

TITLE 470
REFUGEE RESETTLEMENT PROGRAM (RRP) AND
THE REFUGEE MEDICAL ASSISTANCE PROGRAM (RMAP)

CHAPTER 1-000 GENERAL BACKGROUND

1-001 Legal Basis: The Refugee Act of 1980 (Public Law 96-212), and Refugee Assistance Amendments of 1982 (Public Law 97-363), and the Federal Deficit Reduction Act of 2005 (Public Law 109-171) authorize financial and medical assistance to refugees in the United States. The program is funded completely by federal money.

1-002 Purpose: The purpose of the Refugee Resettlement Program (RRP) is to provide assistance to refugees who are not eligible for a categorical program to achieve economic self-sufficiency as quickly as possible and to assist with refugees' financial and medical assistance during their initial resettlement in the United States.

1-003 Administration: RRP is administered by the Nebraska Department of Health and Human Services in accordance with state laws and with rules, regulations, and procedures established by the Director of the Nebraska Department of Health and Human Services.

1-004 Definition of Terms: For use within RRP, the following definitions of terms will apply unless the context in which the term is used denotes otherwise.

A-Number: Alien registration number. An alien registration number is assigned to an alien when s/he enters the United States. The number is shown on the refugee's Form I-94.

Adequate Notice: Notice of case action which includes a statement of what action(s) the worker intends to take, the reason(s) for the intended action(s), and the specific manual reference(s) that supports or the change in federal or state law that requires the action(s), (see also 470 NAC 1-009.04 ff.).

Applicant: An individual who applies for assistance.

Application: The action by which the individual indicates in writing the desire to receive assistance.

Application Date: For new and reopened cases, the date a properly signed application for assistance is received.

Approval/Rejection Date: The date that the new or reopened case is determined eligible or rejected by the local office.

Budgetary Need: The amount the client is eligible for before adjustments for over and underpayments and \$10 minimum payment.

Categorical Assistance: Assistance administered by the Nebraska Department of Health and Human Services. For the purposes of this definition it includes Temporary Assistance for Needy Families with Children (TANF)/Aid to Dependent Children/Medical Assistance (ADC/MA); Child Welfare Payment and Medical Services Program; Assistance to the Aged, Blind, and Disabled (AABD)/MA; State Disability Program (SDP/MA); RRP/MA; Kids Connection; and Children's Medical Assistance Programs (CMAP).

Client: An individual receiving or applying for RRP/MA. This term is used when the same policies apply to an applicant and a recipient.

Contributions: Verified payments which are paid to or for an RRP/MA unit (see 470 NAC 2-008.04A).

Department: The Nebraska Department of Health and Human Services.

Equity: The fair market value of property minus the total amount owed on it.

Fair Market Value: The price an item of a particular make, model, size, material, or condition will sell for on the open market in the geographic area involved.

Grant Case: A case receiving an RRP payment or eligible to receive payment but not receiving it because of the minimum payment.

Household: Individuals living together. There may be more than one public assistance unit within a household.

Initial Resettlement: A period of time immediately after the refugee's arrival in the U.S.

Initial Voluntary Resettlement Agency: The sponsoring agency for the reception and placement of refugees.

Inquiry: Any question received by phone, letter, or personal contact without any indication that the individual wishes to apply. This may or may not be followed by a request or application for assistance.

Match Grant: An agreement with a voluntary resettlement agency that enables the agency to issue the assistance grant for the first four months of a refugee's eligibility.

Minimum Payment: The smallest amount for which a grant is issued. No grant is issued for \$9.99 or less (for exceptions see 470 NAC 3-004).

