

## CHAPTER 2-000 APPLICATION AND ELIGIBILITY

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

2-001.01 Response to Requests: Staff must accept requests at the DHHS office or at other places in the community. Each office must establish a method of recording requests.

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

2-001.03 Interview: An interview is required at initial eligibility determination. The agency will conduct a face-to-face interview if requested by the client, or determined necessary by the agency using the prudent person principle (see 473 NAC 1-003). If a client, for good reason, is unable to conduct a face-to-face interview in the DHHS office, then the worker and the client must identify a mutually acceptable time and place, such as a hospital, senior or community center, or the client's home.

The worker must hold the interview with:

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

2-001.04 Application: An individual or his/her representative must complete an application Form MILTC-3A, "Social Service Application," or Form EA-117, "Application for Assistance," which are incorporated in the appendix of these rules. The application may be submitted in person, by mail, by fax, or by electronic submission. If requested, the worker must assist the applicant or representative in completing the application. The worker must take action on the application within 30 days of the date the application is signed. Form HHS-6, "Client's Notice of Action," must be used to inform the applicant of the action.

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

2-001.04B Family Size: Family size is defined as a unit consisting of one or more adults (individuals at least age 19 or age 18 for Adult Protective Services) and children, if any, related by blood, marriage, or adoption who reside in the same household. (An unborn child may be included in the unit size if proof of pregnancy is obtained.) The following are not considered in the family size for adult services:

1. Related adults other than spouses and unrelated adults who reside together;
2. Children living with non-legally responsible relatives;
3. Emancipated minors; and
4. A minor parent.

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

## 2-002 Income Eligibility

### 2-002.01 Categories of Eligibility for Adults

2-001.01A Current SSI and/or State Supplemental: Those individuals who currently receive assistance through the Title XVI Supplemental Security Income Program (SSI), the SSI Extended Benefits Program, and/or the Nebraska State Supplemental Program are eligible as current aged (CA); current blind (CB); or current disabled (CD). Recipients of Medicaid only are not eligible under this category.

### 2-002.01B Low Income

2-002.01B1 Low Income Aged (LA): An individual age 60 or older whose family income is within income guidelines is eligible as LA. (See 473 NAC 2-002.02.)

2-002.01B2 Low Income Blind (LB): An individual age 19 through 59 who has a visual impairment, who meets the definition for low income disabled and whose family income is within income guidelines is eligible as LB.

2-002.01B3 Low Income Disabled (LD): An individual eligible as LD must have a family income which is within income guidelines (see 473 NAC 2-002.02) and a physical or mental impairment which substantially prevents him/her from engaging in useful occupations within his/ her competence, such as holding a job or homemaking. This impairment must be verifiable by medical findings of -

1. Physical impairment: Loss or defects of the extremities, malfunctioning of the organs of the body or physiological disturbances with structural damage; and/or
2. Mental impairment: Conditions characterized by a marked and consistent failure to adjust to the emotional, social, or individual demands of living which require that the individual have assistance in essential activities of daily living.

2-002.01C Without Regard to Income (WI): An individual who is not eligible as a current recipient or as low income but requires the authorization of Adult Protective Services is eligible without regard to income on a time-limited basis. (See 473 NAC 7-000.)

2-002.02 Action on Income Declaration: If Form DSS-3A shows receipt of public assistance income or income not exceeding the maximum, the worker shall conduct a needs assessment (see 473 NAC 2-004) and -

1. Complete Part VI of Form DSS-3A noting the client's eligibility classification;
2. Notify the client of his/her eligibility (see 473 NAC 2-006.03); and
3. Develop a service plan. Provision of service may begin immediately.

2-002.03 Maximum Allowable Income: For clients to be determined eligible as LA, LB, or LD, their income must not exceed the maximum allowable monthly income (see Appendix 473-000-210). The current base level income is \$682 gross per month for an individual or \$764 for a family of two or more. Cost of Living Adjustment (COLA) to the base level income is calculated each fall when the new COLA amount is released by the Social Security Administration (see Appendix 473-000-210). If the applicant's income is verified on Form DSS-3A as equal to or less than this amount, s/he is income-eligible for the various services outlined in this title.

