TITLE 470
REFUGEE RESETTLEMENT PROGRAM (RRP) AND THE REFUGEE MEDICAL ASSISTANCE PROGRAM (RMAP)

CHAPTER 1-000 GENERAL BACKGROUND

1-001 Legal Basis: The Refugee Act of 1980 (Public Law 96-212), Refugee Assistance Amendments of 1982 (Public Law 97-363), and the Federal Deficit Reduction Act of 2005 (Public Law 109-171) authorize financial and medical assistance to refugees in the United States. The program is funded completely by federal money.

1-002 Purpose: The purpose of the Refugee Resettlement Program (RRP) is to provide assistance to refugees who are not eligible for a categorical program to achieve economic self-sufficiency as quickly as possible and to assist with refugees' financial and medical assistance during their initial resettlement in the United States.

1-003 Administration: RRP is administered by the Nebraska Department of Health and Human Services in accordance with state laws and with rules, regulations, and procedures established by the Director of the Nebraska Department of Health and Human Services.

1-004 Definition of Terms: For use within RRP, the following definitions of terms will apply unless the context in which the term is used denotes otherwise.

A-Number: Alien registration number. An alien registration number is assigned to an alien when s/he enters the United States. The number is shown on the refugee's Form I-94.

Adequate Notice: Notice of case action which includes a statement of what action(s) the worker intends to take, the reason(s) for the intended action(s), and the specific manual reference(s) that supports or the change in federal or state law that requires the action(s), (see also 470 NAC 1-009.04 ~~ff.~~).

Applicant: An individual who applies for assistance.

Application: The action by which the individual indicates in writing the desire to receive assistance.

Application Date: For new and reopened cases, the date a properly signed application for assistance is received.

Approval/Rejection Date: The date that the new or reopened case is determined eligible or rejected by the local office.

Needy Individual: One whose income and other resources for maintenance are found under assistance standards to be insufficient for meeting the basic requirements, and to be within the resource limits allowed an individual (see also 470 NAC 2-007.01 and 2-008.01).

Payment Effective Date: The month, day, and year that the grant payment is to be effective.

Pending Case: A case in which the application has been taken and eligibility is yet undetermined. All pending cases must be entered into the N-FOCUS system within two working days.

Prospective Eligibility for Medical Assistance (MA): The date of eligibility beginning on the first day of the month of the date of request if the client was eligible for MA in that same month.

Prudent Person Principle: The practice of assessing all circumstances regarding case eligibility and using good judgment in requiring further verification or information before determining initial or continuing eligibility (see also 470 NAC 1-008).

Rejected Case: A case in which an application was completed and signed, but the applicant did not meet the categorical, procedural, or financial requirements of the program.

Request Date: The date the client requests assistance. For reopened cases, this is the date of the new request. For program changes, this is the request date for the new program.

Retroactive Eligibility for MA: The date of eligibility beginning no earlier than the first day of the third month before the month of request or the date of entry into the U.S.

Retroactive Payment: Any payment made during the current month but for a prior month.

RRP/MA: A categorical program consisting of financial and medical assistance or medical assistance only.

Standard of Need: The maximum payment according to eligible unit size.

Supplemental Payment: Any payment made for and during the current month after N-FOCUS cutoff.

Timely Notice: A notice of case action dated and mailed at least ten calendar days before the date the action becomes effective (see also 470 NAC 1-009.04 ~~ff.~~).

Unit: Eligible individuals considered in determining the grant and/or medical assistance.

g. Changes in the amount of monthly income, including:
   (1) All changes in unearned income; and
   (2) Changes in the source of employment, in the wage rate and in employment status, i.e., part-time to full-time or full-time to part-time. For reporting purposes, 30 hours per week is considered full-time. The client must report new employment within ten days of receipt of the first paycheck, and a change in wage rate or hours within ten days of the change.

3. Present his/her medical card to providers;
4. Inform the medical provider and worker of any health insurance plan, any individual, or any group that may be liable for his/her medical expenses;
5. Cooperate in obtaining any third party medical payments;
6. Enroll in a health plan and maintain enrollment if:
   a. One is available to the client;
   b. The client is able to enroll on his/her own behalf; and
   c. The Department has determined that enrollment in the plan is cost effective;
7. Pay any unauthorized medical expenses;
8. Pay any required medical copayment (see 470 NAC 4-010~~-ff.~~); and
9. Contact the agency for an interview within 30 days of the date of application, if notified that an interview is required.

{Effective 6/28/11}

1-007 Client Rights: The client has the right to:

1. Apply. A refugee who wishes to request and/or apply for assistance must be given the opportunity to do so. No refugee may be denied the right to apply for RRP/MA;
2. Reasonably prompt action on his/her application for assistance (see 470 NAC 1-009.03D);
3. Adequate notice of any action affecting his/her application or assistance case (see 470 NAC 1-009.04C to determine if timely notice is necessary);
4. Appeal to the Director for a hearing on any action or inaction with regard to an application, the amount of the assistance payment, or failure to act with reasonable promptness. The appeal must be filed in writing within 90 days of the action or inaction;
5. Have his/her 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, disability, religion, or political belief;
7. Have the program requirements and benefits fully explained;
8. Be assisted in the application process by the person of his/her choice;
9. Receive medical assistance without a separate application if s/he is eligible for categorical assistance; and
10. Referral to other agencies.