- h. Address;
- i. Incapacity or disability status; or
- j. A temporary absence from the home of any unit member; and
- k. Changes in the amount of monthly income, including:
 - (1) All changes in unearned income; and
 - (2) Changes in the source of employment, in the wage rate and in employment status, i.e., part-time to full-time or full-time to part-time.
3. Present his/her medical card to providers;
4. Inform the medical provider and worker of any health insurance plan, any individual, or any group that may be liable for his/her medical expenses;
5. Cooperate in obtaining any third party medical payments;
6. Enroll in a health plan and maintain enrollment if:
 - a. One is available to the client;
 - b. The client is able to enroll on his/her own behalf; and
 - c. The Department has determined that enrollment in the plan is cost effective;
7. Pay any unauthorized medical expenses; and
8. Pay any required medical copayment (see 470 NAC 4-010 ff.).
{Effective 2/10/2002}

1-007 Client Rights: The client has the right to:

1. Apply. A refugee who wishes to request and/or apply for assistance must be given the opportunity to do so. No refugee may be denied the right to apply for RRP/MA;
2. Reasonably prompt action on his/her application for assistance (see 470 NAC 1-009.03D);
3. Adequate notice of any action affecting his/her application or assistance case (see 470 NAC 1-009.04C to determine if timely notice is necessary);
4. Appeal to the Director for a hearing on any action or inaction with regard to an application, the amount of the assistance payment, or failure to act with reasonable promptness. The appeal must be filed in writing within 90 days of the action or inaction;
5. Have his/her information treated confidentially;
6. Have his/her civil rights upheld. No person may be subjected to discrimination on the grounds of his/her race, color, national origin, sex, age, ~~handicap~~ disability, religion, or political belief;
7. Have the program requirements and benefits fully explained;
8. Be assisted in the application process by the person of his/her choice;
9. Receive medical assistance without a separate application if s/he is eligible for categorical assistance; and
10. Referral to other agencies.

An application may be signed by an individual for himself/herself or by the applicant's guardian, conservator, or an individual acting under a duly executed power of attorney. If the application is for medical benefits only, the client's relative or another individual acting on the client's behalf may sign the application.

An application for medical benefits only may be taken on behalf of a deceased person. If there is no one to represent the deceased person, a representative of the resettlement agency or the administrator of the estate may sign the application. The eligibility requirements must have been met at the time medical services were rendered.

{Effective 2/10/2002}

1-009.03A Notification of Initial Resettlement Agency: When a refugee applies for RRP, the worker notifies the initial resettlement agency (or its local affiliate).

1-009.03B Alterations: The application, when completed and signed by the client or his/her representative, constitutes his/her own statement in regard to his/her eligibility. If the worker adds information received from a client to a properly signed application, the worker must date the information and:

1. Request that the client initial the change, if the client is present; or
2. Identify the source of the information, if the client is not present.

If a substantial amount of information is added during the face-to-face interview, the worker may request that the client sign and date the application again. The worker may alter an initial application up to the date of approval. An application for a redetermination may be altered up to the date the redetermination has been completed.

1-009.03C Signing a Blank Application: The client must not be asked to sign a blank application. In signing an assistance application, the client states that the information is correct to the best of his/her knowledge and belief.

1-009.03D Prompt Action on Applications: The worker must act with reasonable promptness on all applications for assistance. The worker must make a determination of eligibility on an application within 45 days from the date of the request. If circumstances beyond the control of the worker prevent action within 45 days, the worker must record the reason for the delay in the case record. The worker must send a Notice of Action informing the applicant of the reason for the delay. The 45-day time period must not be used as a routine waiting period before approving assistance.

1-009.03D1 Application for a Refugee Who Needs Emergency Services: If a refugee needs emergency services, the worker must determine eligibility within seven days from receipt of the application. A refugee is deemed to need emergency services if the refugee's financial situation is threatening his/her health or well being.

1-009.04F Continuation of Benefits: The worker must not carry out an adverse action pending an appeal hearing if:

1. The case action being appealed required adequate and timely notice (see 470 NAC 1-009.04B and 1-009.04C);
2. The client requests an appeal hearing within ten days following the date the Notice of Action is mailed; and
3. The client does not refuse continued assistance.

