

**STAFF MEETING MINUTES  
LANCASTER COUNTY BOARD OF COMMISSIONERS  
COUNTY-CITY BUILDING  
BILL LUXFORD STUDIO (ROOM 113)  
THURSDAY, SEPTEMBER 4, 2014  
9:00 A.M.**

Commissioners Present: Larry Hudkins, Chair  
Brent Smoyer, Vice Chair  
Deb Schorr  
Jane Raybould  
Roma Amundson

Others Present: Kerry Eagan, Chief Administrative Officer  
Gwen Thorpe, Deputy Chief Administrative Officer  
Dennis Meyer, Budget and Fiscal Officer  
Brittany Behrens, Deputy County Attorney  
Dan Nolte, County Clerk  
Ann Taylor, County Clerk's Office

*Advance public notice of the Board of Commissioners Staff Meeting was posted on the County-City Building bulletin board and the Lancaster County, Nebraska, web site and provided to the media on September 3, 2014.*

The Vice Chair noted the location of the Open Meetings Act and opened the meeting at 9:04 a.m.

**AGENDA ITEM**

**1 APPROVAL OF THE MINUTES OF THE AUGUST 28, 2014, STAFF MEETING**

**MOTION:** Raybould moved and Schorr seconded approval of the minutes of the August 28, 2014 Staff Meeting. Schorr, Raybould and Smoyer voted aye. Amundson and Hudkins were absent from voting. Motion carried 3-0.

Amundson arrived at the meeting at 9:05 am.

**2 ADDITIONS TO AGENDA**

A. Draft Letter Regarding Region V Funding for Lancaster County Crisis Center (Exhibit A)

**MOTION:** Raybould moved and Schorr seconded approval of the addition to the agenda. Raybould, Amundson, Schorr and Smoyer voted aye. Hudkins was absent from voting. Motion carried 4-0.

**3 INSURANCE RENEWALS** - Sue Eckley, County Risk Manager; Tom Champoux, UNICO Group, Inc.

Tom Champoux, UNICO Group, Inc., presented a coverage/cost comparison for renewal of insurance for the following (Exhibit B):

- Property/Inland Marine

Champoux said the premium increased by \$4,201.00 and said the increase reflects the increase in property values (\$2,073,287).

- Business Auto

Champoux said the \$3,454.00 reduction in the premium for the master auto coverage is due to a reduction in the number of vehicles covered. He noted the premium for coverage for the Sheriff's vehicles increased by \$6,757.00 and said it is related to an increase in the number of vehicles covered and the loss experience. Sue Eckley, County Risk Manager, noted there were a couple of total losses throughout the year and said one recent total loss was not included in the loss run.

The Chair arrived at the meeting at 9:13 a.m. and assumed direction of the meeting.

Schorr expressed concern regarding the number of claims involving Sheriff's vehicles and asked whether additional training would be helpful. Champoux said he will see what is available. Schorr remarked the Sheriff's membership organizations may be able to provide information on what is happening on a regional and national level. Eckley said she will provide the Board statistical data on the auto losses.

- Crime

Champoux said there was a \$591.00 increase in the premium.

Raybould noted the comment in the comparison regarding the internal controls recommended in the auditors's report and asked whether they were implemented, and if so, would it reduce the premium. Eckley agreed to check whether they have been implemented and will report back to the Board. Champoux said it's unlikely it would have an impact on the premium.

- Boiler and Machinery

Champoux reported a slight increase in the premium (\$8.00).

Raybould asked whether there is a deductible. Champoux said it is \$5,000.00 and said he will indicate the deductible amount in the future.

- Public Building Commission (PBC)

Champoux said this is for general liability coverage for PBC properties. There is an increase of \$2,588.00 in the liability premium and no increase in the umbrella premium. He added there is no deductible.

- Fiduciary Liability

Champoux reported a \$110.00 increase in the premium. He noted optional quotes from Travelers Insurance Company for \$1,000,000, \$2,000,000, \$3,000,000 and \$5,000,000 in coverage and suggested the Board consider making a change to Travelers. Champoux said the County had \$1,000,000 in coverage under the current policy and could double the coverage, with a lower premium, under Travelers. **NOTE:** \$5,000,000 is the cap under the Political Subdivisions Tort Claim Act.

Eckley said the Board may want to consult Doug Cyr, Chief Deputy County Attorney, as he has expressed interest in looking at higher limits.

Raybould asked why the Board would want excessive coverage. Eagan said claims in this area are very expensive to defend.

Raybould asked whether Travelers bid on other the insurance components. Champoux said if Travelers becomes a viable entity for a public entity of this size, he will definitely seek quotes from them.

There was general consensus to move the fiduciary liability insurance to Travelers, increasing the limit to \$2,000,000.

Champoux also addressed workers' compensation costs, which he said have increased significantly with all of the changes in health care. He identified two trends that are a reason for concern: 1) Individuals injured over the weekend are coming to work on Monday and claiming their injury occurred at work; 2) Medical providers are reimbursed more for workers compensation injuries so there may be a tendency for them to say the injury occurred to some extent in the course of employment.

Raybould asked whether the County has a policy in place to require drug testing if an employee claims an injury in the workplace. Eckley said the County does not require a drug test unless there is reasonable suspicion. She added her department conducts a thorough investigation of claims.

Champoux said they are still at the market for liability lines of coverage.

**4 A) VISITORS PROMOTION COMMITTEE (VPC)  
RECOMMENDATION ON VISITORS IMPROVEMENT FUND GRANT  
REQUEST FROM LINCOLN CHILDREN'S ZOO (\$200,000 FOR  
TORTOISE EXHIBIT); AND B) APPOINTMENT OF COLETTE WEAR  
TO VISITORS PROMOTION COMMITTEE (VPC) - Julie Lattimer,  
Visitors Promotion Committee (VPC) Chair; Jeff Maul, Lincoln Convention  
and Visitors Bureau (CVB) Executive Director**

**A) Visitors Promotion Committee (VPC) Recommendation on Visitors  
Improvement Fund Grant Request from Lincoln Children's Zoo (\$200,000 for  
Tortoise Exhibit)**

Julie Lattimer, Visitors Promotion Committee (VPC) Chair, gave an overview of the Visitors Improvement Fund grant request from the Lincoln Children's Zoo in the amount of \$200,000 to fund an interactive tortoise exhibit. She said the zoo is the third most visited attraction in Nebraska, with local attendance at 86,400 and attendance outside of Lincoln at 93,600, according to data compiled by the Nebraska Tourism Commission. Lattimer said 11.5% of those visiting the zoo are from more than 100 miles away and said it is estimated that 6,882 room nights generated with a total economic impact of \$1,686,090. Overall, the zoo's total annual economic impact is estimated to be \$6,300,000.

Copies of an excerpt from the VPC minutes, as it pertains to the funding request, were disseminated (Exhibit C).

In response to a question from Raybould, Jeff Maul, Lincoln Convention and Visitors Bureau (CVB) Executive Director, said 36% of visitors to the zoo come from outside Lancaster County and 8.5% from outside the State.

Lattimer noted the County granted \$150,000 to the zoo in 2011 to create the Humboldt penguin exhibit and said attendance has grown by 18% since then, an increase of 24,823 visitors. She said the VPC recommends approval of the request, noting the zoo already has \$150,000 in commitments for the project.

John Chapo, President/Chief Executive Officer (CEO), Lincoln Children's Zoo, appeared and said the exhibit fits with the zoo's core mission of engaging children through firsthand learning.

Schorr asked whether the VPC considered a lesser funding amount. Lattimer said the VPC looked at the entire scope of the project and didn't see any areas that were conducive to being broken out. Maul said although it is a significant investment, there will be a high return in terms of visitors from outside of Lancaster County.

Schorr also asked the balance of the Visitors Improvement Fund. Dennis Meyer, Budget and Fiscal Officer, appeared and said the balance is \$2,100,000. He said there are \$2,500,000 in committed expenditures for Fiscal Year (FY) 2015 but the County will be receiving approximately \$1,4,000,000 throughout the year. Meyer added that committed expenditures will drop to \$1,400,000 in FY 2016 and to less than \$1,000,000 in FY 2017.

Chapo said the Zoo Board is prepared to finance the project through a commercial loan if it receives a commitment pledge from a potential donor. Hudkins remarked the interest costs from a commercial loan will "take away" from the overall project. Lattimer said the VPC reviewed that information before discussing the project.

Hudkins asked about timing of the project. Chapo said ideally they would like to "break ground" by November so the exhibit can be completed in time for next season.

**MOTION:** Smoyer moved and Amundson seconded to direct staff to prepare a contract for a \$200,000 Visitors Improvement Fund grant to the Lincoln Children's Zoo from the Fiscal Year (FY) 2014 budget for action at the September 9, 2014 County Board of Commissioners Meeting. Amundson, Smoyer, Schorr, Raybould and Hudkins voted aye. Motion carried 5-0.

## **B) Appointment of Colette Wear to Visitors Promotion Committee (VPC)**

There was consensus to schedule the appointment on the September 9, 2014 County Board of Commissioners Meeting agenda.

Smoyer exited the meeting at 9:47 a.m.

## **5 A) BUILDING CODE FEES; AND B) FRONTAGE REQUIREMENT FOR TWENTY-ACRE LOTS - Chad Blahak, Building and Safety Director**

## **A) Building Code Fees**

Chad Blahak, Building and Safety Director, discussed fee adjustments to the building code fees which he indicated were part of the latest code review (Exhibit D). He noted there are \$5.00 increases to the base fee for each of the commercial and residential categories and said the biggest change involves combining the two fee tables (new construction and remodels) in the residential category into one table. Blahak explained the fee adjustments were separated from the building code amendments to have them coincide with the budget process. He said the fee adjustments were reviewed by the Building Code Task Force and Code Study Committee and have been approved by the City Council.