An application may be signed by an individual for himself/herself or by the applicant's guardian, conservator, or an individual acting under a duly executed power of attorney. If the application is for medical benefits only, the client's relative or another individual acting on the client's behalf may sign the application.

An application for medical benefits only may be taken on behalf of a deceased person. If there is no one to represent the deceased person, a representative of the resettlement agency or the administrator of the estate may sign the application. The eligibility requirements must have been met at the time medical services were rendered.

{Effective }

1-009.03A Notification of Initial Resettlement Agency: When a refugee applies for RRP, the worker notifies the initial resettlement agency (or its local affiliate).

1-009.03B Alterations: The application, when completed and signed by the client or his/her representative, constitutes his/her own statement in regard to his/her eligibility. If the worker adds information received from a client to a properly signed application, the worker must date the information and:

1. Note the information received from the client; or
2. If the information is not received from the client, identify the source of the information.

The worker may add information to an application up to the date of approval or completed redetermination. An application form for a redetermination may be altered up to the date the redetermination has been completed.

{Effective 6/28/11}

1-009.03C Signing a Blank Application: The client must not be asked to sign a blank application. In signing an assistance application, the client states that the information is correct to the best of his/her knowledge and belief.

1-009.03D Prompt Action on Applications: The worker must act with reasonable promptness on all applications for assistance. The worker must make a determination of eligibility on an application within ~~45~~ 30 days from the date of the request. If circumstances beyond the control of the worker prevent action within ~~45~~ 30 days, 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~~30-day time period must not be used as a routine waiting period before approving assistance.

1-009.03D1 Application for a Refugee Who Needs Emergency Services: If a refugee needs emergency services, the worker must determine eligibility within seven days from receipt of the application. A refugee is deemed to need emergency services if the refugee's financial situation is threatening his/her health or well being.

{Effective 8/12/2008}

1-009.03E Application with a Designated Provider: Any individual may apply for medical assistance with a designated provider who has contracted with the Department to process Medicaid applications at their location.

{Effective 6/28/11}

1-009.02D 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.

1-009.03G Authorization for Financial Investigation: For some sources the worker asks the client to sign a release of information when it appears that information given is incorrect, when the client is unable to furnish the necessary information, or for sample quality control verification. A copy of the authorization for release of information from the application may be used if the source will accept it.

1-009.03H Intake History: The worker must include the following information in the case record:

1. The refugee's alien identification number and name, refugee's country of origin, pertinent facts about the refugee family, former work history, place of residence, skills, education, and indication of whether the refugee speaks English;
2. The name of the voluntary resettlement agency, and the name of the sponsor or another individual who is assisting the refugee;
3. Possibility of employment, health condition, needs, and any other facts which may assist in determining the ability of the individual to provide self-support;
4. Date of entry to the United States; and
5. A ~~photocopy~~ scanned copy of Form I-94 or Form I-151.

1-009.04 Notice of Action: The worker must send adequate notice on a Notice of Action to notify the client of any action affecting his/her assistance case. The Notice of Action must be sent to the last-reported address. If the form is inadvertently sent to the wrong address, the worker must send a new form, allowing the client ten days from the date the corrected form is sent (if adequate and timely notice is required).

CHAPTER 2-000 ELIGIBILITY REQUIREMENTS: RRP/MA is a program of categorical assistance, i.e., it provides assistance to a specific category of individuals. The following elements of eligibility must be met:

1. Application (see 470 NAC 2-001);
2. Refugee status (see 470 NAC 2-002 ~~ff.~~);
3. Time limit (see 470 NAC 2-003);
4. Nebraska residence (see 470 NAC 2-004 ~~ff.~~);
5 Social Security number (see 470 NAC 2-005 ~~ff.~~);
6. Ineligibility for other categorical assistance (see 470 NAC 2-006 ~~ff.~~);
7. Resources (see 470 NAC 2-007 ~~ff.~~);
8. Income (see 470 NAC 2-008 ~~ff.~~);
9. Employment or training requirements (see 470 NAC 2-009 ~~ff.~~); and
10. Other related requirements (see 470 NAC 2-010 ~~ff.~~).

{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.

Households must have an interview at initial 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 470 NAC 1-008). For medical benefits only, an application may be signed by and an interview held with a relative or another individual acting on the client's behalf.

{Effective 6/28/11}

2-002 Refugee Status: A refugee is defined as an alien who is unable or unwilling to return to his/her country because of persecution or fear of persecution on account of race, religion, nationality, political opinion, or membership in a particular social group.

2-002.01 Eligible Individuals: The following categories of people are eligible for assistance and services if they meet the other eligibility requirements of the program:

1. Refugees admitted under Section 207 of the Immigration and Nationality Act (INA) and Amerasians from Vietnam admitted with a visa with Section 204 indicated.
   Documentation Required: Form I-94 indicating that the person has been admitted as a refugee under Section 207 or a visa indicating admission under Section 204 as an Amerasian.
2. Asylees under Section 208 of the INA.
   Documentation Required: Form I-94 indicating that the person has been granted asylum under Section 208.
3. Persons whose alien status has been adjusted: A person from any country is eligible if his/her status has been adjusted to a permanent resident alien from one of the previously listed statuses.
   Documentation Required: Form I-551 (Permanent Resident Card) which identifies the person as a resident alien. Documentation of previous status is documented on the back of the I-551.
4. Asylees or parolees as refugees.
   Documentation Required: Form I-94 indicating that s/he has been paroled under Section 212(d)(5) of the INA as a refugee or asylee.
5. Cuban/Haitian Entrants/Parolees in accordance with the requirements in 45 CFR 400.43(a)(4) and 401.2.
~~5~~6. Individuals admitted as conditional entrants under Section 203(a)(7) of the INA.
~~6~~7. Victims of severe forms of trafficking, as determined by the Office of Refugee Resettlement.

