



**Interviewer  
AABD Desk Guide**

## Application Processing Guide – Getting Started

Question:	If yes:	If no:
1. Do you have any questions about the recorded message you just heard?	Get someone on the phone who can answer any questions you are not able to answer. Then go to the 4 items listed in the no box to the right.	<ol style="list-style-type: none"> <li>1. Tell the client how long the interview will last (approximate based on your review of the application)</li> <li>2. Explain to the client that the purpose of the Interview is to:                             <ul style="list-style-type: none"> <li>- clarify their answers on the application</li> <li>- determine what verifications they still need to provide</li> <li>- explain program guidelines and requirements and</li> <li>- answer any questions they might have</li> </ul> </li> <li>3. Tell them they might want to get a pen and paper to write with.</li> <li>4. Verify the programs they have applied for on the application.</li> </ol> Go to #2.
2. Are you the person who is applying for help?	Go to #3	Ask for their name. Go to #3.
3. Are you or do you have any of the following: <ul style="list-style-type: none"> <li>- Guardian</li> <li>- Conservator</li> <li>- Power of Attorney</li> <li>- Relative or friend</li> </ul>	Write down the persons name, phone number and relationship to the client. Review & make corrections to demographic information. Go to #4.	<u>STOP - Get assistance</u> – it appears this person is not the applicant or their representative and you do not have authority to discuss the case with them without further investigation by a lead worker or supervisor.
4. Do you still live at ___? (read it to them off the app)	Go to #5	<ol style="list-style-type: none"> <li>1. Record new address, including city &amp; zip code</li> <li>2. Ask what type of living arrangement this is – if it is a Nursing Home case and the person has moved here from out of State be sure to ask residency questions for Out of Home placement.</li> <li>3. If independent living situation, ask for the shelter expense amount.</li> </ol> Go to #5.
5. Do you live alone?	Go to #6	Who else lives with you? <ol style="list-style-type: none"> <li>1. If living with a Spouse ask if the spouse is currently living in the home – if the spouse is in another living arrangement this may be a Spousal case.</li> <li>2. If living with a relative who provides assistance or care this person may be an Essential Person and included in the budget – income and resources for this person will need to be verified.</li> </ol>
6. This brings you to the second page of the application and you should follow it from here – depending on what programs the client has applied for the questions will be different. If you have questions about the AABD questions as you go the chart below will help you.		

## Eligibility Factors Desk Guide

Categorical	Verification and Questions to Ask	469 NAC
<p><b>Aged, Blind or Disabled</b> (Categorical Eligibility)</p> <p><u>Rule:</u> Must be 65 or over <u>or</u> Blind or Disabled.</p>	<p><b>Aged:</b> Anything showing birth date. Caution: Receipt of early Retirement at age 62 does not prove age.</p> <p><b>Blind or Disabled:</b> Social Security Determination – ask these questions:</p> <ul style="list-style-type: none"> <li>• Is the person on SSI or RSDI disability payments?</li> <li>• If so, check SDX &amp; BDE to verify they have applied or are receiving RSDI or SSI. (if this is an appeal win and client had previously applied for AABD we will need to go back to original request date.)</li> <li>• If they have applied for SSI but a decision or payment is pending send an IM-17. If disability is claimed but they have not applied, they must apply.</li> </ul>	<p>2-005</p> <p>2-007</p>
<p><b>Social Security Denials</b></p>	<p>Does BDE or SDX show Denial Reason “<b>Lack of Severity</b>”?</p> <p><b>If yes:</b> deny the case but let the client know that if they have or plan to appeal and they win their appeal they should call back in and we will honor their original request date for medical coverage.</p> <p><b>If no:</b> Does BDE or SDX show a Denial Reason “<b>Lack of Duration</b>”?</p> <p style="padding-left: 40px;"><b>If yes:</b> Do they expect their disability to last for at least 6 months?</p> <p style="padding-left: 40px;"><b>If no:</b> Does BDE or SDX show a Denial Reason listed below – which would indicate a <b>Direct Referral to SRT</b> is needed?</p> <ul style="list-style-type: none"> <li>• Over income or resources for SSI</li> <li>• Requiring immediate long-term hospitalization, institutionalization or nursing home care</li> <li>• Family member reports applicant deceased</li> <li>• A non-citizen</li> </ul>	
<p><b>Referrals to SRT</b></p>	<ol style="list-style-type: none"> <li>1. Obtain the names of primary doctors and dates of hospitalization.</li> <li>2. Complete form DM 12D.</li> <li>3. Mail DM-5 to Client/Doctor</li> </ol>	<p>2-007.03B</p>