Smoyer returned to the meeting at 9:50 a.m.

Hudkins expressed concern regarding the reinspection fees, which have increased from \$30 to \$50. Terry Kathe, Zoning Coordinator, Building and Safety Department, appeared and explained the reinspection fees are more for "habitual abusers" of the inspection process, rather than those that follow the customary rules. Blahak added the reinspection fees are not assessed very often.

Brittany Behrens, Deputy County Attorney, said she will work with the County Clerk's Office to schedule a public hearing on the building code fees.

## **B) Frontage Requirement for Twenty-Acre Lots**

Item was withdrawn from the agenda.

### **6 REVISIONS TO GENERAL ASSISTANCE (GA) GUIDELINES - Gary Chalupa, Veterans Service Officer/General Assistance (GA) Director; Brittany Behrens, Deputy County Attorney**

Gary Chalupa, Veterans Service Officer/General Assistance (GA) Director, presented proposed revisions to the General Assistance (GA) Guidelines (Exhibit E). He noted the intent of some of the revisions is to make language consistent with the Supplemental Nutrition Assistance Program (SNAP) (food stamp guidelines), such as language in Section 2:104 (see Page 9) relating to an exemption for a motor vehicle used to meet the applicant's transportation needs for employment and/or medical care. The guidelines currently provide an exemption for a vehicle that has a value less than \$6,000, whereas SNAP limits the value to \$4,650.

Schorr exited the meeting at 10:12 a.m.

Chalupa said this issue came to his attention after the GA Monitoring Committee met to discuss the proposed revisions.

There was general consensus to make the exemption consistent with SNAP.

Schorr returned to the meeting at 10:18 a.m.

Chalupa discussed revisions to the following: Income eligibility (Section 2:107, Page 11); Allocations for rent and personal needs (Section 2:203, Pages 15-16); Disqualification from program participation (Section 2:300, Pages 18); Lump sum payments (Section 2:402, Page 20); and Medical coverage for program participants (Section 3:100, Page 22). He said the last revision is a significant change. Chalupa explained that many services that are Medicaid approved require pre-authorization and said individuals who are not on Medicaid cannot get pre-approved. He said some clients were not receiving necessary medical treatment because the guidelines required pre-authorization. Chalupa said the revision will make services that require pre-approval available but the County will likely not be reimbursed should the individual later be declared eligible for Medicaid. Brittany Behrens, Deputy County Attorney, said the revision reflects the County's legal obligation to provide services, whether or not they are pre-approved.

Chalupa also discussed revisions to: Dental coverage for program participants (Section 3:200, Page 23); Behavioral health coverage for program participants (Section 3:400 and 3:500, Pages 24-25); Unclaimed bodies (County Cremations/Burials) (Section 4:111, Page 29); Application procedures (Sections 5:200-5:203, Pages 30-31). He noted the poverty guidelines were also updated (Page 37).

**NOTE:** Item 4 under Section 2:203 (Page 15) should be part of Item 3, as it relates to establishing the rate paid for assisted living.

**7 REPORT ON PROPOSED VACATION OF PORTIONS OF  
SOUTHWEST 28<sup>TH</sup>, WEST SIMON AND WEST FREYE STREETS  
(MARTELL) - Ken Schroeder, County Surveyor**

Ken Schroeder, County Surveyor, gave an overview of a request to vacate portions of Southwest 28<sup>th</sup>, West Simon and West Freye Streets in the unincorporated area of the Village of Martell, noting the roads were platted in 1922 but were never constructed. He said County Engineering has no objection to the request, adding it is unknown if there are any utilities located in the area of the proposed vacation so a "blanket" utility easement is recommended.

Schroeder also reported the County Clerk's Office received a \$200.00 check from the petitioner for an independent appraisal. Behrens explained the petitioner has the right to request an independent appraisal. She said she will develop a contract for the independent appraisal, noting \$200.00 may not be adequate to cover the cost so the County may have to seek reimbursement from the petitioner. Behrens said County Engineering can also put together an appraisal and both appraisals can be submitted into the record at the public hearing on the matter.

In response to a question from Raybould, Behrens indicated adjacent property owners will be informed of the public hearing date.

## **8 ACTION ITEMS**

There were no action items.

## **9 CONSENT ITEMS**

There were no consent items.

## **10 ADMINISTRATIVE OFFICER REPORT**

### **A. Extension of Visitor Improvement Fund Grant Contract No. C-12-0385 (Spring Creek Prairie Audubon Center)**

Kerry Eagan, Chief Administrative Officer, said the Spring Creek Prairie Audubon Center has requested another extension of its Visitor Improvement Fund grant, citing delays in the fabrication, installation, marketing and launch of the new exhibits for the Education Center.

Schorr noted the funds were authorized two years ago.

The Board directed Eagan to draft another addendum to the contract to extend the grant term to December 31, 2014.

### **B. Agenda Items for September 11, 2014 Management Team Meeting**

The following items were suggested: 1) Introduction of James Davidsaver, the new Emergency Management Director; 2) Flu shots; and 3) Presentation on the City/County Combined Charitable Campaign.

- C. Claim for Review - Payment Voucher (PV) No. 4555867 from the County Treasurer in the Amount of \$36.24 from Signs Now. This Claim is for a Mentoring Expense.

The payment voucher was withdrawn.

- D. City-County Combined Charitable Campaign Kick-off Luncheon Speaker, 11:30 a.m. on Tuesday, September 30, 2014 at the Auld Recreation Center

It was noted Commissioner Smoyer will speak at the event.

## **11 PENDING**

There were no pending items.

## **12 DISCUSSION OF BOARD MEMBER MEETINGS**

- A. Chamber Coffee - Smoyer, Raybould

Raybould said it was reported the Lincoln Board of Education has projected 1,000 new students and has formed a task force to make recommendations on technology.

## **ADDITIONS TO AGENDA**

- A. Draft Letter Regarding Region V Funding for Lancaster County Crisis Center (Exhibit A)

The Board made the following revisions to the letter:

- Insert the word *fun*ds behind the word *extra* in the third sentence of the third paragraph.
- Insert the word *benefits* after the word *what* in the first sentence of the fourth paragraph.
- Change the phrase *at its meeting today* to *at its September 8, 2014 meeting* in the fifth sentence of the fourth paragraph.
- Add the following sentence to the end of the fourth paragraph: *The Lancaster County Board requests that the Region V Governing Board reject the administrative amendment reducing the Crisis Center funding by \$400,000.*
- Insert the following sentence in the sixth paragraph: *We respectfully request a meeting with the Region V Governing Board Executive Committee for this purpose within the next two weeks.*

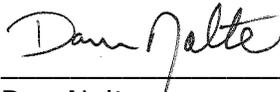
**NOTE:** The Board will present the letter to the Region V Governing Board at their September 8<sup>th</sup> meeting. Commissioners Hudkins and Schorr; Kerry Eagan, Chief Administrative Officer; Gwen Thorpe, Deputy Chief Administrative Officer; and Dennis Meyer, Budget and Fiscal Officer, will also participate in a conference call later in the day with the Region V Governing Board Executive Committee and C. J. Johnson, Region V Systems Administrator, to discuss the issue.

### **13 EMERGENCY ITEMS AND OTHER BUSINESS**

There were no emergency items or other business.

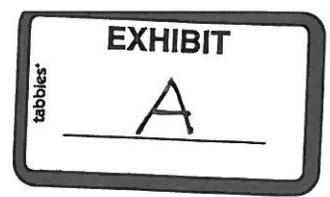
### **14 ADJOURNMENT**

**MOTION:** Schorr moved and Amundson seconded to adjourn the meeting at 11:00 a.m. Raybould, Amundson, Schorr, Smoyer and Hudkins voted aye. Motion carried 5-0.



Dan Nolte  
Lancaster County Clerk





**DRAFT**

September 8, 2014

Mr. Dennis Byars, Chair  
Region V Systems  
Region V Governing Board  
1645 "N" Street  
Lincoln, NE 68508

Re: Region V Funding for Lancaster County Crisis Center

Dear Mr. Byars:

The Lancaster County Board of Commissioners strongly believes our citizens are best served when different governmental entities cooperate, and effective cooperation is not possible without transparency and open communication. Although Lancaster County and Region V Systems have long enjoyed an excellent working relationship, our relationship is now being undermined by a lack of transparency and communication. This problem is highlighted by the ongoing dispute regarding Lancaster County's funding contribution to Region V, and the proposal from the Region V administration to reduce funding for the Lancaster County Crisis Center by \$400,000. Please consider the following background information.

Pursuant to Nebraska state law, counties are required to provide funding for the operation of regional behavioral health authorities and for the provision of behavioral health services in the regions. This obligation can be equitably distributed among the counties by the use of a per capita funding formula. In fact, Region V Systems has developed a per capita funding formula which is applied equally to all counties in the Region except Lancaster County, which is charged a significantly higher per capita. See Attachment A to this letter. As a result of the higher per capita, Lancaster County pays an additional \$408, 651 to Region V Systems.