{Effective 8/12/08}

2-002.02 Individuals Included in the Unit: When a member of the unit reaches his/her time limit for assistance, his/her needs are removed from the grant. The standard of need for the number of eligible individuals is used. Income and resources of a responsible adult who is no longer eligible are counted for the rest of the unit. The resources are allowed RRP/MA resource exclusions (see 470 NAC 2-007.02B).

2-002.03 Ineligible Individuals: The following categories of individuals are not eligible for assistance under RRP/MA.

2-002.03A Immigrants Without Refugee or Asylee Status: Persons from any country who enter the United States as resident aliens (i.e. immigrants) and who did not previously have the status of refugee, asylee (including parolees as a refugee or asylee), or conditional entrant are not eligible under RRP/MA.

~~2-002.03B Cuban and Haitian Entrants: Cuban and Haitian entrants are not eligible under RRP/MA even though some have been granted conditional entry status under Section 203(a)(7) of the INA.~~

2-002.03C Entrants Under the Orderly Departure Program: Persons who enter the United States as immigrants under the Orderly Departure Program are not eligible for RRP/MA.

2-003 Time Limit on Cash and Medical Assistance: A refugee may receive a maximum of eight months of refugee cash and medical assistance. Eligibility begins with the date of arrival in the U.S., if the refugee meets all eligibility requirements. For asylees, victims of severe forms of trafficking, and Cuban/Haitian Parolees the eight months of eligibility begin with the date of granted status. ~~asylum.~~

If the refugee applies after the date of arrival in the U.S., s/he may receive assistance for the remaining months of the eight-month eligibility period. The same is true for an asylee who applies after the date s/he is granted asylum.

The time limit is applied to each client separately, not to the unit as a whole. Therefore, there may be some members of the household who are eligible for assistance and some who are not.

{Effective 8/12/2008}

2-004 Residence: To be eligible for assistance, a client must be a Nebraska resident. A resident is defined as an individual who is living in the state voluntarily with the intent of making Nebraska his/her home and who is not receiving RRP from another state.

Residence starts with the month the client moves into the state, even if the client received categorical assistance in another state. The agency may not deny assistance because an individual has not resided in the state for a specified period within the eight-month time limit.

2-004.01 Absence From the State: The agency must not deny assistance because an individual is temporarily absent from the state.

2-004.01A Temporary Absence: The agency must not terminate a resident's eligibility because of that person's temporary absence from the state if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined that the person is a resident there for assistance purposes.

2-007.02 Definition of Available Resources: For the determination of eligibility, available resources include cash or other liquid assets or any type of real or personal property or interest in property that the client owns and may convert into cash to be used for support and maintenance.

2-007.02A Unavailability of Resource: Regardless of the terms of ownership, if it can be documented in the case record that the resource is unavailable to the client, the value of that resource is not used in determining eligibility. The worker must consider the feasibility of the client's taking legal action to make resources available. If the worker determines that action can be taken, the worker must allow the client 60 days to initiate action. After 60 days, if the client has not initiated legal action, the resource is counted. The resource is not considered available until the legal action is completed.

In evaluating the availability of benefit funds, such as funds raised by a benefit dance or auction, the worker must determine the purpose of the funds and if the client has access to them.

The worker must determine a reasonable period of unavailability based on the circumstances of the case. The worker shall monitor the status of the resource.

Note: Resources in a client's country of origin are not considered available.
{Effective 2/10/2002}

2-007.02B Excluded Resources: The following resources are excluded in making a determination of eligibility:

1. Real property which the unit owns and occupies as a home;
2. Goods of moderate value used in the home;
3. Clothing;
4. One motor vehicle if it is used for employment or medical transportation;
5. A motor vehicle used as the client's home;
6. Irrevocable burial trusts up to $3,000 per individual and the interest if irrevocable (see 470 NAC 2-007.07A2);
7. Proceeds of an insurance policy that is irrevocably assigned for the purpose of burial of the client;
8. Burial spaces (see 468 NAC 2-008.07B15);
9. Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
10. The value of ~~food stamp~~SNAP benefits;
11. The value of assistance under the National School Lunch Act or the Child Nutrition Program;
12. Any student financial assistance;
13. The value of federally donated foods;
14. The value of assistance paid under the U.S. Housing Act of 1937, National Housing Act, section 101 of Housing and Urban Development Act of 1965, Title V of Housing Act of 1949;

2-007.05 Value and Equity: See 468 NAC 2-008.06.

2-007.06 Types of Resources: Resources can be divided into two categories: liquid and non-liquid.

