

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING

November 13, 2019
10:00 a.m. Central Time
Gold's Building, Room 534
1033 O Street, Lincoln, Nebraska

The purpose of this hearing is to receive comments on proposed changes to Title 474, Chapters 1, 2, 3, and 5 of the Nebraska Administrative Code (NAC) – *Social Services for Families, Children, and Youth*. The proposed changes restructure the title, condensing it from four chapters into two chapters; outline the application process, eligibility for services, and delivery of services for the public; ensure homemaker and transportation services are operated within state and federal guidelines; implement the Nebraska Domestic Violence Act, in compliance with state statute; remove direction to staff; remove duplicative regulatory language found in other regulations; and update formatting.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

Interested persons may attend the hearing and provide verbal or written comments or mail, fax or email written comments, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at <http://www.sos.ne.gov>, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals with hearing impairments may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

FISCAL IMPACT STATEMENT

Agency: Department of Health and Human Services	
Title: 474	Prepared by: Tammy Allison
Chapter: 1-3; 5	Date prepared: 6/10/2019
Subject: Social Services for Children and Families	Telephone: 402-471-2738

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)	(<input checked="" type="checkbox"/>)
Increased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Costs	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Increased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Decreased Revenue	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)
Indeterminable	(<input type="checkbox"/>)	(<input type="checkbox"/>)	(<input type="checkbox"/>)

Provide an Estimated Cost & Description of Impact:

State Agency:

Political Subdivision:

Regulated Public:

If indeterminable, explain why:

TITLE 474 SOCIAL SERVICES FOR FAMILIES AND CHILDREN

CHAPTER 1 GENERAL PROGRAM REQUIREMENTS.

001. SCOPE AND AUTHORITY. This Title describes the policies and procedures of the Nebraska Department of Health and Human Services, hereinafter, "the Department," for administering Social Services described in Nebraska Revised Statute (Neb. Rev. Stat.) § 68-1202 for families and children. Federal funds are available for programs meeting the federal requirements of Title XX of the Social Security Act dealing with Social Service Block Grants funds.

002. DEFINITIONS. The following definitions apply:

002.01 ADVERSE ACTION. A determination by the Department that services provided to a recipient will be reduced or terminated.

002.03. EMANCIPATED MINOR. A child age 18 or younger is emancipated if the child is married or has moved away from the parent's home and is self-supporting.

003. APPEALS. Every recipient or applicant has the right to appeal for a fair hearing in the following circumstances:

- (A) The Department has determined the applicant is not eligible to receive program services;
- (B) The Department denies a requested service;
- (C) The Department determines a recipient's services will be reduced or terminated; or
- (D) Inaction on an applicant or recipient's request for services.

003.01 EXCEPTION. An applicant or recipient is not entitled to a fair hearing when either state or federal law requires automatic case adjustments for classes of individuals unless the reason for an individual appeal is incorrect eligibility determination.

004. APPLICATIONS. Any Nebraska resident may contact the Department by telephone, in writing or in person to obtain information, explore eligibility or to apply for services on the person's own behalf or as an authorized representative of another person. Applications may be submitted in person, by mail, by fax or by electronic submission. An applicant must submit a completed, signed and dated application on an approved Department form. An applicant may request assistance from the Department when filling out an application.

004.01 INTERVIEWS. An applicant must participate in an interview as part of the initial eligibility determination. Interviews may be conducted face-to-face or telephonically. The Department determines if a face-to-face interview is necessary. If an applicant is unable to participate in a face-to-face interview in a local office, the Department and the applicant will

discuss a mutually acceptable time and place for an interview such as a hospital, a senior or community center or the applicant's home. At least one of the following must attend the interview:

- (A) An adult applicant;
- (B) The applicant's legal guardian or conservator; or
- (C) An adult representing the applicant.

005. ELIGIBILITY. Only Nebraska residents are eligible for program services. Recipients must be United States citizens or qualified aliens as defined in Neb. Rev. Stat. § 4-111 and sign an attestation form verifying lawful presence in the United States. The Department must be able to verify the recipient's status.

005.01 ELIGIBILITY BASED ON FAMILY SIZE. The Department considers an applicant's family size in determining eligibility for services. A family is a unit consisting of one or more adults, age 19 or older, and any children related by blood, marriage, or adoption who reside in the same household. An unborn is included if proof of pregnancy is provided. Foster children may be included when determining the size of the foster family. The following are considered separate families:

- (A) Unmarried adults who reside together;
- (B) Children living with non-legally responsible relatives;
- (C) Emancipated minors;
- (D) Minor parents; and
- (E) Biological parents or usual caretakers with a child in substitute care and children, if any residing in the home.

005.02 INCOME ELIGIBILITY. To be eligible, the applicant must meet the Program's income requirements.

005.02(A) CURRENT FAMILY. Applicants who currently receive assistance through the Title IV-A of the Social Security Act Aid to Dependent Children Program and applicants whose needs were taken into account in determining the needs of Aid to Dependent Children recipients are eligible as Current Family. Recipients of Aid to Dependent Children – Medical Assistance only are not eligible under this category.

005.02(B) LOW INCOME FAMILY. A family unit whose income does not exceed 100 percent of the Federal Poverty Level is eligible as a low-income family. If a family receives an Aid to Dependent Children grant but not all members are included in the Aid to Dependent Children grant unit due to sanctions or ineligibility, the excluded person is determined eligible as a member of the low income family to receive social services. The entire Aid to Dependent Children grant amount must be considered income for that person.

005.02(C) WITHOUT REGARD TO INCOME. A family who requires emergency child protective services or requires child protective family services may be eligible without regard to income. The parent(s) of a child who is a ward of the Department may be eligible without regard to income if the plan is to reunify the family or maintain the child in the parent's home.

005.03 TREATMENT OF INCOME. For a family who must meet the income eligibility requirement, the Department evaluates the family income in accordance with the regulations in section 005.

005.03(A) OFFSET OF EARNINGS. If an applicant has a combination of farm or self-employment income and regular earned income, the regular earnings may be offset with a loss from the self-employment or farm operation.

005.03(B) INCOME EXCLUSIONS. The following sources of income are not considered when determining eligibility:

- (i) Money received from participation in the Foster Grandparent Program authorized by the ACTION Program;
- (ii) Money awarded by the Indian Claims Commission or the Court of Claims;
- (iii) Alaska Native Claims Settlement Act payments to the extent the payments are exempt from taxation under section 21(a) of the Act;
- (iv) Money received from the sale of property such as stocks, bonds, a house or a car unless the person was engaged in the business of selling the property in which case the net proceeds would be counted as income from self-employment;
- (v) Withdrawals of bank deposits;
- (vi) Tax refunds;
- (vii) Gifts;
- (viii) Earned Income Credits and Advanced Earned Income Credits;
- (ix) Lump sum inheritances or insurance payments;
- (x) Capital gains;
- (xi) The value of the allotment of benefits under the Supplemental Nutrition Assistance Program;
- (xii) The value of United States Department of Agriculture donated foods;
- (xiii) The value of supplemented food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended;
- (xiv) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
- (xv) Earnings of a child age 18 or younger who is a full-time student or a part-time student who is not employed full-time. Summer earnings of a child age 18 or younger are excluded if the child plans to return to school in the fall;
- (xvi) Loans;
- (xvii) Any grant to a student for educational purposes;
- (xviii) Adoption subsidy payments;
- (xix) Work study for an undergraduate student;
- (xx) Home produce used for household consumption;
- (xxi) Earnings received by a youth age 18 or younger under a Workforce Innovation and Opportunity Act Program;
- (xxii) Workforce Innovation and Opportunity Act allowance paid for supportive services such as transportation, meals, special tools and clothing;
- (xxiii) Volunteers In Service to America living allowances and stipends;
- (xxiv) Reimbursement from the Senior Companion Program;
- (xxv) Low Income Home Energy Assistance Program funds;

- (xxvi) Housing assistance provided by Housing and Urban Development or by a local housing program;
- (xxvii) Assistance received under the Disaster Relief Act of 1974 or under a federal law because of a presidentially declared major disaster;
- (xxviii) Payments to an applicant or recipient participating in training or school attendance subsidized by Vocational Rehabilitation, within the Department of Education;
- (xxix) Payments made by the Veterans Administration under the Veterans Education and Employment Assistance Act for education expenses of a veteran; and
- (xxx) Payments made by an absent parent to a child care provider, landlord or mortgage holder on behalf of the applicant or recipient.

005.03(C) DEDUCTION OF A NURSING HOME OBLIGATION. If the applicant or recipient pays a portion of the applicant or recipient's income to a nursing home on behalf of an Assistance to the Aged Blind and Disabled recipient, the amount of the payment is deducted from the applicant or recipient's gross monthly income to determine eligibility.

005.04 TYPES OF INCOME. The Department considers different income types in determining eligibility.

005.04(A) IRREGULAR INCOME. Irregular income is income, earned or unearned, which varies in amount from month to month or which is received at irregular intervals. This may be due to irregular employment, but even when an individual works regularly, the income may be irregular because of factors such as seasonal increases or decreases in employment and earnings such as day labor or sales work on a commission basis. The Department averages three consecutive months of irregular income, if available, to project future income unless there has been a significant change. Small, irregular earnings which are not computable or predictable are not considered.

005.04(B) IN-KIND INCOME. In-kind income is any non-monetary consideration received by an applicant or recipient in place of income for services provided or as a payment of an obligation.

005.04(C) LUMP SUM INCOME. Lump sum income is money received on a one-time basis. The lump sum amount is divided by six months and the result is added to the gross monthly income to determine eligibility. If that amount exceeds the income maximum, the applicant is ineligible for that six month period.

005.04(D) EARNED INCOME. Earned income is money received from wages, tips, salary, commissions, self-employment, or items of need received in lieu of wages.

005.04(E) UNEARNED INCOME. Unearned income includes but is not limited to:

- (i) Social Security benefits;
- (ii) Railroad retirement benefits;
- (iii) Child support;
- (iv) Unemployment compensation; and
- (v) Returns from savings or investments.

005.04(F) TREATMENT OF PAYMENT BY ABSENT PARENT. When an absent parent makes a payment for child care or rent or mortgage payment whether court-ordered or through an informal arrangement, the payment is:

- (i) Treated as income if paid to the applicant or recipient; or
- (ii) Excluded if paid to the provider

006. VERIFICATION. To determine initial and ongoing eligibility, the Department may need to verify information provided by the applicant or recipient. The applicant or recipient must cooperate with the verification process. Failure to cooperate with verification may result in services being denied or reduced, termination from the program and establishment of an overpayment.

007. PARENTS OF DEPARTMENT WARDS OR TRIBAL WARDS. The parent of a child who is a ward of the Department or the parent of a tribal ward who attests the parent is unable to receive homemaker or transportation services from the tribe, is eligible for services without regard to income if the plan is to reunify the family or maintain the child in the home of the parent and the following conditions are met:

- (A) One of the following applies:
 - (i) The parent is not eligible as low income;
 - (ii) The parent is not willing to be determined eligible as low income; or
 - (iii) Due to the circumstances of the case, it is not possible for the worker to make an eligibility determination regarding income;
- (B) There is an agreement for the parent to pay part of the cost of services or the worker has determined that it is in the best interests of the family to authorize services at no cost to the family;
- (C) The family meets the needs eligibility requirements; and
- (D) The services are directly supportive of the family case plan or any written service agreement.

008. NEEDS ELIGIBILITY. Social Services are authorized based on the applicant or recipient's income eligibility and needs and are not provided based on demand. Need for a particular service implies that the provision of that service will assist the applicant, recipient or the family members toward achieving one of the following five program goals in 42 U.S.C. §1397:

- (A) Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- (B) Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- (C) Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
- (D) Preventing or reducing inappropriate institutional care by providing for community based care, home based care, or other forms of less intensive care; or
- (E) Securing referral or admission for institutional care when other forms of care are not appropriate.

