

What do I need to know about Medicaid?

To help maximize federal funding, DD participants must:

1. Apply for and accept federal Medicaid benefits.
2. Use benefits from other funding sources within DHHS, the State Department of Education, NebraskaVR (vocational rehabilitation), and other agencies.

What is Medicaid?

- › Public health insurance program that covers a low-income population, including seniors, children, and individuals with disabilities.
- › Enacted in 1965 under Social Security Act.
- › Administered by states with oversight from the Centers for Medicare & Medicaid Services (CMS).
- › Funding is a joint effort between the federal and state governments.
- › Eligibility and benefits vary from state to state:
 - The Federal Social Security Act requires certain services be offered by all states
 - Nebraska offers some additional services

Medicaid Primary Eligibility Factors

- › Complete an application;
- › Have US citizenship or qualifying alien status;
- › Be a Nebraska resident;
- › Have a Social Security Number;
- › Provide information for any relative with responsibility;
- › Have income and resources within established limits for certain eligibility categories;
- › Cooperation with child support;
- › Have a qualifying living arrangement; and
- › Accept assignment of third-party medical payments.

There are different Medicaid categories based on different needs. Most individuals who are eligible for DD services are eligible for Medicaid under the Aged, Blind, & Disabled (ABD) category.

Aged, Blind, & Disabled (ABD)

- › Aged is 65 or older;
- › Blind or disabled individual, age 64 and younger, who has been determined disabled by the Social Security Administration or by the State Review Team;
- › Receiving either Social Security Income (SSI) and/or Social Security disability payments;
- › Income and resources of the individual are considered:
 - › Income limit is 100% of the federal poverty level (FPL) and
 - › Resource limits of \$4,000 for one person, \$6,000 for two people;
- › Private health insurance expenses are an allowable income deduction with some restrictions.

Medically Needy – Share of Cost (SOC)

- › May be applied for individuals who have a medical need with income exceeding the Medicaid guideline:
 - Parent/caretaker relatives;
 - Children; or
 - Aged, Blind, or Disabled.

- › All eligibility requirements for Medicaid must be met.
- › Share of Cost may vary based on income, deductions, and the individuals living arrangement when compared to the Medically Needy Income Level (MNIL).

How Share of Cost Works

- › When a Medicaid applicant is determined to be over income for Medicaid, but reports a medical need, a Share of Cost can be determined for them. Depending on the number of persons in their household, minus allowable disregards, the remaining income will be compared to the appropriate medically needy income level.
- › The Medicaid Share of Cost participant is responsible for the determined share of cost amount. This amount renews each month and can differ month to month, depending on income and allowable expense deductions.
- › The SOC is automatically obligated to a Medicaid provider, usually the provider of the costliest waiver service.
- › Payment for medical services is not paid by Medicaid until the share of cost is obligated
- › Medicaid may close if the share of cost exceeds the individual's monthly needs.

Medicaid Insurance for Workers with Disabilities (MIWD)

- › MIWD is another Medicaid category for people who meet disability criteria and are working.
- › If someone is going to lose Medicaid due to earned income, this may be an option.
- › To be eligible a person must:
 - Qualify for Medicaid except for income;
 - Meet the Social Security or State Review Team definition of disability;
 - Be working;
 - Have income within MIWD income guidelines:
 - 200% federal poverty level (FPL) or
 - 250% of FPL with premium;
 - Meet Medicaid resource limits; and
 - Pay a premium if required.

Ability to Pay (ATP): for those eligible for DD services, but not Medicaid

- › ATP means the amount determined by the Department that a participant or legally responsible relative can pay monthly toward the cost of services.
- › ATP is based on taxable income, chargeable assets, and unearned income.
- › Prior to entry to DD services and annually, the Department will assess the ability of an individual to pay for all or part of the cost of service coordination or services.
- › A participant who does not have Medicaid will need to complete a financial questionnaire and provide requested financial information as requested by the Department.
- › A participant assessed an ATP, must pay the amounts determined or the State of Nebraska may proceed in the manner authorized by law for the recovery of money owed to a creditor.

ENABLE accounts: for those who would otherwise be at risk of being over resources

- › Accounts under \$100,000 do not count toward resources for Medicaid.
- › Tax favored savings program for eligible individuals with disabilities.
- › Used to pay for disability-related expenses.
- › Eligibility based on blindness or disability occurring prior to age 26.
- › Nebraska State Treasurer is trustee.
- › First National Bank of Omaha is Program Manager.
- › Options: investment, bank savings account, and checking account.
- › www.enablesavings.com (Launched June 30, 2016)