2-007.06A Liquid Resources: Liquid resources are assets that are in cash or financial instruments which are convertible to cash. They include resources such as:

1. Cash on hand;
2. Cash in savings or checking accounts; and
3. Collectable unpaid notes or loans.

{Effective 2/10/2002}

For other liquid resources, see 468 NAC 2-008.

2-007.06A1 Cash, Savings, Investments, Money Due: Cash on hand, cash in checking and savings accounts, salable stocks or bonds, certificates of deposit, promissory notes and other collectable unpaid notes or loans, and other investments are available resources.

2-007.06A2 Funds Set Aside for Burial: See 468 NAC 2-008.07A3~~ff~~.

2-007.06A3 Whole Life Insurance: See 468 NAC 2-008.07A4.

2-007.06B Non-Liquid Resources: Non-liquid resources are tangible properties which need to be sold if they are to be used for the maintenance of the client. They include all properties not classified as liquid resources, such as:

1. A home;
2. Additional pieces of property;
3. Trailer houses;
4. Burial lots;
5. Motor vehicles;
6. Life estates;
7. Farm and business equipment;
8. Livestock;
9. Poultry and crops; and
10. Household goods and other personal effects.

2-007.06B1 Exemption of Home: See 468 NAC 2-008.07B1~~ff~~.

2-008.04B1 From an Individual Not in the Household: If an individual who is not living in the household gives money to the unit, the income must be counted in the budget.

In order to determine how to treat the income, the worker determines to whom the contribution is paid. The following are not considered contributions:

1. Energy assistance;
2. Emergency assistance;
3. General assistance;
4. Crisis assistance from a community agency, service agency, or an individual; ~~or~~
5. Assistance provided by an individual sponsor or a voluntary resettlement agency; or
6. Match Grant.

{Effective 4/11/95}

2-008.04B2 From an Individual in the Household: The standard of need is not reduced when a self-supporting individual(s) and a client(s) are living in the same household; however, the grant may be reduced depending on the financial arrangements.

2-008.04B2a Counted as Income: If the self-supporting individual is paying the entire expense for shelter, the worker uses the chart in 470 NAC 2-008.04B4 to determine the figure to count as income.

If the self-supporting individual is paying shelter directly to the vendor, the worker follows the regulations in 470 NAC 2-008.04B2b.

If an individual is paying board and room to a client, it is considered earned income (see 470 NAC 2-008.09).

{Effective 4/11/95}

2-008.04B2b Not Counted as Income: The client's grant is not reduced because of a self-supporting individual in the following situations:

1. The self-supporting individual pays the client for a portion of the shelter expenses;
2. The client states that they are sharing expenses; the worker documents the statement in the case record;
3. Two or more assistance units are in the same household and share expenses. Income of one unit is not counted toward another unit; and
4. In determining initial eligibility only when the applicant:
   a. Has no income and has been forced to share a living arrangement with a self-supporting individual because of a crisis situation; and
   b. Plans to make other arrangements (either to move or pay a share of the expenses) as soon as s/he has income.

The worker investigates to see if a contribution needs to be counted on the client's budget as soon as the client begins receiving income.

2-008.04B3 Shelter Furnished in Lieu of Wages: Shelter furnished in lieu of wages is treated as earned income (see 470 NAC 2-008.03~~ff.~~).

{Effective 4/11/95}

2-008.04B4 Shelter Amounts From Payment Maximums

	RRP/MA Unit Size											
	1	2	3	4	5	6	7	8	9	10	11	12
Shelter	101	101	103	105	108	109	111	112	113	114	123	133

Shelter includes taxes and insurance.

The worker compares the shelter obligation to the chart, using the amount shown for the RRP/MA unit size.

{Effective 4/11/95}

3-002.02 Client Moving From Another State: An applicant may have received assistance from another state in the same month that s/he applies in Nebraska. If the applicant received a grant for a partial month from the other state, the grant from the other state is considered income in determining the first month's eligibility. Payment begins with the date of application if all eligibility factors are met.

{Effective 8/12/2008}

3-003 Rounded Down Payment: When the grant amount is not a whole dollar figure, the computer rounds down the grant to the next lower whole dollar amount. A case that would be eligible for a grant of less than $1 (which would be rounded down to 0) is still considered a grant case. The unit would still receive medical assistance. See 470 NAC 3-004 for payments of $9.99 or less.

3-004 Minimum Payment: A grant is not issued if the amount would be less than $10 before any adjustment is made. A unit that is denied a grant solely because of the $10 minimum payment is still considered a grant case. The unit continues to be eligible for other forms of assistance such as medical assistance and social services, and is required to meet employability requirements (see 470 NAC 2-009 ~~ff.~~) where appropriate.

The worker sends a Notice of Action notifying the client that s/he will not receive a payment because of the minimum payment provision.

A grant is issued if an individual is added to an existing unit and the combined unit (the original unit plus the added individual) is eligible for a grant of $10 or more.

3-004.01 Persons Included in RRP Grant: An individual is included in the RRP grant if s/he meets eligibility requirements.

3-004.02 Family Members Not Included in the Grant

3-004.02A Those Who Refuse Potential Income: The needs of an individual are not included in the grant if s/he refuses to apply for:

1. Categorical assistance for which s/he is apparently entitled; or
2. Benefit payments from a program not administered by the Department to which s/he is apparently entitled.