008.01 ECONOMIC SELF-SUPPORT. Economic self-support means that a recipient no longer receives any public assistance. Recipients working on this goal are in various levels of achievement or maintenance of economic self-support. Services available include homemaker and transportation services.

008.02 SELF SUFFICIENCY. Recipients working on this goal must have realistic expectations of residing in their own homes or current living arrangements while receiving only limited services. Services available include homemaker and transportation services.

008.03 PREVENTING OR REMEDYING NEGLECT, ABUSE OR EXPLOITATION OF CHILDREN AND REUNITING FAMILIES. A family achieves this goal when the family no longer requires intervention or support to ensure against neglect, abuse or exploitation or when a family in a family in which these behavior have occurred no longer requires intervention or support to prevent recurrence. Services available include adoption services, including subsidized adoption, permanent planning services for children, homemaker, interstate placement, child protective services and transportation.

008.04 NEEDS CRITERIA. An applicant or recipient has no defined service need when:

- (A) The applicant or recipient is able to perform or provide for identified service needs;
- (B) The applicant or recipient has household members or caretakers who have the responsibility or capability to meet identified service needs;
- (C) The applicant or client has other relatives, friends, or interested individuals who will provide identified service needs at no cost to the applicant or recipient;
- (D) The applicant or recipient has access to financial resources which may be used to meet the needs;
- (E) The applicant or recipient is residing in an institution except in relation to deinstitutionalization and short-term care; or
- (F) The applicant or recipient does not meet the requirements specified for each service.

008.05 SERVICE PLAN OBJECTIVES. The applicant or recipient must cooperate with the Department in formulating a service plan. The service plan assists with evaluating the approach, determining whether the goals are attainable and determining whether social services are appropriate. The objectives in formulating a service plan are to:

- (A) Identify the applicant or recipient's current situation;
- (B) Determine if the applicant or recipient is functioning at the highest possible level;
- (C) Identify barriers which hinder maintenance or improvement in the applicant or recipient's present level of functioning;
- (D) Determine which available services, if any, will remove or overcome the barriers to maintaining or improving the present level of functioning; and
- (E) Develop a plan for delivery of specific services directed at removing specific barriers to enable the applicant or recipient to maintain or attain goals.

009. RELATIVES AS PROVIDERS. The Department discourages authorization of providers who are related to the applicants or recipients. Before considering a relative as a provider, the Department must determine that the relative would not donate services to the applicant or recipient at no cost. Relative providers may receive social service reimbursement only if:

- (A) The recipient for whom services are provided is not the provider's minor child, spouse or other legal dependent; and
- (B) No other provider is available; or
- (C) The relative provider's rate is significantly less than that of any other available provider.

010. DUTY TO CONTACT THE DEPARTMENT. The applicant or recipient must contact the Department when:

- (A) The applicant or recipient's situation has changed such as an address change, a change in family composition or change in health;
- (B) The applicant or recipient is dissatisfied or experiencing problems with the service delivery plan; or
- (C) When instructed to do so.

011. NOTICES FROM THE DEPARTMENT. The Department notifies the applicant or recipient in writing when:

- (A) An applicant is determined eligible or ineligible for social services;
- (B) A recipient is found eligible or ineligible at the time of verification or redetermination; or
- (C) A requested service is denied or provided services are to be changed, reduced or terminated.

011.01 NOTICE NOT REQUIRED. A written notice to the applicant or recipient is not required when:

- (A) The applicant or recipient reports services are no longer required and requests that the case be closed;
- (B) The Department learns the applicant or recipient has died;
- (C) The applicant or recipient is committed to an institution or admitted to a nursing home on a long-term basis;
- (D) The applicant or recipient's whereabouts are unknown;
- (E) The Department has verified services are being received through another local office;
or
- (F) An authorization period is ending and the recipient has not acted upon a request for redetermination information.

011.02 SERVICE CONTINUATION DURING APPEAL. In cases where advance notice has been given, the applicant or recipient may appeal. If an appeal is requested in writing within ten days following the date the written notice was mailed, the Department will not carry out the adverse action until a fair hearing decision is made.

011.03 SERVICES NOT CONTINUED DURING APPEAL. In situations where only adequate notice was required, service is not continued pending a hearing decision.

011.04 NOTICE OF PROVIDER TERMINATION. When a recipient's provider is disapproved or will not be reapproved, the Department will notify the recipient. A new method of service provision is established to prevent a gap in service provision.

012. ASSIGNMENT OF PAYEE, GUARDIANSHIP OR CONSERVATOR STATUS. No employee of the Department shall serve as a protective payee, guardian or conservator for any recipient when the employee

- (A) Determines eligibility;
- (B) Authorizes services;
- (C) Provides direct service; or
- (D) Has any other professional relationship which may be considered a conflict of interest.

012.01 DEPARTMENT EMPLOYEE AS PROTECTIVE PAYEE. A service worker may act as protective payee for a recipient only if the employee does not determine eligibility for a

categorical program for that recipient. All other community resources must be explored before a services worker may accept the payee assignment.

013. ELIGIBILITY REDETERMINATION. The Department reviews each recipient's plan and needs at least once every 12 months or whenever necessary as circumstances change. The Department completes a redetermination of eligibility when information is obtained about changes in the recipient's circumstances that may change eligibility for services.

014. SERVICE PROVIDERS. This section contains definitions, requirements and standards used in evaluating and approving providers who wish to enroll and provide services through this Program.

014.01 DEFINITIONS. The following definitions apply:

014.01(A) PROVIDER IDENTIFICATION NUMBER. A nine-digit Federal Identification number or a nine-digit Social Security number following by two-digit suffix code.

014.01(B) SERVICE PROVIDER ENROLLMENT FORM. A document whereby the provider indicates willingness to participate in the program and provide services to recipients. The enrollment form describes the services to be provided, the agreed upon unit(s) and the unit rate(s) for the each provider. The provider's responsibilities are stated in the enrollment form.

014.01(C) SUBCONTRACTING. When a service provider pays someone other than a provider's employee to provide the contracted service.

014.01(D) TWO-DIGIT SUFFIX CODE. Two identifying numbers attached to the Federal Identification number of providers who share the same Federal Identification number due to affiliation with a larger agency.

14.02 FACE-TO-FACE INTERVIEW. A face-to-face interview is required of each potential provider.

014.03 FAILURE TO MEET STANDARDS. If the potential provider does not meet standards at the time of the initial visit or face-to-face interview, but is able to correct the deficiency within 30 days, the enrollment process will continue when proof of compliance with standards is received.

014.04 CONFLICT OF INTEREST. No employee of the Department may be approved as a service provider if the employee is in a position to influence the employee's own approval or utilization.

014.05 RECIPIENT RELATIVE AS PROVIDER. A relative provider may not be a legally responsible relative or legal dependent of the recipient. A non-legally responsible relative of a recipient may be a provider if it is documented that the relative provider is held to the same provider requirements as non-relative providers.

014.06 SERVICE PROVIDER ENROLLMENTS. The following policies govern service provider enrollments:

- (A) The provider must obtain any necessary registration or child care license before being enrolled as a provider;
- (B) Each provider must be properly enrolled before services can be authorized for purchase;
- (C) The Department must evaluate the need for service provider in the area; if capacity is not met, additional providers will not be enrolled;
- (D) Enrollments are effective up to 12 months, are never back-dated, and must be signed by the provider on or before the effective date;
- (E) Changes in the service provider services or terms require a new enrollment. Address changes which do not affect the service location do not require a new enrollment but an amendment must be completed showing the provider's new address;
- (F) Notice of any changes in services, units or unit rates proposed by either the provider or the service agency must be given as soon as possible; and
- (G) Service provider enrollments must be approved by the Department.

14.07 PROVIDER EVALUATION. As part of the provider approval process, the Department conducts an evaluation consisting of the following:

- (1) A face-to-face interview with each potential provider at least annually;
- (2) Annual visits to each facility in which services are provided to recipients outside of recipients' homes; and
- (3) Assessment of the quality of service provision at least once during the enrollment period by observing service delivery, visiting the service facility, interviewing the provider, or interviewing a recipient served by the provider.

14.07(A) SECONDARY AGREEMENTS. Site visits are not required for facilities with secondary agreements. The service provider shall ensure that providers with secondary agreements meet all standards and requirements.

14.08 RATE NEGOTIATION AND ESTABLISHMENT. For all services, the rate negotiated must:

- (A) Be usual and customary or less for similar services in the community;
- (B) Not exceed amounts reasonable and necessary to ensure the quality of service;
- (C) Not exceed the rate charged to non-social services clients for comparable service; and
- (D) Not exceed the service's maximums unless approved by the Department.

14.09 SERVICE PROVIDER ENROLLMENT RENEWAL. The provider will undergo evaluation at time of renewal before the expiration of the enrollment term and any time there is reason to believe the provider is not fulfilling the provider's responsibilities.

14.10 PROVIDER TERMINATIONS. Either the Department or the provider may terminate an enrollment by giving at least 30 days advance written notice. The 30-day requirement may be waived in case of emergencies such as illness, death, injury or fire. A written notice will be sent to the provider when the Department terminates a provider enrollment. Written notice to the provider is not required when the provider or potential provider voluntarily withdraws an application to enroll.

14.10(A) IMMEDIATE TERMINATIONS. The Department may terminate this agreement immediately if determined necessary to protect the health or safety of the recipient, or if the provider has provides false information to the Department or otherwise breached the agreement.

14.11 PROVIDER STANDARDS. The following standards apply to all providers:

- (1) The proposed service must meet the service definitions and must be purchasable;
- (2) The Department need not enroll a potential provider if the proposed service is sufficiently available;
- (3) All service providers must have a Federal Identification number or Social Security number whichever is appropriate before being approved for enrollment;
- (4) The provider must not be the parent of the minor child receiving services nor the legal guardian, spouse, or minor child of the recipient;
- (5) The provider must not have a history of chronic incorrect or inaccurate billings whether intentional or unintentional for services that have been provided or have a criminal history of financial mismanagement; and
- (6) The provider must not engage in or have an ongoing history of criminal activity that may be harmful or endanger individuals served by the potential provider. This may include a substantiated listing as a perpetrator on the child or adult Central Registries of abuse or neglect, a criminal conviction for a crime endangering the life, well-being or safety of the victim or a member of the public or a crime involving fraud or theft of property or services.

014.11(A) PROVIDER AGENCIES. If the provider is an agency, the agency must review its policies regarding hiring and reporting to ensure appropriate procedures regarding abuse, neglect and other criminal violations are in place to protect recipients of services. The Department may require background checks on the agency employees when enrolling or reviewing an agency provider.

014.11(B) PROVIDERS. To participate as a provider or as an employee of a provider agency, the Department may conduct the following background checks:

- (1) A search of the following registries, repositories, or databases in the State of Nebraska plus each State where the individual has resided during the preceding two years:
 - (a) State criminal registry or repository;
 - (b) State sex offender registry; and
 - (c) Child and Adult Abuse and Neglect Central Registry; and
- (2) Providers transporting vulnerable adults or persons under age 19, must comply with the requirements of Neb. Rev. Stat. § 81-6,120 and undergo the necessary national criminal history background checks.

014.11(B)(i) ADDITIONAL CRIMES. Provider enrollment will be revoked or application denied when the provider has a conviction or pending charges for a crime including crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, or crimes involving moral turpitude.

014.11(C) DEPARTMENT DISCRETION. The Department has discretion to not approve a potential provider and terminate a current provider based upon the provider's failure to meet standards, the results of the criminal history check or the provider's failure to cooperate with the process

014.12 ENROLLMENT FORMS. Before furnishing any service, each provider shall sign an enrollment form agreeing to provide services in compliance with the enrollment form terms.

014.13 PROVIDER AGE QUALIFICATIONS. Service providers must be at least 19 years old.

015. DEFINED SERVICES. This section discusses the allowable homemaker services for eligible recipients.

015.01 HOME MAKER SERVICES. Services are not provided based upon on the demand of the applicant or recipient. The services provided by the homemaker must maintain or strengthen the family's capacity to function as independently as possible.

