

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03

MEDICALLY HANDICAPPED CHILDREN'S PROGRAM INCOME GUIDELINES

Persons in Household	Monthly Income (185% of the Federal Poverty Line)	Annual Household Income
1	\$2,380	\$28,561
2	\$3,232	\$38,782
3	\$4,082	\$48,979
4	\$4,930	\$59,163
5	\$5,782	\$69,384
6	\$6,632	\$79,581
7	\$7,481	\$89,778
8	\$8,332	\$99,987
9	\$9,182	\$110,183
10	\$10,032	\$120,380

Financial Deductions

The following are eligible deductions from countable income in the determination of program eligibility.

- A. Insurance Premiums
 - i. Health
 - ii. Dental
 - iii. Vision
- B. Family medical expenses
 - i. Expenses for the entire family paid, including medical insurance premiums, within the 12 months preceding the date of application.
- C. Child Support Paid
- D. Spousal Support or Alimony Paid
- E. Child Care costs

- i. Costs specific to child care that are necessary for employment and/or education if both parents are employed or receiving education or if one parent is unavailable to care for the child due to absence or incapacity.
- F. Educational expenses for family members. Educational expenses for students pursuing second undergraduate degrees and certificates are excluded.
 - i. Tuition
 - ii. Books

Resource Limits

There are no resource limits for these programs.

Financial Margin

The financial margin is the recipient's responsibility and must be paid annually, after any third party, on the recipient's specialized health care before the Department makes any payments. A financial margin must be calculated if the family's income minus deductions exceeds the income requirement. The financial margin is 25 percent of the amount which exceeds the income requirements minus the financial margin deductions.

Financial Margin Deductions

- A. Unpaid medical bills for the applicant or recipient, not included in the previous year's medical allowance.
- B. Projected travel and lodging costs using state employee rates for specialized medical care; and
- C. Projected costs of child care for siblings while the client is hospitalized or receiving medical services.

Notices From Department

A notice is sent to applicants and recipients in the following instances:

- A. An applicant is determined eligible or ineligible for the program;
- B. A recipient is determined eligible or ineligible at the time of redetermination; or
- C. Services are reduced or terminated.

A notice of case action is dated and mailed at least ten (10) calendar days before the date the action becomes effective. A timely notice must be issued if program services are to be reduced or terminated before the current authorization period ends.