General Assistance Guidelines

Including

Primary Health Care and Cremation/Burials

Revised and Reissued
Effective October 1, 2017

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CHAPTER 1

GENERAL PROVISIONS

The following general provisions and definitions shall apply to all Lancaster County General Assistance programs administered by the County unless specific requirements of a program provide otherwise, in which case the specific program requirements will control.

DEFINITIONS

The following definitions shall apply, unless the context would indicate otherwise:

1:100 Adequate Notice: Notice of case action which includes a statement of the action taken by the Caseworker, the reason for the action taken, or a change in State law and/or County regulations which requires the action taken.

1:101 Appeal: A request for a hearing by an applicant to have the County's action or inaction on their case reviewed. All appeals must be requested in writing on an appeal form. An appeal form may be requested in writing or in person from the General Assistance Office.

1:102 Applicant: An individual who applies for General Assistance, including burial assistance and/or medical assistance for physical health issues from Lancaster County.

1:103 Application: A written form prescribed by the County and signed by the applicant which indicates the applicant's desire to receive General Assistance benefits. The application must be signed by the applicant/client within thirty (30) days immediately preceding the date it is received in the Lancaster County General Assistance Office. Prior to approving an application for assistance, the original or a copy of the application must be provided to the General Assistance Caseworker.

1:104 Application Date: The date an applicant's/client's signed and completed application is received in the Lancaster County General Assistance Office.

1:105 Authorization Period: When an application includes a request for medical services, the authorization period will begin on the date the application is received in the Lancaster County General Assistance Office. An earlier authorization start date may be allowed for applications that include a request for retroactive medical services; however, the time period for such retroactive medical services shall not exceed sixty (60) days. The ending date of the authorization period for medical assistance is the actual date the case file is closed by the caseworker. When an application for assistance includes non-medical services, the authorization period will start on the first day of the month in which the application is received in the Lancaster County General Assistance Office. The ending date of the authorization period for non-medical services will be the actual date the case file is closed by the caseworker. The ending date of the authorization period for rent assistance shall be the last day of the month in which the case file is closed by the caseworker.

1:106 Applicant and/or Client: Anyone who has applied for, or is receiving, General Assistance benefits.

1:107 Clinic Physician: A licensed physician who provides medical care at the designated Primary Health Care Clinic and who approves medical care by outside providers.

1:108 Contributions: Verified payments which are paid to, or on behalf of, an individual or household.

1:109 Direct Cremation: A straightforward disposition of the body without a formal/public viewing, visitation or embalming.

1:110 Emancipated Minor: A child under the age of nineteen (19) who is considered an adult because he/she has married or moved away from the parent's home and has been providing for their own needs.

1:111 Equity Value: The fair market of a resource less any recorded liens or encumbrances and reasonable fees required to liquidate those resources.

1:112 Fair Market Value of Real Estate and Motor Vehicles: The fair market value of real estate will be determined in accordance with the property's appraised value for tax purposes. The fair market value of motor vehicles will be determined in accordance with the trade-in values set forth in the most recent Midwest Edition of the National Automobile Dealers Association (NADA) Used Car Guide-(Average used price).

1:113 Family Unit: The income of a family unit will be used to determine eligibility for General Assistance.

1. For purposes of determining eligibility for General Assistance, a married couple is considered to be a family unit regardless of whether they are living together or not, unless they provide documentation indicating they are legally separated or divorced and the appropriate documentation has been provided to the Caseworker.
2. An applicant is also considered to reside as a family unit if he/she is a minor child and presently living with a parent, stepparent, or guardian.

1:114 Full-Time Student: An individual registered for full attendance at, and regularly attending, an established school, college or university or who has so attended during the most recent school term and intends to register for full attendance at the next regular term of the school.

1:115 Household: Individuals, regardless of relationship, who reside in the same dwelling unit.

1:116 Income: Income shall include:

1. Earned Income: Money received from wages, tips, salary, commissions or profits from activities in which an individual is engaged as a self-employed person or as an employee.
2. In-Kind Income: The value of food, clothing, shelter or other items received in lieu of wages. For purposes of determining the value of in-kind income, the worker shall use the maximum payments specified for an item under the General Assistance provisions of Chapter 2, Section 2:203.
3. Unearned Income: Includes, but is not limited to, money received from:
    a. Government entitlement programs;
    b. Social Security benefits, Railroad Retirement or Veterans benefits;
    c. Pensions and annuities;
    d. Disability benefits from any source;
    e. Child support or alimony;

f. Unemployment or Workers' Compensation;
g. Inheritance, gifts, trust fund benefits, contributions, etc.;
h. Returns/interest/dividends from securities, investments, interest on savings, etc.; and
i. Income received from an insurance policy that supplements the client's income when he/she is hospitalized or receiving medical care.

4. Monthly Income: Monthly income shall mean any income received within the past thirty (30) days.
5. Vested Rights: The applicant is deemed to have a vested right to income if:
   a. The applicant has been approved to receive benefits under a state or federal program for the calendar month in which General Assistance is/was requested/applied for and will be received by the applicant within thirty (30) days following the application date; or
   b. The applicant has earned income in the calendar month in which General Assistance has been requested or applied for and such earnings will be paid to the applicant within thirty (30) days following the application date.
   c. If payments are received annually, semiannually or quarterly, the amount is prorated on a monthly basis. For determination of countable/net income, see Sections 2:103 through 2:111.

1:117 Indigent Person: A poor person whose net income and resources are below the General Assistance standards, as outlined herein, who does not have a parent, stepparent or spouse supporting him or her and who is unable to provide for their own needs through any other source.

1:118 Legal Settlement:

1. The term legal settlement shall be taken and considered to mean:
   a. Every person, except those hereinafter mentioned, who has resided one year continuously in any county shall be deemed to have a legal settlement in such county.
   b. Every person who has resided one year continuously within the State, but not in any one county, shall have a legal settlement in the county in which he/she has resided six months continuously.
2. The time during which a person has been an inmate of any public or private charitable or penal institution, or has received care at public expense in any type of care home, nursing home, or board and room facility licensed as such and caring for more than one patient or guest, and each month during which he/she has received relief from private charity or the poor fund of any county, shall be excluded in determining the time of residence hereunder as referred to in subsection (1) of this Section.
3. Every minor who is not emancipated and settled in his or her own right shall have the same legal settlement as the parent with whom he/she has resided.
4. A legal settlement in this State shall be terminated and lost by: Acquiring a new one in another state; or voluntary and uninterrupted absence from this State for the period of one year with intent to abandon residence in Nebraska.
5. See Appendix C for examples

1:119 Medically Indigent: A poor person whose income and resources are determined under the General Assistance Guidelines to be insufficient to obtain medical care, who does not have a parent, stepparent or spouse supporting him or her and who is unable to provide for their medical care through any other source.

1:120 Medically Necessary: Treatment for a physical health condition is medically necessary if the condition will worsen without medical intervention.

1:121 Potential or Contingent Resources: Income and/or resources which are not in the immediate possession and control of the applicant, but to which the applicant may be entitled. Resources shall also include services or other programs available to the applicant to meet their requested needs.

1:122 Resources/Assets: Personal and real property in which the applicant has a legal interest. Resources and assets shall also include services and other established programs that are available within the community to meet the applicant's needs.

1:123 Responsible Family Member: The spouse, parent, or stepparent of any poor person.

1:124 Shared Living: A dwelling in which the client shares common areas such as entrance, cooking and food storage facilities and/or bathroom facilities with the property owner and/or with another resident.

1:125 Student: Any person who is enrolled in an institution of higher education. An institution of higher education means an institution which: (a) Admits as regular students only individuals having a certificate of graduation from a high school or the recognized equivalent of such a certificate; (b) is legally authorized in this state to provide a program of education beyond high school; (c) provides an educational program for which it awards a bachelor's degree or higher or provides a program which is acceptable for full credit toward such a degree, a program of postgraduate or postdoctoral studies, or a program of training to prepare students for gainful employment in a recognized occupation; and (d) is a public or other nonprofit institution; notwithstanding any of the foregoing provisions of this subdivision, all colleges and universities in this state are institutions of higher education.

1:126 Temporary Assistance: thirty (30) days. With Director's approval, the temporary assistance period can be extended an additional thirty (30) days but under no circumstances shall the temporary assistance period be extended or approved beyond a total of sixty (60) days. Temporary assistance may only be approved once during any 12 month period.

1:127 Unrelated Households: Persons who reside with, but who are not related to, the applicant as parent, stepparent or spouse.

1:128 Utilities: The term 'utilities' includes; water, electricity, gas/oil used for heating a residence, and garbage disposal services.

CLIENT AND AGENCY RESPONSIBILITIES

1:200 Client Responsibilities: The client is required to:

1. Provide complete and accurate information on the required application form, sign all required documents, provide two forms of identification (one of which must be a picture identification), provide verification and/or documentation of all information used to determine eligibility as requested by the Caseworker, and attend the personal interview as

scheduled with a General Assistance Caseworker within thirty (30) days of notification.

