and/or income tax records to ensure that only allowable operating expenses are deducted from the gross self-employment income. Allowable operating expenses are those related to producing the goods or services and without which the goods or service could not be produced. Allowable operating expenses do not include:

1) Depreciation;
2) Personal business expenses such as subscriptions, dues to professional organizations and unions, training courses, etc.;
3) Personal transportations;
4) Purchase of capital equipment, land or buildings;
5) Payments on the principal of loans; and
6) Business-related entertainment expenses.

2-008.02 – Countable Income: All countable income is considered in determining eligibility. The following types of income are listed as an aid to the Board; even if a type of income is not listed, it must be counted unless found at 2-008.01A.

Examples of countable income: Wages: self-employment income (see 2-008.01A1); welfare assistance payments; Supplemental Security Income (SSI); Retirement, Survivors, and Disability Income (RSDI), also known as Society Security); Veteran's Assistance benefits (VA); unemployment compensation; worker's compensation; railroad retirement; armed services dependents; allotments; union benefits; child support; alimony; retirement pensions; insurance settlements (including health insurance per diem payments to individuals), see also 2-008.04.

2-008.03 – Income in Month Received: Any item defined as countable income is considered income in the month it is received. Any amount remaining after the month of receipt must be considered a resource.

2-008.04 – Treatment of Contributions: Contributions made to the applicant's family must be counted as income unless these contributions are used to pay costs related to the verified medical need. Any portion of a contribution used to pay allowable CM charges must be deducted by the provider from billed charges.

2-008.05 – Projecting Income: In determining eligibility the Board shall use an average of income received during the most recent three-month period to project the applicant's income for the coming month. When there has been a significant change in income within the past three months or when the applicant anticipates a significant change in the next two months, the Board shall use a period beginning with the month the change occurred. The following are examples of significant changes in income:

1) A job change, which affects amount of income;
2) New employment;
3) Termination of employment;
4) Promotion;
5) Demotion;
6) A change in the number of hours worked that will continue;
7) Change in wages that will continue; and
8) Any change in unearned income that will continue.

When a significant change is anticipated, the Board shall estimate income on the information available.

2-008.06 – Potential Income: An applicant shall apply for any potential income to which s/he may be entitled within 15 days of the notification of the requirement. If the applicant fails to make the appropriate application(s) for potential income, s/he is ineligible (see 2-005).

2-008.07 – Verification and Documentation of Income: The Board shall verify all countable income. Appropriate verification includes pay stubs, tax statements, and profit and loss statements from self-employed persons. If verification cannot be completed in time to meet an emergency need, the Board shall presume that the applicant's income declarations are correct and authorize GA/CM if all eligibility requirements are met. Non-exempt income must be verified before GA/CM is provided again.

All verification must be documented in the application record, and in applications where verification is delayed, the reason(s) for the delay must be documented in the application record.

2-008.08 – Recovery of Money Wrongly Expended Due to Delayed Verification: The county board has the right to take legal action against an applicant to recover the cost of services provided when:

1) Verification was delayed (see 2-007.05); and
2) Subsequent verification proves that applicant ineligible.

2-009 – Medical Need: To be eligible for medical assistance, the applicant must have a verified medical need created by a life trauma situation or by a lack of medication, the absence of which will lead to a medical condition requiring hospitalization, institutionalization, or residence in a long-term care facility.

2-009.01 – Medical Eligibility: The determination of medical eligibility for CM benefits must be based on medical documentation supplied by the provider's request for prior authorization and must include the diagnosis, treatment plan and prognosis. The request for prior authorization is sent to the office which administers CM for that applicant.

If the county board has selected or retained a county-designated health care professional, the Board shall send the request for prior authorization to the county-designated health care professional. The health care professional shall determine medical eligibility and annotate the request for prior authorization either "approved" or "denied," then return the request to the Board. If the applicant is medically ineligible, the Board shall deny the application.

Note: Prior authorization is not required for an allowable drug need.

2-009.01A – Payment for Medically Necessary Services: Payment will be made only for medically necessary services provided to eligible applicants under the standards established in these regulations.

2-009.01A1 – Medically Necessary Services: Medically necessary services are those which:

1) Meet Medicaid standards as described in Title 471 of the Nebraska Administrative Code;
2) Meet the medical needs created by:
    a) A life trauma situation; or
    b) A lack of medication or medical treatment, the absence of which will lead to a medical condition requiring hospitalization, institutionalization, or residence in a long-term care facility (e.g. insulin, heart medications, psychotropic medications, etc.).
3) Payment is limited to medication required within a 30-day period unless eligibility has been determined.
4) The following are generally not considered medically necessary for CM unless recommended and justified by the county-designated physician or health care professional:
    a) Dental services;
    b) Home health care;
    c) Nursing services provided out of the hospital;
    d) Podiatry services;
    e) Chiropractic services;
    f) Clinic services as defined by Medicare;
    g) Speech pathology and audiology;
    h) Alcohol/chemical dependency;
    i) Long-term care services; and
    j) Routine visual care services.

