1-004 Grievances and Fair Hearings: The grievance procedure is at the client's option. The individual may contest the decision and request a hearing without following the grievance procedure (see 467 NAC 1-004.04).

1-004.01 Grievance Request: The client or the client's representative who is dissatisfied with any action or inaction with regard to the furnishing or denial of services may file a formal grievance request for administrative review and redetermination within 90 days of that action. This review is made by a member(s) of the administrative staff of the Medically Handicapped Children's Program. The request for review and redetermination must:

1. Be made in writing;
2. State the identifying information, including name and address of the client in whose behalf the review is requested;
3. State the specific cause for the request of the review;
4. Be signed and dated by the person requesting the review; and
5. Be directed to the Administrator, Attention: Medically Handicapped Children's Program Administrative Review Team.

A member of the review team must contact the person who signed the grievance within five working days of receipt of the request. The purpose of this contact is to determine that all existing information regarding the action resulting in the grievance was available to and considered by ~~the Department~~ DHHS at the time the decision which resulted in the dissatisfaction was made. The parties submitting the grievance must cooperate to the best of their ability to provide any additional information that may exist.

1-004.02 Review: The review consists of a complete re-examination of all documents and other available information on the case and, if requested by the aggrieved party may include a meeting for an informal discussion of the matter between the aggrieved party, his/her representative (if any), and MHCP administrative staff conducting the review.

1-004.03 Statement of Determination: A written statement of the redetermination and resulting appropriate action by the Medically Handicapped Children's Program must be sent to the person requesting the review within five days after the receipt of appropriate additional information and meeting, if any. An individual who is not satisfied with the decision has the right to request a fair hearing on the decision. If the child is found eligible, MHCP will authorize payment for covered services provided during the grievance procedure.

1-004.04 Request for Administrative Hearing: A client or the client's representative may contest any action or inaction with regard to MHCP, including a decision resulting from a grievance within 90 days of the date of the action or inaction. The request for fair hearing must follow 465 NAC 2-001.02 and 6-000.

1-005 (Reserved) ~~Residence and Citizenship: There are no durational or legal residence requirements or citizenship requirements for clients served by MHCP.~~

2-002 Applications: To apply for MHCP, the person who is legally responsible for the client must complete the application (attached see 467-000-13). An individual age 19 or older who is legally responsible must complete the application on his/her own behalf. Application may be made either before or after medical eligibility is determined.

~~Any person residing in Nebraska at the time medical services are received, or time of application, has the right to be considered for eligibility for MHCP. There is no citizenship requirement (also see 467 NAC 1-005).~~

~~Exception: Persons who came to Nebraska for the purpose of medical care will be rejected for eligibility based on information given.~~

To be certified eligible for MHCP the applicant must be a citizen of the United States of American or a qualified alien under the federal Immigration and Nationality Act and be lawfully present in the United States, as required by Neb. Rev. Stat. § 4-108 to 4-112.

1. Attestation: The applicant must attest that s/he is a citizen of the United States of America or that s/he is a qualified alien under the federal Immigration and Nationality Act, 8 USC 1101 et seq., as such act existed on January 1, 2009; and is lawfully present in the United States. The applicant must provide his/her immigration status and alien number, and agree to provide a copy of his/her United States Citizenship and Immigration Services (USCIS) documentation upon request;
2. Verification: For any applicant who has attested that s/he is a qualified alien under 467 NAC 2-002, item 1, eligibility for benefits must be verified through the Systematic Alien Verification for Entitlements Program. Until verification of eligibility is made, the attestation may be presumed to be proof of lawful presence unless the verification is required before providing the public benefit under another provision of state or federal law.

An application may be made for an unborn child, but no case action will be taken until the child is born. If the family should request services prior to birth, medical reports specifying the need must be submitted to the Central Office for determination of coverage.

2-002.01 Application Process: The services coordinator must conduct a face-to-face interview with the family including the client within six months after the case action date and as often as needed for services coordination but at a minimum of once each year after the first year of eligibility.

2-002.01A Time Guide for Application: MHCP allows the applicant 30 days from the date of the letter notifying the client of medical eligibility to make a financial application. If the client does not respond within 15 days from the date of the letter, the services coordinator must make personal contact with the client, parent(s), and/or guardian to complete the application process within a total of 45 days. If appropriate, the services coordinator may notify the referral source that the family did not apply.

Current medical and financial information must be obtained. MHCP considers any medical information less than six months old to be current.

2-002.01B Withdrawal: The applicant may voluntarily withdraw an application.

2-003 Medical Eligibility: Eligibility for MHCP is based on two components: medical eligibility and financial eligibility. To verify medical eligibility, the services coordinator must receive the diagnosis and the individual medical treatment plan (IMTP - also see definition at 467 NAC 1-002). The IMTP is developed by a physician or a clinic team. Based on the physician's diagnosis and the IMTP, the services coordinator must verify medical eligibility by using the chart at 467 NAC 2-003.02. Certain cases must be reviewed by the medical consultant (see 467 NAC 2-003.01B).

The medical consultant must determine medical eligibility within five working days after all necessary information is received by the medical consultant.