

State Name: Nebraska	OMB Control Number: 0938-114
Transmittal Number: NE - 15 - 0009	Expiration date: 10/31/201
Eligibility Groups - Mandatory Coverage	S2:
Parents and Other Caretaker Relatives	52.
42 CFR 435.110 1902(a)(10)(A)(i)(I) 1931(b) and (d)	
Parents and Other Caretaker Relatives - Parents below a standard established by the state.	and other caretaker relatives of dependent children with household income at or
✓ The state attests that it operates this eligibility g	roup in accordance with the following provisions:
■ Individuals qualifying under this eligibility	group must meet the following criteria:
Are parents or other caretaker relative (defined at 42 CFR 435.4) under age	s (defined at 42 CFR 435.4), including pregnant women, of dependent children 8. Spouses of parents and other caretaker relatives are also included.
The state elects the following options:	
	ividuals who are parents or other caretakers of children who are 18 years old, students in a secondary school or the equivalent level of vocational or
Options relating to the definition of	of caretaker relative (select any that apply):
The definition of caretaker rel even after the partnership is to	ative includes the domestic partner of the parent or other caretaker relative, rminated.
Definition of domestic partner:	
The definition of caretaker rel half-blood), adoption or marri	ative includes other relatives of the child based on blood (including those of age.
-	aretaker/relatives whom have a court ordered guardianship or onservatorship.
The definition of caretaker rel primary responsibility for the	ative includes any adult with whom the child is living and who assumes dependent child's care.
Options relating to the definition of	of dependent child (select the one that applies):
■ Have household income at or below the	ne standard established by the state.
MAGI-based income methodologies are us Based Income Methodologies, completed	sed in calculating household income. Please refer as necessary to S10 MAGI- by the state.
■ Income standard used for this group	

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Minimum income standard
The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988,
converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards
The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.
An attachment is submitted.
Maximum income standard
The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.
An attachment is submitted.
The state's maximum income standard for this eligibility group is:
The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
Enter the amount of the maximum income standard:
A percentage of the federal poverty level:%
The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
Other dollar amount
Income Standard Entry - Dollar Amount - Automatic Increase Option S13a
The standard is as follows:

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	 Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way Enter the statewide standard						
	Household size Standard (\$) Additional incremental amount Yes No 1 604						
	+ 2 754 X Increment amount \$ 149						
	+ 3 904 X						
	+ 4 1,053 X						
	+ 5 1,202 + 6 1,351						
	+ 7 1,503 X						
	The dollar amounts increase automatically each year • Yes • No The basis of the increase is • CPI-U						
	Other basis Name: The annual increase occurs in the month and day indicated:						
	Every Month: July Day: 1						
Indi	ome standard chosen: icate the state's income standard used for this eligibility group: The minimum income standard						
	The maximum income standard						
\bigcirc	The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.						
•	Another income standard in-between the minimum and maximum standards allowed						

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C The s	state's <i>A</i> lard. Th	AFDC payment stand ne standard is describ	lard in effect as o ped in S14 AFDC	FJuly 16, 1996, not converted to a MAGI-equivalent Income Standards.	
The state's TANF payment standard, not converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.					
The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.					
The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.					
Othe	r incom	ne standard in-betwee	en the minimum a	nd the maximum standards allowed.	
The	amoun	t of the income stand	lard for this eligib	ility group is:	
	A perce	entage of the federal	poverty level:	%	
	_	ur amount			
			- Dollar Amou	nt - Automatic Increase Option S13a	
		•	- Donai Amot	Tratomatic increase option	
		rd is as follows:			
		ewide standard idard varies by region	n		
		idard varies by legion			
		idard varies by fiving	_		
	Enter t	he statewide standar	d		
		Household size	Standard (\$)	Additional incremental amount	
	+	1	569	● Yes ○ No	
	_	2	504	Increment amount \$ [133	
	-	2			
	+	3	841		
	+	4	976		
	+	5	1,112		
	+	6	1,247		
	+	7	1,383		

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The dollar amounts increase automatically each year			
● Yes ○ No			
The basis of the increase is			
Other basis Name:			
The annual increase occurs in the month and day indicated:			
Every Month: July Day: 1			
There is no resource test for this eligibility group.			
■ Presumptive Eligibility			
The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assure it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.			
○ Yes No			

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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