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

1. Aid to Dependent Children (ADC);
2. Supplemental Security Income (SSI);
3. State Supplemental Payment;
4. Gross wages/salary - total money earnings received for work as an employee, including wages, salary, armed forces pay, earnings through a work incentive program, vocational rehabilitation incentive pay, commissions, tips, piece rate payments, and cash bonuses earned before deductions are made for taxes, bonds, pensions, union dues, and similar purposes;
5. Work study for a graduate student or a student working for a second degree;
6. In-kind income received in lieu of wages;
7. Income received under a Job Training Partnership Act Program;
8. Social Security or Railroad Retirement - pensions, survivor's benefits, and permanent disability insurance payments made by the Social Security Administration or Railroad Retirement Board (consider amount before deductions for medical insurance);
9. Dividends - includes dividends from stockholdings or membership in associations;
10. Interest - on savings or bonds, averaged over the period earned;
11. Estates;
12. Trust funds;
13. Rentals - net income from rental of a house, store, or other property;
14. Land lease income;

15. Boarders - gross payments from boarders or lodgers (if self-employed, see item 30);
16. Royalties - net royalties;
17. Retirement pensions - retirement or pension benefits paid to a retired person or his/her survivors by a former employer or by a union, either directly or through an insurance company;
18. Veteran's pensions - money paid by the Veteran's Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, and "refunds" paid to ex-servicemen as G.I. insurance premiums;
19. Military allotments;
20. Picket or strike pay;
21. Contributions;
22. Lump sum payments, e.g., child support or Social Security (contact Central Office for assistance in considering unusual lump sum payments);
23. Annuities - annuities or insurance;
24. Unemployment compensation - compensation received from government insurance agencies or private companies during periods of unemployment and any strike benefits received from union funds;
25. Workers' compensation - compensation received from private or public insurance companies for injuries incurred at work;
26. Court-ordered alimony and child support;
27. Payment by an absent parent to the client for child care, rent, or house payment;
28. All money contributed for the maintenance of a ward, including foster care payments;
29. Net income from farm self-employment - gross income minus operating expenses from the operation of a farm received by a client as an owner, renter, or sharecropper. Gross income includes the value of all products sold, government crop loans, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include cost of feed, fertilizer, seed, and other farming supplies, cash wages paid to farmhands, depreciation charges, cash rent, interest on farm mortgages, farm building repairs, farm taxes (not state and federal income taxes), and similar expenses. The value of fuel, food, or other farm products used for family living is not included as part of net income; and
30. Net income from nonfarm self-employment - gross income minus expenses from one's own business, professional enterprise, or partnership. Gross income includes the value of all goods sold and services rendered. Expenses include costs of goods purchased, rent, heat, light, power, depreciation charges, wages and salaries paid, business taxes (not personal income taxes), and similar costs. The value of salable merchandise consumed by the proprietors of retail stores is not included as part of net income.

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

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

26. Assistance received under the Disaster Relief Act of 1974 or under a federal law because of a presidentially declared major disaster;
27. Payments to a client participating in training or school attendance subsidized by the Division of Vocational Rehabilitation;
28. Payments made by Veterans Administration under the Veterans Education and Employment Assistance Act for education expenses of a veteran; and
29. Payment made by an absent parent to a child care provider, landlord, or mortgage holder on behalf of the client.

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

### 2-002.03D Types of Income

2-002.03D1 Irregular Income: Irregular income is income, earned or unearned, which varies in amount from month to month or which is received at irregular intervals. This may be due to irregular employment, but even when an individual works regularly, the income may be irregular because of factors such as seasonal increases or decreases in employment and earnings (e.g., day labor or sales work on a commission basis).