Non-Financial	Verification and Questions to Ask	469 NAC
<p><b>Residency:</b></p> <p><u>Rule:</u> Intent is required - no durational period required. (If living in another state they may still be eligible there if they have residency there.)</p>	<p>Anything with a Nebraska address (and verbal statement of intent if not previously living here.)</p>	<p>2-003</p>
<p><b>Out-of-home placement:</b></p> <p><u>Rule:</u> Coming to Nebraska for the sole purpose of receiving assistance to obtain medical care is prohibited.</p>	<p>1. Is the person moving to Nebraska from another State?</p> <p>2. Does the person live in their own home or apartment? If No: Where does the person reside? How is the facility licensed?</p> <p>Questions that must be answered if the client resides in a Nursing Facility and is moving to Nebraska from another State:</p> <ul style="list-style-type: none"> <li>• When did the client enter the state?</li> <li>• Do they keep a residence in another state?</li> <li>• Do they own property in another state?</li> <li>• Where does the spouse or other immediate family live?</li> <li>• How long have they been in the facility on private pay?</li> <li>• Were they receiving assistance in their previous state?</li> <li>• Where would they reside if they moved out of the facility?</li> </ul>	

Non-Financial	Verification and Questions to Ask	469 NAC
<p><b>Spouse-for-Spouse Responsibility</b></p> <p><u>Rule:</u> Count Income and Resources of both Spouse's (even if separated) unless one spouse is in an out-of-home placement and spousal rules apply.</p>	<p><b>Is the applicant married?</b></p> <p>Yes: Where does the spouse live? May be a spousal case if spouse is in:</p> <ol style="list-style-type: none"> <li>1. An adult family home</li> <li>2. A long term care facility including Assisted Living Waiver</li> <li>3. An assisted living facility</li> <li>4. A center for the developmentally disabled</li> <li>5. The home with eligibility for Home and Community Based Waiver Services or</li> <li>6. A medical institution.</li> </ol> <p><u>If this is a spousal case you will need to get help from your lead worker.</u> If this is not a spousal case Spouse for Spouse responsibility applies</p> <p>No: Has the person ever been married?</p> <p>Yes: Ask for dates of divorce or death.</p>	<p>2-006 2-009.02C</p>
<p><b>Citizenship:</b></p> <p><u>Rule:</u> Must be a U.S. citizen or meet alien eligibility.</p>	<p><b>Does an SDX or BDE interface show citizenship?</b></p> <p>Yes: Verified No: Request Birth Certificate or other citizenship i.d.</p>	<p>2-002</p>
<p><b>Non-citizens:</b></p>	<p>Request copy of any papers or cards they have showing their immigration status (even if receiving SSI or RSDI benefits)</p>	
<p><b>Waiver</b></p> <p><u>Rule:</u> Must be Medicaid eligible and have a Medical Need that would otherwise require Nursing Home level of care (determined by assessment done by Waiver Worker)</p>	<p>If applicant states they are applying for Waiver Services: <b>Is or Has an Assessment been done?</b></p> <p>Yes: Who is completing/ed the assessment? Get name and phone number of Waiver Worker.</p> <p>No: Has anyone referred the client for an assessment? Whoever is saying that the applicant needs these services should make the referral.</p>	

Financial	Verification and Questions to Ask	469 NAC
<p><b>Resources</b> Rule: Count all Resources unless excluded by policy.</p> <p><b>Disposal of Resources:</b> If transfer of resources to another party occurred in the past or plans to do so in the future discuss 60 month Look Back Period.</p> <p><b>Reduction of Resources:</b> Spend down Option for Excess Resources to gain eligibility for current and retro months. (Same as ADC policy.)</p>	<p><b>Is the client receiving SSI?</b> Yes: Do not verify Resources – done by SSA. No: Verify <b>all</b> resources including resources of an EP – each must have: 1. <b>Description</b> - include account or policy #, legal descriptions (property), etc. 2. <b>Location</b> of the resource - Name and Address of the company, etc. 3. <b>Current value</b> &amp; any encumbrances against the resource 4. <b>Ownership</b> 5. <b>Source</b> of verification and <b>date</b> See Resource Guide for information on Types and Treatment of Resources for AABD.</p>	<p>2-009</p> <p>2-009.01</p> <p>2-009.03</p> <p>2-009.10</p> <p>2-009.11</p> <p>2-009.08</p>
<p><b>Cash</b> Rule: Count All</p>	<p>Statement From Client</p>	<p>2-009.07A1</p>
<p><b>Bank Accounts Checking or Savings</b> Rule: Count All (excluding current month's income)</p>	<p>Bank Statement</p>	<p>2-009.07A1</p> <p>2-009.03A2c</p>
<p><b>Cars, Trucks etc.</b> Rules: 1 is excluded unless residing in a Nursing Facility</p>	<p>Title (DO NOT USE Registration)</p>	<p>2-009.03A2b</p>

