

CHAPTER 3-000 RRP/MA BENEFITS: RRP/MA assistance consists of money payments to the RRP/MA payee and/or payments made directly to the provider for medical care and services. If a client is eligible for a money payment, s/he is also eligible for medical assistance. A client may apply for medical assistance only.

3-001 Determination of Payment: The amount of the assistance payment to the RRP/MA payee is determined by:

1. The amount of the budgetary deficiency of the RRP unit (see 470 NAC 3-005.01); and
2. The amount of the maximum and minimum payment allowed (see 470 NAC 2-008.02A1 and 3-004).

Assistance payments to the RRP/MA payee may not exceed the budgetary deficiency of the unit or the maximum payment. The standard of need does not vary by living arrangement for RRP/MA units.

Provider payments for medical requirements are determined according to the standards and regulations established for the Nebraska Medical Assistance Program (see Title 471).

3-002 Effective Date of Payment: When an application for assistance is approved, the first month's payment begins with the date of application, if all eligibility factors are met. Prorated payment amounts are calculated by N-FOCUS. If eligibility occurs after the date of application, payment is prorated from the date eligibility begins. For administrative efficiency, a standard 30-day month is used in determining prorated payments.

Prorated payments apply to the first month a payment is issued or an individual is added to an existing unit.

For date of medical eligibility, see 470 NAC 4-004.

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3-002.01 Individual Added to the Unit: When an individual is added to a unit that is already receiving a grant, the payment of the new individual begins with the date the addition to the unit was requested if all eligibility factors are met. For date of medical eligibility, see 470 NAC 4-004. If adding the income of the added individual makes the entire unit ineligible for a grant, medical eligibility is determined for the entire unit.

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

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

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

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

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

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

3-004.02 Family Members Not Included in the Grant

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

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

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

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

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

3-004.02D Those Who Refuse to Cooperate: The needs of an employable adult are not included in the grant if s/he refuses to register for, accept, or participate in services of an agency providing services to refugees.

3-004.02E Incarcerated Individuals: Any recipient who is incarcerated is ineligible to be included in the RRP/MA unit.

### 3-005 Budget Computation

3-005.01 Budgeting Process: The amount of the grant is determined by completing the following steps:

1. Total gross countable earned income;
2. Subtract 20 percent of earned income;
3. Subtract child care paid out-of-pocket;
4. Subtract the remaining earned income from the appropriate Standard of Need (see 470 NAC 2-008.01A);
5. Compare the result of step 4 to the appropriate payment standard;
6. Show the lower of the payment standard or the difference from step 4;
7. Subtract unearned income from the amount shown in step 6;
8. The result of step 7 is the amount of the grant.

3-005.02 Budget of an RRP/MA Unit and Other Clients in a Household (Living as a Family Unit): When an RRP/MA unit shares a household with individuals who are receiving assistance from another categorical program, the cases are budgeted separately. The worker shows the income of each client or RRP/MA unit on its own budget.

### 3-006 Payments for Assistance

3-006.01 Source of Funds: Refugee medical and cash assistance is 100 percent federally funded. Payments for medical care are made directly to the provider from federal funds.

3-006.02 Non-Restricted Payments: RRP assistance payments are made with no restriction on the use of the funds.

3-006.03 Protective Payments: A protective payee is assigned temporarily when the worker has documented that the assistance is being mismanaged and is not being used in the best interests of the individual. The protective payee must be an interested third party who is concerned with the welfare of the individual.

3-006.03A Selection of Payee: The client participates and consents to the extent possible in the selection of the payee for protective payments.

The payee must be a responsible and dependable person with the ability to relate positively to the client. The payee may be a relative, friend, neighbor, or a member of the clergy or of a church or community service group. The payee must be either geographically close to the client or have means of transportation for frequent contact.

The payee must not be:

1. A local office administrator;
2. A Department employee who determines eligibility for a categorical program for the client in question; or
3. A landlord, grocer, or other vendor of goods and services dealing directly with the client.

All other community resources must be explored before a worker may accept the payee assignment.

Care must be taken that the protective payee has ability in ordinary household budgeting; experience in purchasing food, clothing, and household supplies within a restricted income; and knowledge of effective household practices.

