TITLE 469
ASSISTANCE TO THE AGED, BLIND, OR DISABLED (AABD NEBRASKA MEDICAL ASSISTANCE PROGRAM (NMAP), AND STATE DISABILITY PROGRAM (SDP)

CHAPTER 1-000 GENERAL BACKGROUND

1-001 Legal Basis: Assistance to the Aged, Blind, or Disabled (AABD) was established by the Nebraska Legislature in 1965 by Neb. Rev. Stat., Section 68-1001. ~~Reissue Revised Statutes of Nebraska, 1986~~. It replaces former programs of Old Age Assistance, Blind Assistance, and Aid to the Disabled.

Medicaid was established by Title XIX of the Social Security Act. The Nebraska Legislature established the program for Nebraska in Neb. Rev. Stat., Sec. 68-1018~~, R.R.S., 1986~~. SDP was established by the Nebraska Legislature in 1975.

1-002 Purpose and Scope: The AABD Program was established to provide financial aid and medical assistance to persons in need who are age 65 and older, or who are age 64 and younger and blind or disabled according to the Retirement, Survivors, and Disabled Insurance (RSDI)/Supplemental Security Income (SSI) Program definition of blindness or disability (see 469 NAC 2-007.02).

The State Disability Program was established to provide financial aid and medical assistance to persons who are blind or disabled and who meet the program definition of blindness or disability (see 469 NAC 2-007.02) but do not meet the durational requirements.

NMAP, also known as Medicaid, provides medical services to aged, blind, or disabled persons, who are otherwise eligible and who do not have sufficient income and resources to meet their medical needs.

The maintenance portion of the AABD and SD Programs is funded entirely by state money. The medical assistance portion of the AABD Program is funded by federal and state money. For SDP, the medical assistance portion is funded by state dollars.

1-003 Administration: AABD, NMAP, and SDP are administered by the Nebraska Department of ~~Social~~ Health and Human Services in accordance with state laws and with the rules, regulations, and procedures established by the Director of the Nebraska Department of ~~Social~~ Health and Human Services.

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

AABD/MA: A categorical program consisting of financial assistance and medical assistance or medical assistance only. Two types of cases are included in the medical assistance only category:

1. Medical Assistance With No Share of Cost (MA only): A case in which there is income sufficient to meet daily maintenance needs but insufficient to meet medical needs. The case is opened for medical assistance only with no grant payment; and
2. AABD/Medical Assistance Share of Cost Case (MA with Share of Cost): A case in which there is sufficient income to meet daily maintenance needs and a portion but not all of the unit's medical needs. The case is opened for medical assistance with no payment for medical services made until the Share of Cost is obligated toward medical services.

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 469 NAC 1-008.03C).

Aged: A client who is age 65 or older.

Applicant: An individual who applies for assistance.

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

Application Date: For new and reopened cases, the date a properly signed application is received. When adding a program to a properly signed application, this is the date that the new program is requested.

Application Signature: Applications may be signed in writing or by electronic signature.

Application Submission: Applications may be submitted in person, by mail, by fax or by electronic transmission.

Approval/Rejection Date: The date that the new or reopened case is determined eligible or rejected by the Nebraska Department of Health and Human Services.

Assignment: The legal transfer of an individual's right to benefits to the Nebraska Department of Health and Human Services.

Blind: A category of eligibility for clients who are age 64 and younger and who are blind in accordance with program standards.

Categorical Assistance: Assistance administered by the Nebraska Department of ~~Social~~ Health and Human Services. For the purposes of this definition, it includes Aid to Dependent Children (ADC)/MA, Child Welfare Payment and Medical Services Program/MA, AABD/MA, SDP/MA, Refugee Resettlement Program/MA; and Children's Medical Assistance Programs.

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

Deeming: The process of determining the amount of income and resources of a parent or sponsor which must be considered available to meet the client's needs.

Disabled: A category of eligibility for clients who are age 64 and younger and who are disabled in accordance with program standards.

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

Essential Person (EP): A needy individual~~–~~:

1. Who lives in the home of the client;
2. Who is not eligible for assistance in his/her own right;
3. Who is necessary to the well-being of the client; and
4. Whose needs are included in the client's budget.

1-008 Application Processing

1-008.01 Request: A request for assistance may be made in ~~an interview~~ person, by letter, or by telephone, fax or electronic submission and may be made by the applicant, his/her guardian or conservator, an individual acting under a duly executed power of attorney (see 469 NAC 1-004), or another person authorized to act for the applicant. The worker must record the request date on the application. If an interview cannot be scheduled within 14 days from the date of request, an application must be mailed promptly or the client must be informed of the electronic application.

A request is terminated:

1. When a properly signed application is received;
2. When the applicant or his/her representative notifies the worker of withdrawal; or
3. After 30 days if the worker has heard nothing further from the applicant or his/her representative. However, the worker may continue to hold a request pending if there is reason to believe the applicant intends to complete his/her application.

1-008.02 Application: A request becomes an application when a properly signed application is received. A properly signed application contains:

1. Name;
2. Address; and
3. Proper signature, as defined by the appropriate program.

An application may be signed by an individual for himself/herself or by the applicant's guardian, conservator, an individual acting under a duly executed power of attorney, or another person authorized to act for the applicant. The worker must use prudent person principle in deciding who 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, the administrator of the estate may sign the application. The eligibility requirements must have been met at the time medical services were rendered.

1-008.02A 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~~Note the information received from the client; or
2. If the information is not received from the client, i~~I~~dentify 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~~ add information to an ~~initial~~ application up to the date of approval or completed redetermination. ~~An application for a redetermination may be altered up to the date the redetermination has been completed.~~

1-008.02B Prompt Action on Applications: The worker ~~shall~~ must act with reasonable promptness on all applications for assistance. The worker ~~shall~~ must make a determination of eligibility on an application within 45 days from the date of the request for a client applying under the blind or aged category and within 60 days from the date of request for a client applying under the disabled category. If circumstances beyond the control of the worker prevent action within the required time, the worker ~~shall~~ must record the reason for the delay in the case record. The worker ~~shall~~ must send ~~Form IM-8~~ a Notice of Action informing the applicant of the reason for the delay. The 45 or 60-day time period must not be used as a routine waiting period before approving assistance. Until a determination of eligibility is made, the worker ~~shall~~ must send ~~Form IM-8~~ a Notice of Action every 45 days from the date of request for a pending application for the blind or aged category and every 60 days for the disabled category.

1-008.02C MA Application ~~W~~with ~~Excess Income~~ Share of Cost: An application for medical assistance for an individual with ~~excess income~~ a Share of Cost who has a medical need may be approved with no medical payments authorized until the applicant has met his/her obligation.

1-008.02D Application ~~W~~with Excess Resources: An application for assistance for an individual who has excess resources may be held pending until the resources are reduced. For resource spenddown procedures, see 469 NAC 2-009.11.

For eligibility for a grant, see 469 NAC 2-009.08. For medical eligibility, see 469 NAC 4-005.

1-008.02E Place of Application: The local office ~~in~~ that serves the county where the individual resides is responsible for ~~taking~~ processing the application. Applications may be taken in the local office, in the applicant's home, or another place that is convenient for the applicant. If the client has a guardian, conservator, or other representative, the local office ~~in~~ that serves the county where the representative resides may ~~take~~ process the application.

Any individual may apply for medical assistance with a designated provider who has contracted with the Department to process Medicaid applications at their location. ~~Form DA-100M is used for the application.~~