Given the tight budgets of recent years, the Lancaster County Board began to raise questions about why the County was paying a higher per capita than the other Region V counties, and more importantly, whether the County was getting a direct benefit from paying the higher per capita. Unfortunately, gathering accurate information from Region V regarding this issue has been difficult. Based on the limited information we did receive, it appears the County began paying

extra at some point prior to 2009. Apparently, the County made pass through contributions to the Region on behalf of the Crisis Center, which were used to leverage additional funds by the Region, and then paid directly back to the Crisis Center. Beginning in 2009, however, additional state funding for the Crisis Center became available, and the additional County contribution to Region V for the Crisis Center was no longer needed. At that point a unilateral decision was made by Region V to use the County's extra contribution for regional administrative costs. At no time was the Lancaster County Board consulted about this change in how the extra funding was being used.

At all times during these discussions Lancaster has expressed a willingness to continue paying the higher per capita, so long as the Region V would enter into a contract setting forth what the County was getting in return. Since Region V was either unwilling or unable to honor this request, the Lancaster County Board decided to cut the extra funding to Region V by \$300,000. As a show of good faith that the County was still willing to contribute extra funding, the Board also authorized a payment of \$100,000, so long as Region V would enter into a contract for how the \$100,000 would be utilized. In response, the Region V Systems administration proposed a \$400,000 funding reduction for the Lancaster County Mental Health Crisis Center. The Region V Systems Governing Board will vote on this proposal at its September 8, 2014 meeting.

If the Region V Governing Board decides to cut funding to the Crisis Center, all the counties in Region V will be impacted. As you are aware, counties are statutorily mandated to provide emergency protective custody (EPC) services for their residents. Pursuant to an Interlocal Agreement between Region V Systems and Lancaster County, EPC services are provided to all Region V counties at the Lancaster County Mental Health Crisis Center. If Region V funding to the Crisis Center is reduced by \$400,000, then Lancaster County's cost of operating the Crisis Center will increase by that amount. Accordingly, the per diem cost for providing EPC services to other Region V counties would need to be increased to help cover this additional cost.

The Lancaster County Board has grave concerns about this process and the negative impact it has caused to the relationship between Region V and the County. As previously stated, the County Board is ready, willing and able to continue discussions with Region V systems to resolve this matter fairly to both entities. Surely this would be in the best interests of our constituents.

Respectfully submitted by the Lancaster County Board of Commissioners this 8<sup>th</sup> day of September, 2014.

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Larry Hudkins, Chair

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Brent Smoyer, Vice Chair

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Deb Schorr

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Jane Raybould

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Roma Amundson

cc     Region V Systems Governing Board

# REGION V SYSTEMS

## COUNTY CONTRIBUTION (Proposed)

(MENTAL HEALTH)	2010 POPULATION	FY 13-14	PER POP.	Increase (2.25%)	FY 14-15	PER POP.
COUNTY						
Butler	8,395	\$ 12,663	1.5084	\$ 285	\$ 12,948	1.5423
Fillmore	5,890	\$ 8,883	1.5084	\$ 200	\$ 9,083	1.5423
Gage	22,311	\$ 33,654	1.5084	\$ 757	\$ 34,411	1.5423
Jefferson	7,547	\$ 11,385	1.5084	\$ 256	\$ 11,641	1.5425
Johnson	5,217	\$ 7,869	1.5084	\$ 177	\$ 8,046	1.5423
Lancaster	285,407	\$ 602,192	2.1099	\$ 13,549	\$ 665,741 **	2.3326
Nemaha	7,248	\$ 10,933	1.5084	\$ 246	\$ 11,179	1.5423
Otoe	15,740	\$ 23,741	1.5084	\$ 534	\$ 24,275	1.5423
Pawnee	2,773	\$ 4,184	1.5084	\$ 94	\$ 4,278	1.5423
Polk	5,406	\$ 8,154	1.5084	\$ 184	\$ 8,338	1.5423
Richardson	8,363	\$ 12,615	1.5084	\$ 284	\$ 12,899	1.5423
Saline	14,200	\$ 21,419	1.5084	\$ 482	\$ 21,901	1.5423
Saunders	20,780	\$ 31,344	1.5084	\$ 705	\$ 32,049	1.5423
Seward	16,750	\$ 25,265	1.5084	\$ 569	\$ 25,834	1.5423
Thayer	5,228	\$ 7,886	1.5084	\$ 177	\$ 8,063	1.5423
York	13,665	\$ 20,613	1.5084	\$ 464	\$ 21,077	1.5423
<b>Total</b>	<b>444,920</b>	<b>\$ 842,800</b>		<b>\$ 18,963</b>	<b>\$ 911,763</b>	

\*\* Includes reinstatement of prior \$50,000 cut

(SUBSTANCE ABUSE)	2010 POPULATION	FY 13-14	PER POP.	Increase (2.25%)	FY 14-15	PER POP.
COUNTY						
Butler	8,395	\$ 2,278	0.2714	\$ 51	\$ 2,329	0.2774
Fillmore	5,890	\$ 1,598	0.2714	\$ 36	\$ 1,634	0.2774
Gage	22,311	\$ 8,054	0.2714	\$ 136	\$ 8,190	0.2774
Jefferson	7,547	\$ 2,048	0.2714	\$ 46	\$ 2,094	0.2774
Johnson	5,217	\$ 1,415	0.2714	\$ 32	\$ 1,447	0.2774
Lancaster	285,407	\$ 256,496	0.8987	\$ 5,771	\$ 262,267	0.9189
Nemaha	7,248	\$ 1,966	0.2714	\$ 44	\$ 2,010	0.2774
Otoe	15,740	\$ 4,271	0.2714	\$ 96	\$ 4,367	0.2774
Pawnee	2,773	\$ 753	0.2714	\$ 17	\$ 770	0.2774
Polk	5,406	\$ 1,466	0.2714	\$ 33	\$ 1,499	0.2774
Richardson	8,363	\$ 2,270	0.2714	\$ 51	\$ 2,321	0.2774
Saline	14,200	\$ 3,854	0.2714	\$ 87	\$ 3,941	0.2774
Saunders	20,780	\$ 5,639	0.2714	\$ 127	\$ 5,766	0.2774
Seward	16,750	\$ 4,545	0.2714	\$ 102	\$ 4,647	0.2774
Thayer	5,228	\$ 1,419	0.2714	\$ 32	\$ 1,451	0.2774
York	13,665	\$ 3,709	0.2714	\$ 84	\$ 3,793	0.2774
<b>Total</b>	<b>444,920</b>	<b>\$ 299,781</b>		<b>\$ 6,745</b>	<b>\$ 306,526</b>	
<b>GRAND TOTAL</b>		<b>\$ 1,142,581</b>		<b>\$ 25,708</b>	<b>\$ 1,218,289</b>	

**COVERAGE/COST COMPARISON**

Insured: Lancaster County – Property/Inland Marine  
 Effective Date: September 30, 2014

UNICO Group, Inc.  
 A/M: Nadine Rohan  
 Date Provided: \_\_\_\_\_

Coverage	Union Renewal	Union Expiring	Difference
Building(s)			
Content(s)      PROPERTY	166,978.00	162,777.00	+ 4,201.00
Business Income			
Property Enhancement			
EDP/Computer			
Signs/Glass			
Inland Marine			
Type -			
Commercial General Liability			
EBL			
EPLI			
Professional/E&O			
Auto			
Garage			
Crime			
Fiduciary Liability			
<b>GRAND TOTAL</b>	<b>① 166,978.00</b>	<b>\$162,777.00</b>	<b>+ \$4,201.00 (+2.6%)</b>

**Comments:**

① Property Values increased by \$2,073,287 – from \$148,085,663 to \$150,158,950

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## COVERAGE/COST COMPARISON

Insured: Lancaster County – Business Auto  
 Effective Date: September 30, 2014

**UNICO Group, Inc.**  
 A/M: Nadine Rohan  
 Date Provided: \_\_\_\_\_

Coverage	Continental Western Renewal	Continental Western Expiring	Difference
Building(s)			
Content(s)			
Business Income			
Property Enhancement			
EDP/Computer			
Signs/Glass			
Inland Marine			
Type -			
Commercial General Liability			
EBL			
EPLI			
Professional/E&O			
Auto – Master	① 71,845.00	75,299.00	- 3,454.00
Sheriff's Department	② 27,978.00	21,221.00	+ 6,757.00
Crime			
Fiduciary Liability			
<b>Subtotal</b>			
Workers' Compensation-Excess			
Boiler/Machinery			
Umbrella			
<b>SUBTOTAL</b>			
Pay Plan Charge			
<b>GRAND TOTAL</b>	<b>\$99,823.00</b>	<b>\$96,520.00</b>	<b>+ \$3,303.00</b>

**Comments:**

① 288 units Renewal – 318 Expiring

② 77 units Renewal – 74 Expiring

Sheriff's Auto Premium increase due to Loss Experience and increase in number of units

Loss Ratio: 1 yr – 202.86%      3 yr – 83.46%      5 yr – 71.30%

See attached Loss History

③ Continental Western does not require the addition of units to the policy when acquired. Lancaster County benefits from "free insurance" as long as these units are not involved in an accident – at which time they must be added to the policy.