It is the worker's responsibility to explain the application procedure and benefits to the apparently eligible individual and explain the consequences of not applying (see 470 NAC 2-008.06).

{Effective 5/21/86}

3-004.02B Those Who Receive Other Assistance: An individual who receives ADC or AABD is ineligible for RRP.

3-004.02C Those Who Receive SSI: The needs of any family members who are receiving SSI benefits are not included in the RRP/MA unit.

3-006.03E Fair Hearing: The client must be given the opportunity to appeal the initial decision or continuance of protective payments and the choice of the protective payee.

3-006.04 Revision of Budget and Payment: The worker revises the assistance budget and modifies the payment whenever changes in the client's circumstances indicate a need to reconsider requirements or resources.

3-006.05 Erroneous Payments: The following regulations apply to incorrect payments~~.~~

3-006.05A Underpayments: All underpayments must be corrected. In no case may one month's corrected payment exceed the maximum payment which can be made for any one month. If the unit is already receiving the maximum payment, the worker can correct an underpayment with a retroactive payment. Retroactive payments are not considered income or a resource in the month paid or in the following month. If underpayments have not been corrected when a case is closed, corrective payments must be made if the client is eligible for assistance at a later date.

3-006.05B Overpayments: The agency must take all reasonable steps necessary to promptly correct all overpayments. The worker records in the case record all steps taken to recoup any overpayments.

The worker must first send a demand letter, giving the client the choice of reimbursing the total overpayment or having future assistance reduced. The worker must allow the client ten days to respond to the demand letter. If the client requests recoupment within the ten days, the worker must take necessary action at that time. If the client does not respond within ten days, the worker must begin recoupment procedures in the first month possible, taking into account adequate and timely notice.

If the client chooses to repay but fails to do so, the worker must immediately take necessary action to recoup the overpayment.

When the evidence clearly establishes that a client willfully withheld information which resulted in an overpayment, the eligibility worker refers the case to the Special Investigation Unit, Central Office; or in the Omaha Office, to the Omaha Special Investigation Unit. Once a case has been referred to the Special Investigation Unit, the worker must take no action with regard to the prosecution of the suspected fraud except in accordance with instructions or approval by the Special Investigation Unit. However, the worker must complete normal case actions. Normal case actions include closing a case that is found to be ineligible and recovering overpayments.

If a case with an overpayment is closed, the agency must collect ~~the~~ an overpayment of $35 or more if the client becomes eligible for assistance at a future date. The worker must send a demand letter advising the client that s/he is still liable for the overpayment.

3-006.05B1 Identification of an Overpayment: There are two types of overpayments:

1. Administrative errors: Worker errors caused by inaccurate computation or the worker's failure to take action; and
2. Client errors: Errors caused because the client supplies inaccurate or incomplete information or fails to provide information resulting in an overpayment.

All overpayments, regardless of cause, must be recouped (if there is an active case) or recovery must be attempted if the outstanding payment is $35 or more.

~~An overpayment must be recouped even if the client timely (within ten days) reports a change in eligibility but it is too late to send an adequate and timely notice. The overpayment must be recouped the first month it is possible to give timely notice.~~
~~{Effective 8/12/2008}~~

3-006.05B2 Recoupment Calculation: The following calculation is used to determine the amount of the allowable grant reduction for one month:

1. ~~Take the total anticipated gross income for the payment month including:~~
   a. ~~Gross countable earnings. For a small business or self-employed individual use the figure after operating expenses have been deducted; and~~
   b. ~~Unearned income;~~
2. ~~Add all liquid resources from the payment month (see 470 NAC 2-007.06A);~~
3. ~~Add the budgetary need for the payment month before the reduction due to overpayment;~~
4. ~~From the result in step 3, subtract 90 percent of the standard of need for the payment month (see 470 NAC 3-006.05B3); and~~
5. ~~If the figure in step 4 is:~~
   a. ~~Larger than the result from step 3, do not recoup for that month; or~~
   b. ~~Smaller than the budgetary need for the payment month, this figure is the maximum that may be recouped for the month. (The worker may recoup less.)~~

When an overpayment is determined to be due to a client or agency/administrative error, the grant is reduced by ten percent of the family's payment.

When the overpayment is determined to have occurred due to an Intentional Program Violation or due to fraud as determined by a court of law, the grant is reduced by 20 percent of the family's payment.

If an overpayment still exists after the grant is reduced one month, the worker does the same computation each following month until the total overpayment is recouped.

3-006.05B3 Retroactive SSI Payment: The first month of ineligibility for RRP/MA for an individual with continuing SSI entitlement is the month s/he receives an SSI retroactive payment unless the SSI payment has been reduced by the amount of RRP paid for that month. Since ineligibility for RRP/MA does not begin before receipt of an SSI payment, RRP payments issued before the receipt of SSI do not constitute overpayments (see 470 NAC 3-004.02C).

3-006.05B4 Ninety Percent of the Payment Limits:

Number in Unit	1	2	3	4	5	6	7	8	9	10
Standard	222	293	364	435	506	577	648	719	790	861
90 Percent	200	264	328	392	455	519	583	647	711	775

3-006.05B5 Zero Grant: If the assistance grant is reduced to zero, members of the assistance unit are still considered a grant case.

