

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

Agency*	Citation(s)	Groups Covered
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The following groups are covered under this plan.

A. Mandatory Coverage – Categorically Needy and Other Required Special Groups

IV-A 42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

- Families with an unemployed parent for the mandatory 6-month period and an optional extension of N/A months. No time limit.
- Pregnant women with no other eligible children
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

IV-A 42 CFR 435.115

2. Deemed Recipients of AFDC

- a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10

* Agency that determines eligibility for coverage

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Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u>
IV-A		2. Deemed Recipients of AFDC.
1902(a)(10)(A)(i)(I) of the Act		b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.
402(a)(22)(A) of the Act		c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds
406(h) and 1902(a)(10)(A) (i)(I) of the Act		d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.
1902(a) of the Act		e. Individual deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

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Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u>
IV-A 407(b), 1902 (a)(10)(A)(i) and 1905(m)(l) of the Act		3. Qualified Family Members Effective October 1, 1990, qualified family member who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed. <input checked="" type="checkbox"/> Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.
IV-A 1902(a)(52) and 1925 of the Act		4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitle up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998)

* Agency that determines eligibility for coverage

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u>
IV-A 42 CFR 435.113		5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are: <ul style="list-style-type: none">a. Families denied AFDC solely because of income and resources deemed to be available from –<ul style="list-style-type: none">(1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;(2) Grandparents;(3) Legal guardians; and(4) Individual alien sponsors (who are not spouses of the individual or the individual's parent);b. Families denied AFDC solely because of the involuntary inclusion of siblings who have income and resources of their own in the filing unit.c. Families denied AFDC because the family transferred a resource without receiving adequate compensation.

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Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u>
42 CFR 435.114		<p data-bbox="646 562 1438 697">6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.</p> <p data-bbox="695 730 1446 831"><input type="checkbox"/> Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group included in this state's August 1972 plan).</p> <p data-bbox="695 865 1451 999"><input type="checkbox"/> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).</p> <p data-bbox="695 1033 1393 1100"><input type="checkbox"/> Not applicable with respect to intermediate care facilities: State did or does not cover this service.</p>
1902(a)(10) (A)(i)(III) and 1905(n) of the Act		<p data-bbox="646 1134 1224 1167">7. Qualified Pregnant Women and Children</p> <p data-bbox="695 1201 1373 1268">a. A pregnant woman whose pregnancy has been medically verified who--</p> <p data-bbox="760 1302 1347 1398">(1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
1902(a)(10)(A) (i)(III) and 1905(n) of the Act	<p data-bbox="583 527 1484 596">A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u> (Continued)</p> <p data-bbox="647 646 1461 779">7. a. (2) Is member of a family that would be eligible for aid to families with dependent children of unemployed parents if the State had an AFDC-unemployed parents program; or</p> <p data-bbox="743 814 1435 911">(3) Would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved plan.</p> <p data-bbox="695 947 1435 1115">b. Children born after September 30, 1983 who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.</p> <p data-bbox="743 1146 1052 1182"><input type="checkbox"/> Children born after</p> <hr/> <p data-bbox="808 1213 1484 1348">(specify optional earlier date) who are under age 19 and who would be eligible for an AFDC cash payment on the basis of the income and resource requirements of the State's approved AFDC plan.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u> (Continued)
1902(a)(10)(A)(i)(IV) and 1902(l)(1)(A) and (B) of the Act	8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(l)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to Attachment 2.6-A. <input checked="" type="checkbox"/> The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.
1902(a)(10)(A)(i)(VI) 1902(l)(1)(C) of the Act	9. Children: a. who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
1902(a)(10)(A)(i)(VII) and 1902(l)(1)(D) of the Act	b. born after April 30, 1979, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.
	Income levels for these groups are specified in <u>Supplement 1 to ATTACHMENT 2.6A.</u>

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COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
1902(e)(5) of the Act	10. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60 th day falls.
1902(e)(6) of the Act	b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