# Summary Loss History - Internal

## Continental Western Insurance Company

Losses as of prior day, premium as of prior month-end

Insured Name: Lancaster County

Evaluated Date: 8/26/2014

Line of Business: CAA

Agency name: UNICO GROUP, INC

Policy Number	Effective Dates	Earned Premium	Claim Status	# of Claims	Gross Paid Losses	Gross Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Deductible Reimb	Net Incurred	Loss Ratio
2650205-28	09/30/2013 - 09/30/2014	\$17,732.71	2 Open, 5 Closed	7	\$31,144.75	\$218.00	\$6,219.79	\$37,582.54	\$1,610.00	\$0.00	\$35,972.54	202.86%
2650205-27	09/30/2012 - 09/30/2013	\$24,510.00	0 Open, 4 Closed	4	\$46,546.73	\$66.00	\$0.00	\$46,612.73	\$15,623.84	\$0.00	\$30,988.89	126.43%
2650205-26	09/30/2011 - 09/30/2012	\$24,303.00	0 Open, 2 Closed	2	\$6,132.99	\$66.00	\$0.00	\$6,198.99	\$0.00	\$0.00	\$6,198.99	25.51%
2650205-25	09/30/2010 - 09/30/2011	\$23,748.00	0 Open, 1 Closed	1	\$2,190.55	\$8.00	\$0.00	\$2,198.55	\$0.00	\$0.00	\$2,198.55	9.26%
2650205-24	09/30/2009 - 09/30/2010	\$23,188.00	0 Open, 5 Closed	5	\$13,326.36	\$176.00	\$0.00	\$13,502.36	\$1,160.00	\$0.00	\$12,342.36	53.23%
2650205-23	09/30/2008 - 09/30/2009	\$22,837.00	0 Open, 5 Closed	5	\$9,411.83	\$82.00	\$0.00	\$9,493.83	\$0.00	\$0.00	\$9,493.83	41.57%
<b>Totals</b>		<b>136,318.71</b>	<b>2 Open, 22 Closed</b>	<b>24</b>	<b>\$108,753.21</b>	<b>\$616.00</b>	<b>\$6,219.79</b>	<b>\$115,589.00</b>	<b>\$18,393.84</b>	<b>\$0.00</b>	<b>\$97,195.16</b>	

Loss Ratio			Loss Cause	# of Features	Gross Paid Losses	Gross Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Deductible Reimb	Net Incurred
	with expenses	without expenses									
1 Yr Loss Ratio (most recent yr)	202.86%	201.63%	COLLISION	9	\$63,318.74	\$287.00	\$0.00	\$63,605.74	\$18,393.84	\$0.00	\$45,211.90
3 Yr Loss Ratio (most recent yr plus 3 yrs)	83.46%	83.06%	HAIL	2	\$9,139.29	\$66.00	\$0.00	\$9,205.29	\$0.00	\$0.00	\$9,205.29
5 Yr Loss Ratio (most recent yr plus 5 yrs)	71.30%	70.85%	OTHER PHYSICAL DAMAGE	13	\$32,514.97	\$263.00	\$0.00	\$32,777.97	\$0.00	\$0.00	\$32,777.97
			WIND	1	\$3,780.21	\$0.00	\$6,219.79	\$10,000.00	\$0.00	\$0.00	\$10,000.00
			<b>Totals</b>	<b>25</b>	<b>\$108,753.21</b>	<b>\$616.00</b>	<b>\$6,219.79</b>	<b>\$115,589.00</b>	<b>\$18,393.84</b>	<b>\$0.00</b>	<b>\$97,195.16</b>

Coverage Type	# of Occur	Gross Paid Losses	Gross Expenses	Outstanding Reserves	Gross Incurred	Recoveries	Deductible Reimb	Net Incurred
COLL	9	\$63,318.74	\$287.00	\$0.00	\$63,605.74	\$18,393.84	\$0.00	\$45,211.90
COMP	4	\$15,035.98	\$99.00	\$6,219.79	\$21,354.77	\$0.00	\$0.00	\$21,354.77
OTC	12	\$30,398.49	\$230.00	\$0.00	\$30,628.49	\$0.00	\$0.00	\$30,628.49
<b>Totals</b>	<b>25</b>	<b>\$108,753.21</b>	<b>\$616.00</b>	<b>\$6,219.79</b>	<b>\$115,589.00</b>	<b>\$18,393.84</b>	<b>\$0.00</b>	<b>\$97,195.16</b>

## COVERAGE/COST COMPARISON

Insured: Lancaster County – Crime  
 Effective Date: September 30, 2014

UNICO Group, Inc.  
 A/M: Nadine Rohan  
 Date Provided: \_\_\_\_\_

Coverage	Hartford Renewal	Expiring	Difference
Building(s)			
Content(s)			
Business Income			
Property Enhancement			
EDP/Computer			
Signs/Glass			
Inland Marine			
Type -			
Type -			
Commercial General Liability			
EBL			
Law Enforcement			
Public Officials			
Auto			
Garage			
Crime	① 12,906.00	12,315.00	+ 591.00
Fiduciary Liability			
<b>Subtotal</b>			
Workers' Compensation-Excess			
Boiler/Machinery			
Umbrella			
<b>SUBTOTAL</b>			
Pay Plan Charge			
<b>GRAND TOTAL</b>	<b>\$12,906.00</b>	<b>\$12,315.00</b>	<b>+ \$591.00</b>

**Comments:**

- ① Application must be signed by County Board Chair Person – Application attached
  - ② CPA-audited financial statement reflects several internal control recommendations made by the CPA. Has the County implemented any of these recommendations; and if so, what changes were made?
- 
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**TENNESSEE:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**VIRGINIA APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

**WEST VIRGINIA:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL BE ALSO SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

The Insured represents that the information furnished in this application is complete, true and correct. Any intentional misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond issued in reliance upon such information.

\*APPLIES TO GEORGIA, VIRGINIA APPLICANTS ONLY: The Insured represents that the information furnished in this application is complete, true and correct. It is further agreed that if the above described declarations and statements are not true, accurate and complete, and are deemed material to the issuance of this Policy, any claim arising from any matter not truthfully, accurately or completely disclosed, or disclosed at all, shall be excluded from coverage

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER, NOR THE APPLICANT TO PURCHASE, THE INSURANCE. IT IS AGREED THAT THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED THEREWITH, SHALL BE THE BASIS OF THE INSURANCE. THE COMPANY WILL HAVE RELIED UPON THIS APPLICATION, INCLUDING ANY MATERIAL SUBMITTED IN CONNECTION WITH THE APPLICATION PROCESS, IN ISSUING THE POLICY.

ELECTRONICALLY REPRODUCED SIGNATURES WILL BE TREATED AS ORIGINAL.

Application completed by: Sue Eckley, Risk Manager  
(Name and Title)

Signature: Sue Eckley

Date: \_\_\_\_\_

PRODUCER NAME: (required in Florida and Iowa only) \_\_\_\_\_

PRODUCER LICENSE NO. (required in Florida only) \_\_\_\_\_

PRODUCER SIGNATURE: (required in New Hampshire only) \_\_\_\_\_

**Fax to Regional Office Bond Department:**

## COVERAGE/COST COMPARISON

**UNICO Group, Inc.**

Insured: Lancaster County – Boiler & Machinery  
 Effective Date: September 30, 2014

A/M: Nadine Rohan  
 Date Provided: \_\_\_\_\_

Coverage	Cincinnati Renewal	Cincinnati Expiring		Difference
Building(s)				
Content(s)				
Business Income				
Property Enhancement				
EDP/Computer				
Signs/Glass				
Inland Marine				
Type -				
Commercial General Liability				
EBL				
EPLI				
Professional/E&O				
Auto				
Garage				
Crime				
Fiduciary Liability				
<b>Subtotal</b>				
Boiler/Machinery - All Locations	7,180.00	7,188.00		- 8.00
<b>SUBTOTAL</b>				
Pay Plan Charge				
<b>GRAND TOTAL</b>	<b>\$7,180.00</b>	<b>\$7,188.00</b>		<b>- \$8.00</b>

**Comments:**

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## COVERAGE/COST COMPARISON

Insured: Lancaster County Public Building Commission  
 Effective Date: September 30, 2014

UNICO Group, Inc.  
 A/M: Nadine Rohan  
 Date Provided: \_\_\_\_\_

Coverage	Continental Western Renewal	Continental Western Expiring	Difference
Building(s)			
Content(s)			
Business Income			
Property Enhancement			
EDP/Computer			
Signs/Glass			
Other Property			
Inland Marine			
Type -			
Commercial General Liability	21,895.00	19,307.00	+ 2,588.00
EBL			
EPLI			
Professional/E&O			
Auto			
Garage			
Crime			
Fiduciary Liability			
<b>Package – Subtotal</b>			
Workers' Compensation			
Boiler/Machinery			
Umbrella	6,056.00	6,056.00	---
<b>SUBTOTAL</b>			
Pay Plan Charge			
<b>GRAND TOTAL</b>	<b>\$27,951.00</b>	<b>\$25,363.00</b>	<b>+ \$2,588.00</b>

**Comments:**

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## COVERAGE/COST COMPARISON

Insured: Lancaster County – Fiduciary Liability  
 Effective Date: November 1, 2014

**UNICO Group, Inc.**  
 A/M: Nadine Rohan  
 Date Provided: \_\_\_\_\_

Coverage	Chubb Renewal	Chubb Expiring	Difference
Building(s)			
Content(s)			
Business Income			
Property Enhancement			
EDP/Computer			
Signs/Glass			
Other Property			
Inland Marine			
Type -			
Type -			
Commercial General Liability			
EBL			
EPLI			
Professional/E&O			
Auto			
Garage			
Crime			
Fiduciary Liability	① 5,197.00	5,087.00	+ 110.00
<b>Package – Subtotal</b>			
Workers' Compensation			
Boiler/Machinery			
Umbrella			
<b>SUBTOTAL</b>			
Pay Plan Charge			
<b>GRAND TOTAL</b>	<b>\$5,197.00</b>	<b>\$5,087.00</b>	<b>+ \$110.00</b>

**Comments:**

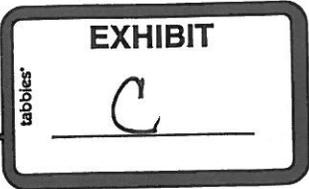
① Chubb - \$1 Million Limit, \$0 Retention

OPTIONAL - \$5 Million Limit, \$0 Retention - \$16,580

\$5 Million Limit, \$25,000 Retention - \$14,922

Travelers – OPTIONAL Quotes:	Limit	Retention	Premium
	\$1,000,000	\$5,000	\$3,415
	\$2,000,000	\$5,000	\$4,861
	\$3,000,000	\$5,000	\$6,672
	\$5,000,000	\$5,000	\$8,370

Each carrier has subjectivities we will need to address when a decision is made as to carrier.