015.01(A) HOME MAKER GOALS. The goals of Homemaker Services for Families are:

- (i) Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency;
- (ii) Achieving or maintaining self-sufficiency, including reduction or prevention of dependency; and
- (iii) Preventing or remedying neglect, abuse or exploitation of children unable to protect their own interests.

015.02 ALLOWED HOME MAKER SERVICES FOR FAMILIES. The services allow in-home assistance and instruction provided by a homemaker to maintain and strengthen families and alleviate stresses in the home.

015.02(A) SERVICES DUE TO ILLNESS OR HOSPITALIZATION: In-home or out-of-home supervision and care of children may be provided for up to 24 hour per day due to temporary absence of the parent or usual caretaker due to hospitalization or the parent or usual caretaker's need for assistance during recovery from illness.

015.02(B) OUT-OF-HOME INSTRUCTION. Out of home instruction may be provided by homemaker service providers or service workers in foster care or child protective services cases to:

- (i) Maintain and strengthen families and alleviate stresses in the home; or
- (ii) Prepare the natural family for the return of the child to the home.

015.02(C) HOME MAKER TASKS. The homemaker service provider shall identify areas of inadequate family functioning and need for training or assistance in:

- (i) Management, supervision, training and proper care of children or incapacitated family members;
- (ii) Organization of household activities and time management;
- (iii) Management, maintenance, arrangement, cleaning and care of home appliances, equipment, eating utensils, furniture and supplies;

- (iv) Obtaining, storing, planning, preparing, and serving nutritious food for the recipient and the family, including accommodating special diets;
- (v) Obtaining and properly caring for clothing, household supplies, and sundry needs of self or family, including laundry tasks;
- (vi) Maintenance of sanitation within the home;
- (vii) Maintenance of personal hygiene and health practices for self or family members;
- (viii) Obtaining any necessary medical care and treatment;
- (ix) Management and proper use of income and resources; and
- (x) Maintaining proper relationships and communication with family members.

015.03 AUTHORIZING ELIGIBLE RECIPIENTS. Services may be authorized only for the following parents or caretakers:

- (1) Current Aid to Dependent Children program recipients;
- (2) Low income Families; or
- (3) Families eligible without regard to income.

015.03(A) NEED FOR SERVICE. Eligible families must also have an identified homemaker service need.

015.04 MAXIMUM RATE AND UNIT AUTHORIZATION. The Department establishes the maximum rate and the authorized units with the provider based upon the recipient's needs.

015.05 AUTHORIZATION LIMITS. When authorizing homemaker services, the Department provides instruction to the homemaker including the assistance to be performed by the homemaker and the time frames in which the recipient is to learn to perform each authorized homemaking task.

015.06 HOME MAKER PROVIDER REQUIREMENTS. All Homemaker providers must:

- (A) Meet all the provider standards in 474 NAC 1-014.11;
- (B) Have experience in performing homemaking tasks;
- (C) Be free of communicable disease, have the physical capability to provide service and be willing to provide a medical provider's statement if the worker requests one;
- (D) Exhibit good grooming and personal hygiene practices;
- (E) Demonstrate acceptance of, respect for, and a positive attitude toward other people;
- (F) Exhibit emotional maturity in assuming responsibility, maintaining schedules, and adapting to new situations;
- (G) Possess the necessary skills to demonstrate, complete and instruct individuals in performing identified homemaker tasks;
- (H) Observe and report all changes to the Department;
- (I) Participate in or show proof of past participation in training related to the abuse and neglect of children and demonstrate an understanding of this problem before providing service in child protective service cases; and
- (J) Participate in or show proof of past participation in training related to permanent planning for children before providing service to natural parents in foster care cases.

016. TRANSPORTATION AND ESCORT SERVICES FOR FAMILIES. This section provides direction for the authorization and provision of Transportation or Escort Services for Families and the process for evaluation and approval of transportation providers, including individual providers.

016.01 TRANSPORTATION DEFINITIONS. The following definitions are used in this section:

16.01(A) COMMON CARRIER. Any person who transports passengers by motor vehicle for hire and is licensed as such with the Nebraska Public Service Commission.

16.01(B) DEPARTMENT. The Nebraska Department of Health and Human Services.

16.01(C) ESCORT SERVICES. An attendant or caregiver accompanying a minor or persons who are physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision.

16.01(D) EXEMPT PROVIDER. Carriers exempt from the Public Service Commission licensure by law including those that

- (i) Transport for hire persons who are aged and their spouses and dependents under a contract with a municipality or county;
- (ii) Are owned and operated by a nonprofit organization which has been exempted from the payment of federal income taxes as provided by the Internal Revenue Code and transporting solely those persons over age 60, their spouses and dependents or disabled persons;
- (iii) Are operated by a municipality or county as authorized by law in the transportation of the persons who are aged;
- (iv) Are operated by a governmental subdivision or a qualified public purpose organization having motor vehicles with a seating capacity of 20 or less and are engaged in the transportation of passengers in the state;
- (v) Are engaged in the transportation of passengers and are operated by a transit authority created under and acting pursuant to the laws of the State of Nebraska; and
- (vi) Provide escort service under contract with the Department or with any agency organized under the Nebraska Community Aging Services Act.

016.01(E) INDIVIDUAL PROVIDER. A person who is not in the business of providing transportation for hire; for example, a friend, neighbor or non-legally responsible relative.

016.01(F) MEDICAL ESCORT. An attendant or caregiver accompanying a minor or persons who are physically, mentally, or developmentally disabled and unable to travel or wait without assistance or supervision to receive a Nebraska Medicaid covered service.

016.01(G) NEBRASKA MEDICAID COVERED SERVICE. A medical service that could be covered by a Nebraska Medical Assistance Program as specified in Title 471 of the Nebraska Administrative Code.

016.01(H) PUBLIC, CONTRACTED TRANSPORTATION. Public transportation such as a taxi, bus, train or plane.

016.01(I) TARIFF. The geographic rate parameters of operation assigned to a particular carrier by the Public Service Commission.

016.01(J) TRANSPORTATION OR ESCORT SERVICE FOR FAMILIES means services enabling:

- (i) Children to travel to:
 - (1) Child care;
 - (2) Health-related treatment or care when Medicaid does not cover the transportation service; or
 - (3) Department or other community resource services as a part of a child protective services safety plan or case plan;
- (ii) Parents or usual caregivers to travel to:
 - (1) Health services when not covered by Medicaid;
 - (2) Department or a community resource to receive services as a part of a child protective services safety plan or case plan; or
 - (3) Visit a hospitalized child included in the family unit or in foster care when Medicaid does not cover the transportation; and
- (iii) Biological parents or usual caregivers with children in foster care to receive services directed toward returning the child home.

016.02 ELIGIBILITY STATUS. The Department may authorize transportation or escort service for applicants or recipients who are:

- (A) Current Aid to Dependent Children recipients;
- (B) Current Supplemental Security Income and State Supplemental recipients age 18 or younger;
- (C) State wards;
- (D) Low-income families; or
- (E) Families eligible without regard to income.

016.03 TRANSPORTATION OR ESCORT NEED. Transportation services are not provided based on the demand of the applicant or recipient. Need for a service implies that the provision of that service will assist the applicant or recipient in achieving program goals. To be eligible, the applicant or recipient must:

- (1) Have no access to a working licensed vehicle or a valid driver's license;
- (2) Be unable to drive due to physical or cognitive limitation;
- (3) Be unable to secure transportation from relatives, friends, or other organizations at no costs;
- (4) Require transportation in relation to a defined area of need;
- (5) Have a current safety plan or case plan; or
- (6) Accept the authorized case plan.

016.03(A) RESIDENTS OF NURSING FACILITIES OR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES. Residents of nursing facilities or intermediate care facilities for individuals with developmental disabilities are not eligible to receive transportation through Social Services Block Grant Programs, except discharge transportation unless the transportation service is covered by Medicaid. All other transportation is the responsibility of the facility. Transportation, including moving the recipient's household goods or personal property is not allowable for these recipients.

016.03(B) CHILD PROTECTIVE SERVICES TRANSPORTATION OR ESCORT. The Department may authorize transportation or escort services only to meet the recipient's defined needs as part of a child protection safety plan or case plan.

016.03(C) STATE WARD AND FOSTER CARE TRANSPORTATION OR ESCORT. Transportation services may be authorized to allow biological parents or usual caretakers with a child who is a Department ward to receive services directed toward the return of the child to the home or the maintenance of the child in the home.

16.03(D) TRANSPORTATION FOR VISIT: Transportation or escort services may be authorized to enable a family member or caregiver to visit a hospitalized child who is included in the family unit or in foster care.

016.04 TRANSPORTATION SERVICES PROVIDER STANDARDS. The Department enrolls common carriers, exempt providers, escort providers, and individual providers. Providers must meet all general provider standards in section 014.11 in addition to the service specific standards.

016.04(A) COMMON CARRIER STANDARDS. The Nebraska Public Service Commission certifies common carriers. Taxis and van companies are certified by the Public Service Commission as common carriers. The Department verifies the common carrier is certified, requests and receives a copy of the carrier's tariff and verifies the carrier has a special Department designation.

016.04(A)(i) TRANSPORTATION BY OTHERS. Transportation provided by child care providers, family support providers and foster parents are exempt from Public Service Commission certification requirements since it is incidental to the service provided. Exempt providers must ensure their employees meet the individual provider standards of this Chapter.

016.04(B) ESCORT PROVIDER STANDARDS. The provider must:

- (i) Meet all provider standards contained in 474 NAC 1-14.11;
- (ii) Be an individual age 19 or older;
- (iii) Have training or experience working with children;
- (iv) Have training or experience in providing personal assistance;
- (v) Agree to have the escort's driving records reviewed if the escort will drive;
- (vi) Maintain information on specific needs of each recipient served;
- (vii) Report all changes observed to the recipient's services coordinator;
- (viii) Escorts providers who drive the recipient must also meet all individual transportation provider standards in this Chapter. The escort provider must complete the individual transportation provider self-certification;
- (ix) If the escort provider will be driving a recipient who is a vulnerable adult or a person under age 19, the provider must meet the transportation service standards of Neb. Rev. Stat. § 81-6,120, including the criminal history records check required by the statute.

016.04(C) INDIVIDUAL PROVIDER STANDARDS. The Department may enroll individual providers only if the driver and vehicle standards are met at all times when the individual is providing transportation for a recipient.

016.04(C)(i) PROVIDER STANDARDS. The individual must meet the following driver standards:

- (1) Meet all provider standards contained in 474 NAC 1-14.11;
- (2) Meet the transportation service provider standards of Neb. Rev. Stat. § 81-6.120 if the provider is transporting a person under age 19 or vulnerable adult, including the national criminal history records check required by the statute;
- (3) The individual provider must be chosen by recipient or by the usual caregiver to provide transportation;
- (4) Be age 19 or older;
- (5) Possess a current and valid driver's license;
- (6) Have no more than three points assessed against the provider's Nebraska driver's license or meet a comparable standard in the state where the provider is licensed to drive.
- (7) Currently have no limitations that would interfere with safe driving;
- (8) Personally drive the provider's own vehicle to transport the recipient;
- (9) Use seat belts and child passenger restraint devices as required by law;
- (10) Not smoke or vape while transporting the recipient;
- (11) Not transport the recipient while under the influence of alcohol or any drug that impairs the ability to drive safely;
- (12) Not provide transportation if the provider has a communicable disease which may poses a threat to the health and well-being of the recipient;
- (13) Have and maintain the minimum automobile liability and medical insurance coverage as required by law; and
- (14) Report disqualification from any Department program for intentional program violation.

