

## **APPENDICES**

**Appendix A - State Authorization Form(s) – IM-17**

**Appendix B - State Apportionment Notice Form – Letter to client signed by Kristen Olmsted**

**Appendix C -List of Political Subdivision(s) Using Manual IAR Process – Listing of counties.**

**Appendix D - List of Political Subdivision(s) Using Automated Process – Does not include NE**

**Appendix E - State Payee and Mailing Address and Electronic (email) Mailing – Attached contact information**

**Appendix F – Worksheet for Reporting Loss or Potential Loss of Personally Identifiable Information (PII) – Provided by SSA**



**How can the state use this form when blocks for initial claims and posteligibility cases are part of the form?**

The state can use this form for one case situation at a time, either an initial claim or a posteligibility case. If both blocks are checked the form is not valid. You and the state must sign and date a new form with only one block checked.

**What kind of state payment qualifies for reimbursement by SSA?**

SSA can reimburse a state for a payment that is paid only from state or local funds. The state cannot be reimbursed for payments made wholly or partially from Federal funds.

**How does SSA determine how much of my SSI money to pay the state?**

SSA decides the amount of payment based on two considerations. First, SSA looks at the amount of money claimed by the state, and second, SSA looks at the amount of your retroactive SSI money available to pay the state. SSA can reimburse the state for a payment made in a month only when you receive a state payment and an SSI payment for the same month. SSA will not pay the state more money than you have for the SSI retroactive period.

**How long is this authorization effective for the state and me if I checked the "Initial Claims Only" block?**

This authorization is in effect for you and the state for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the state and end 12 months later. You and a state representative must sign and date the authorization for the authorization to be valid. You and a state representative must sign and date the authorization for the authorization to be valid.

Exceptions apply to this rule. The state must send SSA the authorization within a certain time frame. SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. SSA will not pay any of your retroactive SSI benefits to the state. SSA will send you any SSI money that may be due you, based on SSA's regular payment rules.

**Can the authorization stay effective longer than the 12 month period? Can the authorization end before the 12 month period ends?**

The authorization can stay effective longer than the 12-month period, if you

- apply for SSI benefits before the state has the authorization form, or
- apply within the 12-month period the authorization is effective, or
- file a valid appeal of SSA's determination on your initial claim.

The period of the authorization can end before the 12-month period ends, or end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI payment on your initial claim; or
- SSA makes a final determination on your claim; or
- the state and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

**How long is this authorization effective for the state and me if I check the "Posteligibility Case Only" block?**

This authorization is in effect for you and the state for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the state and end 12 months later.

Exceptions apply to this rule. The state must send SSA the authorization within a certain time frame. SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. SSA will not pay any of your retroactive SSI benefits to the state. SSA will send you any SSI money that may be due you, based on SSA's regular payment rules.

**Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?**

The authorization can stay in effect longer than the 12-month period if you file a valid appeal. You must file your appeal within the time frame SSA requires. The period of the authorization can end before the 12-month period ends, or can end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI payment on your posteligibility case after a period of suspension or termination; or
- SSA makes a final determination on your appeal; or
- the state and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

**How do I appeal a state's decision if I do not agree with the decision?**

You can disagree with a decision the state made during the reimbursement process. You will receive a state notice telling you how to appeal the decision. You cannot appeal to SSA if you disagree with any state decision.

The State is required to:

1. Pay to me any balance due from the retroactive SSI payment within 10 working days of the receipt of my SSI.
2. Give me written notice explaining:
  - How much SSA paid the State for interim assistance given to me;
  - The balance, if any, due me unless the Social Security Act requires SSA to pay me such balance. (In such an event, SSA will notify me of the manner in which the balance will be paid to me); and
  - That I will have an opportunity for a hearing with the State if I disagree with its actions regarding repayment of interim assistance or any action it took regarding this authorization.