**Kerry P. Eagan**

**From:** Jeff Maul [jmaul@lincoln.org]  
**Sent:** Wednesday, September 03, 2014 3:39 PM  
**To:** Kerry P. Eagan  
**Subject:** VPC Minutes as it pertains to Zoo request for tomorrow.

Lincoln Children's Zoo Grant Request:

John Chapo and Evan Killeen from the Lincoln Children's Zoo came to represent the grant request of \$200,000 for the Tortoise Trek exhibit. Chapo started off by bringing in Galapagos Island Tortoises. He said to celebrate the Zoo's 50<sup>th</sup> anniversary a new tortoise experience is being planned. This new exhibit, Tortoise Trek, will be a hands on and interactive area. The experience will include virtually no barriers between guests and tortoises. Apart from having three species of tortoise and macaws, Tortoise Trek will include an educational play area where children can learn about Galapagos tortoises including a crawl through life size tortoise. Construction on Tortoise Trek is expected to begin late 2014 and completed April 2015. Killeen said 36 percent of Zoo attendance comes from Lancaster County, 8.5% from outside the state. The last time the Zoo made an ask to the Visitor Improvement Fund was in 2010 for the Penguin Exhibit. Since that time Zoo attendance has increased by 23,000 visitors. In 2013, 6,450 families purchased a membership. That equates to 5.8% of Lincoln households. Fischer asked how they are tracking this information. Chapo said by getting visitors zip code. Dickerson asked what the sex maturity is of the tortoise. Chapo said the sex maturity is in their 30's and 95% of the species are managed. Lattimer asked when the \$200,000 is needed. Chapo said by May of 2015. Maul asked how unique is this collection. Chapo said with this exhibit you will have total engagement. It's not like the Omaha Henry Doorly Zoo where you walk and galk. The Lincoln Children's Zoo gives children and adults a firsthand opportunity to interact with nature and animals. Fischer asked if the zoo will lose current exhibit space with this new exhibit. Chapo said no. Lattimer asked if there were any more questions. There were no more questions. Ireland made the motion to approve the \$200,000 grant request for the Tortoise Trek exhibit. The motion was seconded by Perrett. Motion carried.

JEFF MAUL | EXECUTIVE DIRECTOR – VICE PRESIDENT  
LINCOLN CONVENTION & VISITORS BUREAU | LINCOLN CHAMBER OF COMMERCE  
1135 M STREET, SUITE 300 | LINCOLN, NE 68501  
P: 402.434.5343 | [JMAUL@LINCOLN.ORG](mailto:jmaul@lincoln.org) | [WWW.LINCOLN.ORG](http://www.lincoln.org)



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1           **105.6.3 Expiration.** Every permit issued by the bureau of fire prevention shall under these  
 2 provisions expire by limitation and become null and void if the work authorized by such permit is  
 3 not commenced within 120 days from the date of such permit, or if the work authorized by such  
 4 permit is suspended or abandoned at any time after the work has commenced for a period of 180  
 5 days. Before such work can be recommenced, a new permit shall be first obtained and the fee thereof  
 6 shall be one-half the amount required for a new permit for such work; provided that such suspension  
 7 or abandonment has not exceeded one year. There shall be no credits or refunds given on permits  
 8 which have expired. Permit holders returning the unused permit prior to the expiration date of the  
 9 permit shall be limited to a maximum refund amounting to two-thirds of the original fee if the  
 10 original fee is \$75.00 or less. For permits where the original fee was greater than \$75.00, a \$25.00  
 11 processing fee will be levied and the remaining fee amount will be refunded to the permit holder.

12           **Sections 105.6.4 through 105.6.46 are deleted.**

13                       Section 3. That Section 20.08.090 of the Lincoln Municipal Code be amended to read  
 14 as follows:

15           **20.08.090     Section 109.3 Amended; Permit Fees.**

16                       Section 109.3 of the International Building Code is amended to read as follows:

17                       **109.3 Permit fees.** The fee for each permit shall be as set forth in Table 1A and Table 1B  
 18 below:

**TABLE 1A – BUILDING PERMIT FEES**

<b>Total Valuation</b>	<b>Fee</b>
\$0 to and including \$1,000	<del>\$50.00</del> <u>\$55.00</u>
\$1,001 to and including \$10,000	<del>\$50.00</del> <u>\$55.00</u> for the first \$1,000, plus \$8.00 for each additional \$1,000 value and fraction thereof, to and including \$10,000
\$10,001 to \$25,000	<del>\$122.00</del> <u>\$127.00</u> for the first \$10,000, plus \$5.00 for each \$1,000 value and fraction thereof, to and including \$25,000
Over \$25,000	<del>\$197.00</del> <u>\$202.00</u> for the first \$25,000, plus \$2.00 for each \$1,000 value and fraction thereof, over \$25,000

1 2	Reinspection fee (wrong address, work does not pass inspection, work not complete, etc.)	<del>\$50.00</del> <u>\$55.00</u>
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3 **TABLE 1B -- MISCELLANEOUS FEES**

4	Permit	Fee
5	Cell Tower	\$250.00 in addition to building permit fee
6	Co-location	\$100.00 in addition to building permit fee if structural review by outside consultant is required
7	Occupancy	\$30.00 per permit; \$10.00 per copy
8	Demolition	Residential - \$200.00 Commercial - \$250.00 plus \$.01 per sq. ft. Garages - \$30.00
9	Fire Damage Investigation	\$100.00 in addition to building or demolition permit fee
10	Building Damage Investigation	\$100.00 in addition to building or demolition permit fee
11	Expedited Plan Review	100% of plan review fee, with a minimum of \$300.00 and a maximum of \$6,000.00
12	Extension of Active Building Permit	10% of plan review fee
13	Application	
14	Reinstatement of Expired Permit	100% of plan review fee

15 The determination of value or valuation under any of the provisions of this code shall be  
 16 made by the building official. The value to be used in computing the building permit and building  
 17 plan review fees shall be the total value of all construction work for which the permit is issued, as  
 18 well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning, elevators,  
 19 fire extinguishing systems, and any other permanent equipment. The building official may determine  
 20 valuation by applying the ICC valuation or other recognized method of estimating building  
 21 construction project cost.

22 The value or valuation used by the building official in computing the building permit and  
 23 plan review fees is only an estimate and is not intended to be used as conclusive evidence of the  
 24 actual value of all construction work for which the permit is issued as well as all finish work,

1 painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire extinguishing  
2 systems, and any other permanent equipment for purposes of determining whether said value exceeds  
3 a certain percentage of the fair market value of the building in question.

4 **109.3.1 Plan review fees.** When a plan or other data are required to be submitted  
5 by Section 107.1, a plan review fee shall be paid at the time of submitting plans and specifications  
6 for review. Plan review fees shall also cover zoning, special permit, use permit, or planned unit  
7 development reviews. Said plan review fee shall be an amount equal to 65% of the building permit  
8 fee as shown in Table 1A above, or \$100.00 whichever is greater, for commercial buildings,  
9 accessory buildings and apartments.

10 The plan review fees in this subsection are separate from and in addition to the permit fees  
11 specified in Section 109.3 and shall not be credited to the total building permit fee if such permit is  
12 issued. There shall be no refund for plan review after any plan review has been completed by the  
13 Department of Building and Safety, even if the application is withdrawn.

14 One additional plan review of corrections made on the original plans after the initial plan  
15 review shall be performed at no cost to the applicant; however, where plans require further  
16 corrections, are incomplete, or are changed necessitating additional plan review, an additional plan  
17 review fee shall be charged at the rate of 10% of the total permit fee or \$50.00, whichever is greater,  
18 for each additional review. Shell and limited permit applications will be subject to additional plan  
19 review fees as specified in this section.

20 Limited permit reviews will be subject to an additional plan review fee at the rate of twenty  
21 percent of the total building permit fee or \$100.00, whichever is greater.

22 If plans are revised or changed to the extent a complete review is required, an additional plan  
23 review fee shall be charged at the full plan review rate.

24 **109.3.1.1 Fee for work commencing before permit issuance.** When construction  
25 begins before the permit has been issued, the applicant shall pay an investigation fee. This fee for  
26 work commencing before permit issuance shall be equal to the amount of the permit fee and shall  
27 be applied after one or more inspections have been made to verify that work requiring a permit has  
28 been performed without a plan review and inspection during construction.

29 No additional fee shall be added if the work is of an emergency nature where a delay  
30 in performing the work may cause a risk of life or health or will significantly increase the risk of  
31 property damage, provided a permit is applied for within 48 hours of the start of the work, in which  
32 case the permit application fee shall be assessed.

33 **109.3.2 Fair Housing Act Plan Review & Inspection Fees.** A fee of \$30.00 shall  
34 be assessed for each dwelling unit in a multi-family building for review and inspection regarding the  
35 Fair Housing Act based on Federal and State Laws.