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

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

2-002.03D2 In-Kind Income: In-kind income is any non-monetary consideration received by a client in place of income for services provided or as payment of an obligation.

2-002.03D3 Lump Sum Income: Lump sum income is money received on a one-time basis. The worker shall divide the amount of the lump sum by six months and add that figure to the gross monthly income to determine eligibility. If that amount exceeds the income maximum, the client will be considered ineligible for that six month period.

2-002.03D4 Earned Income: Earned income is money received from wages, tips, salary, commissions, self-employment, or items of need received in lieu of wages.

2-002.03D5 Unearned Income: Unearned income includes but is not limited to -

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

2-002.03D5a Treatment of Payment by Absent Parent: When an absent parent makes a payment for child care or shelter (rent or mortgage payment), whether court-ordered or through an informal arrangement, the payment is:

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

2-002.04 Income Verification: The worker must:

1. Verify all income at the time of the initial application;
2. Verify earned income, using one month's income as a minimum, at least every-12 months;
3. Verify regular unearned income at least annually.

5. Use the prudent person principle to verify income at otherwise unscheduled times;  
and
6. Document all necessary income information in the client's case record.

If the client's declaration indicates eligibility, the worker may use the prudent person principle to authorize service before income verification has been received. If verification does not later substantiate eligibility, the worker shall notify the client as directed in 473 NAC 2-006.03 and terminate service provision.

If a client has weekly or bi-weekly income, the worker shall use the income conversion charts found at 473-000-203 to project monthly income.

2-002.04A Verification of Current Status: The worker shall verify current status within 30 days of the date of application shown on Form DSS-3A.

The worker may use income maintenance records to confirm current status. Offices with computer terminals may use the terminal for status confirmation. The worker may confirm current SSI status by examination of Printout SDX 260, "SDX Master File by County."

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

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

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

1. Obtain a copy of the Social Security check from the applicant;
2. View the Social Security check without obtaining a copy and document the amount, date, and warrant number of the check;
3. Obtain verification from the Social Security Administration by initiating Social Security Form SS-1610 "Social Security -- Public Assistance Agency Information Request and Report." The Social Security Administration may require that a completed Form DPW-46, "Authorization for Investigation," accompany the request. Return of the Form SSA-1610, completed by the Social Security Administration constitutes documented verification;

4. Secure a bank statement (original or copy) listing the amount of the check, warrant number, date deposited, and identifying the source as the Social Security Administration in cases where the Social Security check is directly deposited. The case manager may obtain the bank statement from the applicant or from the bank at the applicant's request; or
5. Use any information shown on computer printouts available to the local unit.

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

2-002.04B3 Low Income Aged: In addition to any verification necessary to determine low income status, the worker shall determine that the applicant is at least age 60 if there is reason to suspect that information provided on Form DSS-3A is incorrect.

2-002.04B4 Low Income Blind: In addition to required verification for low income status, the worker shall use the prudent person principal to confirm the applicant's visual impairment within 30 days. If the client's status is in question and verification is necessary, the worker shall obtain one of the following within 30 days:

1. Form DSS-3B, "Physician's Disability Determination" completed by a physician and confirming the individual's disability; or
2. Form SSA-1610 for adults receiving Social Security benefits due to disability. The Social Security Administration may require that a completed Form ASD-46 accompany Form SSA-1610. Completion and return of the Form SSA-1610 is confirmation. The case manager shall obtain a Form DSS-3B if s/he is unable to secure verification from the Social Security Administration within 30 days of the date of application.

Once a disability has been verified as permanent, the worker is not required to re-verify disability status.

2-002.04B5 Low Income Disabled: In addition to any verification necessary to determine low income status, the worker shall verify any disability by following the directions in 473 NAC 2-002.04B4.

**FOR COMMUNITY BASED MENTAL RETARDATION (CBMR) STAFF ONLY:** CBMR staff shall confirm the applicant's retardation by maintaining documentation of a medical diagnosis of mental retardation on file.