2. Prior to a determination of eligibility, report a change in circumstances the next working day after the change. If eligibility has already been determined, then a change in circumstance must be reported no later than ten (10) days following the date of change. This includes information such as:
   a. An increase or decrease in monthly income and expenses;
   b. An increase or decrease in resources;
   c. A change in employment status;
   d. A change in the composition of the household regardless of whether the change involves a related or unrelated household member;
   e. A change in address and/or living arrangements;
   f. A change in incapacity or disability status; or
   g. Proof of employment search, as required.
3. Accept referral to any other public or private agency or organization which may be able to provide the requested assistance to the client.
4. Comply with the Action Plan provided by the General Assistance Caseworker.

1:201 Department Responsibilities: At the time of initial application and/or recertification, the Caseworker shall:

1. Provide an explanation of program requirements;
2. Explain the eligibility factors that require verification;
3. Obtain the client's written consent for needed verification;
4. Explore current and potentially available income and resources with the client;
5. Inform the client of his/her rights and responsibilities;
6. Act with reasonable promptness on the client's application for assistance as defined in Section 2:501;
7. Inform the client of medical services available and program restrictions on use of private medical providers;
8. Inform client resources as detailed in Section 2:111 will be verified via Social Security Administration; and
9. Provide the applicant/client with a notice of finding indicating approval (active), denied, pending, suspended, closed or any other case action which affects the client's eligibility status. A notice of finding will be sent to the applicant/client within 7 days from the date the application is received into the General Assistance Office if the need is short-term, and within 30 days from the date the application is received into the General Assistance Office if the need is continuous, unless circumstances beyond the control of the applicant/client and/or County necessitate delay.

APPEAL PROCEDURES

1:300 Right to Appeal: All applicants for General Assistance and County cremations/burials may request an appeal when their application:

1. Has not been acted upon within the time established under Section 2:501; or
2. Has been denied; or
3. Has not been granted in full; or
4. Has been reduced or terminated.

1:301 Time to Appeal: Appeals shall be processed in the following manner:

1. The aggrieved person shall present his appeal in writing on an appeal form to General Assistance within fifteen (15) calendar days following the date on which notice of the county's action is mailed to the client. A General Assistance Supervisor shall review the appeal and respond in writing to the aggrieved person within fifteen (15) calendar days following the date on which the appeal was received.

2. If a satisfactory settlement is reached under 1:301(1), the aggrieved person shall withdraw the appeal in writing within fifteen (15) calendar days of receipt of the response from the General Assistance Supervisor. If not withdrawn, a hearing officer shall be appointed and act in accordance with 1:302.

1:302 Appeal Procedure: In accordance with Section 1:302(2) if the appeal is not withdrawn, the case will be forwarded to the appeals hearing officer as designated by the County Board. The following procedure will apply:

1. The client shall have the right to:
   a. Examine his/her General Assistance file prior to and during the hearing;
   b. Be represented in the proceedings by a lawyer, friend, relative or anyone else he/she may select;
   c. Present evidence; and
   d. Confront and cross-examine witnesses.
2. The hearing officer shall:
   a. Tape record the hearing;
   b. Make a decision within thirty (30) days following the hearing based upon the evidence adduced and the law;
   c. Provide the client a written copy of the decision setting forth findings and conclusions; and
   d. Preserve the tape of the hearing and all exhibits offered at the hearing for not less than sixty (60) days following entry of the hearing officer's decision.
3. Upon the request of either party or the hearing officer's own motion, the hearing may be continued and the hearing record held open for a period not to exceed ten (10) days, in order to obtain additional information or to verify new information.

1: 303 Right to Judicial Review: Any person aggrieved by a decision rendered pursuant to Sections 1:301 and 1:302 may obtain a review of such decision by filing a petition in the District Court of Lancaster County, Nebraska, within thirty (30) days after service of the decision on the client. Service shall be completed upon mailing of the decision by the hearing officer in the normal course of business to the last known address of the applicant.

CHAPTER 2

GENERAL ASSISTANCE GUIDELINES

ELIGIBILITY FACTORS

2:100 Eligibility Criteria: In order to be eligible for General Assistance, the applicant must come within the definition of an indigent person as set forth in Section 1:117, meet the income and resource criteria set forth in Chapter 6, establish a need pursuant to Section 2:200 and meet the requirements set forth in 2:101 and 2:102.

2:101 Legal Settlement: To be eligible to receive General Assistance from Lancaster County, an applicant must either have a legal settlement in Lancaster County as defined in Section 1:118 at the time of application, or must have fallen sick in Lancaster County.

2:102 Citizenship and Alienage: Recipients of assistance must qualify as either:

1. A citizen of the United States; or
2. A refugee lawfully admitted to the United States who can substantiate legal entry by means of documentary evidence and can provide documentation that they are not deportable.
3. A nonimmigrant alien or immigrant authorized to reside and work in the United States who can substantiate legal entry by means of documentary evidence and provide documentation from the Bureau of Citizenship and Immigration Services that they were admitted without a sponsor and that they are not deportable.
4. Federal regulations require a registered alien to have a sponsor who signs a contract wherein they agree to provide for the needs of the person they are sponsoring for ten (10) years upon entry into this country. Registered aliens with a sponsor are not eligible for General Assistance.
5. All applicants/clients are required to have on file with this office a US Citizenship Attestation Form as defined by Nebraska State Statute.

2:103 Resources: Equity value of all resources in the immediate possession or control of the applicant, unless otherwise exempt, will be considered as income for purposes of eligibility. Failure to take advantage of these resources would make an applicant ineligible for General Assistance. Such resources include but are not limited to:

1. Bank accounts, stocks, bonds, time certificates, mutual funds, cash value of life insurance, trust funds, revocable burial funds, etc.;
2. Personal property such as motor vehicles, leased vehicles, boats, campers, motorcycles, jewelry, etc.;
3. Real estate;
4. Business equipment including all business property, fixtures and machinery, including farm machinery, but excluding tools needed for a trade or profession which have an equity value of less than $2,000;
5. Livestock, poultry and crops; and
6. Potential Resources include, but are not limited to;

a. Placement in a shelter or temporary housing facility;
b. Energy Assistance programs;
c. Home Owners Insurance, Vehicle/Automobile Insurance, and Workers Compensation programs in situations where the client/applicant has or has access to a home owners insurance policy, a vehicle/automobile insurance policy or any other type of insurance coverage which provides health care benefits or medical care benefits/payments, unless such insurance does not provide coverage for a particular life threatening/life trauma situation and documentation of non-coverage is provided.

2:104 Exempt Resources: The following resources shall not be considered in determining an applicant's eligibility for General Assistance:

1. The home in which the client resides, unless the equity value exceeds $10,000.
2. Ownership of any additional properties will not be exempt regardless of equity value and will be considered to be an available asset/resource.
3. Household furnishings.
4. A motor vehicle(s) which is/are presently being used to meet the applicant's transportation needs for employment and/or medical care which has a combined total value of all vehicle(s) of greater than $6,000 is/are considered to be an available asset/resource.
5. Irrevocable burial funds in effect at the time of the request for assistance.

2:105 Ownership of Resources: Real and/or personal property which appear on record in the name of the client and/or persons included in the family unit will be considered in determining eligibility. In cases of jointly owned property in the name of the client and an individual not included in the family unit, it shall be presumed that the client's interest in such property is proportionate to all other joint owners, unless sufficient evidence is presented to the contrary. In situations involving applicants/clients that are business owners and/or who are self-employed, all business income less the cost of operations shall be considered as an available resource and the value of any and all business inventory shall be considered an available resource.

2:106 Potential Income: All applicants will be required to seek alternative sources of income to meet their past, present and future needs in order to be eligible. This includes applicants whose current income is not sufficient to meet their individual, family or household needs. In order to comply with this provision, an applicant, when applicable, shall:

1. Apply for any benefits or other programs to which he/she may be entitled to or eligible for including, but not limited to: Medicaid, The State and/or Federal Health Care Insurance Exchange, Prescription Assistance Programs, Energy Assistance Programs, Social Security, Supplemental Security Income, Veterans Benefits, Aid to the Aged, Blind or Disabled, Aid to Families with Dependent Children, Supplemental Nutrition Assistance Program (SNAP), Unemployment Compensation, Worker's Compensation, Housing Assistance Programs, etc.
2. Applicants/clients who, as a result of their own actions or inactions are determined to be ineligible for any of the benefits or programs listed above shall not be eligible for that same type of assistance or benefit through General Assistance.
3. Active or current General Assistance clients whose application for SSI and/or SSDI benefits from the Social Security Administration has been denied and who has not submitted a timely appeal of the denial are required to participate in the work search requirement.