36 **109.3.3 Floodplain development fees.**

37 **109.3.3.1** A fee shall be assessed for any development permit applied for under  
38 Lincoln Municipal Code Chapters 27.52 and 27.53 and shall be paid at the time of application  
39 therefor. The fee for each permit shall be as follows:

1 **Floodplain Development Permit Fees**

2	Floodplain Permit	15% of Building Fee (\$250.00 Minimum)
3	Flood Plain - All other Development	
4	(roads, trails, pipelines& levees)	\$250.00
5	Flood Plain Permit – Fill	\$250.00
6		+ \$50.00 per acre (\$2,500.00 Maximum)
7	Flood Plain – Mobile Home Placement	\$50.00
8	Floodplain – Accessory Buildings	\$50.00
9	Floodplain – Residential	
10	Non-substantial Improvement	\$100.00

11 **109.3.3.2** In those cases where a development permit is required for a structure, but  
12 a building permit is not required, the value of construction as determined by Section 108.3 of the  
13 Lincoln Building Code shall be used to calculate the development permit fee.

14 **109.3.3.3** Any work requiring a development permit commenced prior to the  
15 issuance of the permit shall result in the assessment of an investigation fee in accordance with  
16 Section 109.4 of the Lincoln Building Code, which investigation fee shall be in addition to the  
17 development permit fee.

18 **109.3.3.4** The building official may refund not more than two-thirds (2/3) of the  
19 development permit fee when an application for which such fee has been paid is withdrawn or  
20 canceled prior to commencement of plan review.

21 **109.3.3.5 Expiration.** Permit application and permits shall expire in accordance  
22 with Section 105.

23 Section 4. That Section 20.12.060 of the Lincoln Municipal Code be amended to read  
24 as follows:

25 **20.12.060 Section R108 Amended; Fees.**

26 Section R108 of the International Residential Code is amended to read as follows:

27 **SECTION R108**  
28 **FEES**

29 **R108.1 General.** Fees shall be assessed in accordance with the provisions of this section or  
30 shall be as set forth in the fee schedule adopted in the following sections.

31 **R108.2 Permit fees.** The fee for each permit shall be as set forth in Tables No. 1A and 1B  
32 set forth herein.

33 The determination of value or valuation to be used in computing the building permit and  
34 building plan review fees shall be the total value of all construction work for which the permit is

1 issued, as well as all finish work, painting, roofing, electrical, plumbing, heating, air conditioning,  
2 elevators, fire extinguishing systems and any other permanent equipment. The Building Official may  
3 determine valuation by applying the International Code Council valuation or other recognized  
4 method of estimating building construction project cost.

5 The value or valuation used by the Building Official in computing the building permit and  
6 plan review fees is only an estimate and is not intended to be used as conclusive evidence of the  
7 actual value of all construction work for which the permit is issued as well as all finish work,  
8 painting, roofing, electrical, plumbing, heating, air conditioning, elevators, fire extinguishing systems  
9 and any other permanent equipment for purposes of determining whether said value exceeds a certain  
10 percentage of the fair market value of the building in question.

11 **R108.3 Plan review fees.** When a plan or other data are required to be submitted by Section  
12 R105.3, a plan review fee shall be paid at the time of submitting plans and specifications for review.  
13 Said plan review fee shall be an amount equal to 30% of the building permit fee shown in Table 1A  
14 and Table 1B for residential buildings of one and two dwelling units, or \$30.00 whichever is greater.  
15 At time of submittal for an application for a building permit for residential buildings of one- and  
16 two-family dwelling units, a permit deposit of \$100.00 shall be made by the applicant.

17 The plan review fees in this subsection are separate from and in addition to the permit fees  
18 specified in Section R108.2 and shall not be credited to the total building permit fee if such permit  
19 is issued. There shall be no refund for plan review after any plan review has been completed by the  
20 Department of Building and Safety, even if the application is withdrawn.

21 One additional plan review of corrections made on the original plans after the initial plan  
22 review shall be performed at no cost to the applicant; however, where plans require further  
23 corrections, are incomplete, or are changed necessitating additional plan review, an additional plan  
24 review fee shall be charged at the rate of ten percent of the total permit fee or \$50.00, whichever is  
25 greater, for each additional review. Additional plan review fees may be applicable as set forth  
26 below:

27 Single-family and duplex limited permit reviews will be subject to an additional plan review  
28 fee at the rate of ten percent of the total building permit fee or \$100.00, whichever is greater.

29 **R108.4 Development permit fees.**

30 **R108.4.1** A fee shall be assessed for any floodplain development permit applied for under  
31 Lincoln Municipal Code Chapters 27.52 and 27.53 and shall be paid at the time of application  
32 therefor. The fee for each permit shall be as follows:

33 **Floodplain Development Permit Fees**

34	Floodplain Permit	15% of Building Fee (\$250.00 Minimum)
35		
36	Floodplain - All Other Development	\$250.00
37	Floodplain Permit – Fill	\$250.00
38		+ \$50.00 per acre
39		(\$2,500.00 Maximum)
40	Floodplain – Mobile Home Placement	\$50.00
41	Floodplain – Accessory Buildings	\$50.00

1 Floodplain – Residential  
2 Non-substantial Improvement \$100.00

3 **R108.4.2** In those cases where a development permit is required for a structure, but a  
4 building permit is not required, the value of construction as determined by Section R108.2 of this  
5 code shall be used to calculate the development permit fee.

6 **R108.4.3** Any work requiring a development permit commenced prior to the issuance of the  
7 permit shall result in the assessment of an investigation fee in accordance with Section R108.6 of  
8 this code, which investigation fee shall be in addition to the development permit fee.

9 **R108.4.4** The Building Official may refund not more than two-thirds of the development  
10 permit fee when an application for which such fee has been paid is withdrawn or canceled prior to  
11 commencement of plan review.

12 **R108.5 Expiration of plan review.** Applications for which no permit is issued within 180  
13 days following the date of application shall expire by limitation, and plans and other data submitted  
14 for review may thereafter be returned to the applicant or destroyed by the Building Official. The  
15 Building Official may extend the time for action by the applicant for a period not exceeding 180 days  
16 on request by the applicant prior to the expiration date showing that circumstances beyond the  
17 control of the applicant have prevented action from being taken. No application shall be extended  
18 more than once. In order to renew action on an application after expiration, the applicant shall  
19 resubmit plans and pay all new Building and Safety Department permit fees.

20 **R108.6 Investigation fees.** Work without a permit.

21 **R108.6.1 Investigation.** Whenever any work for which a permit is required by this code  
22 has been commenced without first obtaining said permit, a special investigation shall be made before  
23 a permit may be issued for such work.

24 **R108.6.2 Fee.** An investigation fee, in addition to the permit fee, shall be collected whether  
25 or not a permit is then or subsequently issued. The investigation fee shall be equal to the amount of  
26 the permit fee required by this code. The minimum investigation fee shall be the same as the  
27 minimum fee set forth in ~~Table 1-A and Table 1-B~~. The payment of such investigation fee shall not  
28 exempt any person from compliance with all other provisions of this code nor from any penalty  
29 prescribed by law.

30 **R108.7 Fee refunds.** There shall be no refunds or credits given on permits or applications  
31 regulated by this chapter which have expired. Permit holders returning an unused permit prior to the  
32 expiration date of the permit shall be limited to a maximum refund amounting to two-thirds of the  
33 total building permit fee, with the remaining one-third to be used to pay the cost of processing the  
34 permit. The Building Official may authorize refunding of not more than two-thirds of the plan  
35 review fee or permit deposit paid when an application for a permit for which such fee has been paid  
36 is withdrawn or canceled before any plan reviewing is done.

37 No refund shall be issued on a permit deposit or plan review fee, floodplain development fee,  
38 demolition fee, or any other fee collected by the department, where the refund amount is less than  
39 \$50.00. Where a fee has been collected in error, the Building Official may authorize a 100% refund.

**TABLE 1-A - RESIDENTIAL PERMIT FEES - New Residence**

Value of Construction	Building Permit Fee	Number of Inspections at Building Permit Fee
\$1-\$500	\$30.00	2
\$501-\$25,000	\$30.00 plus \$4.00 for each additional \$1,000, or fraction thereof, of value	3
\$25,001-\$100,000	\$78.00 plus \$2.00 for each additional \$1,000, or fraction thereof, of value	4
\$100,001-\$200,000	\$228.00 plus \$2.00 for each additional \$1,000, or fraction thereof, of value	5
\$200,001-\$300,000	\$428.00 plus \$2.00 for each additional \$1,000, or fraction thereof, of value	6
\$300,001-\$400,000	\$628.00 plus \$2.00 for each additional \$1,000 or fraction thereof, of value	7
Over \$400,000	\$828.00 plus \$2.00 for each additional \$1,000 or fraction thereof, of value	8

The fee for each inspection in excess of the number of inspections for each category of value of construction stated above shall be \$30.00:

The fee for each re-inspection for which a deficiency is not corrected shall be \$30.00:

Fees for additional plan reviews shall be 30% of the building permit fee:

**TABLE 1-B - RESIDENTIAL PERMIT FEES - New, Remodel and Additions**

Value of Construction	Building Permit Fee	Number of Inspections at Building Permit Fee
\$1-\$500	<del>\$30.00</del> <u>\$35.00</u>	2
\$501-\$25,000	<del>\$34.00</del> <u>\$39.00</u> plus \$4.00 for each additional \$1,000, or fraction thereof, of value	3
\$25,001-\$100,000	<del>\$134.00</del> <u>\$139.00</u> plus \$2.00 for each additional \$1,000, or fraction thereof, of value	4
\$100,001-\$200,000	<del>\$284.00</del> <u>\$289.00</u> plus \$2.00 for each additional \$1,000, or fraction thereof, of value	5

1	\$200,001-\$300,000	<del>\$484.00</del> <u>\$489.00</u> plus \$2.00 for each additional \$1,000, or fraction thereof, of value	6
2	\$300,001-\$400,000	<del>\$684.00</del> <u>\$689.00</u> plus \$2.00 for each additional \$1,000 or fraction thereof, of value	7
3	Over \$400,000	<del>\$884.00</del> <u>\$889.00</u> plus \$2.00 for each additional \$1,000 or fraction thereof, of value	8

4 The fee for each inspection in excess of the number of inspections for each category of value of construction stated above  
5 shall be \$30.00.

