



General Assistance Guidelines

Including

**Primary Health Care &
Cremation/Burials**

Revised and Reissued

Effective May 12, 2010

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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.
- 1:115 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:
 - a. Acquiring a new one in another state; or
 - b. 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 and interfere with the client's self-sufficiency or ability to work.
- 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.

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 twenty (20) 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.
- 1:302 Appeal Procedure: All requests for appeals will be referred to a hearing officer, designated by the County Board, for a fair hearing. 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. 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, 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. Sponsorship. When a registered alien has a federally recognized sponsor, the income and resources of the sponsor will be considered in determining the eligibility of the applicant;
 - b. Food baskets and food pantries;
 - c. Placement in a shelter or temporary housing facility;
 - d. Energy Assistance programs;
 - e. 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. 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: 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. Make good faith efforts to secure employment, unless the client:
 - a. Is employed on a regular basis and working at least thirty-five (35) hours per week; or
 - b. Is enrolled in a job training program through the Workforce Investment Act (WIA) and/or Vocational Rehabilitation; or
 - c. 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

- d. Is a single parent and has a child under the age of five (5) residing in the home.
4. 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 2:106(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. 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.

2:108 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 three (3) 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 ~~Food Stamp~~ 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.
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 (7) 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. General Assistance payments are not to be supplemented or augmented by 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	\$375
2	\$400
3	\$475
4 or more	\$550

- a. Shared Living - \$200 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 this Section.
 - 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	\$15.00
2	\$25.00
3	\$30.00
4 or more	\$35.00

- 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.
 - a. Family Size Maximum Rate Licensed Rate as Established by HHS
- 4. 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 ~~food stamp~~ 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.
- 5. 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.
- 6. 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.
7. 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.
8. Burials: See Chapter 4.
9. 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.

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:
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. When an applicant/client receives or has received a one-time, lump-sum payment, from any source within twenty four (24) months prior to application or since being determined eligible for General Assistance, 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 must be reviewed and eligibility recertified at the end of each six (6) month period 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 the following services:
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 by the Medicaid program.
 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, make appropriate referrals and screen for financial eligibility.
 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 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;
 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).
- 3:306 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. 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 the Lancaster County Community Mental Health Center (LCCMHC) 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; and
 - 7. All psychotropic medications prescribed by a Lancaster County community psychiatrist for General Assistance clients will be reviewed by the LCCMHC.
- 3:500 Behavioral Health Formulary Medications for treatment of behavioral health clients will be prescribed in accordance with Appendix C.

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.
- 4:101 County Fee Schedule: The fee schedule for County cremations/burials set forth in Appendix B is effective March 1, 2007 and will continue through February 28, 2009. The fee schedule will be adjusted effective March 1, 2009 based upon the change in the U.S. Bureau of Labor Statistics Kansas City, MO-KS Consumer Price Index - All Urban Consumers 1982-84 = 100 (CPI-U). The increase or decrease will be in the same percentage as the change in the Kansas City, MO-KS (CPI-U) from first half 2008 to first half 2009. Thereafter, the fee schedule in Appendix B shall be updated every two (2) years according to the formula set forth in this section.
- 4:102 Services Covered by County: The following services are included within the established fee structure as noted in Section 4:101, Allowable Expenses, and published in Appendix B:
1. Allowed Cremation Services:
 - a. Required preparation;
 - b. One-time, brief newspaper notice (limited to name, age and date/time of service);
 - c. Alternative container as selected by the mortuary;
 - d. Container for cremated remains as selected by the mortuary;
 - e. Transportation from place of death to the mortuary;

- f. Transportation to the place of cremation, if different from mortuary;
 - g. Crematory fee;
 - h. Private family viewing/visitation, no public viewing, as scheduled by the mortuary; and
 - i. Chapel services.
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, and published in Appendix B.
3. Allowed Burial Services:
- a. Embalming, dressing and casketing;
 - b. One-time, brief newspaper notice (name, age and time of service);
 - 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;
 - g. Visitation as scheduled by mortuary; and
 - h. Chapel or graveside services.

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

- 1. Flowers;
- 2. Organist;
- 3. Pallbearers;
- 4. Clergy fee;
- 5. Clothing;
- 6. Transportation for the family;
- 7. Memorial cards or record book;
- 8. Telephone or telegraph notices;
- 9. Transportation of the deceased outside Lancaster County (see Section 4:104);
- 10. Headstone;
- 11. Funeral escort service; and
- 12. 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.

If the initial transportation of the decedent is done by any mortuary other than the one selected to provide the services covered by the County, an additional transportation fee of \$100.00 may be paid for this service.

- 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 and resources of responsible relatives cannot exceed allowable expenses as defined in Appendix B.
- 4:106 Financial Participation: If 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	\$1,040
Step 2 – Assets of Decedent	
Cash	\$200
Life Insurance	\$100
TOTAL	\$300
Step 3	
Total Cost	\$1,040
Minus Assets	\$300
COUNTY PAYMENT AUTHORIZED	\$740

- 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.

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 in an ossuary in the County section of Wyuka Cemetery. A fee of \$50.00 shall be paid to Wyuka 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 Appendix B, approval shall be obtained from the County General Assistance 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.

PAYMENT PROCEDURES

5:200 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

- 5:300 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 or 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.

- 5:400 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.

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 the 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 50/70% 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 decedents 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	\$ 903
2	\$ 1,215
3	\$ 1,526
4	\$ 1,838
5	\$ 2,150
6	\$ 2,461
7	\$ 2,773
8	\$ 3,085

For each additional household member, add \$312. The 100% figure is used in determining eligibility for Primary Health Care. (See Section 6:100 (1) (a)).

50%/70% OMB POVERTY GUIDELINE

Family Size	Monthly (\$)
1	\$452
2	608
3	763/1,069
4	919/1,287
5	1,075/1,505
6	1,231/1,723
7	1,387/1,942
8	1,543/2,160

For each additional household member, add \$156 (or \$218). 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)). The 70% figure is used in determining eligibility for shelter only, for households of three (3) or more individuals. (Effective 2-21-2008)

APPENDIX B

CONSUMER PRICE INDEX

ALL URBAN CONSUMERS - KANSAS CITY, MO-KS

INDEX FIRST HALF OF 2006	188.6
INDEX FIRST HALF OF 2008	200.9
CHANGE	12.3
PERCENTAGE CHANGE	6.5%

CHANGE IN ALLOWABLE EXPENSES

1. FLAT FEE FOR MORTUARY SERVICES:

	Rate – Prior to 2/28/07	Percentage Increase	Rate Effective 3/1/07
A. Cremation	\$990	6.5%	\$1,108
B. Burial			
1. Adult Burial	\$1,860	6.5%	\$2,077
2. Child Burial	\$990	6.5%	\$1,108

2. FLAT FEE TO CEMETERY:

A. Cremation, plot open & closed fee	Not covered	N/A	N/A
B. Burial Plot open & closed fee (effective 3/1/07)	\$675	5.0111%	\$719

APPENDIX C

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 – Bzotropine, 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.