Revision:	HCFA- August	PM-91-4 t 1991	(BPD)	OMB No. 0938-			
State/Territory: <u>Nebraska</u>							
SECTION 2 – COVERAGE AND ELIGIBILITY							
<b>Citation</b>							
	2.1	Application. De	termination of Eligibility a	nd Furnishing Medicaid			

	2.1	Application, Determination of Englobility and Furnishing Medicald		
42 CFR Part 435, Subpart J		<ul> <li>(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.</li> </ul>		

Approval Date Jan 20 1992

Effective Date <u>Nov 1 1991</u> HCFA ID: 7982E

TN No. <u>MS-75-9</u>

Revision:	HCFA-PM-91-4 August 1991	4 (BPP)	OMB No. 0938-				
State/Territory:	<u>Nebraska</u>	Nebraska					
<u>Citation</u>							
42 CFR 435.914 1902(a) (34) of the Act	2.1 (b) (1)	are entitled to Medicai months preceding the application would have	n items 2.1(b)(2) and (3) below, individuals d services under the plan during the three month of application, if they were, or on ve been, eligible. The effective date of active eligibility is specified in				
1902(e)(8) and 1905(a) of the Act	(2)	expenses as qualified 1902(a)(10)(E)(i) of the furnished after the en- first determined to be	re eligible for Medicare cost- sharing I Medicare beneficiaries under section he Act, coverage is available for services d of the month which the individual is a qualified Medicare beneficiary. ecifies the requirements for determination bup.				
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)	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):					
		Qualified under Service Act.	Title XIII 1310 of the Public Health				
			e Organization that meets the definition of Act and 42 CFR 438.2.				
		A Prepaid Inpati 42 CFR 438.2.	ent Health Plan that meets the definition of				
		A Prepaid Ambu 42 CFR 438.2.	latory Health Plan that meets the definition of				
		Not applica	able.				

TN No. <u>MS-03-12</u> Supersedes

Approval Date Nov 6 2003

Effective Date Aug 13 2003

TN No. <u>MS-91-24</u>

substitute per letter dated 12/18/91

Revision:		-PM-91-6 mber 199		(MB)		OMB No.:
State/Territory:	Nebraska					
<b>Citation</b>						
1902(a)(55) of the Act	2.1	(d)	applic proces pregna descri (a)(10 other includ Such excep	ations, assis ssing of appl ant women, i bed is §1902 )(A)(i)(VII), a than those u ing FQHCs a application fo t as permitte	t applicants, ications fron nfants, and 2(a)(10)(A)(i) nd (a)(10)(A sed by the ti and disprope orms do not d by HCFA	cedures to take and perform initial n those low income children under age 19, )(IV), (a)(10) (A)(i) (VI), A)(ii)(IX) at locations itle IV-A program ortionate share hospitals. include the ADFC form instructions.

groups.

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TN No. <u>MS-91-22</u> Supersedes

Approval Date Dec 20 1991

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