6 The fee for each re-inspection for which a deficiency is not corrected shall be ~~\$30.00~~ \$50.00.

7 Fees for additional plan reviews shall be 30% of the building permit fee.

8 Investigation of damage by any cause shall be \$100.00 in addition to any building or demolition permits issues.

9 **R108.78 Demolition permit fees.** No demolition, razing, or destructive removal of any  
10 structure covered by this code shall be permitted without the issuance of a demolition permit by the  
11 Building Official. Demolition permits for residential housing, other than garages, shall be \$200.00.  
12 Demolition permits for residential garages shall be \$30.00.

13 Section 5. That Sections 19.03.090, 19.03.100, 20.08.090, and 20.12.060 of the  
14 Lincoln Municipal Code as hitherto existing be and the same are hereby repealed.

Section 6. Pursuant to Article VII, Section 7 of the City Charter, this ordinance shall  
be posted on the official bulletin board of the City, located on the wall across from the City Clerk's  
office at 555 S. 10th Street, in lieu of and in place of newspaper publication with notice of passage  
and such posting to be given by publication one time in the official newspaper by the City Clerk.  
This ordinance shall take effect and be in force from and after its passage and publication as herein  
and in the City Charter provided.

Introduced by:

---

14-110

Approved as to Form & Legality:

\_\_\_\_\_  
City Attorney

Approved this \_\_\_ day of \_\_\_\_\_, 2014:  
\_\_\_\_\_  
Mayor



# **General Assistance Guidelines**

Including

Primary Health Care and  
Cremation/Burials

Revised and Reissued  
Effective April 1, 2013

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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. An appeal may be requested in writing or in person.
- 1:102 Applicant: An individual who applies for General Assistance, including burial assistance and/or medical assistance 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 ten (10) days immediately preceding the date it is received in the Lancaster County General Assistance Office. Prior to approving an application for assistance, the original 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 Assisted Living: Assisted living facilities are designed to care for people needing assistance with Activities of Daily Living (ADLs). Assisted living facilities offer help with ADLs such as eating, bathing, dressing, laundry, housekeeping, and/or assistance with administering medications. Assisted living is not an alternative to placement in a nursing home but is intended to provide an intermediate level of care for someone needing supervision on a daily basis.
- 1:106 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.

- 1:107 Applicant and/or Client: Anyone who has applied for, or is receiving, General Assistance benefits.
- 1:108 Clinic Physician: A licensed physician who provides medical care at the designated Primary Health Care Clinic and who approves medical care by outside providers.
- 1:109 Contributions: Verified payments which are paid to, or on behalf of, an individual or household.
- 1:110 Direct Cremation: A straightforward disposition of the body without a formal/public viewing, visitation or embalming.
- 1:111 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.
- 1:112 Equity Value: The fair market of a resource less any recorded liens or encumbrances and reasonable fees required to liquidate those resources.
- 1:113 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.
- ~~1:114 Family Unit: An applicant is considered to reside as a family unit if he/she is presently living with a spouse, parent or stepparent in cases involving minor children.~~

**1:114 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.**

- 1:115 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.
- 1:116 Household: Individuals, regardless of relationship, who reside in the same dwelling unit.

- 1:117 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.

1:118 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.

- 1:119 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.

- 1:120 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.
- 1:121 Medically Necessary: Treatment for a condition is medically necessary if the condition will worsen without medical intervention.
- 1:122 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.
- 1:123 Request Date: The date the applicant contacts the County General Assistance Department and schedules an appointment to apply for benefits.
- 1:124 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.
- 1:125 Responsible Family Member: The spouse, parent, or stepparent of any poor person.
- 1:126 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.
- 1:127 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.
- 1:128 Unrelated Households: Persons who reside with, but who are not related to, the applicant as parent, stepparent or spouse.
- 1:129 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; and
8. 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: A request for an appeal must be made within thirty (30) calendar days following the date on which notice of the County's action is mailed to the client.~~

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

1. The aggrieved person shall present his appeal in writing 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: ~~All requests for appeals will be referred to a hearing officer, designated by the County Board, for a fair hearing.~~ **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 1:118, 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 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 (ten) 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. Food baskets and food pantries;
- b. Placement in a shelter or temporary housing facility;
- c. Energy Assistance programs;
- d. 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 which is presently being used to meet the applicant's transportation needs for employment and/or medical care which has a total value of greater than \$6,000 is considered to be an available asset/resource and/or
5. A second vehicle with a total value of greater than \$6,000 is also considered to be an available asset/resource if it is also being used for the applicant's transportation needs for employment and/or medical care and there is more than one licensed driver in the household.
6. In cases where additional vehicles are registered to the applicant and/or members of the household, the value of all additional vehicles will be considered to be an available asset/resource.
7. 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) (formerly called Food Stamps), 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. Is enrolled in a job training program through the Workforce Investment Act (WIA) and/or Vocational Rehabilitation; or
  - b. 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, 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
  - c. Clients/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.
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 — **Projecting Income:** In order to determine eligibility for medical services, the Caseworker shall consider the former and potential earning capacity of the client and responsible family members. For purposes of projecting income, the Caseworker shall:~~

- ~~1. When there has been no significant change in income, determine the average monthly gross income based upon the three (3) months immediately preceding the application. The monthly average is then multiplied by six (6) to determine initial eligibility;~~
- ~~2. When the client or responsible family members declare seasonal employment, use gross income as reported on IRS Form 1040 together with any unemployment benefits received in the previous year to determine average monthly income and multiply by six (6);~~

3. ~~When there has been a significant change in income, use the period beginning with the month the change occurred. Such changes may include recent employment, termination, promotion, job change, reduced hours, change in amount of unearned income, etc.; and~~
4. ~~Use the monthly gross income received immediately prior to the significant change if 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.~~

**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 1<sup>st</sup> 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 Nebraska Workforce Development 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 1:117 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 (1) (a).

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 qualify 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 (HHS). Copies of these manuals are available for inspection at the HHS 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. Shelter (including deposit, rent 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. Assisted living (cannot be authorized without a written statement from a physician on a Lancaster County GA Form 5, indicating the client is in need of the level of care provided by an assisted living facility);
  4. Medical care provided through the Primary Health Care Clinic or authorized by a Clinic Physician, and/or Behavioral Health Services as provided through ~~the Community Mental Health Center.~~ **Region V.**
  5. 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 shelter, primary medical care, or assisted living.
- 6. 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 shelter, primary medical care, or assisted living.
  - 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.
- 7. Clothing;
  - a. See section 2:203 (8) of this document,
- 8. Cremation/Burial expenses;
  - a. See Chapter 4 of this document, and
- 9. 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** are **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. Shelter:

Family Size	Maximum Rate
1	<del>\$375</del> 450
2	<del>\$400</del> 475
3	<del>\$475</del> 550
4 or more	<del>\$550</del> 625

- a. Shared Living - ~~\$200~~ 275 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/shelter 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 shelter allowance applied to his/her rent or utilities, any combination of which cannot exceed the maximum shelter 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 unless extraordinary circumstances exist and can be verified by the Caseworker.
- f. Deposits - Are allowed when required in addition to maximum shelter 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 - Shelter 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 - Shelter 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 shelter 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 shelter allowance specified herein.

2. Personal Needs Items:

Family Size	Maximum Rate
1	<del>\$15.00</del> 20
2	<del>\$25.00</del> 30
3	<del>\$30.00</del> 35
4 or more	<del>\$35.00</del> 40

3. Assisted Living: To qualify for placement in an Assisted Living facility, a completed GA Form 5 based upon current or recent treatment is required. An updated GA Form 5 must be submitted at the time of recertification.
4. Family Size Maximum Rate Licensed Rate as Established by HHS
5. 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 HHS will be used to determine the amount of the food order by household size and the number of days covered.
6. 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.
7. 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.
8. 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 Deputy Director.
9. Burials: See Chapter 4.
10. 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, full-time students 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. Part-time students may also be ineligible due to lack of income and/or resources as a result of their own actions when the Caseworker can determine that their student status is what prevents them from being gainfully employed.
  - 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/applicants 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 ~~90~~; **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 Nebraska Workforce Development 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 Periodic or 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 regular 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 ~~twenty four (24)~~ twelve (12) months prior to application or since being determined eligible for General Assistance, the provisions of Section 2:301 shall apply. ~~the following expenses, if documented and paid by the applicant/client, shall be deducted from the net amount received: shelter and utilities, food (Not to exceed the maximum SNAP allotment for the household size), medical bills and/or other costs for which the lump sum was intended, child support payments, and other reasonable and necessary living expenses. In addition, lump sum funds should be used to pay all medical bills for which General Assistance has been requested but which have not yet been paid. 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. The remainder of the lump sum shall be divided by 100% of the Federal Office of Management and Budget (OMB) Poverty Guideline for the appropriate household size to determine the number of months of ineligibility for General Assistance.~~

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. Complete and sign a new General Assistance application in a face-to-face interview; 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 the Primary Health Care Clinic of the Lincoln-Lancaster County Health Department (LLCHD).
  2. Medical services provided by LLCHD and the General Assistance Program will be limited to those services ~~provided for and covered~~ determined to be medically necessary by LLCHD 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 the LLCHD's Community Health Services Division. 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 1:121 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 Clinic 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 LLCHD 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 LLCHD by the 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 life trauma condition. All hospital services provided in conjunction with inpatient care must be pre-authorized by the LLCHD staff.
- 3:102 Special Cases/Prisoners: Prisoners in the custody of the Lancaster County Correctional System shall receive Primary Health Care coverage during the term of their incarceration. Care will be provided by the designated medical staff in the jail supplemented by the Primary Health Care

Clinic. Referral procedures for hospitalization and specialty care will be the same as those for other indigent patients.

