

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

Medicaid Income Levels, Federal Poverty Levels, and Resources

Income levels/Federal Poverty Levels and Resources

Program Standards, Federal Poverty Levels, and Maximum Income (Unless otherwise noted figures are effective 1/1/2024)

Figures listed are representative of dollar amounts

Income Limits for MAGI Based Programs and Transitional Medical Assistance

F P L	23%	51%	58%	194%	185%	133%	162%	145%	133%	197%	213%
HH SIZE	SAGA	FORMER WARD/ IMD	PARENT/ CARETAKE R RELATIVE	PREGNANT WOMEN	TMA	Heritage Health Adult (HHA)	NEWBORN TO AGE 1	CHILDREN AGES 1-5	CHILDREN AGES 6-18	599 CHIP	CHIP
1	289	641	728	2,435	2,322	1,670	2,034	1,820	1,670	2,473	2,674
2	392	870	989	3,306	3,153	2,267	2,761	2,470	2,267	3,357	3,630
3	495	1,098	1,249	4,175	3,982	2,863	3,487	3,121	2,863	4,240	4,584
4	598	1,326	1,508	5,044	4,810	3,458	4,212	3,770	3,458	5,122	5,538
5	702	1,555	1,769	5,916	5,641	4,056	4,940	4,422	4,056	6,007	6,495
6	805	1,784	2,029	6,785	6,470	4,652	5,666	5,071	4,652	6,890	7,449
7	908	2,012	2,289	7,654	7,299	5,247	6,391	5,721	5,247	7,772	8,403
8	1,011	2,241	2,549	8,525	8,129	5,845	7,119	6,372	5,845	8,657	9,360
9	1,114	2,470	2,809	9,394	8,958	6,440	7,845	7,021	6,440	9,539	10,314
10	1,217	2,698	3,069	10,263	9,787	7,036	8,570	7,671	7,036	10,422	11,268

Resource and Income Limits for Aged, Blind and Disabled Programs

MIWD and MIWD with Premium Income Limits

FPL	200%	250%
MI	MIWD	MIWD PREMIUM
1	2,510	3,138
2	3,407	4,260

Medically Needy, ABD/OMB, MSP/QMB, and ABD/QMB Income Limits

FPL	-	100%
HH SIZE	MNIL MA	ABD/OMB MSP/QMB
1	392	1,255
2	392	1,704
3	492	2,152
4	584	2,600
5	675	3,049
6	775	3,497
7	867	3,945
8	967	4,394
9	1,059	4,842
10	1,150	5,290
	+91	

SLMB and QI-1 Income Limits

FPL	120%	135%
HH SIZE	SLMB	QI-1
1	1,506	1,695
2	2,045	2,301

Eligibility for the payment of the Part B by the State for QMB is effective the first of the month following the month that initial eligibility determination is processed. For example, if you determine an individual meets all eligibility requirements for QMB status on August 15th, the effective date of eligibility for payment of premiums, deductibles, and co-insurance is September 1. However, in no case are benefits effective prior to January 1, 1989, which is the effective date of this provision. Retroactive eligibility is precluded under this provision.

QI's cannot be otherwise eligible for any other Medicaid category. The individual must choose either medically needy/SOC or QI. Retroactive eligibility (up to 3 months prior to application) applies if:

1. The individual met all QI eligibility criteria in the retroactive period; and
2. The retroactive period is no earlier than January 1 of that calendar year.

QIs are eligible if their incomes are at least 120% of the FPL, but less than 135% of the FPL.

Resource Limits

HH SIZE	RESOURCE LIMITS	
	AABD/MA	MSP/QMB SLMB/QI-1
1	4,000	9,660
2	6,000	14,470
	Dependent Adult Child (DAC)	Maximum for Burial Trust Effective 9/1/24
1	2,000	6,507