3-006.03A1 Service Provider: The local service worker must obtain Central Office approval before a service provider who contacts with the Department may act as protective payee for a client s/he serves.

3-006.03B Responsibilities of Payee: Responsibilities of protective payees include:

1. Paying maintenance needs from the RRP grant (i.e., rent, utilities, food, clothing, etc.);
2. Explaining to the client how the grant will be spent;
3. Keeping records of payments received and disbursements of funds; and
4. Treating confidentially all personal information concerning the family.

3-006.03C Review of Payee: The worker must review at least every six months the way in which a protective payee's responsibilities are being carried out.

3-006.03D In Mismanagement Cases: Protective payments are to be used only for those clients who have the capacity to learn to manage their funds and are not intended for those whose mental or physical limitations would prevent them from learning how to manage their own affairs.

The protective payments are designed for those persons who exhibit a deliberate mismanagement of money, or whose lack of experience or previous training in money management and budgeting creates mismanagement.

The worker must take into account whether:

1. The family has experienced some emergency or extraordinary event for which it was appropriate for available funds to be spent;
2. Expenses for necessary bills exceed the client's grant and other income; or
3. The family has withheld the payment as a reasonable exercise of consumer rights when there is a legitimate dispute as to whether terms of an agreement have been met.

It is necessary to identify children whose relatives have demonstrated an inability to manage funds that payments have not been or are not currently being used in the best interests of the child.

Before a protective payee may be assigned, the client must have consistently mismanaged current RRP funds.

3-006.03D1 Evidence of Mismanagement: Evidence of persistent mismanagement of assistance payments consists of:

1. Continued inability to plan and spread necessary expenditures over the usual assistance planning period;
2. Persistent and deliberate failure to meet obligations for rent, food, school supplies, and other essentials; or
3. Repeated evictions or incurrence of debts with attachments or levies made against current income.

The supervisor or local office administrator, after a review of the evidence presented by the worker, decides whether protective payments are necessary.

3-006.03D2 Notification of Client: The worker must notify the client when:

1. A creditor requests a protective payment for mismanagement because the client has not paid his/her bills; or
2. The decision has been made not to use a protective payment when requested by a creditor.

3-006.03D3 Preliminary Services: Before assigning a protective payee, the agency must try to develop the client's ability to manage funds. The agency must give specialized services on family budgeting and purchasing, meeting financial obligations, debt management, etc. The worker must then advise the client that a continued misuse of the payments will result in protective payments. If the client continues to mismanage his/her assistance payments, the worker must arrange for a protective payee.

3-006.03D4 Role of Payee: The protective payee has a teaching and supervisory role. S/he should recognize the objectives of the protective payment plan and share the responsibility of planning and evaluation with the agency. This entails reports to the agency of funds spent for the family and of progress made by the client in learning better money management.

The worker must release to the payee information about the family members and their situation that is pertinent to the objectives of the plan. The payee must agree to safeguard all personal information concerning the family. A proper understanding of the rights of the client and confidential nature of the agency-client- payee relationship is of the utmost importance.

3-006.03D5 Services

3-006.03D5a: The eligibility worker must make a referral to the local service unit in all cases of alleged mismanagement. The social services worker will determine if there is need for protective services and offer all appropriate defined services.

3-006.03D5b: The eligibility worker must utilize the information obtained by social services to determine if protective payments are required and if protective payments should be continued.

3-006.03D5c: Services designed to improve management of funds must be provided to all protective payment cases. Such services should include instruction in household budgeting; purchasing of food, clothing, home furnishing; repair of clothing and equipment; balanced diets; and organization of the work of housekeeping.

3-006.03D5d: The eligibility worker must review and evaluate each case at least every three months to determine if the client has demonstrated sufficient improved ability to properly use payments so that protective payments are no longer necessary, or if the protective payment status should continue.

3-006.03D6 Case Record: The case record must include:

1. Evidence that the client had been advised that continued misuse of payments would result in protective payments;
2. Specific evidence that the client has shown persistent mismanagement of assistance payments;
3. A description of the plan and provision of services;
4. Information regarding the qualifications and choice of payee; and
5. Evaluation information giving specific reasons for determining whether protective payments should be continued or are no longer necessary.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

3-006.05B4 Ninety Percent of the Payment Limits:

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

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

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

3-008 Fraud: See 465 NAC 2-007