YOUR RIGHTS

You have the right:

- To ask for financial assistance from the program of your choice.
- To expect the Department of Health and Human Services to promptly accept a request from you or someone you choose to act responsibly for you, in person, by mail, or by telephone. You may also be helped in various aspects of application or determination of eligibility by the person of your choice. This person may represent you in any agency contact you wish.
- To have the assistance programs explained to you by the worker.
- To receive Medical Assistance without a separate application if you are eligible for financial assistance.
- To request an appeal hearing if you disagree with any action of the Department of Health and Human Services.
- To have your Civil Rights upheld.

YOUR RESPONSIBILITIES

You have the responsibility:

- To provide complete and accurate information.
- To ask questions if you do not understand something about the programs.
- To report to the Department of Health and Human Services within 10 days by phone, in person, or by mail any changes in the information provided in the determination of your eligibility for assistance.
- To cooperate with the Child Support Enforcement Unit if you are applying for Medical Assistance for a dependent child.
- To pay Medical Copayments if you are notified they are required.

If you intentionally provide false information or withhold information, you may be subject to prosecution for fraud under the laws of Nebraska.

The Department of Health and Human Services is responsible to administer the Nebraska Medical Assistance Program under Title XIX or Title XXI of the Social Security Act. The rules and regulations developed to administer this program have been carefully formulated to carry out the provisions of the law and to assure that the benefits of the program are uniformly available to the people statewide.

An attempt has been made in this booklet to answer the questions most frequently asked about Medical Assistance.

If you have further questions contact your local office of the Department of Health and Human Services.

Medicaid Customer Service Center:

Toll Free **855-632-7633**

Lincoln Local Calls: **402-473-7000**

Omaha Local Calls: **402-595-1178**

TTY **402-471-7256**

Apply Online at:

www.accessnebraska.ne.gov

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

The Nebraska Department of Health and Human Services is committed to affirmative action/equal employment opportunity and does not discriminate in delivering benefits or services.

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MEDICAID

Medicaid pays for a variety of medical services for low-income Nebraskans.

Medical Assistance is a statewide program through which medical care and services may be provided for low-income Nebraskans. Medical Assistance is sometimes called Medicaid.

Who may be eligible for Medicaid?

You may be eligible if you are:

- 65 years of age or older.
- An individual under 65 years of age who has a disability, or is visually impaired according to Social Security guidelines.
- An individual 18 years of age or younger.
- A dependent child who meets the eligibility requirements of the Aid to Dependent Children Program.

Where do I apply?

You may apply for Medical Assistance at the Department of Health and Human Services Office closest to where you live. You may also be asked to apply for Supplemental Security Income (SSI) at the Social Security Office.

What type of care is available under Medical Assistance?

The following medical services are available:

- Hospital care and doctor visits.
- Dental care; eye care; speech, hearing and physical therapy.
- Laboratory and x-ray therapy.
- Nursing home care.
- Home health care services.
- Prescribed drugs, medical equipment and health aids.
- Care in institutions for mental diseases if persons are 20 years of age or younger or 65 years of age or older.
- Regular health checks for children.
- Family planning.

What resources may I have and be eligible to receive Medical Assistance?

- The home in which you reside.
- One motor vehicle.
- Property you use to operate a trade or business. For example, land, machinery and equipment.
- Irrevocable burial fund.
- Resources, in addition to the above, which do not exceed:
  - $4,000 for one member family
  - $6,000 for two member family
  - $25 for each additional family member

Children age 18 and younger and eligible pregnant women are not subject to a resource test.

May I dispose of a resource by giving it away or selling it for less than fair market value?

If you give away your home or other resources, you may be giving away a resource which may be used for support. Therefore, you may be found ineligible for Medical Assistance.

May I have income and still be eligible?

Yes, provided you meet all other eligibility requirements and your income does not meet your basic living and medical needs according to eligibility guidelines. You may be required to spend a portion of your income on medical expenses, and show proof of the medical need.

How long must I live in Nebraska in order to be eligible for Medical Assistance?

Your legal residence must be in Nebraska at the time you apply for Medical Assistance.