4. Make good faith efforts to secure employment, unless the client:
    a. Has a verified physical and/or behavioral health disability which precludes them from being employed. Such verification shall be provided in the form of a written note and signed by a Physician, Physician Assistant, Licensed Mental Health Practitioner, or Nurse Practitioner. In such cases, the client shall not be required to seek employment until a Physician, Physician Assistant, or Nurse Practitioner certifies that their condition no longer precludes employment; or
    b. Applicants who have had a claim for benefits previously denied by the Social Security Administration (SSI or SSDI) shall be required to comply with the employment search requirements as described in section 2:108 (2) except when the current application on file with the Social Security Administration is based upon a medical condition that is different from the previous claim for benefits that was denied by the Social Security Administration. This provision shall also apply to clients/applicants who have failed to file a timely appeal or have abandoned their claim; or
    c. Is enrolled in a job training program through the Nebraska Works One Stop Career Center.
5. When the applicant has suffered a loss or reduction of income prior to the request for General Assistance and such loss or reduction was a result of the voluntary actions or inactions of the client or responsible family members. Such actions or inactions include but are not limited to:
    a. Failure to cooperate with any state or federal agency providing benefits to the applicant and which non-cooperation results in the loss or reduction of benefits;
    b. Failure to work when employment is or was available within ninety (90) days prior to the request for General Assistance or has been offered to the applicant and it is or was within the applicant's physical and mental ability to perform the type of work involved; and
    c. The applicant has been denied or suffered a reduction of benefits due to fraud or misrepresentation in applying for or receiving benefits from a state or local agency.
6. Make reasonable efforts to obtain possession and control of resources or income in which the applicant has a legal interest.

2:107 Income Averaging: In order to determine continued eligibility for General Assistance, the Caseworker shall consider all income sources of the client and all responsible family members. Income averaging may only be used in situations involving a current client.

1. Anytime a one-time lump sum payment is received that would otherwise render a current client ineligible for General Assistance because they would be over the monthly income guidelines, the Caseworker may use the following formula to average the clients income during the current calendar month and the next two calendar months. Such changes may include but are not limited to: recent employment, promotion, job change, increased hours, change in amount of earned and unearned income, and receipt of either state and/or federal income tax returns.
2. When calculating a client's average income, the Caseworker shall divide the one-time lump sum payment into three equal amounts. This amount will then be used as the monthly budget amount for the current calendar month and for the next two calendar months. All other income will then be added to the budget amount for the appropriate

calendar month and the total amount will then be used to determine a client's continued eligibility.

3. If at any time a client is determined to be over-income; their case shall be closed and they will be ineligible for the remainder of the 3 calendar months used to compute the income averaging. Under such circumstances, the client will be required to re-apply to establish their eligibility.
4. Income averaging can only be done once in any 3 month period commencing on the 1st day of the month in which the lump sum was received. Income averaging will not be allowed to overlap a previous calculation involving income averaging.

2:108 Verification: For purposes of complying with the provisions of Section 2:106 and before the applicant/client can be approved for ongoing assistance, the applicant/client must:

1. Provide verification from the appropriate agency that benefits have been applied for or the applicant has scheduled an appointment to apply for benefits;
2. When required, register with NebraskaWorks One Stop Career Center and remain active with the agency until employment is found and/or the applicant no longer requires General Assistance. In addition, provide documentation that the applicant is actively searching for employment. Such documentation shall consist of a completed GA Form 3, Work Search form that includes at least five (5) prospective employers per week with whom the client has completed and filed an application for employment, provided the client has not used the same employment application to satisfy a job search requirement in the previous three (3) months. To qualify as a valid application, the application must be completed and filed with the employer within thirty (30) days preceding the date the GA Form 3 is due in the General Assistance Department.
3. Provide evidence that he/she has made every effort within their means to secure possession and control of resources in which they have a legal interest.

2:109 Net Income: Income described in Section 1:116 minus allowable deductions for:

1. State and federal income taxes, based on actual personal exemptions;
2. Social Security or Retirement and Survivors Disability Insurance (RSDI);
3. Mandatory pensions;
4. Premiums paid for major medical health insurance coverage;
5. Court ordered child support which has been paid during the current month on behalf of a child not in the household; and
6. Child care payments required for the employment of parent(s).

2:110 Excluded Income: The following income shall be disregarded when determining the amount of General Assistance which the client is eligible to receive:

1. Stipends received through the Job Training Partnership Act and/or the Vocational Rehabilitation Division of the Nebraska Department of Education. Such disregard shall be granted for an initial period of three (3) months beginning with the month in which the first payment is received. If after consultation with the appropriate agency it is determined the client requires additional time to complete his/her training program, the disregard may be extended for an additional three (3) months. In no event may the disregard be allowed for a period in excess of six (6) months.
2. Fifty percent of a client's gross earnings for a period not to exceed two (2) months, beginning with the month the first check is received, provided the client has been unemployed and receiving General Assistance for six (6) consecutive months prior to the

month employment began. In all other cases the disregard shall not apply.

3. Pell Grants or other similar grants received as part of a rehabilitation program set forth under Section 2:300 (2) (b).

2:111 Verification and Documentation of Income and Resources: The Caseworker shall verify all income and the ownership and value of all resources declared by the client. All verification must be documented and contained in the case record prior to approval. The client's failure to provide the necessary documentation as requested by the Caseworker within a reasonable time shall be grounds for denial of the application or closing of the case file.

2:112 Right of Reimbursement: The applicant, in order to be eligible, shall authorize the County to be reimbursed for General Assistance granted if the applicant is found eligible for any supplemental security income program or other program of categorical assistance which provides retroactive benefits to the applicant from the date of application or the applicant has applied for replacement of a lost or stolen categorical warrant. An applicant shall also be required to repay any General Assistance obtained through misrepresentation or fraud.

2:113 Presumption of Eligibility: When an application for General Assistance includes a request for Primary Health Care benefits and has been signed but cannot be acted upon because all verification and documentation has not been obtained and, in the opinion of the assigned General Assistance Caseworker the client is in immediate need of medical services, temporary assistance may be granted based solely upon the applicant's declarations of income and resources as true and accurate. The Caseworker shall then:

1. Determine eligibility based on the client's declarations; and
2. Inform the client that they will become financially responsible for the cost of such medical services if it is subsequently determined that they do not quality for Primary Health Care coverage.
3. The authorization to receive temporary assistance for medical services based upon the presumption of eligibility shall not exceed a period of thirty (30) days.
4. Temporary Assistance shall not be approved when a previous application for benefits was submitted and denied, or when an active case was closed or denied within the past six (6) months.

2:114 Additional Guidelines: In deciding eligibility issues which are not specifically addressed by these Guidelines, the Caseworker may rely upon the guidelines set forth in the SNAP Manual and the Aid to Dependent Children Manual which are maintained by the Nebraska Department of Health & Human Services (DHHS). These can be found at https://www.dhhs.nh.gov/dfa/foodstamps/eligibility.htm
Copies of these manuals are available for inspection at the DHHS offices located at the State Office Building, 301 Centennial Mall South, Lincoln, NE.

ASSISTANCE PROVIDED

2:200 Goods and Services Provided: The following items are payable or may be provided through the General Assistance program:

1. Food;
    a. Food assistance is provided through the Federal SNAP program administered by the Department of Health and Human Services.
2. Rent (including deposit and utilities);
    a. Payments for utilities will only be approved when the client/applicant can show that they have been denied by the Energy Assistance program administered by the Department of Health and Human Services.
3. Physical medical care provided through the Primary Health Care Clinic or authorized by a Clinic Physician;
4. Transportation;
    a. Transportation Services are provided in the form of a Star Tran, low income, bus pass.
    b. Transportation assistance will not be authorized unless the client/applicant is found to be eligible for assistance from General Assistance for rent or primary medical care.
5. Personal Needs Items (including household supplies and personal care items);
    a. A Personal Need voucher will not be authorized unless the client/applicant is found to be eligible for assistance from General Assistance for rent or primary medical care.
    b. Personal Needs vouchers are to be used only for the purchase of personal needs items. They are to be issued in amounts as shown in section 2:203 (2) and are to be used for non-food, personal needs items only. Such items include but are not limited to; personal hygiene items, paper products, and items deemed necessary to maintain a healthy living environment.
    c. Clients/applicants who use these vouchers for other than their intended use will receive one warning from their caseworker and upon commission of a second such offense, will no longer be eligible to receive a Personal Needs voucher.
6. Clothing;
    a. See section 2:203 (6) of this document,
7. Cremation/Burial expenses;
    a. See Chapter 4 of this document, and
8. COBRA or other health insurance payments.

2:201 Retroactive Eligibility for Medical Assistance: The date of eligibility beginning no earlier than sixty (60) days before the date of application if all of the following conditions are met:

1. A request for medical assistance was made by the client or someone on their behalf within sixty (60) days of the date of application;
2. The client received medical services for a life threatening or life trauma condition within sixty (60) days of the date of application and the provider complied with program requirements in the delivery of care; and
3. The client met all eligibility requirements during the entire retroactive period under consideration.
4. Exception: In the event the client is unable to complete an application within sixty (60) days of the date of request because of prolonged hospitalization, the sixty (60) day requirement may be waived, provided an application is completed within thirty (30) days

following dismissal from the hospital and the conditions in paragraphs 1, 2, and 3 above are met. In such cases the medical eligibility date shall be the date the client was admitted to the hospital.