3-007 Case Records: The worker must include in the case record facts to substantiate each action with respect to assistance payments. Case records must be retained for four years from the closing of the case.

3-008 Fraud: See 465 NAC 2-007 ~~ff.~~

CHAPTER 4-000 REFUGEE MEDICAL ASSISTANCE PROGRAM (RMAP): RMAP provides medical care and services to refugees who do not have sufficient income to meet their medical needs, and who qualify according to the program definitions. RMAP is a time-limited program; the number of months of medical assistance is determined by the amount of federal funds that are available.

RMAP is governed by the requirements and limitations of the Nebraska Medical Assistance Program (see Title 471).

4-001 Individuals Eligible for an Assistance Grant and MA: Clients who receive an assistance grant, including clients who do not receive a payment because of the $10 minimum payment, are automatically eligible for MA without a separate eligibility determination.

4-002 Individuals Ineligible for Assistance Grant but Eligible for MA: Eligibility for the following individuals is determined using eligibility requirements listed in 470 NAC 4-003.

1. Those who have resources in excess of resource limits for an RRP grant; and
2. Those who have income in excess of budgetary standards for an RRP grant.

4-002.01 Individuals Sanctioned for Not Cooperating: Individuals who have been sanctioned for noncooperation with employability requirements are automatically eligible for MA without a separate eligibility determination. Income and resources are used in determining eligibility for a grant for the rest of the unit.

4-002.02 Individuals Eligible for Transitional MA: An RRP/MA client who becomes ineligible for a grant because of increased earnings or increased hours of employment is eligible for medical assistance without a Share of Cost for the remaining months of his/her eligibility without regard to income.

4-003 Eligibility Requirements: To be eligible for RRP/MA only, the individual must meet the following requirements:

1. Application (see 470 NAC 2-001);
2. Refugee status (see 480 NAC 2-002 ~~ff.~~);
3. Time limit (see 470 NAC 2-003);
4. Nebraska residence (see 470 NAC 2-004 ~~ff.~~);
5. Social Security number (see 470 NAC 2-005 ~~ff.~~);
6. Resources (see 470 NAC 4-005 ~~ff.~~);
7. Income (see 470 NAC 4-006 ~~ff.~~); ~~and~~
8. Enrollment in an available health plan (see 470 NAC 4-009); and
9. Cooperation with requirements for third party medical payments (see 470 NAC 4-011).

~~{Effective 6/28/11}~~

4-004 Effective Date of Medical Eligibility: The effective date of eligibility for MA is determined according to the following regulations. If an individual is eligible one day of the month, s/he is eligible the entire month.

4-004.01 Prospective Eligibility: Prospective eligibility is effective the first day of the month of request if the client was eligible for RMAP in that same month and had a medical need.

4-004.02 Retroactive Eligibility: Retroactive eligibility is effective no earlier than the first day of the third month before the month of request or the date of entrance in the U.S.

4-005 Resources

4-005.01 Maximum Resource Levels: The established maximums for available resources which the client may own and still be eligible for MA only are as follows:

One member unit		$4,000
Two member unit or family		$6,000
Three member unit or family		$6,025
Four member unit or family		$6,050
Each additional individual	+	$ 25

4-005.02 Determination of Resource Levels: The resource level is based on the number of eligible unit members.

4-005.03 Treatment of Resources: For the treatment of all resources except those in the following regulations, the criteria outlined in 470 NAC 2-007 ~~ff.~~ are used.

4-005.03A Motor Vehicles: The worker must disregard one motor vehicle regardless of its value as long as it is necessary for the client or a member of his/her household for employment or medical treatment. If the client has more than one motor vehicle, s/he may designate which vehicle should be disregarded. Any other motor vehicles are treated as nonliquid resources and the equity is counted in the resource limit. The client's verbal statement that the motor vehicle is used for employment or medical treatment is sufficient.

4-005.03B Essential Property: See 468 NAC 4-005.03B.

4-005.03C Funds Set Aside for Burial: See 468 NAC 2-008.07A3 ~~ff.~~

4-006 Treatment of Income: For the treatment of income in RMAP, the criteria outlined in 470 NAC 2-007 ~~ff.~~ are used, with the exceptions in the following regulations.

4-006.01 Earned Income: A $100 disregard is applied to earned income of each employed individual. For other earned income treatment, see 470 NAC 2-008.03 ~~ff~~.

{Effective 10/15/2002}

4-006.02 Unearned Income: See 470 NAC 2-008.04 ~~ff.~~

4-006.02A Medical Insurance Disregards: The cost of medical insurance premiums is deducted if a member of the unit is responsible for payment.

Exception: The cost of premiums for income-producing policies is not allowed as medical deduction (see 470 NAC 2-008.05A).

4-007 Prospective Budgeting: For medical budgeting policies, see 468 NAC 4-009 ~~ff.~~

{Effective 2/10/2002}

4-008 Medically Needy Income Level (MNIL): The medically needy income level is determined by the number of family members.

The net income is compared to the appropriate MNIL to determine eligibility for MA only or MA with a share of cost.

If the net income is equal to or less than the MNIL, the unit may be eligible for MA only; if the net income is more than the MNIL, the unit may be eligible for MA with a share of cost.