Spousal Impoverishment

SPOUSAL IMPOVERISHMENT		
Reserved Amount (IM-73) Effective through 12/31/24	MIN	30,828
	MAX	154,140
Reserved Amount (IM-73) Effective 1/1/25	MIN	31,584
	MAX	157,920
Community Spouse 150% FPL *Effective 7/1/23 through 6/30/24 **Effective 7/1/24		2,465*
		2,555**
Excess Shelter Limit *Effective 7/1/23 through 6/30/24 **Effective 7/1/24		740*
		767**
Utility Standard *Effective through 12/31/24 **Effective 1/1/25		580*
		599**
Max Maintenance Allowance for Ineligible Spouse *Effective through 12/31/24 **Effective 1/1/25		3,854*
		3,948**

Facility Standard of Need – Effective 9/1/23

FACILITY STANDARDS		
NURSING HOME	SON	Vets Personal Needs \$90 (Excl.)
	\$75	
ASSISTED LIVING WAIVER	SON	\$839 R&B + \$75 Personal Needs
	\$914	
ASSISTED LIVING (NO WAIVER)	SON	\$392 MNIL + \$975 Remedial Care
	\$392*	

Facility Standard of Need – Effective 1/1/24

FACILITY STANDARDS		
NURSING HOME	SON	Vets Personal Needs \$90 (Excl.)
	\$75	
ASSISTED LIVING WAIVER	SON	\$868 R&B + \$75 Personal Needs
	\$943	
ASSISTED LIVING (NO WAIVER)	SON	\$392 MNIL + \$1004 Remedial Care
	\$392*	

Facility Standard of Need – Effective 1/1/25

FACILITY STANDARDS		
NURSING HOME	SON	Vets Personal Needs \$90 (Excl.)
	\$75	
ASSISTED LIVING WAIVER	SON	\$892 R&B + \$75 Personal Needs
	\$967	
ASSISTED LIVING (NO WAIVER)	SON	\$392 MNIL + \$1,028 Remedial Care
	\$1,420	

Social Security Income (SSI)

HH SIZE	SSI LEVELS			
	Federal Benefit Rate (FBR)		Referral Level	
	2024	Effective 1/1/25	2024	Effective 1/1/25
Year	2024	Effective 1/1/25	2024	Effective 1/1/25
1	943	967	963	987
2	1,415	1,450	1,435	1,470

Medicare Premium

Standard Medicare Part B Premium for 2024	Standard Medicare Part B Premium for dual eligible 2024
174.70	174.70

Standard Medicare Part B Premium Effective 1/1/25	Standard Medicare Part B Premium for dual eligible Effective 1/1/25
185.00	185.00

The premium amount for dual eligibles is assessed for those newly enrolled in part B in 2021, not receiving social security, being directly billed for Part B, having Part B paid by Medicaid, and whose modified adjusted gross income on IRS tax return from 2 years ago is below a certain amount.

Social Security can tell the exact amount the individual is responsible for. See Medicare for more information on Part B costs at: <https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html>

Other Limits

OTHER LIMITS
Shelter Allowance
281
349

Premium Charts for Medical Insurance for Workers with Disabilities (MIWD) and Transitional Medical Assistance (TMA)

MIWD Premium Payment Chart – Effective 5/1/24

HH Size - 1			
Low	High	Monthly Premium	Annual Premium
\$1,255	\$2,509	\$0	\$0
\$2,510	\$2,635	\$38	\$456
\$2,636	\$2,760	\$92	\$1,104
\$2,761	\$2,886	\$152	\$1,824
\$2,887	\$3,011	\$188	\$2,256
\$3,012	\$3,138	\$226	\$2,712

HH Size - 2

Low	High	Monthly Premium	Annual Premium
\$1,704	\$3,407	\$0	\$0
\$3,408	\$3,577	\$51	\$612
\$3,578	\$3,748	\$125	\$1,500
\$3,749	\$3,918	\$206	\$2,472
\$3,919	\$4,089	\$255	\$3,060
\$4,090	\$4,260	\$307	\$3,684

HH Size - 3

Low	High	Monthly Premium	Annual Premium
\$2,152	\$4,303	\$0	\$0
\$4,304	\$4,518	\$65	\$780
\$4,519	\$4,733	\$158	\$1,896
\$4,734	\$4,949	\$260	\$3,120
\$4,950	\$5,164	\$322	\$3,864
\$5,165	\$5,380	\$387	\$4,644