2:202 Standards for Payment:

1. All payments from General Assistance will be made on the basis of the qualified family unit and the maximum payment shall not exceed the standard established for each category. All payments will be made directly to the vendor providing the goods or services.
2. Maximum General Assistance payments as listed in Section 2:203 cannot be supplemented or augmented by other resources or other forms of payment nor are they intended to subsidize another form of payment.

2:203 Maximum Payments Per Month by Family Unit/Family Size:

1. Rent:

Family Size	Maximum Rent
1	$530
2	$640
3	$845
4 or more	$1,000

   a. Shared Living - $375 or a percentage of the total rent due divided by the number of family and non-family occupants, whichever is the lesser amount.
   b. Clients/applicants are not allowed to supplement rent payments. This includes income in-kind received in exchange for work performed by the client/applicant. The total amount of rent assistance allowed cannot exceed the amounts indicated above regardless of the source of payment.
   c. In addition to the income guidelines for non-medical assistance listed in Chapter Six, an individual may be denied rent assistance when it can be determined by the Caseworker that their current income and/or assets are sufficient to meet their needs.
   d. An individual may elect to have all or part of the rent allowance applied to his/her rent or utilities, any combination of which cannot exceed the maximum rent rate except as shown below.
   e. Payments for rent and/or utilities will not be granted when the applicant does not have legal settlement in the County as defined in Section 1:118 unless extraordinary circumstances exist and can be verified by the Caseworker.
   f. Deposits - Are allowed when required in addition to maximum rent allowance to secure adequate and safe shelter. Deposits shall not exceed one (1) month's rent as provided in Section 2:203(1).
      i. Payment of deposits will not be granted when the applicant does not have legal settlement in the County unless extraordinary circumstances exist and can be verified by the Caseworker.
      ii. Payment of deposits shall not be approved more than twice in any twelve (12) month period unless extenuating circumstances exist and can be verified. The application must be approved by the Director.
      iii. When moving to a new domicile and requesting assistance for the deposit, the applicant/client shall provide the Caseworker with a statement from the previous

landlord as to the reimbursement status of the deposit for the domicile being vacated. In cases where the client/applicant forfeits their deposit from the domicile being vacated due to their own negligence or abuse, assistance shall be granted only once during any twelve (12) month period.

g. Temporary Crisis - Rent amounts may exceed the maximum standard allowed when the family crisis is due to an illness, injury or loss of a job and staying within the Guidelines would require the family to move from their established home. Payments may be approved for not more than two (2) months and must have Director's approval.

h. Housing Authority Waiting List - Rent payments may exceed the maximum with Director's approval when it has been verified that the client is on the waiting list to receive a Housing Authority certificate and it is in the client's best interest to remain in their current home or move to a rented home that is approved for a housing certificate.

i. Once a rent voucher has been issued to the vendor, the client cannot receive payment for an alternate living situation unless the voucher was issued in error or the client is required to obtain a new living situation due to circumstances beyond his/her control. In no case will payments be authorized in any one (1) month which would exceed the maximum rent allowance specified herein.

2. Personal Needs Items:

Family Size	Maximum
1	$25
2	$35
3	$40
4	$45

3. Food: All applicants will be required to apply for SNAP to meet this need. General Assistance will not be issued to supplement the SNAP allotment for which an applicant may qualify, unless there are changed circumstances and the allotment cannot be changed for the current month. In these cases the SNAP tables issued by DHHS will be used to determine the amount of the food order by household size and the number of days covered.

4. Transportation: A monthly bus pass may be issued to any current General Assistance client when requesting transportation assistance for medical appointments, job search activities, General Assistance/Emergency Assistance appointments and for acquiring food and personal needs items through the voucher system. If there is a physical disability which precludes the use of the bus service, the client should be referred to HHS for Social Services Block Grant (Title XX) transportation services or they may be issued a Handi Van pass. Alternative forms of transportation may be arranged at the discretion of the County General Assistance Director.

5. Transportation Outside of Lancaster County: Transportation may be provided to individuals who otherwise meet the eligibility criteria for Primary Health Care to locations outside of Lancaster County if the following conditions are met:

a. The individual has not resided in Lancaster County for six (6) consecutive months and wishes to return to his/her place of residence, provided the individual has secured a place to stay upon their arrival and this information can be verified; or

b. The individual has secured employment outside of Lancaster County and the prospective employer can confirm this information.

6. Clothing:
    a. Persons eligible for General Assistance and in need of clothing assistance should contact the Good Neighbor Community Center for a clothing selection appointment.
    b. The purchase of clothing for special needs may be authorized on a case-by-case basis upon approval by the General Assistance Director or General Assistance Officer.
7. Burials: See Chapter 4.
8. Health Insurance Premiums:
    a. COBRA payments may be approved for payment when it can be shown that the cost of the payments will result in a monetary savings to the county.

DISQUALIFICATION FROM PROGRAM PARTICIPATION

2:300 Ineligible Applicants:

1. Applicants who meet the financial eligibility criteria may still be denied Primary Health Care benefits if:
    a. They are receiving or have been determined eligible to receive Medicare, Medicaid (including Medicaid with an excess income obligation), Veterans Health Care benefits and any other type of governmental health care benefits, including qualification as an "Essential Person" to someone in receipt of Medicaid.
    b. They fail to comply with federal and/or state entitlement program guidelines which results in a denial of benefits.
    c. They have a health insurance policy in effect, unless there is no coverage for a particular life threatening/life trauma situation and documentation of non-coverage is provided.
    d. They refuse to use any resources (unless otherwise exempt) which are available to meet their medical needs, including applying for Medicaid as an Essential Person for someone in receipt of Medicaid from the Aid to the Aged, Blind and Disabled (AABD) program.
    e. They have or have access to a home owner's insurance policy, a vehicle/automobile insurance policy or any other type of insurance coverage which provides health care benefits or medical care benefits/payments (be it full or partial coverage) unless such insurance does not provide coverage for a particular life threatening/life trauma situation and documentation of non-coverage is provided.
2. Applicants are also ineligible to receive General Assistance if the lack of income and/or resources is a result of the client's own actions or inactions:
    a. For purposes of this provision, college students as defined in Section 1:125 will be presumed to lack income and/or resources as a result of their own actions in restricting their ability to engage in full-time employment, unless sufficient evidence is presented to the contrary.
    b. The provisions of this sub-section shall not apply if the client is enrolled as a full-time student as part of a plan of vocational rehabilitation or other approved program designed to enable the applicant to become self-sufficient, provided the plan specifies that the entire time required by the client to commence and complete the educational portion of the plan does not exceed twelve (12) months. For good cause shown, the twelve month time limit can be extended up to an additional six (6) months.
3. All clients/applicants shall be ineligible to receive any form of General Assistance if there is an outstanding arrest warrant with any law enforcement agency in the client/applicant's

name.

4. When on two or more occasions the applicant/client uses inappropriate, threatening or vulgar language towards any employee of Lancaster County or, after any single incident involving any form of threatening or violent behavior that is perceived to be potentially harmful towards an employee of Lancaster County, the applicant/client shall remain eligible for General Assistance benefits with the following procedural exceptions:
   a. The applicant/client will be barred from the General Assistance Office area and will not be entitled to a face-to-face interview;
   b. The applicant/client shall be provided with written notice of the actions that resulted in their being barred from the General Assistance Office;
   c. The applicant/client will be required to provide all requested documentation via a courier that they arrange for or via the US Mail;
   d. The application will then be adjudicated based upon the information and documentation provided by the applicant/client; and
   e. The applicant/client will be mailed a letter informing them of the decision rendered by the Caseworker.
5. For purposes of this provision, an applicant/client who has been denied General Assistance by their County of Legal Settlement within 90 days preceding the submission of their application for General Assistance in Lancaster County shall be denied General Assistance from Lancaster County.
6. For purposes of this provision, clients who are approved for Social Security benefits will be given 10 working days to apply/re-apply for Medicaid. Clients who do not provide proof of application within 10 working days will have their file suspended until such time that they apply for Medicaid.
7. For purposes of this provision, clients who do not comply with their case plan shall be determined to be ineligible for General Assistance, have their current application closed, and shall be disqualified from program participation for a period of 30 days (first offense), 60 days (second offense) , and for 90 days (third and all subsequent offenses).

2:301 Disposal of Resources: If an applicant has disposed of, transferred or sold any resource at less than fair market value either before or after application for General Assistance, the applicant will be ineligible for the period of time in which the resource would have been available to meet the needs of the household. When a sale has occurred, this is determined by comparing the equity value of the resource at the time of sale to the value received. The difference is the amount which would have been available to meet the needs of the household. Disposal of resources shall also include all situations in which an applicant/client has failed to retain rights to use of resources through his/her own actions or inactions. Such situations include, but are not limited to, eviction from residence for failure to comply with terms in the lease agreement, failure to comply with month-to-month agreements between the tenant and landlord, and/or being banned from use of the food pantry system, SNAP program or other community resources.