DATE

NAME  
ADDRESS  
CITY, STATE ZIP CODE

Dear TITLE:

SSN: \_\_\_\_\_

A payment in the amount of \$\_\_\_\_\_, dated \_\_\_\_\_, has been received from the Social Security Administration representing the State of Nebraska's share of your retroactive benefits from the Supplemental Security Income (SSI) program. In accordance with reimbursement authorization, Form IM-17, that you signed when you applied for SSI, the State can be reimbursed part or all of your retroactive settlement, depending upon how much was paid to you in assistance while your application for SSI was being processed. The following is an explanation for this payment:

SSI Retro Settlement	Time Period Covered	Assistance From State of Nebraska/ General Assistance	Amount Reimbursed State of Nebraska
\$_____	_____ thru _____	\$_____	\$_____

If you disagree with this computation, you have the right to contact your caseworker and discuss the problem. If, after such discussion, you are not satisfied, you have the right to appeal within 90 days after the receipt of this notice, for a fair hearing.

To file an appeal, you must submit the "Notice and Petition for Fair Hearing", or a written request to the Department of Health & Human Services (DHHS), within ninety (90) days from the date you received this letter. Be sure to include your appeal and forward the appeal to the attention of the Director, Hearing Officer, or your local DHHS office. Help with completing the necessary paperwork is available. Please present a copy of this letter to DHHS staff if you need assistance.

You may represent yourself at a conference or hearing, or be represented by another person.

**Any other money due you from your retroactive settlement will come to you directly from the Social Security Administration.**

Sincerely,

Kirsten Olmsted, Accountant II  
Medicaid Financial Support  
402-471-9536

KAO

## County Seats of Nebraska

County	Town
Adams County	Hastings
Antelope County	Neligh
Arthur County	Arthur
Banner County	Harrisburg
Blaine County	Brewster
Boone County	Albion
Box Butte County	Alliance
Boyd County	Butte
Brown County	Ainsworth
Buffalo County	Kearney
Burt County	Tekamah
Butler County	David City
Cass County	Plattsmouth
Cedar County	Hartington
Chase County	Imperial
Cherry County	Valentine
Cheyenne County	Sidney
Clay County	Clay Center
Colfax County	Schuyler
Cuming County	West Point
Custer County	Broken Bow
Dakota County	Dakota City
Dawes County	Chadron
Dawson County	Lexington
Deuel County	Chappell
Dixon County	Ponca
Dodge County	Fremont
Douglas County	Omaha
Dundy County	Benkelman
Fillmore County	Geneva
Franklin County	Franklin
Frontier County	Stockville
Furnas County	Beaver City
Gage County	Beatrice
Garden County	Oshkosh
Garfield County	Burwell
Gosper County	Elwood
Grant County	Hyannis
Greeley County	Greeley
Hall County	Grand Island

County	Town
Howard County	St. Paul
Jefferson County	Fairbury
Johnson County	Tecumseh
Kearney County	Minden
Keith County	Ogallala
Keya Paha County	Springview
Kimball County	Kimball
Knox County	Center
Lancaster County	Lincoln
Lincoln County	North Platte
Logan County	Stapleton
Loup County	Taylor
Madison County	Madison
McPherson County	Tryon
Merrick County	Central City
Morrill County	Bridgeport
Nance County	Fullerton
Nemaha County	Auburn
Nuckolls County	Nelson
Otoe County	Nebraska City
Pawnee County	Pawnee City
Perkins County	Grant
Phelps County	Holdrege
Pierce County	Pierce
Platte County	Columbus
Polk County	Osceola
Red Willow County	McCook
Richardson County	Falls City
Rock County	Bassett
Saline County	Wilber
Sarpy County	Papillion
Saunders County	Wahoo
Scotts Bluff County	Gering
Seward County	Seward
Sheridan County	Rushville
Sherman County	Loup City
Sioux County	Harrison
Stanton County	Stanton
Thayer County	Hebron
Thomas County	Theftord