HH Size - 4

Low	High	Monthly Premium	Annual Premium
\$2,600	\$5,199	\$0	\$0
\$5,200	\$5,459	\$78	\$936
\$5,460	\$5,719	\$191	\$2,292
\$5,720	\$5,979	\$315	\$3,780
\$5,980	\$6,239	\$389	\$4,668
\$6,240	\$6,500	\$468	\$5,616

HH Size - 5

Low	High	Monthly Premium	Annual Premium
\$3,049	\$6,097	\$0	\$0
\$6,098	\$6,402	\$91	\$1,092
\$6,403	\$6,707	\$224	\$2,688
\$6,708	\$7,012	\$369	\$4,428
\$7,013	\$7,317	\$456	\$5,472
\$7,318	\$7,623	\$549	\$6,588

HH Size - 6

Low	High	Monthly Premium	Annual Premium
\$3,497	\$6,993	\$0	\$0
\$6,994	\$7,343	\$105	\$1,260
\$7,344	\$7,692	\$257	\$3,084
\$7,693	\$8,042	\$423	\$5,076
\$8,043	\$8,392	\$523	\$6,276
\$8,393	\$8,743	\$629	\$7,548

HH Size - 7

Low	High	Monthly Premium	Annual Premium
\$3,945	\$7,889	\$0	\$0
\$7,890	\$8,284	\$118	\$1,416
\$8,285	\$8,678	\$290	\$3,480
\$8,679	\$9,073	\$477	\$5,724
\$9,074	\$9,467	\$590	\$7,080
\$9,468	\$9,863	\$710	\$8,520

HH Size - 8

Low	High	Monthly Premium	Annual Premium
\$4,394	\$8,787	\$0	\$0
\$8,788	\$9,226	\$132	\$1,584
\$9,227	\$9,666	\$323	\$3,876
\$9,667	\$10,105	\$532	\$6,384
\$10,106	\$10,545	\$657	\$7,884
\$10,546	\$10,985	\$791	\$9,492

HH Size - 9

Low	High	Monthly Premium	Annual Premium
\$4,842	\$9,683	\$0	\$0
\$9,684	\$10,167	\$145	\$1,740
\$10,168	\$10,651	\$356	\$4,272
\$10,652	\$11,136	\$586	\$7,032
\$11,137	\$11,620	\$724	\$8,688
\$11,621	\$12,105	\$872	\$10,464

HH Size - 10

Low	High	Monthly Premium	Annual Premium
\$5,290	\$10,579	\$0	\$0
\$10,580	\$11,108	\$159	\$1,908
\$11,109	\$11,637	\$389	\$4,668
\$11,638	\$12,166	\$640	\$7,680
\$12,167	\$12,695	\$791	\$9,492
\$12,696	\$13,225	\$952	\$11,424

Premium Payment Process:

Medicaid Insurance for Workers with Disabilities will work much like TMA Premium Payments.

The client must pay the full premium no later than the 21st of the month following the month for which the payment is designated.

TMA Premium Payment Chart – Effective 10/1/24

FAMILY SIZE 1		
Adjusted Monthly Earned Income		Fee
\$ 1,255.01 - \$ 1,317.99		\$ 36.00
\$ 1,318.00 - \$ 1,380.99		\$ 38.00
\$ 1,381.00 - \$ 1,443.99		\$ 40.00
\$ 1,444.00 - \$ 1,505.99		\$ 42.00
\$ 1,506.00 - \$ 1,568.99		\$ 44.00
\$ 1,569.00 - \$ 1,631.99		\$ 46.00
\$ 1,632.00 - \$ 1,694.99		\$ 47.00
\$ 1,695.00 - \$ 1,756.99		\$ 49.00
\$ 1,757.00 - \$ 1,819.99		\$ 51.00
\$ 1,820.00 - \$ 1,882.99		\$ 53.00
\$ 1,883.00 - \$ 1,945.99		\$ 55.00
\$ 1,946.00 - \$ 2,007.99		\$ 56.00
\$ 2,008.00 - \$ 2,070.99		\$ 58.00
\$ 2,071.00 - \$ 2,133.99		\$ 60.00
\$ 2,134.00 - \$ 2,196.99		\$ 62.00
\$ 2,197.00 - \$ 2,258.99		\$ 64.00
\$ 2,259.00 - \$ 2,322.00		\$ 66.00