2:302 Reduction or Loss of Income or Resources: If an applicant has suffered a loss or reduction in income or benefits and such loss or reduction is a result of the voluntary actions or inactions of the applicant, General Assistance will be denied. Such actions or inactions include, but are not limited to, the following:

1. Failure to cooperate with any state or federal agency providing benefits to the applicant and for which non-cooperation results in the loss or reduction of benefits;
2. Failure to work when employment is or was available within the last ninety (90) calendar

days or, has been offered to the applicant, and it is or was within the applicant's physical and mental ability to perform the type of work involved. In the event the disqualification period falls within the 1st and the 31st of any month, General Assistance payments will be prorated from the date the disqualification ends to the last day of the authorization period:

a. Applicants/clients who quit their current or former employment without just cause shall not be eligible for General Assistance benefits for a period of ninety (90) days from the last date of employment.
b. Applicants/clients who are terminated from their current or former employment due to their own misconduct shall not be eligible for General Assistance benefits for a period of ninety (90) days from the last date of employment;

3. The applicant has failed or refused to pursue employment opportunities within the last ninety (90) calendar days. Such failure may consist of:
   a. Failure to complete a formal application for employment when required by the prospective employer;
   b. Failure to appear for a personal interview which has been arranged with a prospective employer; or
   c. Failure to accept referrals from NebraskaWorks One Stop Career Center to apply to and/or interview with a prospective employer;
4. The applicant has been denied or suffered a reduction of benefits due to fraud or misrepresentation in applying for or receiving benefits from a state or federal agency; or
5. The applicant has, through fraud or misrepresentation, attempted to receive or did receive General Assistance to which they were not entitled in the month immediately preceding the month of application.

2:303 Disqualification: Submitting a fraudulent application or willfully withholding information pertinent to the application shall be reasons for immediate termination of benefits or denial of a claim for General Assistance benefits. When an application is denied or benefits are terminated because of fraud or the willful withholding of information, the applicant shall be deemed ineligible for a period of ninety (90) calendar days from the date the case was denied or closed. The Caseworker will report all fraudulent applications to the General Assistance Director. The Director may notify the local law enforcement authorities if the situation warrants further investigation and possible legal action.

2:304 Suspension of General Assistance Benefits: A client's General Assistance benefits will be immediately suspended if the client becomes ineligible for such benefits. The client will be provided with a written Notice of Suspension, which shall include the reason for the suspension and what actions need to be taken by the client to regain eligibility. The client will have fourteen (14) days from the date indicated on the Notice of Suspension to cure the reason for his/her ineligibility and suspension. If the client fails to cure the reason for his or her ineligibility and suspension within fourteen (14) days, the client's case will be closed.

DETERMINATION OF BENEFITS

2:400 Documentation: When making a determination of benefits, it shall be the responsibility of the applicant/client to provide all documents determined by the Caseworker to be necessary in determining the level of assistance to be provided.

2:401 Determination: The General Assistance Caseworker shall determine the total amount of income and assets available. When this figure equals or exceeds the amounts listed in Chapter 6, the applicant is ineligible. When this figure is at or below the amounts listed in Chapter 6, the GA Caseworker will determine the level of benefits to be provided based upon the guidelines as provided in Chapter 6.

2:402 Lump Sum Payments: All forms of lump sum payments, from any source, will be considered as income and/or an available resource or asset during the requested eligibility period.

1. If an individual receives periodic payments, from whatever source, the Caseworker shall determine the number of times each year such payment is received. This figure is then multiplied by the amount of each payment and divided by twelve (12). This figure is the amount of monthly income to be shown in the applicant's budget each month.
2. Subject to the provisions of Section 2:107, Averaging Income, when an applicant/client receives or has received a one-time, lump-sum payment, from any source within twelve (12) months prior to application or since being determined eligible for General Assistance, the provisions of Section 2:301 shall apply when a client receives a lump sum payment based upon third party liability, the client will reimburse the county for all expenses relating to the settlement received from the third party.

2:403 Recovery of Overpayments:

1. In the event that a person receives General Assistance benefits by providing fraudulent, inaccurate, deceptive, or erroneous information or through a misrepresentation of the facts, the County shall notify the client in writing that their case has been closed, that an overpayment has been declared, and that the overpayment status represents an indefinite bar to services and will remain in effect until the overpayment is repaid. A separate notice will also be sent with instructions to repay this amount or to contact the County General Assistance Office to arrange a repayment plan. The client will be allowed thirty (30) days to respond. Upon receipt of a response or at the end of the initial thirty (30) day period, a follow-up written notice will be sent to the client indicating the number of months deemed necessary to recover the overpayment. This is determined by dividing the unpaid overpayment balance by the monthly standard-of-need for the family unit size. Overpayments in an amount that is less than a single, monthly standard-of-need for the family unit size shall constitute ineligibility for the entire month. This period of ineligibility may be adjusted periodically, if a payment plan has been approved by the Department of General Assistance Director, and payments are being received.

CLASSIFICATION OF NEED

2:500 Case Categories: All applications for General Assistance will be identified according to whether the need is deemed continuous or short-term. A case will be considered to be continuous if the need is expected to or does continue beyond thirty (30) days.

2:501 Action on Continuous and Short-Term Cases: General Assistance shall be furnished to all eligible individuals:

1. Within seven (7) days after the submission of the application if the need is short-term; or
2. Within thirty (30) days after the submission of the application if the need is continuous.
3. These conditions are contingent upon the availability of the client. In cases or situations where the client cannot be contacted except via the mail, the time limitation shall be waived.

2:502 Reporting Requirements for Continuous Cases: A case shall remain open as long as there is a need within the scope of the program and the client continues to meet all eligibility requirements. In addition, the client or a representative must:

1. Report any change in circumstances (e.g. living situation, income, resources, household size) within ten (10) days of the change; and
2. In cases where the client is required to search for employment, submit the required documentation of active employment search not later than the final week of the calendar month or before the specified date as directed by the Caseworker.
3. If there has been a change in the client's circumstances which would affect the amount of General Assistance the client was eligible to receive and General Assistance has already been provided pursuant to this Section, such change will be reflected in the following month which may result in an increase, decrease, or denial of General Assistance for that month.
4. General Assistance, which is received by an applicant as a result of the failure to report any information as required by this Section, must be repaid to Lancaster County in accordance with the provisions of Section 2:403.

2:503 Eligibility Recertification: Continuous cases may be certified for up to a six (6) month period. These cases will be reviewed periodically depending on the circumstances of the case. All active cases must be reviewed and recertified at least every six (6) months in order to remain open as a continuous case. In order to recertify eligibility, the applicant must:

1. Have a face-to-face interview with the Caseworker to verify any changes to eligibility; and
2. Provide necessary verification on all points of eligibility.

CHAPTER 3

PRIMARY HEALTH CARE

Purpose: To furnish medical services for the medically indigent living in Lancaster County.

SCOPE OF MEDICAL SERVICES

3:100 Medical Coverage for Program Participants: All individuals enrolled in the General Assistance Program and approved for Primary Health Care will be eligible for services as outlined below:

1. Primary medical care and related health care services at no charge through Bluestem Health.
2. Medical services provided by Bluestem Health and the General Assistance Program will be limited to those services determined to be medically necessary and which are authorized procedures as provided by the State of Nebraska Medicaid program including goods and services that require pre-authorization from Medicaid.
3. Appointments for Primary Health Care will be made through Bluestem Health. At the time of appointment, the referral nurse will make an initial assessment of health care needs, and make the appropriate referrals.
4. Specialty physician services and hospital outpatient or inpatient care when certified as medically necessary as defined under Section 1:120 and prior authorization is given by the Clinic Physician or his/her designated agent. The physician and/or medical facility to be utilized and the scope of medical services to be provided shall be determined by the Physician or his/her designated agent and the following factors shall be taken into consideration in making this decision:
   a. The most cost-effective method of intervention; and
   b. If the condition is chronic and non-life threatening, rehabilitative potential should exist and the number of therapy or counseling sessions should be specified.
5. Access to medical triage consultation and/or referral services after clinic hours and on weekends and holidays.
6. With prior approval from Bluestem Health Staff, GA clients who have special needs related to their health conditions and require Primary Care services outside of the normal scope of services offered at Bluestem Health may be approved to receive Primary Care services through a local provider.

3:101 Hospitalization/Emergency Care: Emergency room services will be provided to GA Clients who have been determined financially eligible for hospital and/or emergency room services provided the visit to the emergency room meets the criteria for a life-threatening or potentially disabling condition as determined by Bluestem Health.