016.04(C)(ii) VEHICLE STANDARDS. The individual provider's vehicle must be:

- (1) Currently licensed and registered as required by law;
- (2) Kept at all time in proper physical and mechanical conditions;
- (3) Equipped with operable seat belts, turn signals, lights and horn;
- (4) Equipped with proper child passenger restraint devices as required by law when transporting children; and
- (5) Equipped to provide comfortable temperature and ventilation conditions.

016.04(C)(iii) PROVIDERS RESIDING OUTSIDE OF NEBRASKA. If the potential provider does not reside in Nebraska, the Department will check registries in the provider's state of residence.

016.04(C)(iv) RENEWAL OF PROVIDERS. Providers are reviewed annually for renewal. If the Department determines circumstances warrant more frequent checks, the Department may review more frequently. Providers must cooperate with the review and renewal process. Failure to cooperate may result in termination or disapproval as a provider.

016.04(D) ALTERNATIVE ASSISTANCE AVAILABILITY. Before authorizing transportation or escort services, the Department will explore with the applicant use of family, neighbors, friends or community agencies that will provide the service to the applicant without charge when possible.

016.05 NON-MEDICAL TRANSPORTATION FOR RECIPIENTS WHO ARE ELIGIBLE AS A CURRENT FAMILY OR A LOW-INCOME FAMILY. For areas where exempt providers are available or the recipient has chosen to use an individual provider, the recipient may only use a common carrier when the exempt provider or individual provider cannot provide the service.

016.06. TRANSPORTATION RATES, FREQUENCY AND MAXIMUM ALLOWABLE UNITS. Transportation services are paid only when:

- (1) The recipient is in the vehicle; and
- (2) The provider uses the most direct and logical route from the recipient's residence to the service location.

016.07(A) UPPER LIMITS. The Department establishes transportation rates.

016.07(A)(i) COMMON CARRIER RATES. Common carrier rates are set by the Nebraska Public Service Commission pursuant to Nebraska Revised Statute (Neb. Rev. Stat.) §75-303.03. The maximum rate does not apply when the carrier:

- (1) Transports the recipient wholly within the corporate limits of the city or village where the transportation of the recipient originated; or
- (2) Transports a disabled person as defined by the Americans with Disabilities Act of 1990 in a vehicle compliant with the regulations governing transportation of disabled persons.

016.07(A)(ii) TAXIS. Taxi rates may be no greater than 95% of the published rates.

016.07(A)(iii) EXEMPT PROVIDERS. The Department establishes rates for exempt providers.

016.07(A)(iv) ESCORT PROVIDERS. The mileage rate for escort providers must not exceed the state employee mileage rate unless the escort is a certified carrier. The hourly rate is set by the Department.

016.07(A)(v) INDIVIDUAL PROVIDERS. As provided in Neb. Rev. Stat. §75-303.03, the Department will reimburse individual providers for costs incurred in transportation at a rate no greater than that paid for reimbursement of state employees under Neb. Rev. Stat. § 81-1176 only for mileage.

016.07(B) FREQUENCY. The frequency for medical and non-medical transportation is by miles or trip. The frequency for medical escort services is by the hours and miles or the hours and trip.

016.07(C) MAXIMUM ALLOWABLE UNITS. Transportation units are authorized based upon recipient need and must not exceed the following limits:

- (i) Non-medical Transportation:

DRAFT
06-24-2019

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

474 NAC 1

- (1) To and from child care; and
- (2) To and from community services based upon the child protective services safety plan or case plan.

~~TITLE 474~~

~~SOCIAL SERVICES FOR FAMILIES, CHILDREN, AND YOUTH~~

~~CHAPTER 1-000 ADMINISTRATION~~

~~1-001 Legal Basis~~

~~1-001.01 Federal Law:~~ This title describes the policies and procedures the Nebraska Department of Social Services (NDSS) has established to provide and coordinate services for families, children, and youth.

Federal funds are available for programs which meet federal requirements contained in Titles IV-B, IV-E, and XX of the Social Security Act.

~~1-001.02 State Statute:~~ Social services are defined in Chapter 68, Article 12, Reissue Revised Statutes of Nebraska, 1943. Section 68-1202 states, "Social Services may be provided on behalf of recipients with payments for such social services made directly to vendors" and lists mandatory and optional services to clients.

Section 68-703, R.R.S., 1943, lists the duties of the Director of NDSS, including the power to, "establish rules and regulations for efficiently administering the department and performing the duties assigned to it." According to Section 68-1204, the Director of the Department of Social Services may promulgate rules and regulations, enter into agreements, and adopt fee schedules with regard to social services described in Section 68-1202."

~~1-002 Agency Organization:~~ The Social Services Program is a statewide operation.

~~1-002.01 Central Office:~~ Central Office staff are responsible for service program management, development, and accountability and fiscal control.

~~1-002.02 Local Offices:~~ Local staff ensure that federal and state regulations are upheld, that clients' rights are protected, and that clients' needs are served. A determination of eligibility for applicants who do not meet the requirements outlined in this title is misappropriation of public funds. Local responsibilities are divided into the following areas.

~~1-002.02A Case Management: Local staff responsible for case management act as the central control of each client's case. It is their responsibility to—~~

- ~~1. Assess client needs;~~
- ~~2. Determine client eligibility;~~
- ~~3. Arrange and authorize provision of appropriate services, using an approved provider;~~
- ~~4. Periodically review the service plan; and~~
- ~~5. Provide information and referral.~~

~~1-002.02B Resource Development: Local staff assigned resource development duties are responsible for the following:~~

- ~~1. Resource recruitment;~~
- ~~2. Provider approvals and contracts;~~
- ~~3. Staff development and training;~~
- ~~4. Provider training; and~~
- ~~5. Public relations and public information activities.~~

~~1-002.02C Service Administration: Administrative staff are responsible to—~~

- ~~1. Review and edit social services documents;~~
- ~~2. Review and analyze reports;~~
- ~~3. Complete necessary accounting and research reports;~~
- ~~4. Provide analysis of statistical data; and~~
- ~~5. Consider clients' needs, mandated policies, and administrative dictates in determining—~~
 - ~~a. Staffing needs;~~
 - ~~b. Training needs;~~
 - ~~c. Facilities;~~
 - ~~d. Intra-agency policies and procedures;~~
 - ~~e. Budgeting;~~
 - ~~f. Data support; and~~
 - ~~g. Client processing.~~

1-003 Definitions

Adverse Action: A determination by the worker that the service(s) provided to a client will be reduced or terminated.

Emancipated Minor: A child age 18 or younger is considered emancipated if s/he has—

- ~~1. Married; or~~
- ~~2. Moved away from the parent's home and is self-supporting.~~

Follow Up: The maintenance of any necessary contact with a client to monitor the continued appropriateness of service.

Prudent Person: 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.

1-004 Service Client Appeal: Every service applicant or client has the right to appeal for a fair hearing in relation to the following:

1. Determination that the applicant is not eligible to receive social services;
2. Denial of service;
3. Termination or reduction of service; or
4. Inaction or improper actions of the local service unit. Exception: A client is not entitled to a fair hearing when either state or federal law requires automatic case adjustments for classes of clients unless the reason for an individual appeal is incorrect eligibility determination.

1-004.01 Local Office Responsibilities Regarding Appeals: The local office shall —

1. Inform each applicant of his/her right to file an appeal with the Director;
2. Inform the applicant/client of the method for filing an appeal;
3. Inform the applicant/client that s/he may designate an authorized representative or that s/he may represent himself/herself at the hearing;
4. Inform the client that service will continue unchanged until a hearing decision is made if a fair hearing is requested in writing within ten days of the date Form DSS-6, "Client's Notice of Action," was mailed (see 474 NAC 2-006.03D); and
5. Refer to IX-8200 ff. for instructions on appeals procedures.

1-005 Summary of Forms: The following forms are used by local offices to administer the Social Services Program for families, children, and youth. Instructions for these forms are contained in the appendix at the end of this title:

<u>Form Number</u>	<u>Form Title</u>	<u>Appendix Reference</u>
CWI-1	Parent/Parent Substitute Letters A&B	474-000-1
CWI-2	Parent/Parent Substitute Questionnaire	474-000-2
CWI-3	Provider Letter	474-000-3
CWI-4	Case Plan/Court Report/Review	474-000-4
CWI-5	Permanent Plan Review Summary and Assessment	474-000-5

Form Number	Form Title	Appendix Reference
CWI-6	Post-Conference Report	474-000-6
CWI-7	Review Team Feedback	474-000-7
CWI-10	Child Welfare Information System	474-000-8
DA-18D	Application for Foster Care Assistance	474-000-9
DPW-1	Request for Assistance and/or Services	474-000-10
DPW-19	Client Referral	474-000-11
DPW-46	Authorization for Investigation	474-000-12
DSS-2A	Social Service Exception	474-000-29
DSS-3A	Social Services Application	474-000-30
DSS-3E	Incapacity Statement	474-000-31
DSS-4	Case Information Summary	474-000-33
DSS-4A	Social Services Provider Authorization	474-000-34
DSS-4C	Service Provider Notification	474-000-35
DSS-5B	Social Services Billing Document	474-000-36
DSS-6	Client's Notice of Action	474-000-37
DSS-8	Agency Service Provider Agreement	474-000-38
DSS-8A	Agency Service Provider Agreement Amendment	474-000-39
DSS-9	Individual Service Provider Agreement	474-000-40
DSS-10	Social Service Provider Identification	474-000-41
DSS-0024	Child Protective Services Child Abuse/Neglect Report	474-000-43
DSS-120	Rollodex Card	474-000-44
DSS-0351	Single Family Day Care Self-Certification Checklist	474-000-50
DSS-0363	Child's Record for Child Care	474-000-51
DSS-0851	Day Care Home, Foster Care Home, Group Home Environmental Evaluation	474-000-60
DSS-0853	Medical Report	474-000-61
DSS-0855	Child's Record	474-000-62
DSS-0856	Child Placement and Financial Status	474-000-63
DSS-0857	Voluntary Placement Agreement	474-000-64
DSS-0910A	License Application for Centers, Agencies, Group Homes	474-000-70
DSS-0910B	License Application for Private Homes	474-000-71
DSS-0910C	Monitoring Record	474-000-72
DSS-0911A	Inspection Referral for Centers, Agencies, Group Homes	474-000-73
DSS-0911B	Inspection Referral for Private Homes	474-000-74
DSS-0912	Reference Letter	474-000-75
DSS-0913	Health Information Report	474-000-76
DSS-0913A	Health Information Report for Foster Homes	474-000-77
DSS-0914	Alternative Compliance Request	474-000-78
DSS-0916B	License for Boarding Home and Day Care	474-000-79
DSS-0917A	Report on Non-Compliance with Requirements	474-000-80
DSS-0917B	Child Care Facility Complaint Report	474-000-81
DSS-0917C	Complaint Letter	474-000-81