2-002.04C Verification of Without Regard to Income (WI) Status: The worker shall:

1. Determine, if possible, that the client is neither eligible as a current recipient nor willing to be determined eligible as a low income client;
2. Document the adult's need for Adult Protective Services by completing Form MILTC-60, "Adult Abuse/Neglect Report";
3. Complete only Parts I, II, and VI of Form MILTC-3A, "Social Services Block Grant Application," (within 60 days, Part V must be signed by the client or the client's representative unless court action has been initiated; see 473 NAC 5-015.09, item 5); and
4. Authorize Adult Protective Services.

2-002.05 Burden of Proof: The worker may require the client to provide any necessary verification. All applicants shall present proof of age or family size if the worker has reason to suspect that incorrect information has been provided. If the applicant fails to provide required proof within 30 days of application, the worker shall reject the application or close the case, as appropriate.

2-003 Citizenship and Alien Status: To be eligible for social services, an individual's status must be documented as one of the following using acceptable documents, as defined by federal regulations and listed in 473-000-603:

1. A citizen of the United States;
2. An alien lawfully admitted for permanent residence (see 473-000-604);
3. A refugee admitted to the U.S. under Section 207 of the Immigration and Nationality Act (INA);
4. An asylee under Section 208 of INA;
5. An alien whose deportation is withheld under Section 243(h) of INA;
6. An alien from Cuba or Haiti who was admitted under Section 501(e) of the Refugee Education Assistance Act of 1980;
7. A refugee who entered the U.S. before April 1, 1980, and was granted conditional entry;
8. An alien who is paroled into the U.S. under Section 212(d)(5) of INA for a period of at least one year;
9. An Amerasian immigrant under Section 584 of the Foreign Operations, Export Financing, and Related Programs Appropriations Act, 1988, as amended; or
10. An alien who has been battered or subjected to extreme cruelty in the U.S. by a spouse or a parent or by a member of the spouse's or parent's family who is residing in the same household as the alien.

Receipt of SSI, SSDI, or Medicare is sufficient proof of citizenship or lawfully admitted alien status.

Individuals who declare to be U.S. citizens must be given a reasonable opportunity to present satisfactory documentation of citizenship or nationality. Benefits must not be denied, delayed, reduced, or terminated pending receipt of the requested citizenship verification. Reasonable opportunity is defined as ten days from the date documentation was requested. The worker may authorize an additional ten day extension for verification if the necessary information has been requested by the client. If DHHS has requested verification, such as an out of state birth certificate, benefits will not be denied or terminated while awaiting receipt. Once an individual has declared s/he is a U.S. citizen or national and has provided all other information to determine eligibility, benefits must be provided.

If the client is not cooperating in providing documentation, the client must be closed.

2-003.01 Verification of Alien Status: When a client states that one or more of the unit members is an alien, the worker must require the client to present verification for each alien member. If the client has documentation containing an alien registration number, the worker must verify the alien status using the Systematic Alien Verification for Entitlements (SAVE) system. For further verification procedures, see 473-000-603 and 473-000-604.

#### 2-004 Needs Eligibility

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

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

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

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

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

2-004.01A2 Appropriate Services: Homemaker, transportation mental retardation services, and day care services for children.

2-004.01B Self-Sufficiency (Goal 2): All clients assigned this goal must have realistic expectations of residing in their own homes or current living arrangements while receiving only limited services. The worker shall define limited services for each case. Nursing home residents may be assigned this goal if placement in their own homes or in more independent living arrangements is feasible in the near future.

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

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

2-004.01B2 Appropriate Services: Alternate care for adults, chore, day services for adults, home delivered or congregate meals, homemaker, transportation, and mental retardation.

2-004.01C Preventing or Remediating Neglect, Abuse, or Exploitation (Goal 3): This goal is achieved when an adult no longer requires intervention or support to ensure against neglect, abuse, or exploitation.