Hamilton County	Aurora
Harlan County	Alma
Hayes County	Hayes Center
Hitchcock County	Trenton
Holt County	O'Neill
Hooker County	Mullen

Thurston County	Pender
Valley County	Ord
Washington County	Blair
Wayne County	Wayne
Webster County	Red Cloud
Wheeler County	Bartlett
York County	York

**Appendix E**  
**Nebraska Payee and Mailing Address and Electronic (email) Mailing**

Kirsten Olmsted, Accountant II  
Nebraska State Office Building – 5<sup>th</sup> Floor  
P O Box 95026  
301 Centennial Mall South  
Lincoln, NE 68509

Phone: 402-471-9536  
FAX: 402-471-7783  
[Kirsten.Olmsted@nebraska.gov](mailto:Kirsten.Olmsted@nebraska.gov)

**Appendix F – Worksheet for Reporting Loss or Potential Loss of Personally Identifiable Information (PII)**

(Provided by SSA)

**Worksheet for Reporting Loss or Potential Loss  
of Personally Identifiable Information (PII)**

**1. Information about the individual making the report:**

Name			
Position			
State Agency/Company			
Phone Numbers			
Work	Cell	Home/Other	
Email Address			
Position Type ( <i>select one</i> )			
<input type="checkbox"/> Management Official	<input type="checkbox"/> Security Officer	<input type="checkbox"/> Non-Management	

**2. Information about the data that was lost/stolen:**

Describe what was lost or stolen (*e.g., case file, MBR data*):

Which element(s) of PII did the data contain?

Name		Bank Account Information	
SSN		Medical/Health Information	
Date of Birth		Benefit Payment Information	
Place of Birth		Mother's Maiden Name	
Address			
Other ( <i>describe</i> )			

Estimated volume of records involved	
--------------------------------------	--

**3. How was the data physically stored, packaged and/or contained?**

Paper or Electronic (*circle one and continue below*):

If Electronic, what type of device?

Laptop	<input type="checkbox"/>	Tablet	<input type="checkbox"/>	Backup Tape	<input type="checkbox"/>	Blackberry	<input type="checkbox"/>
Workstation	<input type="checkbox"/>	Server	<input type="checkbox"/>	CD/DVD	<input type="checkbox"/>	Blackberry Phone #	
Hard Drive	<input type="checkbox"/>	Floppy Disk	<input type="checkbox"/>	USB Drive	<input type="checkbox"/>		
Other ( <i>describe</i> )							



Additional questions, if electronic:

	Yes	No	Not Sure
a. Was the device encrypted?			
b. Was the device password protected?			
c. If a laptop or tablet, was a VPN SmartCard lost?			
Cardholder's Name			
Cardholder's SSA logon PIN			
Hardware Make/Model			
Hardware Serial #			

If Paper:

	Yes	No	Not Sure
a. Was the information in a locked briefcase?			
b. Was the information in a locked cabinet or drawer?			
c. Was the information in a locked vehicle trunk?			
d. Was the information redacted (personal information deleted or blacked out)?			
e. Other (describe)			

**4. Information about the individual in possession of the data at the time of loss (if same individual as in #1, please indicate "Same as in #1"):**

Name			
Position			
State Agency/Company			
Phone Numbers:			
Work	Cell	Home/Other	
Email Address			

*If person who was in possession of the data or assigned to the data is a contractor employee:*

Contractor			
State Agency Contract Identification Number (if known)			

**5. Circumstances of the loss:**

a. When was it lost/stolen?
b. Brief description of how the loss/theft occurred:
c. When was it reported to an SSA management official ( <i>date and time</i> )?

**6. Have any other SSA components/individuals been contacted? If so, who?**  
(include Deputy Commissioner-level, Agency-level, Regional/Associate-level component names)

Name	SSA Component	Phone Number

**7. What reports have been filed? (include local police, and SSA reports)**

Report Filed	Yes	No	Report Number
Local Police			
Other ( <i>describe</i> )			