

Medicaid Program Standards and Tools for Presumptive Eligibility

Income Maximums by Eligibility Category							Former Foster Care
HH SIZE	58% FPL Parent/Caretaker Relatives	133% FPL Children ages 6-18	145% FPL Children ages 1-5	162% FPL Newborns to age 1	194% FPL Pregnant Women	133% FPL Heritage Health Adult	Individuals in this category were in foster care and were receiving Medicaid when they aged out of the foster care system. There is no income test for this group. These individuals must: 1. Be over age 18 and under age 26. 2. Have been active in Medicaid at the time they aged out in Nebraska. 3. Have been in foster care under Nebraska responsibility. 4. NOT be eligible for or enrolled in Medicaid coverage through another Eligibility group.
1	623	1,429	1,558	1,740	2,083	1,429	
2	843	1,932	2,106	2,353	2,817	1,932	
3	1,062	2,434	2,654	2,965	3,551	2,434	
4	1,282	2,938	3,204	3,579	4,286	2,938	
5	1,501	3,441	3,752	4,191	5,019	3,441	
6	1,720	3,944	4,300	4,804	5,753	3,944	
7	1,940	4,448	4,849	5,418	6,488	4,448	
8	2,159	4,951	5,397	6,030	7,221	4,951	
9	2,378	5,453	5,945	6,642	7,954	5,453	
10	2,598	5,958	6,495	7,256	8,690	5,958	

******Pregnant women are eligible for ambulatory care only******

Categories of Eligibility	Frequency Limitations	Presumptive Eligibility Timeline
Child (indicate age group) Parent or Caretaker Relative Pregnant Woman Breast and Cervical Cancer Former Foster Care Heritage Health Adult	1. Presumptive eligibility is limited to no more than one period within two calendar years per person. 2. Pregnant women may be determined eligible only ONCE per pregnancy.	Presumptive Eligibility continues to the last day of the month following the month in which the person was determined eligible, or until the Medicaid application is processed.

Eligible Non-Citizens	Considerations for Parent/Caretaker Medicaid
<p>Qualified non-citizen: Individual admitted as lawful permanent resident (LPR) and has resided in the USA for at least five calendar years from the date of entry OR can be credited with 40 qualifying work quarters.</p> <p>*Pregnant women and children are exempt from the five year bar.</p> <p>(See training manual for other eligible aliens.)</p> <p>*NOTE: Pregnant women without legal immigration status may qualify for the 599 CHIP program, however they cannot qualify for presumptive eligibility.</p>	1. Dependent child: Child from birth to age 17 or who is 18 and a full time student in secondary school, if before age 19 the child is expected to complete school. <p style="text-align: center;">When Approving PE, Don't forget:</p> 1. Check current eligibility via the NMES line: 1-800-642-6092 2. The form MUST be submitted within 5 business days or it is not valid and PE will not be opened. 3. Please complete the form in it's entirety. This helps the Department determine eligibility for the client.

<p>Hospital Presumptive Eligibility Email Address: DHHS.MedicaidPE@nebraska.gov</p>	<p style="text-align: center;">To Apply for Nebraska Medicaid:</p> <p style="text-align: center;">Online: Healthcare.gov ACCESSNebraska.ne.gov</p> <p style="text-align: center;">Paper: Nebraska MLTC 53 Federal paper application</p> <p style="text-align: center;">Phone: Contact ACCESS Nebraska to complete a phone application In person: at a local office</p>	<p style="text-align: center;">ACCESS Nebraska Phone Numbers</p> Lincoln: 402-473-7000 Omaha: 402-595-1178 Statewide: 1-855-632-7633 TTY: 402-471-7256 Fax: 402-471-9209 <p style="text-align: center;">Customer Service Hours for Medicaid</p> 8:00am - 5:00pm Mon-Fri Closed weekends as well as Federal and State Holidays.
<p style="text-align: center;">Reminders:</p> 1. The Presumptive Eligibility form is NOT a valid Medicaid applicaion. 2. Presumptive Eligibility can end without notice if the agency determines you are ineligible for Medicaid 3. ONLY persons identified on Section 4 of the presumptive form are covered under the presumptive eligibility. 4. Pregnancy only providers may not approve presumptive eligibility for any other categories.		