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

2-004.01C2 Appropriate Services: Alternate care for adults, chore, day services for adults, home delivered or congregate meals, homemaker, protective services, and transportation.

2-004.01D Preventing or Reducing Inappropriate Institutional Care (Goal 4): Clients assigned this goal are those not able to reside in their own homes independently, but who do not presently require the full time supervision and life support offered through a medical facility. The aim of all services provided under this goal is prevention of more intensive care than presently required. This goal implies that if services were not provided, the client would have to move to a more supervised or structured living arrangement. If, over a period of time, a client with Goal 4 requires increased service, the worker shall consider transfer to Goal 5.

2-004.01D1 Levels: Clients assigned this goal may be at various levels of supervision:

1. Residing in a medical facility (i.e. nursing home) with a discharge plan;
2. Residing in an adult family home;
3. Residing in a domiciliary facility;
4. Residing in a residential care facility; or
5. Residing in their own homes with a high level of social or medical services.

2-004.01D2 Appropriate Services: Alternate care for adults, chore, day services for adults, home delivered or congregate meals, homemaker, adult protective services, transportation, and mental retardation services.

2-004.01E Securing Referral or Admission for Institutional Care (Goal 5): Clients assigned this goal are expected to enter an institution within six months. An institution is any facility which provides 24-hour accommodation, board, and care.

2-004.01E1 Support Offered: Includes arranging institutional visitation or placement, counseling the client or client's representative, client advocacy, and working with the institution's intake staff.

2-004.01E2 Appropriate Services: Alternate care for adults, protective services for adults, transportation, chore, adult day services, meals, homemaker, and mental retardation services.

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

1. The client is able to perform or provide for identified service needs;
2. The client has family members or caregivers who have the responsibility and/or capability to meet identified service needs;
3. The client has other relatives, friends, or interested individuals who will provide identified service needs at no cost to the client or to the service unit (see 473 NAC 2-005.04B);
4. The client has access to financial resources which may be used to meet his/her needs;
5. The client is residing in an institution (except in relation to deinstitutionalization and short-term care); or
6. The client does not meet the requirements specified for each service.

2-005 Service Plan Formulation: Selection of a goal and the approaches to its attainment are essential to planning. The worker and the client shall evaluate the approach selected and the client's potential for goal achievement. Based on this appraisal, the worker has the final authority to authorize or deny social services. The worker and client together shall develop a plan which is documented in the case record and reflected on Form DSS-4, "Case Information Summary," and Form DSS-4A, "Social Services Provider Authorization." This plan must be re-evaluated whenever necessary and at least every six months. The forms must be updated as information changes and at least annually. Before submitting Forms DSS-4 and DSS-4A, the worker shall determine whether identifying data on the client has been entered in the computer system. If the client is new to the system, the worker shall complete and submit Form PDS-100, "Client Identification Data."

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

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

2-005.02 Documentation

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

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

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

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

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

2-005.04 Authorization: Form DSS-4A designates the vendor responsible for providing the service authorized in the plan and gives special instructions and service limitations. Each provider from whom service is purchased must receive Form DSS-4A for prior authorization of service. Data entry of Form DSS-4A is optional; if it is desired the local unit shall notify Central Office.

If an individual in-home service provider is authorized, the client shall sign Form IRS-2678, "Employer Appointment of Agent" (see 473 NAC 3-003.01).

2-005.04A Authorization Standards: To authorize any service, whether staff-provided or purchased, the worker shall -

1. Determine that the client has been found eligible on Form DSS-3A (see 473 NAC 5-015.09 in regard to Adult Protective Services). In no case will the beginning service authorization date be prior to the beginning eligibility date shown on the application;
2. Determine that the client's need relates to one of the defined program goals and can be met within the service definition;
3. Determine that the provider is an approved vendor;
4. Identify the service on Form DSS-4;
5. Describe and authorize purchased service on Form DSS-4A before service is provided;
6. Set an authorization period which is within the eligibility period;
7. Refer to the code, maximum rate, and unit authorization policies set for each service and on each provider agreement; and
8. Explain that any authorization is subject to review to ensure that the service is delivered as authorized.