FAMILY SIZE 2		
Adjusted Monthly Earned Income		Fee
\$1,704.01 - \$1,789.99		\$ 49.00
\$1,790.00 - \$1,874.99		\$ 52.00
\$1,875.00 - \$1,959.99		\$ 54.00
\$1,960.00 - \$2,044.99		\$ 57.00
\$2,045.00 - \$2,129.99		\$ 59.00
\$2,130.00 - \$2,215.99		\$ 62.00
\$2,216.00 - \$2,300.99		\$ 64.00
\$2,301.00 - \$2,385.99		\$ 67.00
\$2,386.00 - \$2,470.99		\$ 69.00
\$2,471.00 - \$2,555.99		\$ 71.00
\$2,556.00 - \$2,641.99		\$ 74.00
\$2,642.00 - \$2,726.99		\$ 76.00
\$2,727.00 - \$2,811.99		\$ 79.00
\$2,812.00 - \$2,896.99		\$ 81.00
\$2,897.00 - \$2,981.99		\$ 84.00
\$2,982.00 - \$3,067.99		\$ 86.00
\$3,068.00 - \$3,153.00		\$ 89.00

FAMILY SIZE 3		
Adjusted Monthly Earned Income		Fee
\$2,152.01 - \$2,259.99		\$ 62.00
\$2,260.00 - \$2,367.99		\$ 65.00
\$2,368.00 - \$2,474.99		\$ 68.00
\$2,475.00 - \$2,582.99		\$ 71.00
\$2,583.00 - \$2,689.99		\$ 75.00
\$2,690.00 - \$2,797.99		\$ 78.00
\$2,798.00 - \$2,905.99		\$ 81.00
\$2,906.00 - \$3,012.99		\$ 84.00
\$3,013.00 - \$3,120.99		\$ 87.00
\$3,121.00 - \$3,227.99		\$ 90.00
\$3,228.00 - \$3,335.99		\$ 93.00
\$3,336.00 - \$3,443.99		\$ 96.00
\$3,444.00 - \$3,550.99		\$ 99.00
\$3,551.00 - \$3,658.99		\$ 103.00
\$3,659.00 - \$3,765.99		\$ 106.00
\$3,766.00 - \$3,873.99		\$ 109.00
\$3,874.00 - \$3,982.00		\$ 112.00

FAMILY SIZE 4		
Adjusted Monthly Earned Income		Fee
\$2,600.01 - \$2,729.99		\$ 75.00
\$2,730.00 - \$2,859.99		\$ 79.00
\$2,860.00 - \$2,989.99		\$ 83.00
\$2,990.00 - \$3,119.99		\$ 86.00
\$3,120.00 - \$3,249.99		\$ 90.00
\$3,250.00 - \$3,379.99		\$ 94.00
\$3,380.00 - \$3,509.99		\$ 98.00
\$3,510.00 - \$3,639.99		\$ 101.00
\$3,640.00 - \$3,769.99		\$ 105.00
\$3,770.00 - \$3,899.99		\$ 109.00
\$3,900.00 - \$4,029.99		\$ 113.00
\$4,030.00 - \$4,159.99		\$ 116.00
\$4,160.00 - \$4,289.99		\$ 120.00
\$4,290.00 - \$4,419.99		\$ 124.00
\$4,420.00 - \$4,549.99		\$ 128.00
\$4,550.00 - \$4,679.99		\$ 131.00
\$4,680.00 - \$4,810.00		\$ 135.00