## 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 the LLCHD Dental Clinic to alleviate dental pain, control infection and prevent more costly deterioration. ~~at no fee for those clients that are actively enrolled in the General Assistance Program;~~ with such services being billed to the General Assistance office for payment at the minimum rate as established by LLCHD Dental clinic.
2. Specialty services or services that the LLCHD Dental Clinic is unable to provide when the emergency dental care is certified as necessary to alleviate dental pain, control infection and prevent more costly deterioration. Additionally, such services must be given prior authorization by the LLCHD 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 LLCHD 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 (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 LLCHD 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 LLCHD 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 as administered by the Lancaster County Medical Society (LCMS).
- 3:307 The LLCHD, LCMS, ~~Lincoln Lancaster County Mental Health Clinic (LLCMHC)~~ 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.

## **SCOPE OF BEHAVIORAL HEALTH SERVICES**

- 3:400 Behavioral Health Coverage for Program Participants: All individuals enrolled in the General Assistance Program and approved for Primary Medical Care may be eligible for the following services:
  1. Specialty physician services and hospital outpatient or inpatient care when certified as medically necessary as defined under Section 1:121 and prior authorization is given by the Clinic 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.
  2. Emergency medical care for a life threatening or life trauma condition provided by a hospital in compliance with program requirements;
  3. All medical service, to include behavioral health services requested by any individual with residency in another county other than Lancaster County will be referred to the county of residence to apply;
  4. Behavioral health care services through an approved Region V contracted agency/provider for outpatient services as follows:
    - a. Same-day care for emergency and Primary Health Care Clinic referrals; and
    - b. By appointment for non-emergency and ongoing services.

5. Inpatient behavioral health services will focus on individuals in need of acute psychiatric inpatient services who are unable to access services at the Lincoln Regional Center. The following conditions must be met. Clients must be either:
  - a. At risk of suicidal behavior;
  - b. In acute psychosis unmanageable as an outpatient; or
  - c. Persons in need of short-term stabilization away from crisis situations.
  - d. In all cases, documentation must exist that efforts to place the individual at the Lincoln Regional Center have occurred.
  - e. Adult Emergency Protective Custody cases will be handled by the Lancaster County Crisis Center.
6. All requests for assisted living within Lancaster County must include a Lancaster County GA Form 5 and have prior authorization from the Director of the Lancaster County General Assistance Office.

~~3:500 Behavioral Health Formulary Medications for treatment of behavioral health clients will be prescribed in accordance with Appendix B.~~

# 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 1:110 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 Deputy Director. 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 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 \$11.00 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 ~~buried~~ **interred in an ossuary located at a cemetery in Lancaster County.** ~~in the County section of Wyuka Cemetery.~~ A fee of \$55.00 shall be paid to ~~Wyuka Cemetery~~ **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 Deputy Director 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 ~~Completed Application: To be considered a completed application, the application must be signed by the applicant/client within ten (10) days immediately preceding the date it is received in the Lancaster County General Assistance Office. Prior to approving an application for assistance, the original copy of the application must be provided to the General Assistance Caseworker.~~

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.

### 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 ten (10) 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 original copy of the application to include an original signature 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 at 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 the Intake 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

5:2300 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.

5:201 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.

5:202 Notice of Eligibility But Non-Issuance of Payment: In all cases in which the provisions of Sections 5:200 and 5:201 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.

5:203 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**

- 5:3400 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.
- 5:301 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.
- 5:302 Assisted Living Facilities: In order to be an approved vendor eligible to receive General Relief Orders, the assisted living facility must be licensed as such by HHS.
- 5:303 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.

- 5:4500 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 the LLCHD.
  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.

- 5:401 Prescription Medications: Prescription medication may be issued by a provider to a qualified Primary Health Care patient upon dismissal from the hospital provided no more than a seven (7) day supply of medication is issued. If medication will be required beyond seven (7) days, the patient should be provided with a prescription.
- 5:402 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.
- 5:403 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 or potentially eligible 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.
- 5:404 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.

## NON-REIMBURSABLE SERVICES

Medical services will be provided through the Primary Health Care Clinic and are therefore not reimbursable expenses when delivered by a provider unless specifically authorized by the Clinic Physician or designated agent.

- 5:500 Clinic Services: Lancaster County provides Primary Health Care Clinic services through LLCHD. Clinic hours will be at locations and times specified and staffed by licensed physicians or health professionals. All qualified clients shall have access to primary medical care through the Clinic.
- 5:501 Acute Care: The Primary Health Care Clinic shall provide acute care to all qualified Primary Health Care clients. This may include simple nursing services, rehabilitation, post-surgical monitoring, physical therapy, etc., which will not result in the loss of continuity of care.
- 5:502 Attending Physicians: The attending physicians may continue care provided the client completes an application and continuing care is approved by the Clinic Physician.
- 5:503 Follow-Up Care: All qualified Primary Health Care clients shall receive follow-up care through the Primary Health Care Clinic or by the previously approved attending physician upon discharge from any hospital.
- 5:504 Radiology Services: As the health need indicates, radiology services shall be provided at a designated site.

## 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 OMB 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 OMB 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 OMB 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 OMB 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 OMB Poverty Guidelines as set forth in Appendix A, Part I and in effect during the authorization period.
- 6:101 Adjustments to OMB Poverty Guidelines: Annual adjustments to the OMB 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 % OMB POVERTY GUIDELINE

Family Size	Monthly
1	\$ <del>958</del> 973
2	\$ <del>1,293</del> 1,311
3	\$ <del>1,628</del> 1,649
4	\$ <del>1,963</del> 1,988
5	\$ <del>2,298</del> 2,326
6	\$ <del>2,633</del> 2,664
7	\$ <del>2,968</del> 3,003
8	\$ <del>3,303</del> 3,341

For each additional household member, add \$356. The 100% figure is used in determining eligibility for Primary Health Care. (See Section 6:100 (1) (a)).

## 50% OMB POVERTY GUIDELINE

Family Size	Monthly (\$)
1	\$ <del>479</del> 486
2	\$ <del>647</del> 656
3	\$ <del>814</del> 825
4	\$ <del>982</del> 994
5	\$ <del>1,149</del> 1,163
6	\$ <del>1,317</del> 1,332
7	\$ <del>1,484</del> 1,501
8	\$ <del>1,652</del> 1,671

For each additional household member, add \$178. 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)).

(Effective 3-25-2014)

# APPENDIX B

## **Behavioral Health Formulary:**

Use generic medications all the time unless contraindicated

Medications for the treatment of behavioral health conditions will be prescribed in accordance with the following formulary and evidence based practice.

1. ~~Tier One:~~ Medications to be prescribed as the first option for treatment as indicated:
  - a. ~~Anti-anxiety~~ Buspirone, Hydroxyzine,
  - b. ~~Antidepressant~~ Amitriptyline, Citalopram, Doxepin, Fluoxetine, Nortriptylin, Paroxetine, Trazodone, Wellbutrin, Effexor,
  - c. ~~Mood Stabilizer~~ Lithium Carb, Depakote, Depakote ER, Tegretol
  - d. ~~Antipsychotic~~ Fluphenazine, Haloperidol, Prochlorperazine, Prolixin Decanoate, Haldol Decanoate, Thioridazine, Thiothixene, Risperdal, Geodon,
  - e. ~~Parkinson's~~ Benztropine, Trihexphenadyl
  - f. ~~Thyroid~~ Levothyroxine
  - g. ~~Alzheimers~~ ACHE inhib, Exelon, Aricept, Namenda
  
2. ~~Tier Two:~~ Medications on Tier Two may be used only after use of the Tier One Medications has been unsuccessful.
  - a. ~~Anti-anxiety~~ Xanax, Klonopin, Ativan
  - b. ~~Antidepressant~~ Lexapro, Zoloft
  - c. ~~Mood Stabilizer~~ Lamictal
  - d. ~~Antipsychotic~~ Abilify, Clozaril,
  - e. ~~Sleep agents~~ Ambien, Sonata
  
3. ~~Tier Three:~~ Consists of all other medications prescribed for treatment of behavioral health conditions and its continued use will require specific review and approval by staff at Community Mental Health.

# 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 we may have access to some information): ADC, Medicaid, SNAP (formerly Food Stamps), Housing, and SSI/SSD etc. General Assistance does not have access to snap program (formerly food stamps) you will need to provide a letter stating that you receive snap 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 or divorce decree.
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.
20. Original 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) 441-3069.