Benefits are not restored pending a hearing when adequate notice only is required (see 470 NAC 1-009.04C).

This regulation in no way restricts the worker from continuing normal case activities and implementing changes to the assistance case that are not directly related to the appeal issue.

If the worker's action is sustained by the hearing decision, the worker must institute recovery procedures against the client to recoup the disputed amount of assistance furnished the client during the appeal period (see 470 NAC 3-006.05B1).

1-009.04G Reduction of Benefits: Subject to the availability of federal funds, some or all existing services may be terminated with ten days' notice to recipients. If services are terminated, the program will suspend accepting future applications.

1-009.05 Local Office Responsible for Case Handling: The local office that services the county where a client resides is responsible for handling the case.

1-009.05A Transfer to New County of Residence: The receiving office does not need to do a complete redetermination when a case is transferred.

1-009.05B Case Handling of Temporary Absences: The case of an individual in an institution or a care facility for a temporary stay remains with the original local office in the county where the client resides and intends to return. Similarly, if a client is out of his/her county of residence for a brief visit the case is not forwarded. It remains the responsibility of the local office in the county where the client intends to return.

1-010 Forms: ~~For a list of forms that are used in the Refugee Resettlement Program, see 470-000-404.~~ Instructions for the forms used in the Refugee Resettlement Program are contained in the Public Assistance Forms Manual.

CHAPTER 2-000 ELIGIBILITY REQUIREMENTS: RRP/MA is a program of categorical assistance, i.e., it provides assistance to a specific category of individuals. The following elements of eligibility must be met:

1. Face-to-face interview (see 470 NAC 2-001);
2. Refugee status (see 470 NAC 2-002 ff.);
3. Time limit (see 470 NAC 2-003);
4. Nebraska residence (see 470 NAC 2-004 ff.);
5. Social Security number (see 470 NAC 2-005 ff.);
6. Ineligibility for other categorical assistance (see 470 NAC 2-006 ff.);
7. Resources (see 470 NAC 2-007 ff.);
8. Income (see 470 NAC 2-008 ff.);
9. Employment or training requirements (see 470 NAC 2-009 ff.); and
10. Other related requirements (see 470 NAC 2-010 ff.).

2-001 Face-to-Face Interview: An individual wishing to apply for assistance, or a client's legal guardian, conservator, or an individual acting under a duly executed power of attorney is required to have a face-to-face interview. For medical benefits only, an application may be signed by and a face-to-face interview held with a relative or another individual acting on the client's behalf.

2-002 Refugee Status: A refugee is defined as an alien who is unable or unwilling to return to his/her country because of persecution or fear of persecution on account of race, religion, nationality, political opinion, or membership in a particular social group.

2-002.01 Eligible Individuals: The following categories of people are eligible for assistance and services if they meet the other eligibility requirements of the program:

1. Refugees admitted under Section 207 of the Immigration and Nationality Act (INA) and Amerasians from Vietnam admitted ~~under~~ with a visa with Section 204 indicated.
Documentation Required: Form I-94 indicating that the person has been admitted as a refugee under Section 207 or a visa indicating admission under Section 204 as an Amerasian.
2. Asylees under Section 208 of the INA.
Documentation Required: Form I-94 indicating that the person has been granted asylum under Section 208.
3. Persons whose alien status has been adjusted: A person from any country is eligible if his/her status has been adjusted to a permanent resident alien from one of the previously listed statuses.
Documentation Required: Form I-551 (Permanent Resident Card) which identifies the person as a resident alien. Documentation of previous status is documented on the back of the I-551.
4. Asylees or parolees as refugees.
Documentation Required: Form I-94 indicating that s/he has been paroled under Section 212(d)(5) of the INA as a refugee or asylee.
5. Individuals admitted as conditional entrants under Section 203(a)(7) of the INA.
6. Victims of severe forms of trafficking, as determined by the Office of Refugee Resettlement.

