

## 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 Remediating 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 over-come 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)