

NEBRASKA

MEDICAID ELIGIBILITY

MEDICAID ELIGIBILITY CATEGORIES – FAMILIES & CHILDREN

AID TO DEPENDENT CHILDREN/MA (TANF)	<p>These Families receive an ADC cash assistance grant and are Medicaid Eligible as a result. Parents and other Caretaker adults qualify for Medicaid.</p> <p>Income: \$222 a month one individual \$293 ‘ ‘ two individuals \$364 ‘ ‘ three individuals</p> <p>Resources: \$4,000 one individual \$6,000 two or more</p> <p>Required under Federal and State law (43-504).</p>
Aid to Dependent Children/MA (Section 1931)	<p>These families do not receive an ADC grant because of the prohibition of grants being issued of less than \$9.99, parents choose not to cooperate with Child Support, or Employment First and therefore reject a grant.</p> <p>Earned</p> <p>Income: \$485 a month one individual \$597 ‘ ‘ two individuals \$710 ‘ ‘ three individuals</p> <p>Resources: \$4,000 one individual \$6,000 two individuals</p> <p>Clients under grant standards required under Federal Law. (Section 1931)</p>
AID TO DEPENDENT CHILDREN/MA (Medically Needy)	<p>These families have income over the ADC standard but less than the Medically Needy Standard. The parents and other Caretaker Adults can qualify for Medicaid.</p> <p>Income: \$392 a month one or two individuals \$492 a month three individuals</p> <p>Resources: \$4,000 one individual \$6,000 two individuals</p> <p>EXCESS INCOME: As Medically Needy, these cases have income over the income limit but can spenddown or share the cost by paying for medical bills over the income level (MNIL) and establish eligibility. Once the excess income is met they establish Medicaid eligibility.</p> <p>Federal option required under State law (68-915).</p>
ADC cases closed due to Child Support Collections	<p>These are cases closed due to collection of child support and are automatically eligible for Medicaid (both children and adults) without an income or resource test for four months.</p> <p>Required under Federal Law.</p>

ADC/TMA

Transitional Medical Assistance Cases are ADC cases that are ineligible for a Medicaid due to earnings and a member of the unit was eligible for a grant or under in 3 of the proceeding 6 months. The first six months are without regard to income. In the next 6 months earned income must be below 185% of the Federal Poverty Level. All members of the family are eligible if their earned income is below 100%FPL, if above 100% FPL the family can pay a premium and be Medicaid eligible.

Income (185% FPL): \$1,671 one individual
\$2,248 two individuals
\$2,823 three individuals
Resources: There is no resource test.

Only earned income is used to establish eligibility.

RIBICOFF

Children age 18 or younger who are not eligible as an ADC child because they don't meet the requirements, i.e. physical absence of one parent or financial deprivation. The adult parents cannot qualify under this category. The eligible children can spenddown or share the cost to establish eligibility.

Income (MNIL): \$392 a month one or two
\$492 three individuals
Resources: \$4,000 one individual
\$6,000 two individuals

Federal option required under State Law (68-915).

PREGNANT WOMEN

Pregnant women whose family income is equal to or less than 185% FPL. No ability to obligate income above the standard to establish eligibility. An eligible pregnant woman remains Medicaid eligible through the sixty-day postpartum period.

Income (185% FPL): \$1,671 a month one individuals
\$2,248 a month two individuals
\$2,823 a month three individuals
Resources: There is no resource test.

Under Federal Law a child born to a Medicaid eligible woman is eligible for Medicaid for 12 months as long as the child remains in Nebraska.

E-MEDICAL ASSISTANCE
(Enhanced)

Newborn up to age one whose family income is less than 150% of the Federal Poverty level. No ability to obligate income above the standard to establish eligibility. Only the children in the family are eligible, no adults can be Medicaid eligible under this category.

Income (150% FPL): \$1,355 a month one individual
\$1,823 a month two individuals
\$2,289 a month three individuals
Resources: There is no resource limit

Federal option required by State Law (68-915).

MEDICAL ASSISTANCE
FOR CHILDREN

Medical Assistance for children ages 1 through 5 (through the month of their sixth birthday) and family income equal to or less than 133% FPL. No ability to obligate income to establish eligibility. Only the children are eligible, no adults.

Income (133% FPL): \$1,201 a month one individual
 \$1,616 a month two individuals
 \$2,030 a month three individuals

Resources: There is no resource test.

Required under Federal and State law (68-915).

SCHOOL AGE MEDICAL

Children 6 through 18 years of age (through the month of the child's 18th birthday) and family income is equal to or less than 100% FPL. Only the children are eligible, no adults. No ability obligate income above the standard to establish eligibility.

Income (100%FPL): \$903 a month one individual
 \$1,215 a month two individuals
 \$1,526 a month three individuals

Resources: There is no resource test.

Required under Federal and State law (68-915)

CHIP:

Children's Health Insurance Program (Title XXI). Children up to age 19 (through the month of the 19th birthday) with family income below 200% FPL who do not have creditable health insurance coverage and who do not qualify for one of the Medicaid Eligibility groups listed above. Only the children are eligible, not adults. No ability to obligate income above the standard to establish eligibility.

Income (200% FPL): \$1,806 a month one individual
 \$2,430 a month two individuals
 \$3,052 a month three individuals

Resources: There is no resource Test

Children are not eligible if they have creditable health insurance.

Federal Option required under State law (68-915).

SIX MONTHS:
CONTINUOUS COVERAGE

Children 18 and younger who are found Medicaid eligible for one month are initially eligible for six months with no income or resource test after month one. This only applies to the children in the family, regardless of which eligibility category they qualify under. Federal option, required under State law (68-915).

