

The worker may add information to an application up to the date of approval or completed redetermination.

1-008.02B Prompt Action on Applications: The worker must act with reasonable promptness on all applications for assistance. The worker must make a determination of eligibility of an application within 45 days from the date of the request for a client applying under the blind or aged category and within 60 days from the date of request for a client applying under the disabled category. If circumstances beyond the control of the worker prevent action within the required time, the worker must record the reason for the delay in the case record. The worker must send a Notice of Action informing the applicant of the reason for the delay. The 45 or 60-day time period must not be used as a routine waiting period before approving assistance. Until a determination of eligibility is made, the worker must send a Notice of Action every 45 days from the date of request for a pending application for the blind or aged category and every 60 days for the disabled category.

1-008.02C MA Application with Share of Cost: An application for medical assistance for an individual with a Share of Cost who has a medical need may be approved with no medical payments authorized until the applicant has met his/her obligation.

1-008.02D Application with Excess Resources: An application for assistance for an individual who has excess resources may be held pending until the resources are reduced. For resource spenddown procedures, see 469 NAC 2-009.11.

For eligibility for a grant, see 469 NAC 2-009.08. For medical eligibility, see 469 NAC 4-005.

1-008.02E Application with a Designated Provider: Any individual may apply for medical assistance with a designated provider who has contracted with the Department to accept Medicaid applications at their location.

{Effective 6/28/11}

~~1-008.02D Withdrawals: The applicant may voluntarily withdraw an application. If the applicant verbally withdraws the application, the worker must request a written statement of withdrawal. The worker must make note of the withdrawal in the case record and give written confirmation of withdrawal to the applicant on the Notice of Action.~~

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

CHAPTER 2-000 ELIGIBILITY REQUIREMENTS: To be eligible for AABD/MA or SDP/MA, the individual must meet the following eligibility requirements:

1. Application (see 469 NAC 2-001);
2. U.S. citizenship or alien status (see 469 NAC 2-002 ff.);
3. Nebraska residence (see 469 NAC 2-003 ff.);
4. Social Security number (see 469 NAC 2-004 ff.);
5. Age (see 469 NAC 2-005 ff.);
6. Relative responsibility (see 469 NAC 2-006);
7. Blindness or disability (see 469 NAC 2-007 ff.);
8. Institutionalization (see 469 NAC 2-008 ff.);
9. Resources (see 469 NAC 2-009 ff.);
10. Income (see 469 NAC 2-010 ff.);
11. Cooperation in obtaining third party medical payments (see 469 NAC 2-011); and
12. Receipt of other assistance (see 469 NAC 2-012).

{Effective 6/28/11}

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

The agency will conduct a face-to-face interview if requested by the client, or determined necessary by the agency using the prudent person principle (see 469 NAC 1-010). The agency will conduct a face-to-face interview if requested by the client. If a client, for good reason, is unable to conduct a face-to-face interview in the DHHS office, then the worker and the client must identify a mutually acceptable time and place, such as a hospital, senior or community center, or the client's home.

{Effective }

2-002 Citizenship and Alien Status: In order to be eligible for AABD/MA or SDP/MA, an individual's status must be documented as one of the following using acceptable documents, as defined by federal regulations and listed in 469-000-301.

1. A citizen of the United States;
Note: A child born in the United States is a U.S. citizen. A newborn who was determined to be eligible for Medicaid in the month of birth meets citizenship and identity requirements without further verification; this includes newborns whose birth expenses were paid through Emergency Medicaid Assistance for Aliens.
2. An alien lawfully admitted for permanent residence (LPR), but only after having resided in the United States for at least five calendar years from their date of entry or who have worked or can be credited with 40 qualifying quarters of work (see 469-000-309). For medical assistance for an emergency medical condition, see 469 NAC 4-001.02A. For sponsored LPR/s, see 469 NAC 2-010.01F2.
3. A refugee admitted to the U.S. under Section 207 of the Immigration and Nationality Act (INA);
4. An asylee under Section 208 of INA;
5. An alien whose deportation is withheld under Section 243(h) of INA;
6. An alien from Cuba or Haiti who was admitted under Section 501(e) of the Refugee Education Assistance Act of 1980;
7. A refugee who entered the U.S. before April 1, 1980, and was granted conditional entry;
- ~~8. An alien who is paroled into the U.S. under Section 212(D)(5) of INA for a period of at least one year;~~
9. 8. An Amerasian immigrant under Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988, as amended; or
- ~~10.~~ 9. An alien who has been battered or subjected to extreme cruelty in the U.S. by a

spouse or a parent or by a member of the spouse or parent's family who is residing in the same household as the alien, but only after having resided in the United States for at least five calendar years from the date of entry or who has worked or can be credited with 40 qualifying quarters of work. The child or children of a battered alien meeting these requirements are also eligible.

Note: Aliens who do not meet the requirements in numbers 2 or 3 above may be eligible for emergency medical services only (see 469 NAC 4-002.02A).

Any individual born in the United States is considered a U.S. citizen. This includes children whose parents are not U.S. citizens, such as undocumented alien parents or parents with student visas.

Receipt of SSI, SSDI, or Medicare is sufficient proof of citizenship or lawfully admitted alien status.

Individuals who declare to be U.S. citizens and meet all other eligibility requirements must be given a reasonable opportunity to present satisfactory documentation of citizenship or nationality. Medical benefits must not be denied, delayed, reduced, or terminated pending receipt of the requested citizenship verification. The Department may authorize one additional ten-day extension for verification if the necessary information has been requested by the client. If the Department has requested verification, such as an out-of-state birth certificate, benefits will not be denied or terminated while awaiting receipt. Once an individual has declared s/he is a U.S. citizen or national and has provided all other information to determine eligibility, benefits must be provided.

If the client is not cooperating in providing documentation, the client must be closed.

{Effective }

2-002.01 Verification of Alien Status: When a client states that one or more of the unit members for whom assistance is being requested is an alien, the worker must require the client to present verification for each alien member. If the client has documentation containing an alien registration number, the worker must verify the alien status using the Systematic Alien Verification for Entitlements (SAVE) system. For further verification procedures, see 469-000-300 and 469-000-313.

2-002.02 Repatriation Program: The Repatriation Program provides temporary assistance, care, and treatment for up to 90 days for U.S. citizens or dependents of U.S. citizens who have returned from foreign countries. To qualify for repatriation assistance the individual must be returned from a foreign country because s/he is destitute or ill (including mentally ill) or because of war, threat of war, or a similar crisis. A request must be made by the State Department to the U.S. Department of Health and Human Services to receive the individual in the United States and to provide the necessary care, treatment, and assistance.

Assistance may be provided for up to 90 days from the date the individual arrives in the United States. This assistance may include reception service, food, shelter, clothing, and transportation. It may also include payment for special services such as medical and psychiatric care. Any assistance that is provided through General Assistance or Emergency Assistance may be reimbursed through federal funds. The individual is required to sign an agreement to repay the U.S. government for the cost of the assistance provided.

Assistance provided through the Repatriation Program is not counted as income in determining initial eligibility for categorical assistance.

The Central Office will contact the appropriate local office with specific instructions if an individual is eligible for assistance through the Repatriation Program.