SCOPE OF DENTAL SERVICES

3:200 Dental Coverage for Program Participants: Individuals enrolled in the General Assistance Program will be eligible for the following services:

1. Emergency dental care with limited treatment services through Bluestem Health to alleviate dental pain and control infection related to an emergency medical condition with such services being billed to the General Assistance office for payment at the minimum rate as established by the Bluestem Health Dental clinic.
2. Specialty services or services the Bluestem Health Dental Clinic is unable to provide when the emergency dental care is certified as necessary to alleviate dental pain and control infection related to an emergency medical condition. Additionally, such services must be given prior authorization by the General Assistance Caseworker through a patient treatment plan submitted by the Bluestem Health Dental Clinic Manager or his/her designated agent. All referrals for specialty services will be made to a contract provider as the preferred provider and shall consider the following factors;
    a. The most cost effective method of intervention;
    b. The urgency for treatment needs;
    c. Medicaid Treatment Services/Reimbursement; and/or
    d. Whether the client is in good standing with the preferred provider:
3. A written treatment plan must be submitted to the Bluestem Health Dental Clinic Manager for his/her designated agent for prior authorization of treatment services.
4. For those clients that have established a dental home prior to General Assistance enrollment, such clients may remain with their established dental provider if the provider agrees to accept the usual and customary dental Medicaid reimbursement rates and a contractual agreement with General Assistance (not actual fee for cost that Federally Qualified Health Centers qualify for or FQHC look alike) and only for dental services that fall within the Scope of Dental Services as outlined in 3:200 of the General Assistance Guidelines. A written treatment plan must be submitted to the Bluestem Health Dental Clinic Manager or his/her designated agent for prior authorization of treatment services. Clients receiving dental care that does not fall within the scope of the General Assistance program will be responsible for the provider/program requirements, i.e., fees for service.
5. GA Clients who receive approval for services from a Contract Provider for any type of dental care, and who after the second time they fail to report at the appointed place and time shall forfeit any and all entitlements for future specialty dental services from a Contract Provider.

SCOPE OF PHARMACY SERVICES

3:300 Pharmacy services will be offered by licensed pharmacists in accordance with the standards and procedures established by the Nebraska Medicaid Program with the exception that no co- payment will be required. All pharmaceutical services are provided by the contract pharmacy.

3:301 Only prescription medications and over the counter medications are authorized as a reimbursable expense when pharmacy services are approved. All medical supplies and durable medical equipment must be pre-approved on a separate Service Request form.

3:302 All prescription medications will be issued as prescribed by the physician; however, no more than a thirty (30) day supply of any one medication will be issued at any one time.

3:303 Replacement of lost or stolen drug products will be considered, but the pharmacy provider must indicate this on the claim form. Replacement must be authorized by the General Assistance Department or Primary Health Care Clinic. The client must also have filed a police report prior to replacing controlled substances.

3:304 The dispensing fee will be the same as that allowed by the State Medicaid System. However, pharmacists shall not, under any circumstances, make a charge to the Lancaster County General Assistance Program which exceeds the pharmacy's usual and customary charges.

3:305 Medications and Pharmacy services provided by Kohll's Pharmacy and the General Assistance Program will be limited to those services provided for and covered by the Medicaid program.

3:306 When appropriate, clients/applicants shall be required to apply for the Prescription Assistance Program.

3:307 Kohll's Pharmacy and General Assistance (GA) Staff will provide a monthly review of prescriptions filled to monitor for medical necessity and compliance with the requirement to participate in the Prescription Assistance Program.

CHAPTER 4

COUNTY CREMATIONS/BURIALS

4:100 County Services: If the estate of the decedent and/or the income and resources of responsible relatives are insufficient to meet the cremation or burial expenses, General Assistance may be authorized to meet these expenses, if the provider of mortuary or cemetery services is covered under the current County contract or agrees in writing to provide these services in accordance with the provisions of the General Assistance Guidelines. It is the policy of Lancaster County that direct cremation, as defined in section 1:109 is the only option available. Exceptions to this policy are only for those situations where cremation is not an option due to legal considerations and must be approved by the County General Assistance Director or General Assistance Officer. Cremation must be approved by next of kin or responsible party. If the decedent's body is unclaimed by next of kin or a responsible party, then the County may authorize the body to be cremated or buried. The County Board's Chief Administrative Officer may authorize any such cremation or burial on behalf of the County. Approval of an application for county cremation services does not constitute approval or authorization to cremate.

4:101 County Fee Schedule: A fee of $800 (Eight hundred dollars) will be paid for cremation services as outlined in section 4:102. A fee of $2,150 will be paid for county burial of an adult and a fee of $1,147 will be paid for the burial of a minor child for burial services as outlined in section 4:102 and when authorized by the Department Head. A fee of $744 will be paid to the cemetery for the plot open/closing fee.

4:102 Services Covered by County: The following services are included within the established fee structure as noted in Section 4:101, Allowable Expenses:

1. Allowed Cremation Services:
    a. Required preparation;
    b. Cardboard container;
    c. Plastic container for cremated remains;
    d. Transportation from place of death to the mortuary;
    e. Transportation to the place of cremation, if different from mortuary;
    f. Crematory fee;
    g. Publication of the one-time, Death Notification as provided at no charge by the local newspaper.
2. When direct cremation is not an option due to legal considerations, which can be confirmed by the Lancaster County Attorney's Office, burial services may be authorized. The services shown in item 3 (below) are to be included within the established fee structure as noted in Section 4:101, Allowable Expenses.
3. Allowed Burial Services:
    a. Embalming, dressing and casketing;
    b. Publication of the one-time, Death Notification as provided at no charge by the local newspaper;
    c. Casket as selected by mortuary;
    d. Grave liner, if required by the cemetery (and any associated charges);

e. Transportation from place of death to the mortuary (see also Section 4:104);
f. Transportation to the cemetery.

4:103 Items Not Covered by County Cremation/Burial: The following items are not included or provided for in the County fee structure:

1. Chapel services;
2. Graveside Committal Service;
3. Flowers;
4. Organist;
5. Pallbearers;
6. Clergy fee;
7. Clothing;
8. Viewing/visitation, or preparation for viewing;
9. Transportation for the family;
10. Memorial cards or record book;
11. Telephone or telegraph notices;
12. Transportation of the deceased outside Lancaster County (see Section 4:104);
13. Headstone;
14. Funeral escort service;
15. Publication of an obituary consisting of anything more than the one-time death notification provided at no charge by the local newspaper.
16. Burial of cremated remains except in accordance with Section 4:111.

4:104 Transportation Exceptions: A reasonable payment may be allowed to transport a Lancaster County resident from place of death outside the County (e.g. University Hospital) back to Lancaster County. Transportation of deceased from Lancaster County to a funeral home and/or cemetery in another county or state where other family members live or are buried may also be allowed when reasonable (e.g. to allow burial next to spouse). Cost for transportation will be paid as billed, not to exceed the lesser of $.50/mile or $100.00.

4:105 Financial Eligibility Requirements: In order to be eligible for County cremation/burial services, the assets of the decedent's estate and/or the income, assets and resources of responsible relatives cannot exceed the allowable amount as defined in Section 4:101, County Fee Schedule.

4:106 Financial Participation: When the financial eligibility requirements are met, County cremation/burial services may be authorized but only to the extent that the cost of services exceeds the assets of the decedent's estate and/or income and resources of responsible relatives.

EXAMPLE:

Step	Amount
Step 1 Cost	
Cremation	$800
Step 2 – Assets of Decedent	
Cash	$200
Life Insurance	$100
TOTAL	$300
Step 3	
Total Cost	$800
Minus Assets	$300
COUNTY PAYMENT AUTHORIZED	$500

4:107 Responsible Relatives: Includes spouse of the decedent and parents of a minor child.

4:108 Other Eligibility Requirements: In addition to meeting the financial eligibility criteria, any individual requesting County cremation/burial services on behalf of the decedent must agree in writing to the following terms and conditions:

1. They will accept the services as outlined above and understand that the funeral home will not provide additional items or services;
2. They have not made nor will they make financial arrangements to provide for services not covered by the County;
3. They will cooperate with the funeral home in securing income and assets of the decedent determined to be a set off against the County's responsibility; and
4. If the decedent did not own a burial plot at the time of death, interment will be arranged through a cemetery as determined by the County.
5. Violations of these conditions will forfeit the County's responsibility for participating in the costs of the services provided.

4:109 Treatment of Income of Responsible Relatives: In cases where the responsible relative has income, the following guidelines will apply:

1. Amount of monthly income (net amount)
   -(minus) Actual cost of housing, utilities and food or ADC
   standard of need, whichever is greater
   + (plus) Liquid resources
   = (equals) Amount to be applied to County services
2. In cases where the surviving spouse/dependent child is entitled to receive the burial benefit from the Social Security Administration, those funds will be reimbursed to the County General Assistance Department upon receipt.

4:110 Agency Procedures:

1. All requests for County cremations/burials must be in writing and signed by the person making the request.
2. If arrangements for cremation/burial services have been made with the mortuary in excess of the County fee schedule, assistance will be denied.
3. Both the applicant and the mortuary will receive written notice, which will indicate if the

request for County cremation/burial services is approved or denied and in the case of approvals, notify the mortuary and cemetery of the amount of the payment to be made by the County.

4. If funds exist, which are to be applied to the cost of the cremation/burial services and the financial institution holding such funds requires a certified copy of the death certificate, an additional $16.00 may be paid to the mortuary to cover this expense.

4:111 Unclaimed Bodies: In cases where the decedent's body is unclaimed by next of kin or a responsible party and the State Anatomical Board does not want the body, cremation services will be provided. All cremated remains of unclaimed bodies shall be interred in an ossuary located at a cemetery in Lancaster County. A fee of $55.00 shall be paid to the cemetery per inurnment, which fee shall include a permanent recording of the burial.