2-002.02 Individuals Included in the Unit: When a member of the unit reaches his/her time limit for assistance, his/her needs are removed from the grant. The standard of need for the number of eligible individuals is used. Income and resources of a responsible adult who is no longer eligible are counted for the rest of the unit. The resources are allowed RRP/MA resource exclusions (see 470 NAC 2-007.02B).

2-002.03 Ineligible Individuals: The following categories of individuals are not eligible for assistance under RRP/MA.

2-002.03A Immigrants Without Refugee or Asylee Status: Persons from any country who enter the United States as resident aliens (i.e. immigrants) and who did not previously have the status of refugee, asylee (including parolees as a refugee or asylee), or conditional entrant are not eligible under RRP/MA.

2-002.03B Cuban and Haitian Entrants: Cuban and Haitian entrants are not eligible under RRP/MA even though some have been granted conditional entry status under Section 203(a)(7) of the INA.

2-002.03C Entrants Under the Orderly Departure Program: Persons who enter the United States as immigrants under the Orderly Departure Program are not eligible for RRP/MA.

2-003 Time Limit on Cash and Medical Assistance: ~~A refugee may apply for refugee cash assistance during the first months s/he is in the U.S. The number of months a refugee may receive assistance is determined by the amount of federal funds. A refugee may receive a maximum of eight months of refugee cash and medical assistance. Eligibility begins with the date of arrival in~~ The month refugee enters the U.S., if the refugee meets all eligibility requirements is counted as the first month. For asylees, the eight months of eligibility begin with the date of granted asylum.

If the refugee applies after the date of arrival in the U.S., s/he may receive assistance for the remaining months of the eight-month eligibility period. The same is true for an asylee who applies after the date s/he is granted asylum.

The time limit is applied to each client separately, not to the unit as a whole. Therefore, there may be some members of the household who are eligible for assistance and some who are not.

2-004 Residence: To be eligible for assistance, a client must be a Nebraska resident. A resident is defined as an individual who is living in the state voluntarily with the intent of making Nebraska his/her home and who is not receiving RRP from another state.

Residence starts with the month the client moves into the state, even if the client received categorical assistance in another state. The agency may not deny assistance because an individual has not resided in the state for a specified period within the eight-month time limit.

2-004.01 Absence From the State: The agency must not deny assistance because an individual is temporarily absent from the state.

2-004.01A Temporary Absence: The agency must not terminate a resident's eligibility because of that person's temporary absence from the state if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined that the person is a resident there for assistance purposes.

2-004.01B Loss of State Residence: Eligibility for assistance ends if the individual or family unit leaves Nebraska with the intent of establishing its home in another state. The family may receive RRP/MA from Nebraska (if otherwise eligible) for a period not to exceed two months to enable the other state to process the application.

Exception: Individuals who leave the state for longer than two months may continue to receive assistance in Nebraska if they are absent for a temporary purpose and intend to return.

2-004.01C Out-of-State Medical: If an out-of-state provider does not sign an agreement with NMAP and accept the reimbursement rate, the client is liable for any medical bills. Payment may be approved for services provided outside Nebraska in the following situations:

1. When an emergency arises from accident or sudden illness while a client is visiting in another state and the client's health would be endangered if care is postponed until s/he returned to Nebraska or if s/he traveled to Nebraska;
2. When a client customarily obtains service in another state because the service is more accessible;
3. When the client requires a medically necessary service that is not available in Nebraska but is available in another state; and
4. When long term care services are provided in another state.

Payment for items 3 and 4 must be prior authorized by the Division of ~~Medical~~ Medicaid and Long Term Care Services before the services are provided. The provider must request prior authorization of payment from the appropriate staff of the Division of Medical Services. Prior authorization of item 3 may include economical transportation as a provider payment if needed.