PRESUMPTIVE ELIGIBILITY

Process whereby a qualified provider can presumptively (based on a declaration of income at or below 185% FPL and eligible citizenship/alien status) determine pregnant women eligible for Medicaid and deliver service with a knowledge that they will be reimbursed by Medicaid. Pregnant women are eligible for all services but inpatient hospital. This eligibility continues until the Health and Human Services Offices determine continuing eligibility for Medicaid.

Federal option, required under State Law (68-915).

MEDICAID ELIGIBILITY – AGED, BLIND AND DISABLED

AID TO THE AGED, BLIND
AND DISABLED

Aged Blind and Disabled who receive a Supplemental Security Income payment or a State Supplement Program payment. Aged are over 65, the Blind and Disabled are determined as such utilizing the Social Security Administration's definitions.

Income: \$674 a month single
\$1,011 a month couple
Resources: \$2,000 single person
\$3,000 a couple

Federal option required under State Law (68-1001).

AID TO THE AGED, BLIND,
AND DISABLED (Medically Needy)

AABD clients who have income over cash assistance standards but have a medical need and are not eligible under the 100% FPL standard. This Medicaid category allows the individual to obligate their income above the standard on their own Medical bills and establish Medicaid eligibility.

Income: \$392 a month single or couple
Resources: \$4,000 single
\$6,000 couple

Federal Option required under State Law (68-915).

AID TO THE AGED, BLIND
AND DISABLED 100% FPL

AABD clients whose income is below 100% of FPL. The Federal Law requires us to pay only Medicare premiums, copayments and deductibles for clients less than 100% FPL. Because of computer system limitations and the additional Medicaid services involved quality of life issues, the decision was made to offer full Medicaid coverage to this group instead of limiting payment to just Medicare premiums, copayments, and deductibles. No obligation of income above this standard allowed.

Income (100% FPL): \$903 a month single
\$1,215 a month couple
Resources: \$4,000 single
\$6,000 couple

State is federally required to cover Medicare clients to 100%FPL, State choose to cover under Medicaid.

AID TO THE AGED, BLIND
AND DISABLED MEDICARE
BENEFICIARIES

AABD clients for whom the State is required to pay Medicare related expenses and Part B Premiums. MSP/QMB individuals have up to 100% FPL and are entitled to Medicare co-insurance and deductibles on Medicare Part A and B services, as well as payment of the Part B premium. They are not entitled to non-Medicare related services. SLMB individuals have income between 100% and 120% FPL. QI individuals have income between 120% and 135% FPL. Both SLMB and QI only receive payment of Part B premium.

Resource allowances are subject to Federal annual increase.

Resources: \$6,600 for one individual
\$9,910 for a couple

Federally Required.

QUALIFIED WORKING
DISABLED INDIVIDUALS

AABD clients who were eligible for Medicare as a disabled individual and who return to work, as a result they are required to pay their Medicare Part A (hospital) premiums to maintain coverage. The agency is required to pay the Part A premium for individuals with income less than 250% FPL.

The premium is currently \$316 per month.

Income (250% FPL): \$2,258 a month single
\$3,038 a month couple

Resources: \$4,000 single
\$6,000 couple

Federally Required.

MEDICAID INSURANCE
FOR WORKERS WITH
DISABILITIES

Disabled clients who are eligible for Medicaid but for their earnings, they are disabled trying to work but need to keep their Medicaid coverage to enable them to work. They are eligible without paying a premium to 200% FPL, between 200% FPL and 250% FPL they must pay a premium.

Income (250% FPL): \$2,258 a month single
\$3,038 a month couple

Resources: \$4,000 single
\$6,000 couple

Federal Option, State Law requires (68-915).

1619b CLIENTS

Former SSI and State Supplement clients that are working, who exhaust their trial work period but have earnings below the average State expenditures for a disabled client in Medicaid, SSI, State Supplement and Block Grant payments, currently \$33,015. As long as SSI carries them in a 1619b status the State continues Medicaid.

Federally Required.

BREAST AND CERVICAL
CLIENTS

Women screened for breast or cervical cancer by the Every Women Matters Program and found to need treatment. Women are below 225% FPL using EWM criteria. Federal Option, required by State Law (68-915).

KATIE BECKETT

Medicaid State plan amendment for children under 18 who would require institutional services. We do not hold parents financially eligible for their children eligible under this provision. The income and resource test is dependent upon the client's living arrangement.

Federal Option

SPOUSAL IMPOVERISHMENT

Process whereby more resources are retained and more income is allocated to the community spouse when one member of a married couple is institutionalized. The value of the couple's resources is determined the first month of one's institutionalization to determine the spousal shares. At approximately \$219,120 resources are reserved 50-50 between the couple. Beyond this level, all resources in excess of \$219,120 are considered belonging to the nursing home spouse. If the couple has resources at or below \$21,912 they are considered all reserved to the community spouse. If the community spouse does not have income equal to 150% FPL for two (\$1,823 a month), income is allocated from nursing home spouse to the community spouse up to that level.

Federally Required.

EMERGENCY MEDICAL FOR
ALIENS

An emergency medical condition is defined as a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity where the absence of immediate medical attention could reasonably be expected to result in:

1. Serious jeopardy to the patient's health;
2. Serious impairment of a bodily function; or
3. Serious dysfunction of any body organ or part.

The State Review Team (SRT) makes the determination that the client has an emergency medical condition. The client must meet all eligibility criteria except citizenship or qualified alien status. Income and resource vary depending on the category of eligibility.

Federally Required