FAMILY SIZE 5		
Adjusted Monthly Earned Income		Fee
\$ 3,049.01 - \$ 3,201.99		\$ 88.00
\$ 3,202.00 - \$ 3,353.99		\$ 92.00
\$ 3,354.00 - \$ 3,506.99		\$ 97.00
\$ 3,507.00 - \$ 3,658.99		\$ 101.00
\$ 3,659.00 - \$ 3,811.99		\$ 105.00
\$ 3,812.00 - \$ 3,963.99		\$ 110.00
\$ 3,964.00 - \$ 4,116.99		\$ 114.00
\$ 4,117.00 - \$ 4,268.99		\$ 119.00
\$ 4,269.00 - \$ 4,421.99		\$ 123.00
\$ 4,422.00 - \$ 4,573.99		\$ 127.00
\$ 4,574.00 - \$ 4,725.99		\$ 132.00
\$ 4,726.00 - \$ 4,878.99		\$ 136.00
\$ 4,879.00 - \$ 5,030.99		\$ 141.00
\$ 5,031.00 - \$ 5,183.99		\$ 145.00
\$ 5,184.00 - \$ 5,335.99		\$ 149.00
\$ 5,336.00 - \$ 5,488.99		\$ 154.00
\$ 5,489.00 - \$ 5,641.00		\$ 158.00

FAMILY SIZE 6		
Adjusted Monthly Earned Income		Fee
\$3,497.01 - \$3,671.99		\$ 101.00
\$3,672.00 - \$3,846.99		\$ 106.00
\$3,847.00 - \$4,021.99		\$ 111.00
\$4,022.00 - \$4,196.99		\$ 116.00
\$4,197.00 - \$4,371.99		\$ 121.00
\$4,372.00 - \$4,546.99		\$ 126.00
\$4,547.00 - \$4,720.99		\$ 131.00
\$4,721.00 - \$4,895.99		\$ 136.00
\$4,896.00 - \$5,070.99		\$ 141.00
\$5,071.00 - \$5,245.99		\$ 146.00
\$5,246.00 - \$5,420.99		\$ 151.00
\$5,421.00 - \$5,595.99		\$ 156.00
\$5,596.00 - \$5,770.99		\$ 161.00
\$5,771.00 - \$5,944.99		\$ 166.00
\$5,945.00 - \$6,119.99		\$ 171.00
\$6,120.00 - \$6,294.99		\$ 176.00
\$6,295.00 - \$6,470.00		\$ 181.00

FAMILY SIZE 7		
Adjusted Monthly Earned Income		Fee
\$3,945.01 - \$4,142.99		\$ 114.00
\$4,143.00 - \$4,339.99		\$ 119.00
\$4,340.00 - \$4,536.99		\$ 125.00
\$4,537.00 - \$4,733.99		\$ 131.00
\$4,734.00 - \$4,931.99		\$ 136.00
\$4,932.00 - \$5,128.99		\$ 142.00
\$5,129.00 - \$5,325.99		\$ 148.00
\$5,326.00 - \$5,522.99		\$ 153.00
\$5,523.00 - \$5,720.99		\$ 159.00
\$5,721.00 - \$5,917.99		\$ 165.00
\$5,918.00 - \$6,114.99		\$ 170.00
\$6,115.00 - \$6,311.99		\$ 176.00
\$6,312.00 - \$6,509.99		\$ 182.00
\$6,510.00 - \$6,706.99		\$ 187.00
\$6,707.00 - \$6,903.99		\$ 193.00
\$6,904.00 - \$7,100.99		\$ 199.00
\$7,101.00 - \$7,299.00		\$ 204.00

FAMILY SIZE 8 +		
Adjusted Monthly Earned Income		Fee
\$4,394.01 - \$4,613.99		\$ 126.00
\$4,614.00 - \$4,833.99		\$ 133.00
\$4,834.00 - \$5,053.99		\$ 139.00
\$5,054.00 - \$5,272.99		\$ 145.00
\$5,273.00 - \$5,492.99		\$ 152.00
\$5,493.00 - \$5,712.99		\$ 158.00
\$5,713.00 - \$5,931.99		\$ 164.00
\$5,932.00 - \$6,151.99		\$ 171.00
\$6,152.00 - \$6,371.99		\$ 177.00
\$6,372.00 - \$6,590.99		\$ 183.00
\$6,591.00 - \$6,810.99		\$ 190.00
\$6,811.00 - \$7,030.99		\$ 196.00
\$7,031.00 - \$7,250.99		\$ 202.00
\$7,251.00 - \$7,469.99		\$ 209.00
\$7,470.00 - \$7,689.99		\$ 215.00
\$7,690.00 - \$7,909.99		\$ 221.00
\$7,910.00 - \$8,129.00		\$ 228.00