4:112 Unusual Circumstances: When necessary to expend monies in excess of the amounts cited in Section 4:101, Allowable Expenses, approval shall be obtained from the County General Assistance Director or General Assistance Officer and the special circumstances documented in the case narrative. Situations may arise which require the Director's approval and must be negotiated on a case-by-case basis due to the infrequency of such requests. A reasonable payment may be allowed for unusual circumstances not to exceed $250.00.

CHAPTER 5

ADMINISTRATIVE POLICY AND PROCEDURE

The following regulations will control the financial obligation of Lancaster County, Nebraska, to expend funds on behalf of any individual eligible to receive General Assistance, Primary Health Care coverage and/or a County cremation/burial.

GENERAL PROVISIONS

5:100 The County will assume no liability to provide program benefits to any individual who fails to complete a written application within the time specified by a program's requirements. A written request for General Assistance will not act as a substitute for such written application.

5:101 Availability of Funds: The obligation of the County to provide General Assistance under any program shall be subject to the availability of funds in the fiscal year.

5:102 Approved Vendors: Even though an individual is qualified to receive program benefits, the County shall not make payment for any service unless:

1. The provider of those services is approved as a vendor by the General Assistance Department and complies with the appropriate program regulations; and
2. The vendor agrees to reimburse the County in the event payment is made for goods or services which are subsequently not provided. Such reimbursement shall be in whole or in part based upon the actual goods or services provided.

5:103 Behavioral Health Services: General Assistance does not provide for Behavioral Health Services.

APPLICATION PROCEDURES

5:200 All applications for General Assistance must be submitted on the approved application form. To be considered a completed application, the application must be signed by the applicant/client within thirty (30) days immediately preceding the date it is received in the Lancaster County General Assistance Office. Applications may be submitted in person, mailed, faxed, or scanned/emailed to the General Assistance Office. Prior to approving an application for assistance, the application to include the signed application must be provided to the General Assistance Caseworker.

5:201 All applications must be completed in their entirety and all of the information provided must be current and accurate. Applications must also include documentation when necessary. A sample checklist is available in Appendix B.

5:202 When received, the data provided in the application will be entered into the GASP client tracking system. The application will then be forwarded to a Caseworker who will prepare and send a letter to the applicant describing the additional documentation that is required. The applicant will have thirty (30) days from the date of application to provide the requested documentation.

5:203 Upon receipt of the requested documentation or at the expiration of the 30 day processing period, the application will be either denied or forwarded to a Caseworker for further processing. When denied, a letter including the reason for the denial, will be mailed to the applicant along with instructions on requesting reconsideration and/or filing for an appeal.

PAYMENT PROCEDURES

5:300 Vendor Payments: Payments on behalf of eligible clients can be made only if the vendor will accept a County voucher and the vendor agrees to provide the goods or services through the authorization period.

5:301 Insuring Maintenance of Minimum Health and Decency: Even though an applicant is found eligible for General Assistance, payment will not be issued unless such payment will insure the maintenance of minimum decency and health for the client. Such situations include, but are not limited to, the following:

1. Utility shutoffs (The applicant has received a shutoff notice for non-payment and the maximum rate of payment allowable for the size of the household is insufficient to prevent the shutoff from occurring. General Assistance may also be denied if other assistance programs are available or the utility shutoff will not adversely affect the health, safety or welfare of the client.);
2. Foreclosure or eviction proceedings are pending and the maximum payment allowable for the size of the household is insufficient to prevent foreclosure or eviction;
3. The applicant's residence does not meet the minimum provisions of the applicable health codes;
4. Rental assistance may be denied to a client who is financially eligible if the client cannot demonstrate the ability to continue making rental payments after General Assistance has ceased; or
5. In situations where the vendor or property owner refuses to accept payments from the General Assistance program on behalf of the applicant/client.

5:302 Notice of Eligibility But Non-Issuance of Payment: In all cases in which the provisions of Sections 5:300 and 5:301 apply, the client will be notified in writing:

1. That they are eligible for General Assistance for the authorization period;
2. Of the maximum payment available for the items requested;
3. That payment will not be issued to the vendor; and
4. Once they have secured alternative living arrangements or the vendor has agreed to provide the goods and services through the authorization period, General Assistance will be issued.
5. If General Assistance is not issued during the authorization period, a notice of termination of benefits will be sent to the applicant. In the event that the applicant and vendor reach an agreement subsequent to the letter of termination, General Assistance may be issued if it will assist the client in avoiding relocation and if such agreement is reached within thirty (30) days of the date of the notice of termination.

5:303 Reimbursements: The General Assistance program does not reimburse any person or agency for payments made to a provider on behalf of a client.

GENERAL ASSISTANCE VENDORS

5:400 Landlords: In order to be an approved vendor eligible to receive General Relief Orders, the individual or organization receiving payment must either be:

1. The title holder of record of the real estate where the client resides; or
2. The designated agent of the title holder of record of the real estate where the client resides; or
3. The mortgage holder of record to the real estate where the client resides; or
4. The buyer of real estate on land contract. If the title of record is still in the name of the seller or trustee, a copy of the contract must be provided to the General Assistance Department.

5:401 Immediate family members shall not qualify as landlords and shall not be eligible to receive payments as approved vendors when the applicant's relationship to the landlord includes parent, stepparent, parent-in-law, grandparent, spouse, brother, sister, son, daughter, stepson and/or stepdaughter.

5:402 Location of Property: In all cases, the real estate or board and room facility must be located within the geographic boundaries of Lancaster County.

AUTHORIZED MEDICAL AND HOSPITAL SERVICES

Medical and hospital care delivered by a provider to a qualified Primary Health Care client will be reimbursed for such care based upon the Medicaid rate or at the rate actually charged by the provider, whichever is less, provided such care was delivered in compliance with the following sections.

5:500 Prior Authorization: All health services and hospital care must have prior authorization by the Clinic Physician of the Primary Health Care Clinic or his designated agent unless otherwise provided for herein. Prior authorization shall consist of:

1. A written referral from the Primary Health Care Clinic designating the provider, hospital and/or physician authorized to provide care, specifying the nature of the medical service being authorized and that the medical care is to be provided within a specified period of time:
   a. Individuals with chronic, long-term health problems will be referred to community physicians; and/or
   b. Individuals already established with a physician for treatment of long- term health needs may remain with that physician when approved by General Assistance.
2. Verbal authorization by the Clinic Physician or designated agent, if medical care is required after clinic hours, on weekends or holidays, followed by a written referral the next working day.

5:501 Life Threatening/Life Trauma Condition: Any medical condition which, in the opinion of the County designated physician, requires the individual be either:

1. Admitted to an intensive care unit; or
2. Operated upon before the next working day for emergency, non-elective procedures; or
3. Designated an emergency admission because he/she requires hospital treatment to prevent possible mortality or increased morbidity.

5:502 Emergency Medical Care:

1. Providers may be reimbursed for emergency medical care and/or subsequent inpatient hospitalization provided:
   a. Emergency medical care was provided because of a life threatening or life trauma condition; and
   b. The medical provider notifies the Primary Health Care clinic or the General Assistance Department within seventy-two (72) hours of admission that they are providing medical care to a patient actively enrolled for Primary Health Care coverage.
2. The Primary Care Clinic will notify the General Assistance Department when emergency treatment or hospitalization is authorized.
3. The hospital's Utilization Review Nurse completes a review of the patient within seventy-two (72) hours from the time of admission and upon completion of the review, contacts the Primary Health Care Clinic and gives the following information:
   a. Patient identification;
   b. Medical diagnosis; and
   c. Patient's physician.
4. The Clinic Physician, or designated agent and attending physician, certifies the medical treatment was for a life threatening or life trauma condition and only medically necessary care was provided and reports authorization to the General Assistance Department.
5. If emergency medical care is provided after normal business hours, on weekends or holidays, the Clinic Physician must give information required in paragraphs 2 and 3 above, to the Primary Health Care Clinic on the next business day.

5:503 Continued Hospitalization/Inpatient Review: The hospital Utilization Review Nurse shall again review the patient at the fiftieth (50th) percentile of the appropriate Diagnosis-Related Group, unless requested sooner by the Clinic Physician or designated agent. In any case, the Clinic Physician or designated agent may at any time assign a County reviewing physician to evaluate the patient and treatment plan and determine whether:

1. Continued care should be authorized; or
2. Treatment could be provided on an outpatient basis.
3. Any determination so made shall be noted on the patient's medical records. In the event continued care is not authorized, Lancaster County shall not assume liability for payment of medical expenses incurred from and after the date such determination is made.

PAYMENT PROCEDURES FOR MEDICAL CARE

5:600 Submitting Charges: All medical providers seeking reimbursement from the General Assistance Program must include the appropriate Medicaid code designations for the services provided in order for the bill to be processed for payment. Any bills received that do not include this information shall be returned to the provider for correction and resubmission. All bills must be received and/or resubmitted within ninety (90) days of the date of the last services provided or payment will be denied.