Financial	Verification and Questions to Ask	469 NAC
<p><b>Real Estate</b>  <u>Rule:</u> Count unless it is the home they live in, income producing or used for self sufficiency.</p>	<p><b>Are they living on the Property?</b>  Yes:  Verify – (excluded while the client resides there but they may not in the future)  No:  <b>Who lives there?</b> (possible exclusions)  Whose names are on property?  Is the property being sold?  Address or Location/Property Description  Deed  <b>How is the Property used?</b></p> <p><b>If property is not excluded, an IM-1 needs to be sent to the client to sign. Be sure to explain to them what they would be eligible for before asking them to do this so they can decide if they want to or not. <u>DO NOT have IM-1 signed unless absolutely sure it needs to be.</u></b></p>	<p>2-009.03A2a  2-009.07B1</p> <p>2-009.07B11</p>
<p><b>Land Contracts</b>  <u>Rule:</u> Available only if saleable – but usually are not &amp; are excluded.</p>	<p>Copy of Contract of Terms and Conditions</p>	<p>2-009.07A2</p>
<p><b>Livestock, Poultry, Crops</b></p>	<p>Excluded – see policy</p>	<p>2-009.07B15</p>
<p><b>Life Estates</b>  <u>Rule:</u> Available only if saleable – but usually are not &amp; are excluded.</p>	<p>Deed</p>	<p>2-009.07B8</p>
<p><b>Trusts &amp; Annuities</b>  <u>Rule:</u> Send to C.O. for determination</p>	<p>Trust document or court order and all amendments  Name, Address, Annuity Account Number  Send Annuity form to company from N-FOCUS Correspondence.</p>	<p>2-009.07A6</p>
<p><b>Life Insurance</b>  <u>Rule:</u> Count total <b>cash</b> value of all policies when the Face Value of all policies combined total \$1500 or more.</p>	<p>Statement from Life Insurance Company  (Both face and cash value must be verified and we do not want the policy or copies of the cash value tables.)</p>	<p>2-009.07A4</p>

<b>Financial</b>	<b>Verification and Questions to Ask</b>	<b>469 NAC</b>
<b>Burial Accounts</b> <u>Rule:</u> Up to maximum is excluded – see Program chart.	Copy of Irrevocable Agreement Name, Address, Account Number Copy of Burial Insurance and Burial Worksheet from Mortuary	2-009.07A3
<b>Burial Spaces</b> <u>Rule:</u> Excluded if for applicant or certain family members	Statement from Cemetery	2-009.07A3d
<b>Retirement Funds or Accounts</b> <u>Rule:</u> Count if available.	Statement from holder to verify availability and balance.	

Budgeting	Verification and Questions to Ask	469 NAC
<p><b>Income:</b></p> <p>Rule: All income is counted unless specifically excluded by policy.</p> <p>Note: If client is over income for a grant they may still be eligible for Medicaid (with or without a SOC) or Medicare premium payment.</p>	<p>Is client receiving SSI?</p> <p><b>Yes:</b> Do not verify income unless applying for Food Stamps <u>or</u> it is one of the following:</p> <ul style="list-style-type: none"> <li>• Income of non-spouse Essential Persons;</li> <li>• Veteran's Aid and Attendant benefits;</li> <li>• Income allocated from another assistance unit</li> <li>• Income of an ineligible spouse not used by SSI in the calculation of the client's SSI payment.</li> </ul> <p>Exception: Do not include VA benefits of the ineligible spouse which are disregarded by SSI.</p> <p><b>No:</b> Verify all earned and unearned income (including income of the spouse).</p> <p>If a disabled person has <b>earned income</b> that appears to make them ineligible, do not do an obvious denial. The processor will need to determine if the wage earner falls under the Working Disabled guidelines.</p> <p><b>Essential Persons Note:</b> If doing a review and there is an EP currently included in the budget you must verify their income and resources also.</p> <p>For new apps, indicate in the narrative if there is a person living in the household with the client that assists the client in some way by being there, verify their income and resources.</p>	<p>3-006.01A</p> <p>469-000-305</p> <p>2-006.01</p> <p>2-010.01C</p>

Budgeting	Verification and Questions to Ask	469 NAC
<b>Expenses</b>		3-004
<b>Shelter Expenses – In Home</b>	Verify rent, mortgage payment, taxes & insurance (even if not required for Food Stamps.) Do not verify utilities. If they own their own home, do they have a reverse mortgage?	3-004.02
<b>Shelter Expenses – Alternate Living Arrangement</b>	If residing in an alternate living arrangement, verify shelter expenses including utilities. If stay is short term and they will return home verify in home expenses also.	3-004.01
<b>Special Requirements</b>	Have they mentioned any expenses that appear on the special requirement list below? <ol style="list-style-type: none"> <li>1. Transportation;</li> <li>2. Household furniture and appliances;</li> <li>3. Expenses of moving;</li> <li>4. Back taxes;</li> <li>5. Subsistence to obtain medical care;</li> <li>6. Maintenance for a service animal;</li> <li>7. Guardian/conservator fee of \$10 per month;</li> <li>8. Medical expenses of an EP;</li> <li>9. Cost of home repair;</li> <li>10. Automobile liability insurance; and</li> <li>11. Lifelines.</li> </ol> If yes, ask for receipts or estimates.	3-004.03
<b>Medical Deductions (Including SNAP Deductions)</b>  Note: If requesting assistance with payment of Medicare Premium <i>only</i> document so the processor knows this.	Explain TPL cooperation requirement.  Verify: <ul style="list-style-type: none"> <li>• Health insurance premiums</li> <li>• Guardian/Conservator fees</li> <li>• Medical not paid or reimbursed by a third party such as prescriptions, Lifeline etc.</li> <li>• Be sure to get copies of all insurance cards, including Medicare Part D.</li> </ul>	3-006.01B 3-006.02B5 4-006.01