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COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u> (Continued)
1902(e)(4) of the Act	12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains or would remain eligible if still pregnant and the child remains in the same household as the mother.
42 CFR 435.120	13. Aged, Blind and Disabled Individuals Receiving Cash Assistance <input checked="" type="checkbox"/> a. Individuals receiving SSI. This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act. <input checked="" type="checkbox"/> Aged <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Disabled

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u> (Continued)
435.121	13. <input type="checkbox"/>	b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons, who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)
1619(b)(1) of the Act		<input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled
		The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
XIX	1902(a) (10)(A) (i)(II) and 1905(q) of the Act	14. Qualified severely impaired blind and disabled individuals under age 65, who-- a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or b. For the month of June 1987, considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must-- (1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled; (2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits; (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u> (Continued)
		(4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
		(5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
		<input type="checkbox"/> Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
1619(b)(3) of the Act	<input type="checkbox"/>	The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

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Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
XIX	1634(c) of the Act	15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who – a. Are least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long they would be eligible for SSI, absent their OASDI eligibility. <input type="checkbox"/> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. <input type="checkbox"/> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
XIX	42 CFR 435.122	16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under-§435.230), because of requirements that do not apply under title XIX of the Act.
XIX	42 CFR 435.130	17. Individuals receiving mandatory State supplements.

*Agency that determines eligibility for coverage.

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August 1991

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
42 CFR 435.131		18. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment: <input type="checkbox"/> In December 1973, Medicaid coverage of the essential spouse limited to the following group(s): <input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
XIX	42 CFR 435.132	19. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they-- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and b. Remain institutionalized; and c. Continue to need institutional care.
XIX	42 CFR 435.133	20. Blind and disabled individuals who— a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and b. Were eligible for Medicaid in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet December 1973 eligibility- criteria.

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
XIX	42 CFR 435.134	21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. <input type="checkbox"/> Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). <input type="checkbox"/> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). <input type="checkbox"/> Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

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Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required Special Groups</u> (Continued)
XIX	42 CFR 435.135	22. Individuals who – a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income. <input type="checkbox"/> Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients. <input type="checkbox"/> Not applicable because the State applies more restrictive eligibility requirements than those under SSI. <input type="checkbox"/> The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
1634 of the Act	23.	Disabled widowers would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act. <input type="checkbox"/> Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients. <input type="checkbox"/> The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

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Agency*	Citation(s)	Groups Covered
	A.	<u>Mandatory Coverage – Categorically Needy and Other Required Special Groups (Continued)</u>
1634(d) of the Act	24.	<p>Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.</p> <p><input type="checkbox"/> The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.</p> <p><input type="checkbox"/> In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.</p> <p><input type="checkbox"/> In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.</p> <p><input checked="" type="checkbox"/> In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.</p>

*Agency that determines eligibility for coverage.

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Special Groups (Continued)</u>
<u>Required</u>		
1902(a)(10)(E)(i) and 1905(p) of the Act		25. Qualified Medicare beneficiaries – <ul style="list-style-type: none">a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1B1A of the Act).b. Whose income does not exceed 100 percent of the Federal poverty level; andc. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. <p>(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan)</p>
1902(a) (10) (E)(ii), 1905(s) and 1905(p) (3) (A) (i) of the Act		26. Qualified disabled and working individuals – <ul style="list-style-type: none">a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;b. Whose income does not exceed 200 percent of the Federal poverty level; andc. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.d. Who are not otherwise eligible for medical assistance under Title XIX of the Act. <p>(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)</p>

*Agency that determines eligibility for coverage.

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Special Groups</u> (Continued)
	<u>Required</u>	
1902(a)(10)(E)(ii) and 1905(p)(3)(A)(ii) of the Act		27. Specified low-income Medicare beneficiaries-- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act); b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index. (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.) 28. Qualifying individuals – a. Who are entitled to hospital insurance benefits Under Medicare Part A (but not pursuant to an Enrollment under section 1818A of the Act); b. Whose income is at least 120 percent but does not exceed 135 percent of the Federal poverty level; and c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the Increase In the consumer price index. (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

*Agency that determines eligibility for coverage.