<u>Form Number</u>	<u>Form Title</u>	<u>Appendix Reference</u>
DSS-0917D	Complaint Referral	474-000-83
DSS-0931	Supplement to License Application for Day Care Centers	474-000-84
DSS-0934	Day Care Center Standards Compliance Review	474-000-85
DSS-0944	Evaluation of Applicants for Approved or Licensed Foster Care	474-000-86
DSS-1151	Homemaker Provider Check List	474-000-100
DSS-1153	Homemaker Weekly Time Sheet	474-000-101
DSS-1154	Homemaker Service Task List	474-000-102
DSS-1226	Emergency Shelter Care Contract	474-000-103
DSS-1227	Emergency Shelter Care Billing Document	474-000-104
DSS-1228	Emergency Shelter Care Request for Extension	474-000-105
DSS-1650	Abuse/Neglect Hotline Intake Form	474-000-106
DSS-1851	Transportation Review Check List	474-000-107
DSS-9911	Registered Family Day Care Homes Referral Form	474-000-109
DSS-9920A	Registration Application and Affidavit	474-000-110
DSS-9920B	Registration Closure Form	474-000-111
DSS-9922	Reference Release Statement	474-000-113
DSS-9924	Rules Compliance Checklist	474-000-114
DSS-AR50	Application for a Child	474-000-130
DSS-AR52	Foster and Adoptive Home Inquiry	474-000-131
DSS-AR54	Approved Adoptive Family Care	474-000-132
DSS-AR55	Referral for Adoption	474-000-133
DSS-AR61	Agreement for Adoptive Home Care	474-000-134
DSS-AR62	Newborn Record	474-000-135
DSS-AR64	Relinquishment for Adoption	474-000-136
DSS-AR65	Relinquishment of Child by Parents	474-000-137
DSS-AS50	Application and Agreement for Subsidy	474-000-138
DSS-AS51	Subsidized Adoption Program Child's Summary	474-000-139
DSS-AS52	Sample Letter for Annual Review of Subsidy	474-000-140
DSS-ICPC-100A	Interstate Compact Application to Place Child	474-000-141
DSS-ICPC-100B	Interstate Compact Report on Placement Status of Child	474-000-142
IRS-2678	Employer Appointment of Agent	474-000-160
PDS-100	Client Identification Data	474-000-170
SS-5	Application for a Social Security Card	474-000-180
SS-1610	Social Security -- Public Assistance Agency Information Request	474-000-181
SVP-792	Notice of Redetermination, Delinquent Reviews, and Cases Deleted	474-000-182

1-006 Title Organization: Title 474, "Social Services for Families, Children, and Youth," is divided as follows:

1. Chapter 1-000, "Administration";
2. Chapter 2-000, "Application and Eligibility";
3. Chapter 3-000, "Social Services Providers";
4. Chapter 4-000, (Reserved);
5. Chapter 5-000, "Defined Services"--
 - Section 5-011 Homemaker Services
 - Section 5-018 Transportation or Escort Services
 - Section 5-019 Domestic Abuse Program
6. Chapter 6-000, "Licensing Foster Homes, Group Homes, Child Caring Agencies, and Child Placing Agencies"--
 - Section 6-003 Foster Care Home Licensing
 - Section 6-004 Native American Foster Home Licensing
 - Section 6-005 Licensing Group Homes and Child Caring and Child Placing Agencies
 - Section 6-006 Licensing Standards for Group Homes
 - Section 6-008 Licensing Standards for Child Caring Agencies
 - Section 6-009 Licensing Standards for Child Placing Agencies

DRAFT
06-24-2019

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

474 NAC 2

TITLE 474 SOCIAL SERVICES FOR FAMILIES, CHILDREN AND YOUTH

CHAPTER 2 PROTECTION FROM DOMESTIC VIOLENCE SERVICES

001. SCOPE AND AUTHORITY. These regulations implement the Protection from Domestic Abuse Act set forth in Neb. Rev. Stat. §§ 42-901 to 42-931.

002. SERVICES. The Department will provide the services required by the Protection from Domestic Abuse Act and administer those services in accordance with Neb. Rev. Stat. §§ 42-901 to 42-931.

CHAPTER 2-000 APPLICATION AND ELIGIBILITY FOR SERVICES

~~2-001 Requests:~~ Any person may contact the agency by telephone, in writing, or in person to obtain information, explore eligibility, or to make arrangements to apply for services for himself/herself or as a representative of another person.

~~2-001.01 Response to Requests:~~ Staff must accept requests at the DHHS office or at other places in the community. Each office must establish a method of recording requests. A completed application is documentation of a request.

~~2-001.02 Request Time Limits:~~ Staff must take action to secure an application as soon as possible. If the client does not keep appointments or cannot be contacted within 30 days of the request, the worker must document the circumstances and file the request.

~~2-001.03 Interview:~~ An interview is required at initial eligibility determination. 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 474 NAC 1-003). 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.

The worker must hold the interview with:

- ~~_____ 1. A prospective adult client;~~
- ~~_____ 2. The client's legal guardian or conservator; or~~
- ~~_____ 3. An adult representing the client.~~

{Effective 6/28/11}

~~2-001.04 Application:~~ If requested, the worker must assist the applicant or the representative in completing the application for services. Form MILTC-3A, "Social Services Application," or Form EA-117, "Application for Assistance," are acceptable forms of application. The worker must take action on the application within 30 days of the date the application is signed. The worker must send a notice of action to inform the applicant of action taken.

{Effective 6/28/11}

~~2-001.04A Right to Apply:~~ Any person residing in Nebraska has the right to apply for social services.

~~2-001.04B Family Size:~~ Family size is defined as a unit consisting of one or more adults (individuals age 19 or older) and one or more children related by blood, marriage, or adoption who reside in the same household. An unborn is included if proof of pregnancy is obtained. (Foster children may be included when determining the size of the foster family unit.) The following are considered separate families:

- ~~1. Related adults other than spouses and unrelated adults who reside together;~~
- ~~2. Children living with non-legally responsible relatives;~~
- ~~3. Emancipated minors;~~
- ~~4. A minor parent; and~~
- ~~5. Biological parents or usual caretakers with a child in substitute care and children, if any, residing in the home.~~

~~2-001.04C Social Security Number:~~ If the applicant does not have a Social Security number, the worker shall call Central Office to request an interim number for use until a permanent number is obtained.

2-002 Income Eligibility

2-002.01 Categories of Eligibility

~~2-002.01A Current Family (CF):~~ Those individuals and family members who are current recipients of Title IV-A, the Aid to Dependent Children Program, and those individuals whose needs were taken into account in determining the needs of ADC recipients are eligible as current family, "CF." Recipients of ADC-Medical Assistance only are not eligible under this category.

2-002.01B Low Income

~~2-002.01B1 Low Income Family (LF):~~ A family unit (see 474 NAC 2-001.04B) whose income is within the maximum allowable income guidelines shown in 474-000-504 is eligible as LF.

If a family receives an ADC grant but not all members are included in the ADC grant unit (due to sanctions or ineligibility), the excluded person(s) must be determined eligible as LF (see 474 NAC 7-000) to receive social services. (The entire grant amount must be considered income for that person.)

Example: If a mother is an illegal alien and only her child is considered in the ADC grant, the mother must be eligible as LF or LC for the child to receive child care assistance. If the mother is not eligible as LF, the child could still receive other needed services on his/her own behalf (e.g., non-child care transportation).

~~2-002.01C Without Regard to Income (WI): A family who requires emergency child protective services or requires child protective family services may be eligible without regard to income (see 474 NAC 5-016 ff.).~~

~~The parent(s) (see 474 NAC 4-000) of a child who is a ward of the Nebraska Department of Health and Human Services may be eligible without regard to income if the plan is to reunify the family or maintain the child in the parent's home.~~

~~Note: The worker shall consider the family's income and ability/willingness to participate in the purchase of all or a portion of needed services. This must be considered on an individual family basis with the goal of assisting the family to become as independent as possible and to provide for their own family needs.~~

~~2-002.02 Action on Income Declaration: If Form DSS-3A shows receipt of public assistance income or income not exceeding the maximum, the worker shall conduct a needs assessment (see 474 NAC 2-004) and-~~

- ~~1. Complete Part VI of Form DSS-3A noting the client's eligibility classification;~~
- ~~2. Develop a service plan. Provision of service may begin immediately; and~~
- ~~3. Notify the client of his/her eligibility (see 474 NAC 2-006.03).~~

~~See 474 NAC 2-004 for the assessment process.~~

2-002.03 Maximum Allowable Income

~~2-002.03A Low Income Family (LF): See 474-000-504.~~

~~2-002.03B (Reserved)~~

2-002.03C Sources of Income: When determining eligibility, the worker shall consider the following sources of income:

1. ~~Aid to Dependent Children (ADC);~~
2. ~~Supplemental Security Income (SSI);~~
3. ~~State Supplemental Payment;~~
4. ~~Gross wages/salary - total money earnings received for work as an employee, including wages, salary, armed forces pay, vocational rehabilitation incentive pay, commissions, tips, piece rate payments, and cash bonuses earned before deductions are made for taxes, bonds, pensions, union dues, and similar purposes;~~
5. ~~Work study for a graduate student or a student working for a second degree;~~
6. ~~In-kind income received in lieu of wages;~~
7. ~~Income received under a JTPA program;~~
8. ~~Social Security - Social Security pensions, survivor's benefits, and permanent disability insurance payments made by the Social Security Administration and Railroad Retirement payments prior to deductions for medical insurance;~~
9. ~~Dividends - includes dividends from stockholdings or membership in associations;~~
10. ~~Interest - on savings or bonds, averaged over the period earned;~~
11. ~~Estates;~~
12. ~~Trust funds;~~
13. ~~Rentals - net income from rental of a house, store, or other property;~~
14. ~~Land lease income;~~
15. ~~Boarders - gross payments from boarders or lodgers (if self-employed, see item 30);~~
16. ~~Royalties - net royalties;~~
17. ~~Retirement pensions - retirement or pension benefits paid to a retired person or his/her survivors by a former employer or by a union, either directly or through an insurance company;~~
18. ~~Veteran's pensions - money paid by the Veteran's Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, and "refunds" paid to ex-servicemen as G.I. insurance premiums;~~
19. ~~Military allotments;~~
20. ~~Picket or strike pay;~~
21. ~~Contributions;~~
22. ~~Lump sum payments - e.g., child support or Social Security (contact Central Office for assistance in considering unusual lump sum payments);~~

- ~~23. Annuities - annuities or insurance;~~
- ~~24. Unemployment compensation -- compensation received from government insurance agencies or private companies during periods of unemployment and any strike benefits received from union funds;~~
- ~~25. Workers' compensation - compensation received from private or public insurance companies for injuries incurred at work;~~
- ~~26. Court-ordered alimony and child support;~~
- ~~27. Payment by an absent parent to the client for child care, rent, or house payment;~~
- ~~28. All money contributed for the maintenance of a ward, including foster care payments;~~
- ~~29. Net income from farm self-employment - (See 474-000-506 for determining net income); and~~
- ~~30. Net income from nonfarm self-employment - (See 474-000-506 for determining net income).~~

~~{Effective }~~

~~2-002.03C1 Offset of Earnings: If a client has a combination of farm or self-employment income and regular earned income, the regular earnings may be offset with a loss from the self-employment or farm operation. See 474-000-179 for completion of the Self-Employment and Farm Income Worksheet.~~

~~{Effective 5/4/98}~~

~~2-002.03D Income Exclusions:~~ When determining eligibility, the worker shall not consider the following sources of income:

- ~~1. Money received from participation in the Foster Grandparent Program authorized by the ACTION Program;~~
- ~~2. Money awarded by the Indian Claims Commission or the Court of Claims;~~
- ~~3. Alaska Native Claims Settlement Act payments (to the extent that these payments are exempt from taxation under section 21(a) of the Act);~~
- ~~4. Money received from sale of property such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling the property in which case the net proceeds would be counted as income from self-employment);~~
- ~~5. Withdrawals of bank deposits;~~
- ~~6. Tax refunds;~~
- ~~7. Earned Income Credits and Advanced Earned Income Credits;~~
- ~~8. Gifts;~~
- ~~9. Lump sum inheritances or insurance payments;~~
- ~~10. Capital gains;~~
- ~~11. The value of the coupon allotment under the Food Stamp Act of 1964, as amended;~~
- ~~12. The value of USDA donated foods;~~
- ~~13. The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended;~~
- ~~14. Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;~~
- ~~15. Earnings of a child age 18 or younger who is a full-time student or a part-time student who is not employed full time;
Note: Summer earnings of a child age 18 or younger are excluded if the worker verifies that the child plans to return to school in the fall.~~
- ~~16. Loans;~~
- ~~17. Any grant to a student for educational purposes;~~
- ~~18. Adoption subsidy payments;~~
- ~~19. Work study for an undergraduate student;~~
- ~~20. Home produce used for household consumption;~~
- ~~21. Earnings received by a youth age 18 or younger under a JPTA program;~~