5:601 Payment of Charges: All bills submitted in compliance with Section 5:500 shall be approved or denied within a reasonable time, not to exceed sixty (60) days, unless:

1. An application for Primary Health Care coverage is pending, or the client has been denied

coverage and is in the process of appealing the County's decision. In either case, the medical provider shall be notified of the delay and the reasons for such delay.

2. Medical bills for SSI pending clients will be paid to providers at the time of service only when the provider has signed a contract with Lancaster County agreeing that upon notification of approval for Medicaid, Medicare, or any other payment source for services provided, it will reimburse Lancaster County the appropriate amount and bill the appropriate agency.

5:602 Notice of Non-Coverage: If all or any portion of the medical expenses billed (other than adjustments to reflect the Medicaid rate or excess income obligation of the client) are denied because such expenses were for non-covered services, a Notice of Finding shall be issued to the client indicating that coverage has been denied and the reason for the denial. A copy of such notice shall also be forwarded to the medical provider(s).

CHAPTER 6

INCOME AND RESOURCE STANDARDS

6:100 The income and resource standards governing eligibility for the receipt of General Assistance shall be based on the HHS Poverty Guidelines, which shall be applied as follows:

1. Medical Assistance:
   a. Primary Health Care - In order to receive services from the Primary Health Care Clinic, or from authorized outside providers, the applicant's gross income must be equal to or below 100% of the HHS Poverty Guidelines as set forth in Appendix A, Part I and in effect during the authorization period.
   b. Hospitalization and Emergency Room Services - In order to receive assistance for hospitalization and/or emergency room services, the applicant's net income must be equal to or below 50% of the HHS income guidelines as set forth in Appendix A, Part II and in effect during the authorization period.
2. Rent, Deposit and Non-Medical Assistance - In order to receive assistance for non-medical (other than burial assistance), rent and/or deposit assistance, the applicant's net income must be equal to or below 50% of the HHS income guidelines as set forth in Appendix A, Part II and in effect during the authorization period.
3. Burial Assistance - In order to receive assistance for burial services as defined in Chapter 4, the decedent's estate and/or the gross income and resources of a responsible relative must be equal to or below 100% of the HHS Poverty Guidelines as set forth in Appendix A, Part I and in effect during the authorization period.

6:101 Adjustments to HHS Poverty Guidelines: Annual adjustments to the HHS Poverty Guidelines shall become effective on the first day of the month following publication in the Federal Register. The guidelines in effect at the time of request shall govern initial eligibility determinations.

APPENDIX A

100% HHS POVERTY GUIDELINE (Gross)

Family Size	Monthly ($)
1	$1,005
2	$1,353
3	$1,702
4	$2,050
5	$2,398
6	$2,747
7	$3,095
8	$3,443

For each additional household member, add $347. The 100% figure is used in determining eligibility for Primary Health Care. (See Section 6:100 (1) (a)).

50% HHS POVERTY GUIDELINE (Net)

Family Size	Monthly ($)
1	$ 503
2	$ 677
3	$ 851
4	$ 1,025
5	$ 1,199
6	$ 1,374
7	$ 1,548
8	$ 1,722

For each additional household member, add $174. The 50% figure is used in determining eligibility for non-primary care medical services (see Section 6:100 (1) (b)) and non-medical General Assistance (see Section 6:100 (2)).

Rent		**Non Food Items**	
Family Size	**Max Rate**	**Family Size**	**Max Rate**
1	$450	1	$20
2	$475	2	$30
3	$550	3	$35
4	$625	4	$40

Shared Living = $275 monthly

(Effective 3-27-2017)

APPENDIX B

Sample Checklist

We have received your application for General Assistance. You are required to provide all of the following documents for you and your spouse in order for us to process your application. Submitting a fraudulent application or willfully withholding information pertinent to the application shall be reasons for immediate termination of benefits or denial of a claim for General Assistance benefits.

If you have already provided the requested documentation, please disregard this notice.

1. 2 forms of Identification for yourself. Please be advised that at least one must be a valid picture identification.
2. Pay stubs from the last 60 days. If you worked for temporary work agencies, you must bring a letter from that agency regarding dates worked and wages earned for past 60 days. Verification of unemployment payments, workman's compensation, or income from tips.
3. Most current copy of checking and/or saving account statement.
4. Anybody applying for General Assistance must apply for all available resources. Therefore, it is required that all potential clients provide copies of papers showing the filing of and/or receiving of (please contact our office if you do not have copies as we may have access to some information): ADC, Medicaid, SNAP, Housing, and SSI/SSD etc. General Assistance does not have access to the SNAP program. You will need to provide a letter stating that you receive SNAP benefits dated within the last 30 days.
5. Copies of all 401K, Trust Accounts, Retirement accounts, etc.
6. Copy of current lease/mortgage papers, if requesting housing assistance.
7. If you are asking for rent deposit, please enclose a letter from your landlord explaining how the deposit from your current residence was spent.
8. Current Medical bills from Lancaster County – no medical bills over 60 days.
9. Copy of current vehicle registration.
10. Copy of income taxes from the previous year and a copy of W2's.
11. A list of places you have applied for in the past two weeks **or** if unable to work full time, a current letter from your doctor that states why you are not able to work and for how long. Job search form enclosed.
12. If you have lost your job in the last 90 days, please enclose a letter from your employer stating the start and end dates of employment and the reason for termination.
13. If you left your employment because of health reasons, please enclose a current note from your physician stating the condition that renders you unable to work, the date it started, and the expected duration of the condition.
14. If the company you are employed with offers insurance, please list the name of the insurance carrier and the reason you did not enroll.
15. Copy of papers showing monies or properties that you received from alimony, inheritance, family or friends.
16. Current list of medications, dosage and prescribing physician. Form enclosed.
17. If divorced or separated, please enclose a copy of the legal separation papers, divorce decree, and/or additional documentation as necessary.
18. If you or your spouse is currently enrolled in college credit courses, please enclose a copy of your current schedule.
19. If you are able to be covered by your parents insurance, please provide documentation.

Original or copy of application and attestation form are required before an appointment can be scheduled. Your application is now pending. Please provide the documentation within two weeks of application date. Any documentation provided within 30 days of the date of application will be considered. Information provided after that date will require a new application. If you have any questions please call us at (402) 441-3095.

APPENDIX C

Situation 1: Resident A lives in Smith County, Nebraska for 10 years. Resident A is an indigent person who becomes ill in Smith County and needs medical care and prescription drugs. Resident A has applied for General Assistance in Smith County. Smith County is liable for the costs of Resident A's General Assistance. (Lancaster County General Assistance Guidelines 1:118(1)(a))

Situation 2: Resident B lived in Smith County, Nebraska for 10 years. Resident B then decided to move to Jones County, Nebraska. After two years in Jones County, Resident B becomes ill and needs medical care and prescription drugs. Resident B applies for General Assistance in Jones County. Because Resident B has lived continuously in Jones County for over one year, Jones County is Resident B's county of legal settlement. Jones County is liable for the costs of Resident B's General Assistance. (Lancaster County General Assistance Guidelines 1:118(1)(a))

Situation 3: Resident C lived in Smith County, Nebraska for 10 years. Resident C moves to Jones County, Nebraska. After two months of residing in Jones County, Resident C (who is indigent) becomes ill and needs medical care and prescription drugs. Resident C applies for General Assistance in Jones County. However, because Resident C has only lived in Jones County for two months, her county of legal settlement is still Smith County. Smith County is liable for the costs of Resident C's General Assistance. (Lancaster County General Assistance Guidelines 1:118(1)(a))

Situation 4: Resident D moved to Nebraska one year ago. Initially, Resident moved to Smith County and stayed for eight months. She then decided to move to Jones County and stayed for four months. Finally, she moved to Adams County, where she currently lives and has been there for two months. Resident D is indigent and becomes ill in Adams County. She needs medical care and prescription drugs and applies for General Assistance in Adams County. Resident D has lived in Nebraska for over one year continuously, but not in any one county for more than a year. She resided in Smith County for more than six months continuously, so her county of legal settlement is Smith County. Smith County is liable for the costs of Resident D's General Assistance. Smith County is responsible for all the costs of Resident D's General Assistance because at the time of application, Smith County was her county of legal settlement. Adams County will not become liable for those costs if she remains in Adams County for more than six months continuously. (Lancaster County General Assistance Guidelines 1:118(1)(b))

Situation 5: Resident E lived in Smith County, Nebraska for 10 years. Resident E is convicted of a crime and sentenced to 2 years at the State Penitentiary in Jones County, Nebraska. After Resident E is released from prison, he remains in Jones County for one month and becomes ill. Resident E is an indigent person who needs medical care and prescription drugs. Resident E applied for General Assistance in Jones County. The two years Resident E was incarcerated do not qualify for legal settlement; therefore he has not established legal settlement in Jones County. Resident E still has legal settlement in Smith County, so Smith County is liable for the costs of Resident E's General Assistance. (Lancaster County General Assistance Guidelines 1:118(2)).