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March 1993

(BPD)

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u>
42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act		<input type="checkbox"/> 1. Individuals described below who meet the income and resource requirements of AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance. <input type="checkbox"/> The plan covers all individuals as described above. <input type="checkbox"/> The plan covers only the following group or groups of individuals: <input type="checkbox"/> Aged <input type="checkbox"/> Blind <input type="checkbox"/> Disabled <input type="checkbox"/> Caretaker relatives <input type="checkbox"/> Pregnant women
42 CFR 435.211		<input type="checkbox"/> 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

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COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.212 & 1902(e)(2) of the Act, P.L.. 99-272 (section 9517) P.L. 101-508 (section 4732)		<p><input type="checkbox"/> 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.</p> <p><input checked="" type="checkbox"/> The State elects not to guarantee eligibility.</p> <p><input type="checkbox"/> The State elects to guarantee eligibility. The minimum enrollment period is ___ months (not to exceed six).</p> <p>The State measures the minimum enrollment period from:</p> <p><input type="checkbox"/> The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.</p> <p><input type="checkbox"/> The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.</p> <p><input type="checkbox"/> The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).</p>

*Agency that determines eligibility for coverage.

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
	<u>1932(a)(4) of Act</u>	<p>The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.</p> <p><input checked="" type="checkbox"/> Disenrollment rights are restricted for a period of months (not to exceed 12 months).</p> <p>During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.</p> <p><input type="checkbox"/> No restrictions upon disenrollment rights.</p>
	1903(m)(2)(H) 1902(a)(52) of the Act P.L. 101-508 42 CFR 438.56(g) has	<p>In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to re-enroll those individuals in the same entity if that entity still has a contract.</p> <p><input checked="" type="checkbox"/> The agency elects to re-enroll the above individuals who are eligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.</p> <p><input type="checkbox"/> The agency elects not to re-enroll above individuals into the same entity in which they were previously enrolled.</p>

*Agency that determines eligibility for coverage.

State/Territory: Nebraska
Citation

42 CFR
435.914
1902(a)(34)
of the Act

2.1 (b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and
1905(a) of the
Act

(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and

(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

42 CFR
438.6

(c) The Medicaid agency elects to enter into a risk contract that complies with 42 CFR 438.6, and that is procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

- Qualified under Title XIII 1310 of the Public Health Service Act.
- A Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2.
- A Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2.
- A Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.
- Not applicable.

42 CFR
435.217

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the Waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.
- This includes PACE enrollees who reside in the community who are eligible using institutional rules.

*Agency that determines eligibility for coverage.

Revision: HCFA-PM-91-4
August 1991

(BPD)

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		<p data-bbox="583 432 1451 464">B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)</p>
1902(a)(10) (A)(ii)(VII) of the Act		<p data-bbox="647 499 1463 632">5. Individuals would be eligible for Medicaid under the plan if they were in a medical institution, who were terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.</p> <p data-bbox="712 663 1451 695"><input type="checkbox"/> The State covers all individuals as described above.</p> <p data-bbox="712 730 1451 800"><input type="checkbox"/> The State covers only the following group or groups of individuals:</p> <ul style="list-style-type: none"><li data-bbox="777 831 894 863"><input type="checkbox"/> Aged<li data-bbox="777 884 1011 915"><input type="checkbox"/> Blind Disabled<li data-bbox="777 936 1203 968"><input type="checkbox"/> Individuals under the age of--<ul style="list-style-type: none"><li data-bbox="826 978 919 1010"><input type="checkbox"/> 21<li data-bbox="826 1031 919 1062"><input type="checkbox"/> 20<li data-bbox="826 1083 919 1115"><input type="checkbox"/> 19<li data-bbox="826 1136 919 1167"><input type="checkbox"/> 18<li data-bbox="777 1178 1070 1209"><input type="checkbox"/> Caretaker relatives<li data-bbox="777 1230 1045 1262"><input type="checkbox"/> Pregnant women

*Agency that determines eligibility for coverage.