{Effective 4/27/93}

- ~~22. JTPA allowance paid for supportive services such as transportation, meals, special tools and clothing;~~
- ~~23. VISTA living allowances and stipends;~~
- ~~24. Reimbursement from the Senior Companion Program;~~
- ~~25. Low Income Energy Assistance funds;~~
- ~~26. Housing assistance provided by Housing and Urban Development or by a local housing program;~~
- ~~27. Assistance received under the Disaster Relief Act of 1974 or under a federal law because of a presidentially declared major disaster;~~
- ~~28. Payments to a client participating in training or school attendance subsidized by the Division of Vocational Rehabilitation;~~
- ~~29. Payments made by Veterans Administration under the Veterans Education and Employment Assistance Act for education expenses of a veteran; and~~
- ~~30. Payment made by an absent parent to a child care provider, landlord, or mortgage holder on behalf of the client.~~

~~2-002.03E Deduction of Nursing Home Obligation: If the applicant/client has been directed by the Department to pay a portion of his/her income to a nursing home on behalf of an AABD client, the worker shall deduct the amount of the obligation from the applicant's/client's gross monthly income to determine eligibility.~~

~~2-002.03F Types of Income~~

~~2-002.03F1 Irregular Income: Irregular income is income, earned or unearned, which varies in amount from month to month or which is received at irregular intervals. This may be due to irregular employment, but even when an individual works regularly, the income may be irregular because of factors such as seasonal increases or decreases in employment and earnings (e.g., day labor or sales work on commission basis).~~

~~The worker shall use an average of three consecutive months, if available, to project future income unless there has been a significant change.~~

~~Small, irregular earnings which are not computable or predictable are not considered.~~

~~2-002.03F2 In-Kind Income: In-kind income is any non-monetary consideration received by a client in place of income for services provided or as payment of an obligation.~~

~~2-002.03F3 Lump Sum Income: Lump sum income is money received on a one-time basis. The worker shall divide the amount of the lump sum by six months and add that figure to the gross monthly income to determine eligibility. If that amount exceeds the income maximum, the client will be considered ineligible for that six month period.~~

~~2-002.03F4 Earned Income:~~ Earned income is money received from wages, tips, salary, commissions, self-employment, or items of need received in lieu of wages.

~~2-002.03F5 Unearned Income:~~ Unearned income includes but is not limited to-

- ~~1. Social Security benefits;~~
- ~~2. Railroad retirement benefits;~~
- ~~3. Child support;~~
- ~~4. Unemployment compensation; and~~
- ~~5. Returns from savings or investments.~~

~~2-002.03F5a Treatment of Payment by Non-Custodial Parent:~~ When a non-custodial parent makes a payment for child care or shelter (rent or mortgage payment), whether court-ordered or through an informal arrangement, the payment is-

- ~~1. Treated as income if paid to the client; or~~
- ~~2. Excluded if paid to the provider.~~

~~See 474 NAC 7-002.02F5a ff. for treatment of payment for child care assistance.~~

~~2-002.04 Income Verification: The worker shall-~~

- ~~1. Verify all income at the time of the initial application;~~
- ~~2. Verify irregular income at least every three months;~~
- ~~3. Verify earned income, using one month's income as a minimum, at least every six months;~~
- ~~4. Verify regular unearned income at least annually;~~
- ~~5. Use the prudent person principle to verify income at otherwise unscheduled times; and~~
- ~~6. Document all necessary income information in the client's case record.~~

~~If the client's declaration indicates eligibility the worker may use the prudent person principle to authorize service before income verification has been received. If verification does not later substantiate eligibility, the worker shall notify the client as directed in 474 NAC 2-009.03A and terminate service provision.~~

~~If a client has weekly or bi-weekly income, the worker shall use the income conversion charts found at 474-000-505 to project monthly income.~~

~~2-002.04A Verification of Current Status: If the client declares ADC income on Form DSS-3A, no verification is necessary before establishing a service plan. If CF status is indicated on Form DSS-4, "Case Information Summary," the computer will automatically verify current ADC eligibility and indicate "yes" in field 9. No other verification is necessary.~~

~~2-002.04B Verification of Low Income Status: The worker shall verify the family income shown on Form DSS-3A within 30 days of the date on the application.~~

~~2-002.04B1 Use of Income Maintenance (IM) Verification: To verify any income which an applicant has already declared for public assistance and which has been verified with documented proof on file, the worker manager may use the existing proof of income in the applicant's IM file as sufficient documentation of income for social services verification. The worker shall indicate on Form DSS-3A that proof is contained in the IM file.~~

~~2-002.04B2 Verification of Social Security Benefits: To verify Social Security income declared on Form DSS-3A the worker shall-~~

- ~~1. Obtain a copy of the Social Security check from the applicant;~~
- ~~2. View the Social Security check without obtaining a copy and document the amount, date, and warrant number of the check;~~
- ~~3. Obtain verification from the Income Eligibility Verification System (IEVS) or use the Automated Third Party Query (TPQY);~~
- ~~4. Secure a bank statement (original or copy) listing the amount of the check, warrant number, date deposited, and identifying the source as the Social Security Administration in cases where the Social Security check is directly deposited. The worker may obtain the bank statement from the applicant or from the bank at the applicant's request; or~~
- ~~5. Use any information shown on computer printouts available to the local unit.~~

~~Note: If premiums for medical insurance have been deducted from the check the worker shall add that amount to determine the client's gross benefit.~~

~~2-002.04B3 Burden of Proof: The worker may require the client to provide any necessary verification. All applicants shall present proof of age, family size, or income if the worker has reason to suspect that incorrect information has been provided. If the applicant fails to provide required proof within 30 days of the worker's request, the worker shall reject the application or close the case, as appropriate.~~

~~2-002.04C Verification of WI Status: For Child Protective Service cases where no wardship is involved, the worker shall-~~

- ~~1. Determine, if possible, that the client is neither eligible as a current recipient nor eligible or willing to be determined eligible as a low income client;~~
- ~~2. Document the child's need for Child Protective Services by completing a Family Service Plan (see 474 NAC 5-016.15B);~~
- ~~3. Complete only Parts I, II, and VI of Form DSS-3A; and~~
- ~~4. Authorize the appropriate Title XX service shown in item 2.~~

~~2-002.04C1 Parents of Department Wards:~~ If a child of the family is a ward of the Department, parents of the ward are eligible for services without regard to income if the following conditions are met:

- ~~1. One of the following applies:
 - a. The parent is not eligible as low income;
 - b. The parent is not willing to be determined eligible as low income; or
 - c. Due to the circumstances of the case, it is not possible for the worker to make an eligibility determination regarding income;~~
- ~~2. There is an agreement for the parent to pay part of the cost of services or the worker has determined that it is in the best interests of the family to authorize services at no cost to the family;~~
- ~~3. The worker verifies that the family meets the needs eligibility requirements (see 474 NAC 2-004.02, 5-003.06, 5-011.03B, 5-011.10C2, 5-018.03B, or 5-018.03);~~
- ~~4. The service is directly supportive of the family case plan (see 474-000-4) or any written service agreement; and~~
- ~~5. The supervisor approves the services and initials Form DSS-4.~~

~~2-003 (Reserved)~~

2-004 Needs Eligibility

~~2-004.01 Social Services Goals:~~ Social services are authorized based on the client's income eligibility and needs and are not provided based on demand. Need for a particular service implies that the provision of that service will assist the client or his/her family members to advance toward the achievement of one of the five program goals:

- ~~1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;~~
- ~~2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;~~
- ~~3. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;~~
- ~~4. Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; or~~
- ~~5. Securing referral or admission for institutional care when other forms of care are not appropriate.~~

~~2-004.01A Economic Self-Support (Goal 1): Economic self-support means that a client no longer receives any public assistance (e.g., ADC, medical assistance, social services, food stamps).~~

~~2-004.01A1 Levels: Clients assigned this goal are in various levels of achievement or maintenance of economic self-support. These levels are-~~

- ~~1. Reduction of assistance benefits leading to termination of these benefits; and~~
- ~~2. Prevention of need for benefits.~~

~~2-004.01A2 Appropriate Services: Homemaker and transportation.~~

~~2-004.01B Self-Sufficiency (Goal 2): All clients assigned this goal must have realistic expectations of residing in their own homes or current living arrangements while receiving only limited services. The worker shall define limited services for each case.~~

~~2-004.01B1 Levels: Clients assigned this goal are in various levels of goal achievement. These levels are-~~

- ~~1. Reduction of service dependency leading to self-sufficiency (no services); and~~
- ~~2. Prevention of service dependency through maintaining current service level without an increase over time.~~

~~2-004.01B2 Appropriate Services: Homemaker and transportation.~~

~~2-004.01C Preventing or Remedying Neglect, Abuse, or Exploitation of Children and Reuniting Families (Goal 3): This goal is achieved when a family no longer requires intervention or support to ensure against neglect, abuse, or exploitation; or when a family in which these behaviors have occurred no longer requires intervention or support to prevent recurrence.~~

~~2-004.01C1 Levels: All clients assigned this time-limited goal are in various levels of agency involvement.~~

~~2-004.01C2 Appropriate Services: Adoption services (including Subsidized Adoption), Permanent Planning Services for Children, homemaker, Interstate Placement, Child Protective Services, and transportation.~~

~~2-004.02 Needs Criteria: The worker shall determine that the client has no defined service need when-~~

- ~~1. The client is able to perform or provide for identified service needs;~~
- ~~2. The client has household members or caretakers who have the responsibility and/or capability to meet identified service needs;~~
- ~~3. The client has other relatives, friends, or interested individuals who will provide identified service needs at no cost to the client or to the service unit (see 474 NAC 2-005.04B);~~
- ~~4. The client has access to financial resources which may be used to meet his/her needs;~~
- ~~5. The client is residing in an institution (except in relation to deinstitutionalization and short-term care); or~~
- ~~6. The client does not meet the requirements specified for each service.~~

~~2-005 Service Plan Formulation: Selection of a goal and the approaches to its attainment are essential to planning. The worker and the client shall evaluate the approach selected and the client's potential for goal achievement. Based on this appraisal, the worker has the final authority to authorize or deny social services.~~

~~The worker and client together shall develop a plan which is documented in the case record and reflected on Form DSS-4, "Case Information Summary," and Form DSS-4A, "Social Services Provider Authorization." This plan must be re-evaluated whenever necessary and at least every six months. The forms must be updated as information changes and at least annually.~~

~~Before submitting Forms DSS-4 and DSS-4A, the worker shall determine whether identifying data on the client has been entered in the computer system. If the client is new to the system, the worker shall complete and submit Form PSD-100, "Client Identification Data."~~

~~Exception: Forms DSS-4 and DSS-4A do not apply to permanency planning cases.~~

2-005.01 Plan Objectives: The objectives of formulating a service plan are to-

1. Identify the client's present situation;
2. Determine if the client is functioning at his/her highest possible level;
3. Identify conditions (barriers) which hinder maintenance or improvement in the client's present level of functioning;
4. Determine which available services, if any, will remove or overcome the barriers to maintaining or improving the present level of functioning; and
5. Develop a plan for delivery of specific services directed at removing specific barriers to enable the client to maintain or attain his/her goal.

2-005.02 Documentation

2-005.02A Narratives: Staff shall provide narrative documentation to supplement information given on Form DSS-4 and Form DSS-4A. Narratives must include-

1. Information supporting goal selection;
2. Description of barriers to goal achievement;
3. Information supporting the approach(es) selected;
4. Information supporting worker decisions and actions regarding the case;
5. Documentation of communication with the client to include notices of eligibility and denial, reduction, or termination of service;
6. Documentation of referrals to other sources; and
7. Other appropriate factual information relevant to the case.

2-005.02B Forms: Service planning and authorization is recorded on Forms DSS-4, DSS-4A, and DSS-6, "Client's Notice of Action."

2-005.03 Referral: When no service plan can be formed or agreed upon, the worker shall-

1. Assess the problem and need for referral;
2. Provide information to the individual about other resources; and
3. Follow up, as appropriate.