2-004.03 Disqualification for Misrepresenting Residence: Any person convicted in federal or state court of having fraudulently misrepresented his/her residence in order to obtain refugee assistance in two or more states is ineligible for refugee assistance.

2-005 Requirement of Social Security Number (SSN): All eligible members of the RRP unit must furnish a Social Security number. The SSN, in conjunction with other information, provides evidence of identity of the individual.

2-006 Ineligibility for Other Categorical Assistance: RRP assistance is available only if the individual or family is ineligible for another categorical assistance program. An individual with a dependent child should be referred to ADC. Exceptions:

1. Refugee assistance for an unborn is available as soon as verification of the pregnancy is provided.
2. An 18-year-old who is not in school may apply as a separate grant case if his/her time limit for eligibility has not expired and s/he meets other eligibility requirements.

19. AEIC's	19. Disregard.
20. Income from the Green Thumb Program	20. Disregard.
21. Income from the sale of blood or plasma	21. Consider as earned income from self-employment (see 468 NAC 2-009.02A1a).

2-008.10 Income Verification: Verification of income consists of at least the following:

1. The source of the income;
2. The date paid or received;
3. The period covered by the payment or benefit; and
4. The gross amount of payment or benefit.

The worker records all verification information and computations in the case record.

Generally eligibility cannot be established until all income is verified. See 470-000-300 for further discussion of income verification.

2-009 Compliance With Employment and Training Requirements: Unless determined exempt by the worker, a refugee is required to register for employment services within three days from the date of application.

The refugee must register for employment service and/or employment orientation with the initial sponsoring Voluntary Resettlement Agency that initially resettled the refugee. If the initial sponsoring Voluntary Resettlement Agency is located outside the city or state the worker must notify the agency that the refugee has applied for refugee assistance. In this case, the worker must refer the refugee to an appropriate agency providing employment services funded under the RRP. If there is no Voluntary Resettlement Agency or a funded agency providing employment services in the area, the refugee must register with the local employment service.

~~The local office worker completes Form IM-41 with the client and sends it to the appropriate office. The worker gives a copy to the refugee with an explanation of the employment requirement.~~

The refugee is also required to accept an appropriate employment or training opportunity.

2-009.01 Voluntary Agencies: The Voluntary Resettlement Agency is responsible for providing core services to refugees resettled through its agency.

CHAPTER 3-000 RRP/MA BENEFITS: RRP/MA assistance consists of money payments to the RRP/MA payee and/or payments made directly to the provider for medical care and services. If a client is eligible for a money payment, s/he is also eligible for medical assistance. A client may apply for medical assistance only.

3-001 Determination of Payment: The amount of the assistance payment to the RRP/MA payee is determined by:

1. The amount of the budgetary deficiency of the RRP unit (see 470 NAC 3-005.01); and
2. The amount of the maximum and minimum payment allowed (see 470 NAC 2-008.02A1 and 3-004).

Assistance payments to the RRP/MA payee may not exceed the budgetary deficiency of the unit or the maximum payment. The standard of need does not vary by living arrangement for RRP/MA units.

Provider payments for medical requirements are determined according to the standards and regulations established for the Nebraska Medical Assistance Program (see Title 471).

3-002 Effective Date of Payment: When an application for assistance is approved, the first month's payment begins with the ~~first day of the month~~ date of application, if all eligibility factors ~~were~~ are met. Prorated payment amounts are calculated by N-FOCUS. If eligibility occurs after the date of application, payment ~~begins with the first day of the month in which the client was eligible~~ is prorated from the date eligibility begins. For administrative efficiency, a standard 30-day month is used in determining prorated payments.

Prorated payments apply to the first month a payment is issued or an individual is added to an existing unit.

For date of medical eligibility, see 470 NAC 4-004.