4-009 Cooperation in Obtaining Health Insurance: As a condition of eligibility for MA, a client is required to enroll in an available health plan if the Department has determined that it is cost effective and the client is able to enroll on his/her own behalf. The Department then pays the premiums, deductibles, coinsurance, and other cost sharing obligations.

4-010 Required Copayments: Effective April 1, 1994, RRP adults are required to pay a copayment for the medical services listed at 470-000-205. Copayment amounts are listed at 470-000-205.

4-010.01 Covered Persons: With the exceptions listed at 470 NAC 4-010.02, RRP adults are subject to the copayment requirement.

The provider must verify the client's copayment status by accessing the Department's Internet Access for Enrolled Providers ~~(www.dhhs.ne.gov/med/internetaccess.htm)~~; the Nebraska Medicaid Eligibility System (NMES) at 800-642-6092 (in Lincoln, 471-9580); or the Medicaid Inquiry Line at 877-255-3092 (in Lincoln 471-9128).

4-010.02 Exempted Persons: The following individuals are exempted from the copayment requirement:

1. Individuals age 18 or younger;
2. Pregnant women through the immediate postpartum period (the immediate postpartum period begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends);

3. Any individual who is an inpatient in a hospital, long term care facility (NF or ICF/MR), or other medical institution if the individual is required, as a condition of receiving services in the institution, to spend all but a minimal amount of his/her income required for personal needs for medical care costs;
4. Individuals residing in alternate care, which is defined as domiciliaries, residential care facilities, centers for the developmentally disabled, and adult family homes;
5. Individuals who are receiving waiver services, provided under a 1915(c) waiver, such as the Community-Based Waiver for Adults with ~~Mental Retardation~~ Developmental Disabilities or Related Conditions; the Home and Community-Based Model Waiver for Children with ~~Mental Retardation~~ Developmental Disabilities and Their Families; or the Home and Community-Based Waiver for Aged Persons or Adults or Children with Disabilities;
6. Individuals with excess income (over the course of the excess income cycle, both before and after the obligation is met); and
7. Individuals who receive assistance under SDP (program 07).

4-010.03 Covered Services: For covered and excluded services, see 470-000-205.

4-010.04 Client Rights: If a client believes that a provider has charged the client incorrectly, the client must continue to pay the copayments charged by that provider until the Department determines whether the copayment amounts are correct.

If the client is unable to pay the required copayment, s/he may inform the provider of the inability to pay. While the provider must not refuse to provide services to the client in this situation, the client is still liable for the copayment and the provider may attempt to collect it from the client.

The client has the right to appeal under 465 NAC 2-001.02.

4-010.05 Collection of Copayment: For provider procedures, see 471 NAC 3-008.04.

4-011 Assignment of Third Party Medical Payments: Application for medical assistance constitutes an automatic assignment to the Nebraska Department of Health and Human Services of the client's rights to third party medical payments. This assignment includes the rights of the client as well as the rights of any other member of the Refugee Cash/Medical Assistance unit. As a requirement for assistance the client must cooperate (unless s/he has good cause for noncooperation, (see 470 NAC 4-011.03B3). in securing any third party medical payments. This includes payments from:

1. The client's own medical coverage for any member of the unit, e.g., the client's health insurance; and
2. An individual not in the unit who has medical coverage for any member of the unit, e.g., health insurance of an absent parent or another individual which covers a child in the unit.

This assignment gives the Department the right to pursue and receive payments from any third party liable to pay for the cost of medical care and services of the client or any other unit member and which otherwise would be covered by RMAP. The assignment of the rights to third party medical payments is effective with the date of eligibility for assistance. For MA cases with a Share of Cost, the assignment becomes effective the first day of the month when the case status changes to 450, "Share of Cost met."

4-011.01 (Reserved)

4-011.02 Third Party Payments Not Assigned: The following third party payments are not subject to the automatic assignment provision:

1. Medicare benefits; and
2. Payments from income-producing policies which subsidize the client's income while s/he is hospitalized or receiving care, regardless of the type of medical service being provided.

4-011.03 Cooperation in Obtaining Third Party Payments: Cooperation includes any or all of the following:

1. Providing complete information regarding the extent of third party coverage which s/he or any other unit member has or may have. This includes coverage provided by a person not in the unit or by an agency;
2. Providing any additional information or signing claim forms which may be necessary for identification and collection of potential third party payments;
3. Appearing as a witness in a court or another proceeding, if necessary;
4. Notifying the Department of any action s/he is initiating to recover money from a liable third party for medical care or services. This includes the identity of the third party as well as the entire amount of any settlement, court award, or judgment;
5. Reimbursing the Department or paying to the provider any payments received directly from a third party for any services payable by RMAP; and
6. Taking any other reasonable steps to secure medical support payments.

4-011.03A Refusal to Cooperate: The worker is responsible for determining noncooperation by the client. This determination is based on the client's failure or refusal to fulfill the requirements listed in 470 NAC 4-011.03.

4-011.03B Opportunity to Claim Good Cause

4-011.03B1 Notification of Right: The worker must notify the client of the right to claim good cause for noncooperation at the intake interview, redetermination, and whenever cooperation becomes an issue.

The worker must give the client a verbal explanation of good cause and the opportunity to ask questions.

A written explanation of good cause is included in the Application for Assistance.