2-009.01A2 – Non-Emergency Treatment Associated with Life Trauma Situation: CM will pay for care which is not considered emergency treatment if the care is appropriately associated with recovery from a life trauma situation in the opinion of the county-designated health care professional. Payment for such care will not exceed 15 days.

2-009.01A3 – Modified Treatment Applications: In applications which are pending because the medical eligibility review suggests that a treatment plan be modified, the county-designated health care professional shall contact the provider within three working days to discuss possible modification. If the provider agrees to the recommended change, s/he shall submit an appropriately amended request for prior authorization to the local

office for normal processing. If the provider refuses to make the recommended change, the county-designated health care professional shall notify the CM Board to reject the application. The Board shall notify the applicant of the services and payment amounts that are allowable.

2-010 – Outline for Alleviation: If appropriate for the situation, the applicant shall cooperate with the Board in outlining the applicant's actions that are necessary to try to alleviate the current crisis and prevent a reoccurrence of the crisis. The outline would include requirements such as:

1) Following up on referrals to other agencies or departments;
2) Conducting an employment search;
3) Participating in budget counseling; or
4) Looking for less expensive housing.

The Board shall ensure the outline contains reasonable requirements of the applicant. Applicant failure to follow through without good cause shall result in the ineligibility for 30 days.

3-000 – Benefits: GA/CM consists of vendor payments made directly to a provider for part or all of the benefits covered by the program. The GA/CM Program may provide one or more of the items listed in 3-001 through 3-005, if needed.

3-001 – Shelter Costs:

3-001.01A – Rent: The Board may authorize GA payment for rent if needed. The Board shall negotiate with the landlord to pay the lowest possible rent amount. The Board may authorize up to a monthly maximum for shelter of $500.00.

This maximum includes rent and utilities. The amount of payment may be applied to both or either. The maximum payment for GA households who share living arrangements shall not exceed the maximum rate. Payment cannot be made to relation unless it can be verified this is needed through documented sources. Payments will not be used for deposits.

3-001.01B – Utilities: Utilities are included in the basic shelter allotment. Payment may be made for basic utilities as needed. Before authorizing payment, the Board shall investigate with the applicant his/her eligibility for the Low Income Energy Assistance Program (see Nebraska Administrative Code Title 476). The applicant will be made aware that the County Government is tax exempt and that the County General Assistance will not cover taxes or late fees. GA must not be used to pay utility deposits. Payment for the following items may be authorized by the Board up to a maximum of $500.00:

1) Electricity;
2) Fuel for heating;
3) Water; and
4) Garbage removal.

3-001.01B1 – Billed under another Name: The Board may authorize payment for utilities billed under a name other than the applicant's if the Board can establish that:

1) The applicant's household is the sole beneficiary; and
2) The utilities are not included in the rent payment.

3-001.01C – Emergency Shelter: Emergency assistance may be provided through the local Ministerial Group upon referral from the local law enforcement.

3-002 – Transportation: GA may provide fuel to allow the applicant to:

1) Receive necessary medical care;
2) Seek employment; or
3) To acquire necessary food and non-food items.

3-002.01 – For Transients: Emergency assistance may be provided through the local Ministerial Group upon referral from the local law enforcement.

3-003 – Clothing: The Board may authorize a clothing purchase only if the clothing is essential for health and safety.

3-004 – Burials: See the current Boone County Resolution regarding funerals/burials.

3-005 – Medical: Refer to 2-009 through 2-009.01A3.

3-005.01 – Jail Inmates: All claims for medical care for inmates of the county jail are processed through the County Sheriff's office.

4-000 – Income Eligibility for CM: To be eligible for CM, the applicant's income must be equal to or less than the most recently posted income based Federal Poverty Health Care Level Guidelines.

In order to determine the amount of county medical assistance that may be authorized, the Board shall:

1) Determine the total amount of income and resources available. Based on the household size, if this income amount equals or exceeds the most recently posted Federal Poverty Health Care Level Guidelines, the applicant is ineligible.
2) If the income amount is below the most recently posted Federal Poverty Health Care Level Guidelines. The Board shall then determine eligibility and assistance amount by referring to 2-2009 through 2-009.01.A3 and the Nebraska State Statutes for Department of Health and Human Services.

5-000 – Exceptions: The county board 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. Such circumstances might also include utility or rental deposits in situations of eviction or utility disconnects.

Example: If in the opinion of the Board, "minimum health and decency" cannot be maintained, the Board is allowed to make exceptions to the guidelines on an emergency or one-time basis. The Board may use this section only once in any calendar year for the same household.