CHAPTER 6-000 COOLING ASSISTANCE

6-001 Funding: The payment level for cooling is determined depending upon availability of federal funds at the conclusion of the heating season.

6-002 Application for Cooling Assistance: New applicants ~~shall~~ must complete and sign Form IM-29, "Nebraska Low Income Energy Assistance Program Application." Clients who have previously received payment for energy assistance in the current year ~~shall~~ must complete and sign Form IM-29B, "Cooling Assistance Request."

6-003 Conditions of Eligibility: Elderly persons (age 70 and older) and persons for whom the Department has purchased an air conditioner in the last four years are eligible for cooling assistance without a medical statement. All other clients must have a medical statement verifying that they have a severe illness or condition which is aggravated by extreme heat.

6-003.01 Medical Statement: The worker ~~shall~~ must obtain Form DM-5 and Form IM-55 from a physician to verify that there is a risk to human life or health due to a severe illness or medical condition which can be ameliorated by cooling facilities. These illnesses or conditions include~~–~~:

1. Heat exhaustion or heat stroke suffered in the past;
2. Diabetes being treated with daily insulin or oral hypoglycemic medication;
3. Cerebral vascular accident in past (stroke victim) or at risk with cerebral vascular disease;
4. Seizures~~–~~:
   a. Known to be aggravated by heat; and
   b. Now being treated with daily medication;
5. Cancer. This must be a patient who is~~–~~:
   a. Terminally ill; or
   b. Severely ill, receiving chemotherapy and/or radiation therapy;
6. Chronic cardiovascular disease with~~–~~:
   a. CHF (congestive heart failure)
   b. Symptomatic ASHD (arteriosclerotic heart disease, coronary disease, etc.); or
   c. Moderate to severe hypertension;
7. Hypertension that~~–~~:
   a. Is poorly controlled, especially with diastolics greater than 90 on medication;
   b. Has resulted in previous end organ damage to heart, brain, kidneys, or eyes (retina); or

c. Is moderately well controlled with medication but in conjunction with medication (e.g., diuretics) poses a significant threat to health with heat exposure;

8. Chronic severe respiratory disease, such as~~–~~:
   a. Severe emphysema;
   b. Severe chronic obstructive pulmonary disease;
   c. Severe chronic or frequently recurrent asthma requiring long term daily medication; or
   d. Permanent tracheostomy;
9. Severe handicap. This includes a person who must in large part be cared for by others, e.g.~~–~~:
   a. Severe burn victim;
   b. Body case/body brace;
   c. Severe cerebral palsy; or
   d. Quadraplegic;
10. Mental illness. This must be a person~~–~~:
    a. Whose illness is severe and may be aggravated by heat; or
    b. Who is on medication which increases his/her medical risks when exposed to high heat, e.g.,~~–~~:
       (1) Lithium;
       (2) Antiparkinson drug;
       (3) Phenothiazines;
       (4) Amitirptylines; or
       (5) Anticholinergics;
11. Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC);
12. Newborns with a monitor; and
13. Sickle Cell Anemia.

If Form IM-55 is returned with any of the conditions checked (with the exception of Part II, Sections N and O), the worker may approve the application for cooling assistance, if the client meets all other eligibility requirements. A new Form IM-55 is not required the following years.

6-004 (Reserved)

~~6-004 Special Authorization: The worker shall forward Form ASD-17 along with all medical information (Form IM-55 and Form DM-5) to the State Review Team if~~

~~1. Form IM-55 is returned with~~
   ~~a. Nothing checked; or~~
   ~~b. Part II, Section N or O checked; or~~
~~2. The worker is unsure how to interpret the medical information received.~~

6-005 Determination of Eligibility: To determine eligibility for new applicants, refer to 476 NAC 3-000, "Eligibility Factors," and 476 NAC 4-000, "Income Treatment."

6-006 Redetermination of Eligibility: If clients have been determined financially eligible for energy assistance in the current year, redetermination of financial eligibility is not necessary unless there has been a significant change in income or resources. (See 476 NAC 4-001.06, "Significant Change.")

6-006.01 SSA/SSI Increases: Workers ~~shall~~ must not consider cost-of-living increases as a change in income when redetermining eligibility for cooling assistance.

6-007 Payment for Cooling: Payment eligibility is established by these factors:

1. Countable income of household;
2. Household size; and
3. Living arrangement.

6-007.01 Method of Payment: Payment is made to the eligible household unless~~–~~:

1. The local office determines that payment to the provider is in the best interest of the household;
2. The household requests that payment be made to the provider; or
3. The client has not established a payment history or has only a brief payment history with the current provider.

There will be a one-time payment.

6-008 Crisis Assistance for Cooling: For crisis assistance available, see 476 NAC 5-006.