~~2-006 Authorization: Form DSS-4A designates the provider responsible for the service authorized in the plan and gives special instructions and service limitations. Each provider from whom service is purchased must receive Form DSS-4A for prior authorization of service. Data entry of Form DSS-4A is optional; if it is desired, the local unit shall notify Central Office.~~

~~If an individual in-home service provider is authorized, the client shall sign Form IRS-2678, "Employer Appointment of Agent" (see 474 NAC 3-003.01).~~

~~2-006.01 Authorization Standards: To authorize any service, whether staff provided or purchased, the worker shall-~~

- ~~1. Determine that the client has been found eligible on Form DSS-3A (in no case will the beginning service authorization date be before the beginning eligibility date shown on the application);~~
- ~~2. Determine that the client's need relates to one of the defined program goals and can be met within the service definition;~~
- ~~3. Determine that the provider from whom service is purchased has a valid agreement;~~
- ~~4. Identify the service on Form DSS-4;~~
- ~~5. Describe and authorize purchased service on Form DSS-4A before service is provided;~~

6. Set an authorization period which is within the eligibility period;
7. Refer to the code, maximum rate, and unit authorization policies set for each service and on each provider agreement; and
8. Explain that any authorization is subject to review to ensure that the service is delivered as authorized.

2-007 Client Relatives as Providers: The Department discourages authorization of providers who are related to the clients they serve. Before considering a relative provider, the worker shall determine that the provider would not donate his/her service to the client at no cost.

Relative providers may receive social service reimbursement only if -

1. The client for whom service is provided is not the provider's minor child, spouse, or other legal dependent; and
2. No other provider is available; or
3. The relative provider's rate is significantly less than that of any other available provider.

2-008 Authorization Termination: When a Form DSS-4A service authorization must be terminated before the end of the authorization period, the worker shall notify the affected provider in a timely manner. (Form letter DSS-4C, Service Provider Termination, may be used.)

2-009 Service Client Contacts and Notices

2-009.01 Client Responsibility to Contact: The client or representative shall contact the worker when -

1. The client's situation has changed (e.g., address, income, family composition, or health);
2. The client is dissatisfied or experiencing problems with the service delivery plan; and
3. Instructed to do so by the worker.

2-009.02 Worker Responsibility to Contact: The worker shall contact the client when -

1. There is reason to suspect that the client's eligibility has changed;
2. It is necessary to discuss the process or problems of service delivery;
3. Follow up is necessary; or
4. The service or delivery plan must be changed or terminated.

~~2-009.03 Notice of Agency Action:~~ The worker shall provide written notification to applicants or recipients (or their representatives) of any agency action affecting the client's service case. This includes when—

- ~~1. An applicant is determined eligible or ineligible for social services;~~
- ~~2. A client is found eligible or ineligible at the time of verification or redetermination; and~~
- ~~3. A requested service is denied or provided services are to be changed, reduced or terminated.~~

~~These notices must include a statement of what action(s) the worker intends to take, the reason(s) for the intended action, and the corresponding manual reference(s).~~

~~2-009.03A Advance Notice:~~ When a provided service is to be reduced or terminated, the worker shall provide formal written notice. This notice must be dated and mailed or given to the client at least ten calendar days before the adverse action is effective.

~~2-009.03B Adequate Notice:~~ If the worker has verified possible client fraud, the worker shall send a notice of termination or reduction to the client no later than the action's effective date.

~~2-009.03C Notice Not Required:~~ No notice need be sent to the client in the following situations:

- ~~1. The client reports that service is no longer required and requests that his/her case be closed;~~
- ~~2. The worker learns of a client's death;~~
- ~~3. The client is committed to an institution or admitted to a nursing home on a long-term basis;~~
- ~~4. The client's whereabouts are unknown;~~
- ~~5. The worker has verified that service is being received through another local office; and~~
- ~~6. An authorization period is ending and the client has not acted upon a request for redetermination information.~~

~~2-009.03D Service Continuation During Appeal:~~ In cases where advance notice has been given, the client may appeal. If an appeal is requested in writing within ten days following the date the written notice was mailed, the worker shall not carry out the adverse action until a fair hearing decision is made.

~~In situations where only an adequate notice was required, service is not continued pending a hearing decision.~~

~~2-009.03E Client Notice of Provider Termination: When a client's provider is disapproved or is not being reapproved, the local service unit shall notify the client. A new method of service provision must be established to prevent a gap in service provision.~~

~~2-010 Social Services Exception: In specific instances, local staff may request approval from Central Office to depart from established policies to-~~

- ~~1. Meet extraordinary needs of individuals eligible for services; or~~
- ~~2. Obtain providers for eligible clients. Local staff shall request an exception by thoroughly describing specific circumstances on Form DSS-2A, "Social Service Exception." Upon receiving Form DSS-2A, Central Office staff shall make a decision on the request for exception. Central Office approval remains effective unless the situation changes or the exception is time limited.~~

~~2-010.01 Prior Approval: No local staff, client, or provider shall take action for which an exception is required/requested before the local unit receives-~~

- ~~1. A signed and dated Form DSS-2A from Central Office which approves, or approves with modification, the requested action; or~~
- ~~2. Verbal approval from Central Office in emergency situations.~~

~~2-010.02 Time Guides: To ensure a timely response, local staff should send written requests for exceptions to Central Office at least ten working days before the date on which the action described in the request is to take effect.~~

~~Central Office staff shall respond as soon as possible to requests and process all requests before the requested effective date.~~

~~In emergency situations when mailing time is not sufficient, requests may be made verbally and Central Office decisions given verbally. Local staff shall describe the nature of the emergency and shall follow up on all verbal requests by submitting Form DSS-2A for case record documentation. Staff shall submit these written requests within three working days and shall include the date of the verbal request, the name of the Central Office staff member who provided the decision, and a summary of the verbal decision.~~

~~2-010.03 Maximum Allowable Units and Rates~~

~~2-010.03A Case Management Functions: When the worker and a client determine that units of service above the maximum are needed for the client to meet his/her social services goal, the worker shall-~~

1. Determine how many additional units of service are needed for a specified period of time; and
2. Initiate Form DSS-2A, requesting a specific number of additional units for a specific time period (e.g., per week or per month) and documenting the client's need.

2-010.04 Record Maintenance: Local staff shall maintain the completed Form DSS-2A in the appropriate client or provider case file.

2-011 Assignment of Payee, Guardianship, or Conservator Status

2-011.01 Employee's Role: No employee of NDSS shall serve as a protective payee, guardian, or conservator for any services client for whom s/he

1. Determines eligibility;
2. Authorizes service provision;
3. Provides direct service; or
4. Has any other professional relationship which may be considered a conflict of interest.

If the conditions have been met, the client's worker shall submit a request for approval to Central Office.

2-011.02 Services Worker as Protective Payee: A services worker may act as protective payee for a client only if s/he does not determine eligibility for a categorical program for that client. All other community resources must be explored before a services worker may accept the payee assignment.

2-011.03 Provider's Role: The local services worker shall obtain Central Office approval before a service provider who contracts with the Department may act as protective payee for a client s/he serves.

2-012 Eligibility Redetermination

2-012.01 Change in Status: The worker shall complete a redetermination of eligibility when information is obtained about changes in a client's circumstances that may change his/her eligibility. The worker shall complete this review as soon as possible within a 30-day time limit.

~~2-012.02 Annual Redetermination:~~ The worker must review each client's plan and needs whenever necessary (and at least every 12 months). At least every 12 months, the worker must:

- ~~1. Conduct a redetermination of each client's eligibility;~~
- ~~2. Determine whether an interview is necessary;~~
- ~~3. Instruct each client to complete and sign a new Form MILTC-3A reflecting his/her current situation;~~
- ~~4. Verify information contained on Form MILTC-3A (see 474 NAC 2-002.04); and~~
- ~~5. Complete necessary redetermination forms.~~

~~No Form MILTC-3A is required for child protective services investigation when a child abuse/neglect report has been filed or when there is a court order and the only service provided is foster care or child protective service.~~

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

2-013 Case Record Maintenance

~~2-013.01 File Contents:~~ Service case records must include appropriate forms for and documentation of:

- ~~1. The request for services, MILTC-3A, EA-117, or substitute application;~~
- ~~2. Income verification;~~
- ~~3. Service eligibility; and~~
- ~~4. Service plan formulation (see 474 NAC 2-005.02).~~

~~2-013.02 Record Retention:~~ Each office must retain the required documentation for six years from the eligibility period ending date.

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

2-014 (Reserved)

TITLE 474 - SOCIAL SERVICES FOR FAMILIES, CHILDREN AND YOUTH
CHAPTER 3 - (Repealed)

TITLE 474 - SOCIAL SERVICES FOR FAMILIES, CHILDREN AND YOUTH
CHAPTER 5 - (Repealed)

TITLE 474
SOCIAL SERVICES FOR FAMILIES, CHILDREN, AND YOUTH
TABLE OF CONTENTS

Chapter 1-000 Administration

- 1-001 Legal Basis
 - 1-001.01 Federal Law
 - 1-001.02 State Statute
- 1-002 Agency Organization
 - 1-002.01 Central Office
 - 1-002.02 Local Offices
 - 1-002.02A Case Management
 - 1-002.02B Resource Development
 - 1-002.02C Service Administration
- 1-003 Definitions
- 1-004 Service Client Appeal
 - 1-004.01 Local Office Responsibilities Regarding Appeals
- 1-005 Summary of Forms
- 1-006 Title Organization Chapter
- 2-000 Application and Eligibility for Services
- 2-001 Requests
 - 2-001.01 Response to Requests
 - 2-001.02 Request Time Limits
 - 2-001.03 Interview
 - 2-001.04 Application
 - 2-001.04A Right to Apply
 - 2-001.04B Family Size
 - 2-001.04C Social Security Number
- 2-002 Income Eligibility
 - 2-002.01 Categories of Eligibility
 - 2-002.01A Current Family (CF)
 - 2-002.01B Low Income
 - 2-002.01C Without Regard to Income (WI)
 - 2-002.02 Action on Income Declaration
 - 2-002.03 Maximum Allowable Income
 - 2-002.03A Low Income Family (LF)
 - 2-002.03B (Reserved)
 - 2-002.03C Sources of Income
 - 2-002.03D Income Exclusions
 - 2-002.03E Deduction of Nursing Home Obligation
 - 2-002.03F Types of Income
 - 2-002.04 Income Verification
 - 2-002.04A Verification of Current Status
 - 2-002.04B Verification of Low Income Status
 - 2-002.04C Verification of WI Status
- 2-003 (Reserved)

- 2-004 Needs Eligibility
 - 2-004.01 Social Services Goals
 - 2-004.01A Economic Self-Support (Goal 1)
 - 2-004.01B Self-Sufficiency (Goal 2)
 - 2-004.01C Preventing or Remedying Neglect, Abuse, or Exploitation of Children and Reuniting Families (Goal 3)
 - 2-004.02 Needs Criteria
- 2-005 Service Plan Formulation
 - 2-005.01 Plan Objectives
 - 2-005.02 Documentation
 - 2-005.02A Narratives
 - 2-005.02B Forms
 - 2-005.03 Referral
- 2-006 Authorization
 - 2-006.01 Authorization Standards
- 2-007 Client Relatives as Providers
- 2-008 Authorization Termination
- 2-009 Service Client Contacts and Notices
 - 2-009.01 Client Responsibility to Contact
 - 2-009.02 Worker Responsibility to Contact
 - 2-009.03 Notice of Agency Action
 - 2-009.03A Advance Notice
 - 2-009.03B Adequate Notice
 - 2-009.03C Notice not Required
 - 2-009.03D Service Continuation During Appeal
 - 2-009.03E Client Notice of Provider Termination
- 2-010 Social Services Exception
 - 2-010.01 Prior Approval
 - 2-010.02 Time Guides
 - 2-010.03 Maximum Allowable Units and Rates
 - 2-010.03A Case Management Functions
 - 2-010.04 Time-Limited Service Exceptions
- 2-011 Assignment of Payee, Guardianship, or Conservator Status
 - 2-011.01 Employee's Role
 - 2-011.02 Services Worker as Protective Payee
 - 2-011.03 Provider's Role
- 2-012 Annual Redetermination
 - 2-012.01 Change in Status
 - 2-012.02 Annual Redetermination
- 2-013 Case Record Maintenance
 - 2-013.01 File Contents
 - 2-013.02 Record Retention
- 2-014 (Reserved)

