

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No. 0938-

State/Territory: Nebraska

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation

2.1 Application, Determination of Eligibility and Furnishing Medicaid

42 CFR
Part 435,
Subpart J

(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. MS-91-24

Supersedes

Approval Date Jan 20 1992

Effective Date Nov 1 1991

TN No. MS-75-9

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPP) OMB No. 0938-
August 1991

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 <u>Attachment 2.6-A</u> . |
| 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. <u>Attachment 2.6-A</u> 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. <u>Attachment 2.6-A</u> specifies the requirements for determination of eligibility for this group. |
| 42 CFR
438.6 | (c) | <p>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):</p> <p><input type="checkbox"/> Qualified under Title XIII 1310 of the Public Health Service Act.</p> <p><input checked="" type="checkbox"/> A Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2.</p> <p><input type="checkbox"/> A Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2.</p> <p><input type="checkbox"/> A Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2.</p> <p><input type="checkbox"/> Not applicable.</p> |

TN No. MS-03-12
Supersedes

Approval Date Nov 6 2003

Effective Date Aug 13 2003

TN No. MS-91-24

substitute per letter dated 12/18/91

11a

Revision: HCFA-PM-91-6
September 1991

(MB)

OMB No.:

State/Territory: Nebraska

Citation

1902(a)(55)
of the Act

2.1 (d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

Note: Applications may be taken for all eligibility groups.

TN No. MS-91-22

Supersedes

Approval Date Dec 20 1991

Effective Date July 1 1991

TN No. New Page

HCFA ID: 7982E

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No. 0938

State/Territory: Nebraska

Citation

2.2 Coverage and Conditions of Eligibility

42 CFR
435.10

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(1) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. MS-91-24

Supersedes

Approval Date Jan 20 1992

Effective Date Nov 1 1991

TN No. MS-87-11

HCFA ID: 7982E

Revision: HCFA-PM-87-4
March 1987

(BERC)

OMB No. 0938-0193

State/Territory: Nebraska

Citation

2.3 Residence

435.10 and
435.403, and
1902(b) of the
Act, P.L. 99-
272 (Section
9529)and
P.L. 99-509
(Section 9405)

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

TN No. MS-87-11

Supersedes

Approval Date Aug 6 1987

Effective Date Apr 1 1987

TN No. MS-86-25

Revision: HCFA-PM-87-4
March 1987

(BERC)

OMB No. 0938-0193

State/Territory: Nebraska

Citation

2.4 Blindness

42 CFR
435.530(b)
42 CFR
435.531
AT-78-90
AT-79-29

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

TN No. MS-87-11

Supersedes

Approval Date Aug 6 1987

Effective Date Apr 1 1987

TN No. MS-75-7

HCFA ID: 1006P/0010P

Revision: HCFA-PM-91-
September 1991

(BPD)

OMB No. 0938-

State/Territory: Nebraska

Citation

2.5 Disability

42 CFR
435.121,
435.540(b)
435.541

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of ATTACHMENT 2.2-A of this plan.

TN No. MS-92-1

Supersedes

Approval Date Apr 10 1992

Effective Date Nov 1 1991

TN No. MS-91-24

Revision: HCFA-PM-92-1 (BPP)
February 1992

State/Territory: Nebraska

Citation

2.6 Financial Eligibility

42 CFR
435.10 and
Subparts G & H
1902(a)(10)(A)(i)
(III), (IV), (V),
(VI), and (VII),
1902(a)(10)(A)(ii)
(IX), 1902(a)(10)
(A)(ii)(X), 1902
(a)(10)(C),
1902(f), 1902(1)
and (m),
1905(p) and (s),
1902(r)(2),
and 1920

(a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6- A.

Revision: HCFA-PM-86-20 (BERC)
September 1986

OMB-No. 0938-0193

State/Territory: Nebraska

Citation

2.7 Medicaid Furnished Out of State

431.52 and
1902(b) of
the Act, P.L.
99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN No. MS-86-25

Supersedes

Approval Date Jan 7 1987

Effective Date Oct 1 1986

TN No. MS-82-14

HCFA ID: 0053C/0061E