4-011.03B2 Worker's Responsibilities If Good Cause Claimed: If the client claims good cause, the worker must:

1. Explain that the client has the burden of establishing the existence of a good cause circumstance; and
2. Obtain a signed statement from the client listing the reason(s) for claiming good cause. The client is allowed 20 days to present evidence of the claim.

4-011.03B3 Acceptable Circumstances for Good Cause: Good cause claims must be substantiated by signed statements. When documentary evidence is not available the client shall furnish sufficient information as to the location of the information.
To establish good cause, the evidence must show that cooperation would not be in the best interest of the client or another unit member for whom assignment is sought. Good cause includes the following circumstances, provided proper evidence is obtained.

4-011.03B3a Physical or Emotional Harm to the Client or Other Unit Member: Good cause exists if the client's cooperation in assigning benefits is reasonably anticipated to result in physical or emotional harm to the client or another unit member. Emotional harm must only be based upon a demonstration of an emotional impairment that substantially reduces the individual's functioning.

4-011.03B3a(1) Documentary Evidence: Documentary evidence which indicates these circumstances includes:

1. Medical records which document emotional health history and present emotional health status of the client or other unit member;
2. Written statements from a mental health professional indicating the diagnosis or prognosis concerning the emotional health of the client or other unit member;
3. Court, medical, criminal, protective services, social services, psychological, or law enforcement records which indicate that the third party might inflict serious physical or emotional harm on the child or parent/needy caretaker relative; or
4. Signed statements from individuals other than the client with knowledge of the circumstances which provide the basis for the claim.

4-011.03B3a(2) Evidence Not Submitted by Client: When the claim is based on the client's anticipation of physical harm and corroborative evidence is not submitted in support of the claim the worker must:

1. Investigate the good cause claim when s/he believes that the claim is credible without corroborative evidence and corroborative evidence is not available; and
2. Find good cause if the client's statement and the investigation indicate that the client has good cause for refusing to cooperate.

4-011.03B3a(3) Worker Considerations: If the determination of good cause is not substantiated by documentary evidence, the worker must consider and document the following evidence:

1. The present physical or mental state of the client;
2. The physical or mental health history of the client;
3. Intensity and probable duration of the physical or mental upset; and
4. The degree of cooperation required by the client.

4-011.03B4 Decision On Good Cause: Within 30 calendar days of receiving the good cause claim, HHS staff must evaluate the evidence and determine whether good cause exists. In determining good cause, HHS staff must consider the recommendations of the case manager. HHS staff must notify the custodial party and the case manager of the determination in writing. If the client does not cooperate, withdraw the application, or request the case closed, a sanction is imposed (see 470 NAC 4-011.03C).

4-011.03B5 Delay of Assistance Pending Determination: The agency must not deny, delay, or discontinue assistance pending a determination of good cause if the client has complied with the requirements of providing acceptable evidence or other necessary information. In most instances, a good cause determination must be made within 30 days following the receipt of a claim.

4-011.03C Sanction for Refusal to Cooperate: If the client fails or refuses to cooperate and there is no good cause claim or determination, the appropriate sanction is applied.
If the reason for noncooperation is the client's failure or refusal to provide information about or obtain third party medical payments (see 470 NAC 4-011.03), the client is ineligible for grant and medical assistance. Ineligibility continues for the client until s/he cooperates or cooperation is no longer an issue, and the grant is increased effective the first day of the month during which cooperation is restored. A protective payee is required for the case unless the worker is unable to find a protective payee.

4-011.04 Third Party Payments Received Directly: If the client receives a third party medical payment directly and the medical expense for which the third party medical payment is intended is payable by RMAP, the worker must take the following actions:

1. Send a demand letter advising the client that s/he must reimburse the Department or the provider. The client is allowed ten days from the date of notification to reimburse the medical payment. For an applicant, the worker must not delay determination of eligibility for assistance and authorization for payment pending the applicant's reimbursement. At the time the application is approved, the worker must notify the client of the number of days left in which to reimburse the payment;
2. If the client refunds within ten days, take no further action; or
3. If the client fails or refuses to refund within ten days, consider the entire third party payment as unearned income in the first month possible, taking into account adequate and timely notice. Any balance remaining is considered a resource in the following month.

If the insurance payment exceeds RMAP rates, the excess is considered unearned income unless paid out on other medical services or supplies.

Regardless of the existence of a good cause claim, any third party medical payment that is received directly by the client must be reimbursed.

4-011.05 Willfully Withheld Information: When the evidence clearly establishes that a client willfully withheld information regarding a third party medical payment which resulted in an overpayment of RMAP expenditures, the worker must refer the case to the Special Investigation Unit, Central Office, or in the Omaha Office to the Omaha Special Investigation Unit. Once a case has been referred to the Special Investigation Unit, the worker must take no action with regard to the prosecution of the suspected fraud except in accordance with instructions or approval by the Special Investigation Unit. However, the worker must complete normal case actions which include applying the appropriate sanction in this section

4-011.06 Termination of Assignment: When a client’s grant and medical case is rejected or closed, or an individual is removed from the medical unit, the assignment provision is terminated. The client’s rights to any future third party and medical support payments are automatically restored effective with the date of ineligibility. However, the assignment remains in effect for the time period during which the client was on medical assistance.