3-002.01 Individual Added to the Unit: When an individual is added to a unit that is already receiving a grant, the payment of the new individual begins with the ~~first day of the month~~ date the addition to the unit was requested if all eligibility factors are met. For date of medical eligibility, see 470 NAC 4-004. If adding the income of the added individual makes the entire unit ineligible for a grant, medical eligibility is determined for the entire unit.

3-002.02 Client Moving From Another State: An applicant may have received assistance from another state in the same month that s/he applies in Nebraska. If the applicant received a grant for a partial month from the other state, the grant from the other state is considered income in determining the first month's eligibility. Payment begins with the ~~first day of the month~~ date of application if all eligibility factors are met.

3-003 Rounded Down Payment: When the grant amount is not a whole dollar figure, the computer rounds down the grant to the next lower whole dollar amount. A case that would be eligible for a grant of less than \$1 (which would be rounded down to 0) is still considered a grant case. The unit would still receive medical assistance. See 470 NAC 3-004 for payments of \$9.99 or less.

3-004 Minimum Payment: A grant is not issued if the amount would be less than \$10 before any adjustment is made. A unit that is denied a grant solely because of the \$10 minimum payment is still considered a grant case. The unit continues to be eligible for other forms of assistance such as medical assistance and social services, and is required to meet employability requirements (see 470 NAC 2-009 ff.) where appropriate.

The worker sends a Notice of Action notifying the client that s/he will not receive a payment because of the minimum payment provision.

A grant is issued if an individual is added to an existing unit and the combined unit (the original unit plus the added individual) is eligible for a grant of \$10 or more.

3-004.01 Persons Included in RRP Grant: An individual is included in the RRP grant if s/he meets eligibility requirements.

3-004.02 Family Members Not Included in the Grant

3-004.02A Those Who Refuse Potential Income: The needs of an individual are not included in the grant if s/he refuses to apply for:

1. Categorical assistance for which s/he is apparently entitled; or
2. Benefit payments from a program not administered by the Department to which s/he is apparently entitled.

It is the worker's responsibility to explain the application procedure and benefits to the apparently eligible individual and explain the consequences of not applying (see 470 NAC 2-008.06).

{Effective 5/21/86}

3-004.02B Those Who Receive Other Assistance: An individual who receives ADC or AABD is ineligible for RRP.

3-004.02C Those Who Receive SSI: The needs of any family members who are receiving SSI benefits are not included in the RRP/MA unit.

3-006.05B1 Identification of an Overpayment: There are ~~three~~ two types of overpayments:

1. Administrative errors: Worker errors caused by inaccurate computation or the worker's failure to take action; and
2. Client errors: Errors caused because the client supplies inaccurate or incomplete information or fails to provide information resulting in an overpayment; ~~and~~
3. ~~Technical errors: Errors caused by the worker's failure to inform the client that s/he must apply for a Social Security number or register with an agency providing employment services.~~

~~All overpayments, regardless of cause, caused by client errors must be recouped. Overpayments caused by administrative or technical errors are not recouped. (However, future payments must be corrected.)~~

An overpayment must be recouped even if the client timely (within ten days) reports a change in eligibility but it is too late to send an adequate and timely notice. The overpayment must be recouped the first month it is possible to give timely notice.

3-006.05B2 Recoupment Calculation: The following calculation is used to determine the amount of the allowable grant reduction for one month:

1. Take the total anticipated gross income for the payment month including:
 - a. Gross countable earnings. For a small business or self-employed individual use the figure after operating expenses have been deducted; and
 - b. Unearned income;
2. Add all liquid resources from the payment month (see 470 NAC 2-007.06A);
3. Add the budgetary need for the payment month before the reduction due to overpayment;
4. From the result in step 3, subtract 90 percent of the standard of need for the payment month (see 470 NAC 3-006.05B3); and
5. If the figure in step 4 is:
 - a. Larger than the result from step 3, do not recoup for that month; or
 - b. Smaller than the budgetary need for the payment month, this figure is the maximum that may be recouped for the month. (The worker may recoup less.)