TN No. MS-91-24
Supersedes
TN No. (new page)

Approval Date Jan 20 1992

Effective Date Nov 1 1991

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.220	<input checked="" type="checkbox"/> 6.	Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC. <input checked="" type="checkbox"/> The State covers all Individuals as described above. <input type="checkbox"/> The State covers only the following group or groups of individuals: <input type="checkbox"/> Individuals under the age of-- <input type="checkbox"/> 21 <input type="checkbox"/> 20 <input type="checkbox"/> 19 <input type="checkbox"/> 18 <input type="checkbox"/> Caretaker relatives <input type="checkbox"/> Pregnant women
1902(a)(10) (A) (ii) and 1905(a) of the Act		
42 CFR 435.222 1902(a)(10) (A) (ii) and 1905(a)(i) of	7. <input checked="" type="checkbox"/> a.	All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements the Act of the AFDC State plan, and who are under the age of 21 or younger as indicated below. <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 19 <input type="checkbox"/> 18

*Agency that determines eligibility for coverage.

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)		
42 CFR 435.222	<input checked="" type="checkbox"/>	b. Reasonable classifications of individuals described in (a) above, as follows: <input type="checkbox"/> (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: <input type="checkbox"/> (a) In foster homes (and are under the age of ____) <input type="checkbox"/> (b) In private institutions (and are under the age of ____). <input type="checkbox"/> (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____) <input type="checkbox"/> (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____) <input type="checkbox"/> (3) Individuals in NF's (who are under the age of ____). NF services are provided under this plan. <input type="checkbox"/> (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____)

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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Supersedes
TN No. MS-91-24

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1902(a)(10) (A)(ii)(VIII) of the Act		<input checked="" type="checkbox"/> 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special need for medical or rehabilitative care, and who before execution of the agreement- a. Was eligible for Medicaid under the State's approved Medicaid plan; or b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies. The State covers individuals under the age of – <input type="checkbox"/> 21 <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 19 <input type="checkbox"/> 18

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.223

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)
(A)(ii) and
1905(a) of
the Act

Individuals under the age of -

- 21
- 20
- 19
- 18

Caretaker relatives

Pregnant women

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.230	<input type="checkbox"/> 10.	<p>States using SSI criteria with agreements under sections 1616 and 1634 of the Act.</p> <p>The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--</p> <ul style="list-style-type: none">a. Based on need and paid in cash on a regular basis.b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. -c. Available to all individuals in the State.d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.<ul style="list-style-type: none"><input type="checkbox"/> (1) All aged individuals.<input type="checkbox"/> (2) All blind individuals.<input type="checkbox"/> (3) All disabled individuals.

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Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.230		<input type="checkbox"/> (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input type="checkbox"/> (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input type="checkbox"/> (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input type="checkbox"/> (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input type="checkbox"/> (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input type="checkbox"/> (9) Individuals in additional classifications approved by the Secretary as follows:

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August 1991

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. MS-91-24

Supersedes

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- (1) All aged individuals.
- (2) All blind individuals.
- (3) All disabled individuals.

TN No. MS-92-1

Supersedes

Approval Date Apr 10 1992

Effective Date Nov 1 1991

TN No. MS-91-24

HCFA ID: 7983E

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
		<input checked="" type="checkbox"/> (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input checked="" type="checkbox"/> (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input checked="" type="checkbox"/> (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
		<input type="checkbox"/> (7) Individuals receiving a federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input checked="" type="checkbox"/> (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
		<input checked="" type="checkbox"/> (9) Individuals in additional classifications approved by the Secretary as follows: Board and Room Adult Family Residential Care Facility Group Home for Children or Child Caring Agency Center for the Developmentally Disabled

TN No. MS-91-24

Supersedes

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August 1991

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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TN No. (new page)

HCFA ID: 7983E

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)		
42 CFR 435.231 1902(a)(10) (A)(ii)(V) of the Act	<input type="checkbox"/>	12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement I to <u>ATTACHMENT 2.6-A.</u>
	<input type="checkbox"/>	The State covers all individuals as described above.
	<input type="checkbox"/>	The State covers only the following group or groups of individuals:
1902(a)(10)(A) (ii) and 1905(a) of the Act	<input type="checkbox"/>	Aged
	<input type="checkbox"/>	Blind
	<input type="checkbox"/>	Disabled
	<input type="checkbox"/>	Individuals under the age of--
	<input type="checkbox"/>	21
	<input type="checkbox"/>	20
	<input type="checkbox"/>	19
	<input type="checkbox"/>	18
	<input type="checkbox"/>	Caretaker relatives
	<input type="checkbox"/>	Pregnant women