Chapter 3-000 Social Services Providers

- 3-001 — Provider Agreement Process
 - 3-001.01 Introduction
 - 3-001.02 Definitions
 - 3-001.03 Application
 - 3-001.04 Conflict of Interest
 - 3-001.05 Worker Relatives as Providers
 - 3-001.06 Service Provider Agreements
 - 3-001.07 Agreement Completion
 - 3-001.08 Multiple Facilities
 - 3-001.08A — Option 1
 - 3-001.08B — Option 2
 - 3-001.09 Provider Evaluation
 - 3-001.09A — Resource Development Responsibilities
 - 3-001.09B — Secondary Agreements
 - 3-001.10 Rate Negotiation/Establishment
 - 3-001.10A — Request for Rate Exception
 - 3-001.11 Provider Agreement Renewal
 - 3-001.11A — Agreement Evaluation
 - 3-001.11B — Worker Action
 - 3-001.12 Provider Terminations
 - 3-001.12A — Written Notices
 - 3-001.12B — Form DSS-10
 - 3-001.13 Forms and Instructions
- 3-002 — Standards
 - 3-002.01 General Standards
 - 3-002.02 Provider Standards
 - 3-002.03 Provider Age Qualifications
 - 3-002.03A — Parental Permission
 - 3-002.04 Special Conditions Affecting Approval
- 3-003 — Social Security Tax Withholding
 - 3-003.01 Introduction
 - 3-003.02 Definitions
 - 3-003.03 Staff Responsibilities
 - 3-003.04 Tax Statements
 - 3-003.04A — W-2 Forms
 - 3-003.04B — Form IRS-1099
 - 3-003.05 Form IRS-2678
- 3-004 — Volunteers
 - 3-004.01 Orientation and Training
 - 3-004.02 Characteristics
 - 3-004.03 Volunteer Tasks

Chapter 4-000 (Reserved)

Chapter 5-000 Defined Services

5-001 through 5-010 (Reserved)

5-011 Homemaker Service for Families

5-011.01 Introduction

5-011.01A Homemaker Need

5-011.01B Homemaker Goals

5-011.02 Homemaker Definitions

5-011.03 Clients Served

5-011.03A Homemaker Eligibility Status

5-011.03B Homemaker Need

5-011.04 Maximum Rate and Unit Authorization

5-011.05 Authorization Procedures

5-011.06 Homemaker Provider Requirements

5-011.07 Forms and Instructions

5-011.10 Family Support Service for Families

5-011.10A Introduction

5-011.10B Definitions

5-011.10C Clients Served

5-011.10D Maximum Rate and Unit Authorization

5-011.10E Authorization Procedures

5-011.10F Reporting Requirements

5-011.10G Family Support Provider Requirements

5-011.10H Forms and Instructions

5-012 through 5-017 (Reserved)

- 5-018 — Transportation or Escort Service for Families
 - 5-018.01 Introduction
 - 5-018.01A — Transportation Goals
 - 5-018.02 Definitions
 - 5-018.03 Clients Served
 - 5-018.03A — Eligibility Status
 - 5-018.03B — Transportation or Escort Need
 - 5-018.04 Staff Provided Service Costs
 - 5-018.05 Defined Areas of Transportation Need
 - 5-018.05A — Child Protective Services Transportation/Escort
 - 5-018.05B — Child Care Transportation or Escort
 - 5-018.05C — Foster Care Transportation or Escort
 - 5-018.05D — Medical Transportation or Escort
 - 5-018.05E — Transportation for Visit
 - 5-018.06 Maximum Rates and Allowable Units
 - 5-018.07 Transportation Exceptions
 - 5-018.08 Authorization of Individual Providers
 - 5-018.09 Authorization of Exempt Providers
 - 5-018.10 Transportation Provider Requirements
 - 5-018.11 Transportation Forms and Instructions
- 5-019 — Domestic Abuse Program
 - 5-019.01 Introduction
 - 5-019.01A — Legal Basis
 - 5-019.02 Definitions
 - 5-019.03 Clients Served
 - 5-019.04 Local Office Responsibilities
 - 5-019.05 Emergency Services
 - 5-019.05A — Constant Access and Intake to Services
 - 5-019.05B — Immediate Transportation
 - 5-019.05C — Immediate Medical Services or First Aid
 - 5-019.05D — Emergency Legal Counseling and Referral
 - 5-019.05E — Emergency Financial Aid
 - 5-019.05F — Crisis Counseling
 - 5-019.05G — Safe Living Environments
 - 5-019.06 Contractual Agreements
 - 5-019.07 Monthly Reports
 - 5-019.08 Access to Records
 - 5-019.09 Confidentiality
- 5-020 through 5-029 — (Reserved)

~~REV. DECEMBER 17, 2014~~ — ~~NEBRASKA DEPARTMENT OF~~ ~~S.S./FAMILY CHILD-~~
~~YOUTH~~

~~MANUAL LETTER #84-2014~~ — ~~HUMAN SERVICES MANUAL~~ — ~~TABLE OF CONTENTS~~

~~474 NAC 6-000~~

~~6-000~~ — ~~Licensing Group Homes, Child-Caring Agencies,~~
~~and Child-Placing Agencies~~

~~6-001 — 6-004 (Reserved)~~

- 6-005 Licensing Group Homes and Child Caring and Child Placing Agencies
 - 6-005.01 Scope and Authority
 - 6-005.02 Definitions
 - 6-005.03 Licensed Required
 - 6-005.04 Inquiries
 - 6-005.05 Application
 - 6-005.06 Fee
 - 6-005.06A License Fee
 - 6-005.06B Fee Collection
 - 6-005.07 Health Information Report
 - 6-005.08 Fire Safety Inspection
 - 6-005.09 Sanitation Inspection
 - 6-005.10 Recreation Camp Inspections
 - 6-005.11 Challenge Course Inspections
 - 6-005.12 Compliance Evaluation
 - 6-005.12A Initial License
 - 6-005.12B Renewal
 - 6-005.12C Evaluation Review
 - 6-005.13 Recommendation for Licensure
 - 6-005.14 Alternative Compliance
 - 6-005.15 Non-Compliance with Requirements
 - 6-005.16 Background Checks
 - 6-005.17 Amending a License
 - 6-005.18 Public Access to Licensing Files
 - 6-005.18A Access to Group Home and Child Caring Agency Files
 - 6-005.18B Access to Child Placing Agency Files
 - 6-005.19 Declaratory Ruling Request
 - 6-005.20 Denial, Revocation, or Suspension of a License
 - 6-005.21 Licensing Decision Appeals
 - 6-005.22 Complaints
 - 6-005.22A Complaints on Suspected Child Abuse or Neglect
 - 6-005.22B Processing Complaints
 - 6-005.23 Licensee Renewal Responsibilities
 - 6-005.24 Licensing Process Summary
- 6-006 Licensing Standards for Group Homes
 - 6-006.01 Administration
 - 6-006.01A Purpose Statement
 - 6-006.01B Program
 - 6-006.01C Records
 - 6-006.01D Confidentiality
 - 6-006.02 Admissions
 - 6-006.03 Staff
 - 6-006.03A Age and Maturity
 - 6-006.03B Staff Ratio
 - 6-006.03C Training

- 6-006.04 Facility
- 6-006.05 Services
 - 6-006.05A Community Activities
 - 6-006.05B Discipline
 - 6-006.05C Transportation Safety
- 6-006.06 Emergency Shelter Care Intake
- 6-006.07 Sanitation Requirements
- 6-007 (Reserved)
- 6-008 Licensing Standards for Child-Caring Agencies
 - 6-008.01 Administration
 - 6-008.01A Incorporation
 - 6-008.01B Governing Board
 - 6-008.01C Finances
 - 6-008.01D Administrative Records and Reports
 - 6-008.02 Personnel
 - 6-008.02A Staff Qualifications
 - 6-008.02B Staff Ratio
 - 6-008.02C Training
 - 6-008.02D Activities Counted as Training
 - 6-008.03 Facility
 - 6-008.04 Admissions
 - 6-008.05 Case Reviews
 - 6-008.06 Health and Safety Requirements
 - 6-008.06A Transportation Safety
 - 6-008.06B Fire Safety
 - 6-008.07 Personal Hygiene
 - 6-008.08 Food and Nutrition
 - 6-008.09 Clothing
 - 6-008.10 Discipline, Seclusion Rooms, and Physical Restraint
 - 6-008.10A Definitions
 - 6-008.10B Discipline
 - 6-008.10C Seclusion Rooms
 - 6-008.10D Physical Restraint
 - 6-008.10E Training
 - 6-008.10F Internal Review
 - 6-008.11 Opportunity for Instruction
 - 6-008.12 Service Plan Goals
 - 6-008.13 Termination
 - 6-008.14 Records
 - 6-008.15 Emergency Shelter Care
 - 6-008.16 Wilderness Challenge Programs
 - 6-008.16A Administration
 - 6-008.16B Program Requirements
 - 6-008.16C Staff Requirements
 - 6-008.16D Staff Child Ratio
 - 6-008.16E Admission Requirements

- 6-008.16F Health and Safety Requirements
- 6-008.16G Primary Site Requirements
- 6-008.16H Emergencies
- 6-008.16I Food and Water Requirements
- 6-008.17 Sanitation Regulations
 - 6-008.17A Construction
 - 6-008.17B Heating
 - 6-008.17C Toilet Facilities
 - 6-008.17D Lavatory Facilities
 - 6-008.17E Water
 - 6-008.17F Plumbing
 - 6-008.17G Ventilation
 - 6-008.17H Sewage Disposal
 - 6-008.17I Garbage and Refuse Storage and Disposal
 - 6-008.17J Lighting
 - 6-008.17K Food Services
- 6-008.18 Recreational Camp Inspections
- 6-008.19 Experiential Challenge Course Inspections
- 6-009 Licensing Standards for Child Placing Agencies
 - 6-009.01 Administration
 - 6-009.01A Incorporation
 - 6-009.01B Governing Board
 - 6-009.01C Finances
 - 6-009.01D Administrative Records and Reports
 - 6-009.02 Personnel
 - 6-009.02A Executive Director Qualifications
 - 6-009.02B Program Director Qualifications
 - 6-009.02C Casework Supervision Qualifications
 - 6-009.02D Caseworker Qualifications
 - 6-009.02E Training
 - 6-009.03 Intake
 - 6-009.04 Transportation Safety
 - 6-009.05 Confidentiality
 - 6-009.06 Adoption Services
 - 6-009.06A Adoption Services to Biological/Birth Parents and Their Children
 - 6-009.06B Records
 - 6-009.06C International Adoptions and Home Studies
 - 6-009.06D Interstate Placements
 - 6-009.06E Accepting Relinquishments and Making Placements
 - 6-009.06F Preparation of Child
 - 6-009.06G Post-Adoption Services
 - 6-009.06H Supervision of Placement
 - 6-009.07 Foster Care Services
 - 6-009.07A Foster Care Services to Biological Parents and Their Children
 - 6-009.07B Records
 - 6-009.07C Preparation of the Child
 - 6-009.07D Orientation of the Biological Parents
 - 6-009.07E Services to Foster Parents
 - 6-009.07F Supervision of Placements
 - 6-009.08 Interstate Placements
 - 6-009.09 Agency Located Outside of Nebraska