2-005.04B Client Relatives as Providers: The Department discourages authorization of providers who are related to the clients they serve. Before considering a relative provider, the worker shall determine that the provider would not donate his/her service to the client at no cost.

Relative providers may receive social services reimbursement only if -

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

2-005.04C Authorization Termination: When a Form DSS-4A service authorization must be terminated before the end of the authorization period, the worker shall notify the affected provider in a timely manner. (Form DSS-4C may be used.)

## 2-006 Service Client Contacts and Notices

2-006.01 Client Responsibility to Contact: The client or representative shall contact the worker when -

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

2-006.02 Worker Responsibility to Contact: The worker shall contact the client when -

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

2-006.03 Notice of Agency Action: The worker shall use Form DSS-6 to provide written notification of agency action to applicants or recipients (or their representatives) when -

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

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

Form DSS-6 must also be sent when an applicant is determined eligible or a client redetermined eligible for social services.

2-006.03A Advance Notice: When a provided service is to be reduced or terminated, the worker shall provide formal written notice. This notice must be dated and mailed or given to the client at least ten calendar days before the adverse action is effective.

2-006.03B Adequate Notice: If the worker has verified possible client fraud, the worker shall send a notice of termination or reduction to the client no later than the action's effective date.

2-006.03C Notice Not Required: No notice need be sent to the client in the following situations:

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

2-006.03D Service Continuation During Appeal: In cases where advance notice has been given, the client may appeal. If an appeal is requested in writing within ten days following the date Form DSS-6 was mailed, the worker shall not carry out the adverse action until a fair hearing decision is made.

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

2-006.04 Client Notice of Provider Termination: When a client's provider is disapproved or is not being reapproved, the local service unit shall notify the client. A new method of service provision must be established to prevent a gap in service provision.

2-007 Social Services Exception: In specific instances, local staff may request approval from Central Office to depart from established policies to -

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

2-007.01 Prior Approval: No local staff, client, or provider shall take action for which an exception is required/requested before the local office receives -

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

2-007.02 Time Guides: To ensure a timely response, local staff should send written requests for exceptions to Central Office at least ten working days before the date on which the action described in the request is to take effect.

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

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

2-007.03 Maximum Allowable Units and Rates

2-007.03A Case Management: When the worker and a client determine that units of service above the maximum are needed for the client to meet his/her social services goal, the worker shall -

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

2-007.03B Resource Development: When the worker assigned resource development responsibilities and a provider negotiate a rate that exceeds the maximum unit rate the worker shall -

1. Assess and document the need for the service provider;
2. Initiate Form DSS-2A requesting a specific unit rate exceeding the maximum. Include -
  - a. Documented rate negotiation efforts and applicable special circumstances (e.g., provider's experience, other recruitment efforts) to justify a higher rate of reimbursement;

- b. A factual comparison of the rate requested to other rates for the same service in the community. No exceptions will be granted based solely upon a statement that the rate is "usual and customary"; and
- c. A summary of the provider rate history, when applicable.

Note: Once a higher rate has been approved, the worker may authorize that increase whenever the provider's contract is renewed, without submitting another Form DSS-2A.

2-007.03B1 Agency Providers: In addition, when requesting rate exceptions for agency providers, the worker shall -

1. State the agency rate in comparison to individual provider rates for the same service in the community;
2. Present the agency's plan for the initial, continued, or expanded use of the agency provider; and
3. Summarize the continued or expanded recruitment and use of individual providers of the same service.

2-007.04 Time-Limited Service Exceptions: Central Office staff shall not grant approval for extension beyond six months for the exclusive purpose of ongoing advocacy or follow up.