TN No. MS-91-24

Supersedes

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TN No. (new page)

HCFA ID: 7983E

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1902 (e) (3) of the Act	<input checked="" type="checkbox"/>	13. Certain disabled children 18 or under who are living home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act. *See Below <u>Supplement 3 to Attachment 2.2-A</u> describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.
1902(a)(10) (A)(ii)(IX) and 1902(l) of the Act	<input checked="" type="checkbox"/>	14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in <u>Supplement 1 to Attachment 2.6-A</u> for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in <u>Supplement 2 to Attachment 2.6-A</u> : a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and b. Infants under one year of age.

* Certain disabled children are those 18 and younger who meet the definition of clients with special needs: ventilator-dependent, pulmonary, and/or special needs.

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1902(a) (10)(A) (ii)(IX) and 1902(l)(1) (D) of the Act		<input type="checkbox"/> 15. The following individuals who not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in <u>Supplement 1 of ATTACHMENT 2.6-A</u> for a family of the same size. Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained – <input type="checkbox"/> 7 years of age; or <input type="checkbox"/> 8 years of age.

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State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1902(a)(10)(A) (ii)(X) and 1902(m) (1) and (3) of the Act	<input checked="" type="checkbox"/>	16. Individuals-- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group. b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size; and c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <u>ATTACHMENT 2.6-A</u> .

TN No. 10-07

Supersedes

Approval Date Jun 15 2010

Effective Date Jan 01 2010

TN No. MS-91-24

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1902(a)(47) and 1920 of the Act	<input checked="" type="checkbox"/> 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria in this plan under <u>ATTACHMENT 2.6-A</u> and are therefore determined to be presumptively eligible during presumptive eligibility period in accordance with §1920 of the Act.

TN No. MS-92-3

Supersedes

Approval Date Apr 8 1992

Effective Date Jan 1 1992

TN No. MS-91-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1906 of the Act	18. Individuals required to enroll in cost-effective employer-based group health plan remain eligible for a minimum enrollment period of <u>0</u> months.
1902(a)(10)(F) 1902(u)(1) of the Act	19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.
1902(a)(10)(A)	<input checked="" type="checkbox"/> 20. Optional Targeted Low Income Children who: a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability); b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in 1902(l)(2)(D));

TN No. MS-98-5

Supersedes

Approval Date Oct 29 1998

Effective Date Aug 1 1998

TN No. MS-91-29

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	<p>c. are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program.</p> <p>d. have family income at or below:</p> <p>200% of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or</p> <p>A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.</p> <p>The State covers:</p> <p><input checked="" type="checkbox"/> All children described above who are under 19 with family income at or below 200 percent of the Federal poverty level.</p> <p><input type="checkbox"/> The following reasonable classifications of children described above who are under age ____ with family income at or below the percent of the Federal poverty level specified for the classification.</p>
1902(e)(12) of the Act	<p><input checked="" type="checkbox"/> 21. A child under age 19 who has been initially determined eligible is deemed to be eligible for a total of 6 months regardless of changes in circumstances other than attainment of the maximum age state above.</p>

TN No. 09-06

Supersedes

Approval Date Oct 20 2009

Effective Date Oct 1 2009

TN No. MS-02-09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
1920A of the Act	<input type="checkbox"/> 22. Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan. The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.
1902(a)(10)(A)	<input checked="" type="checkbox"/> 23. Working disabled individuals whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6A.

TN No. MS-03-07

Supersedes

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TN No. MS-98-5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

CITATION GROUP COVERED

B. Optional Coverage Other Than the Medically Needy (Continued)

1902 (a) (10) (A)

(ii) (XVIII) of the Act ___ [24]. Women who:

- a. Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. Are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;
- c. Are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d.. Have not attained age 65.

1920B of the Act ___[25]. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. MS-01-09

Supersedes

Approval Date Oct 19 2001

Effective Date Jul 1 2001

TN No. (New Page)

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		C. <u>Optional Coverage of the Medically Needy</u>
42 CFR 435.301		This plan includes the medically needy. <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. This plan covers: <ol style="list-style-type: none">1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.
1902(e) of the Act		<ol style="list-style-type: none">2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.
1902(a)(10) (C)(ii)(I) of the Act		<ol style="list-style-type: none">3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10) (A)(i) of the Act.

TN No. MS-92-1

Supersedes

TN No. MS-91-24

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HCFA ID 7983E

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
C. <u>Optional Coverage of the Medically Needy</u> (Continued)		
1902(e)(4) of the Act	4.	Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.
42 CFR 435.308	<input checked="" type="checkbox"/> 5.	<p>a. Financially eligible individuals who are not described in section C.3 above and who are under the age of –</p> <ul style="list-style-type: none"><input type="checkbox"/> 21<input type="checkbox"/> 20<input checked="" type="checkbox"/> 19<input type="checkbox"/> 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training <p>b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:</p> <ul style="list-style-type: none"><input type="checkbox"/> (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:<ul style="list-style-type: none"><input type="checkbox"/> (a) In foster homes (and are under the age of ____)<input type="checkbox"/> (b) In private institutions (and are under the age of ____)

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy (Continued)

- c. In addition to the group under b. (1)(a) and (b), individuals place in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____)
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of _____).
- (3) Individuals in NFs (who are under the age of ____).NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of _____).
- (5) Individuals receiving active treatment as – inpatients psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals underage 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

Revision: HCFA-PM-91-4 (BPD)
August 1991

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Agency*	Citation(s)	Groups Covered
		C. <u>Optional Coverage of the Medically Needy</u> (Continued)
42 CFR 435.310	<input checked="" type="checkbox"/>	6. Caretaker relatives.
42 CFR 435.320 and 435.330	<input checked="" type="checkbox"/>	7. Aged individuals.
42 CFR 435.322 and 435.330	<input checked="" type="checkbox"/>	8. Blind individuals.
42 CFR 435.324 and 435.330	<input checked="" type="checkbox"/>	9. Disabled individuals.
42 CFR 435.326	<input type="checkbox"/>	10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
435.340		11. Blind and disabled individuals who: a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically needy in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN No. 11-03

Supersedes

Approval Date MAR 28 2011

Effective Date JAN 01 2011

TN No. MS-93-3

Revision: HCFA-PM-91-8
October 1991

(BPD)

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State/Territory: Nebraska

Citation(s)	Groups Covered
1906 of the Act	C. <u>Optional Coverage of the Medically Needy</u> (Continued) 12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of <u>0</u> months.

TN No. MS-91-29

Supersedes

Approval Date Jan 15 1992

Effective Date Oct 1 1991

TN No. (new page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency*	Citation(s)	Groups Covered
	1935(a) and 1902(a)(66)	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.
	42 CFR 423.774 and 423.904	<ol style="list-style-type: none">1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.

TN No. 05-03

Supersedes

Approval Date Nov 14 2005

Effective Date Jul 1 2005

TN No. New Page

Substitute per e-mail dated 8/4/03

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.2-A

Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER
THE AGE OF 21, 20, 19, AND 18

Young adults age 18, 19, or 20 who were former wards of the State of Nebraska and regularly attend a school, college, or university or regularly attend a course of vocational or technical training designed to prepare such a person for gainful employment.

TN No. MS-03-10

Supersedes

Approval Date Sept 10 2003

Effective Date Sept 1 2003

TN No. MS-95-3

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 3 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children at Home

The child must first meet the criteria as defined under Special Needs. The cost of the child's in-home care is compared to the cost of the child's acute hospital care. A determination is made that the cost of providing in-home care will not exceed the cost of acute hospital care.

TN No. MS-95-16

Supersedes

Approval Date Dec 14 1995

Effective Date July 25 1995