The following services are time-limited: Adult Protective Services, Adult Day Services, alternate care, and homemaker. When service provision requires one or more of them to continue beyond an initial six-month authorization period in order for the client to meet his/her service goal, the worker shall -

1. Develop a plan which will -
  - a. Avoid increased or continued dependency on services;
  - b. Assist the client to advance toward achievement of his/her program goal; and
  - c. Clearly outline client and worker responsibilities in implementing the plan;
2. Document -
  - a. What services have been provided during the previous six-month authorization period;
  - b. What positive steps have been taken toward client goal achievement;
  - c. What components of service remain to be provided through future service authorization, in order for the client to meet his/her service goal; and
  - d. Other significant changes in the client's situation.
3. Determine how much service authorization extension is needed;
4. Explore other resources for service provision;
5. Document other agencies/resources working with the client; and
6. Initiate Form DSS-2A documenting need and requesting a specific number of additional units for a specific time period.

2-007.05 Service-Specific Exceptions: When requesting an exception for any of the following services, the worker must refer to the appropriate section:

1. Meals service (see 473 NAC 5-010.05);
2. Adult Protective Services (see 473 NAC 5-015.16); and
3. Transportation (see 473 NAC 5-018.05).

2-007.06 Record Maintenance: Agency staff must maintain the completed Form HHS-2A in the appropriate client or provider case file.

## 2-008 Assignment of Payee. Guardianship. or Conservator Status

2-008.01 Employee's Role: No employee of DHHS is allowed to serve as a guardian or conservator for any service client for whom s/he:

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

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

2-008.02 Services Worker as Protective Payee: A services worker may act as protective payee for a client only if s/he does not determine eligibility for a categorical program for that client. All other community resources must be explored before a services worker may accept the payee assignment.

2-008.03 Provider's Role: The service worker must obtain Central Office approval before a service provider who contracts with the Department may act as protective payee for a client s/he serves.

## 2-009 Eligibility Redetermination

2-009.01 Change in Status: The worker must complete a redetermination of eligibility when information is obtained about changes in a client's circumstances that may change his/her eligibility. The worker must complete this review as soon as possible within a 30 day time-limit.

2-009.02 Annual Redetermination: The worker must review each client's plan and needs whenever necessary. At least every 12 months, the worker must:

1. Conduct a redetermination of each client's eligibility;
2. Determine whether an interview is necessary;
3. Instruct each client to complete and sign a new Form MILTC-3A or EA-117 reflecting his/her current situation;
4. Verify information contained on the application (see 473 NAC 2-002.04); and
5. Complete necessary redetermination forms.

## 2-010 Case Record Maintenance

2-010.01 File Contents: Service case records must include appropriate forms for and documentation of -

1. The request for services;
2. Income verification;
3. Service eligibility; and
4. Service plan formulation (see 473 NAC 2-005.02).

2-010.02 Record Retention: Each local office shall retain the required documentation for four years from the eligibility period ending date.

2-011 Forms and Instructions: The worker shall use the following application and eligibility processing forms as necessary:

1. Form DPW-46, "Authorization for Investigation" (473-000-12);
2. Form DSS-2A, "Social Service Exception" (473-000-21);
3. Form DSS-3A, "Social Services Application" (473-000-22);
4. Form DSS-3B, "Physician's Disability Determination" (473-000-23);
5. Form DSS-4, "Case Information Summary" (473-000-25);
6. Form DSS-4A, "Social Services Provider Authorization" (473-000-26);
7. Form DSS-4C, Service Provider Notification (473-000-27);
8. Form DSS-6, "Client's Notice of Action" (473-000-29);
9. Form DSS-60, "Adult Abuse/Neglect Report" (473-000-39);
10. Form IRS-2678, "Employer Appointment of Agent" (473-000-140);
11. Form PDS-100, "Client Identification Data" (473-000-150); and
12. Form SSA-1610, "Social Security--Public Assistance Agency Information Request and Report" (473-000-170).