

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	A. <u>General Conditions of Eligibility</u>
	Each individual covered under the plan:
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the "applicable non-financial eligibility conditions." a. For the categorically needy: (i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program. (ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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Citation(s)	Condition or Requirement
1905(p) of the Act	<ul style="list-style-type: none"> b. For the medically needy, meets the non-financial eligibility Conditions of 42 CFR Part 435. c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(I) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	<ul style="list-style-type: none"> d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, Meets the non-financial criteria of section 1905(a).
1905(p)(3)(A)(ii) of the Act	<ul style="list-style-type: none"> e. For financially eligible specified low income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, meets the non-financial criteria under 1905(p)(3)(A)(ii) of the Act.
42 CR 435.406	<ul style="list-style-type: none"> 3. Is residing in the United States and-- <ul style="list-style-type: none"> a. Is a citizen or national of the United States; b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended; c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;

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	<p>e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.</p> <p><input checked="" type="checkbox"/> State covers all authorized QAs. <input type="checkbox"/> State does not cover authorized QAs.</p>
	<p>f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:</p> <p>(1) A qualified alien as defined in section 431 of PRWORA (8 U.S.C. §1641);</p> <p>(2) An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission;</p> <p>(3) An alien who has been paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. §1182(d)(5)) for less than 1 year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings;</p> <p>(4) An alien who belongs to one of the following classes:</p> <p>(i) Aliens currently in temporary resident status pursuant to section 210 or 245A of the INA (8 U.S.C. §§1160 or 1255a, respectively);</p> <p>(ii) Aliens currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 U.S.C. § 1254a), and pending applicants for TPS who have been granted employment authorization;</p> <p>(iii) Aliens who have been granted employment authorization under 8 CFR 274a.12(c)(9), (10), (16), (18), (20), (22), or (24);</p>

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Citation(s)	Condition or Requirement
	(iv) Family Unity beneficiaries pursuant to section 301 of Pub. L. 101-649, as amended;
	(v) Aliens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;
	(vi) Aliens currently in deferred action status; or
	(vii) Aliens whose visa petition has been approved and who have a pending application for adjustment of status;
	(5) A pending applicant for asylum under section 208(a) of the INA (8 U.S.C. § 1158) or for withholding of removal under section 241(b)(3) of the NA (8 U.S.C. § 1231) or under the Convention Against Torture who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days;
	(6) An alien who has been granted withholding of removal under the Convention Against Torture;
	(7) A child who has a pending application for Special Immigrant Juvenile status as described in section 101(a)(27)(J) of the INA (8 U.S.C. § 1101(a)(27)(J));
	(8) An alien who is lawfully present in the Commonwealth of the Northern Mariana Islands under 48 U.S.C. § 1806(e); or
	(9) An alien who is lawfully present in American Samoa under the immigration laws of American Samoa.
	<input checked="" type="checkbox"/> Elected for pregnant women.
	<input checked="" type="checkbox"/> Elected for children under age <u>19</u> .

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Citation(s)	Condition or Requirement
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- g. The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

42 CFR 435.403
1902(b) of the
Act

4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
- State has interstate residency agreement with the following States:
- State has open agreement(s).
- Not applicable; no residency requirement.

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Citation(s)	Condition or Requirement
435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
433.145 435.604 1912 of the Act	6. Is required, as a condition of eligibility, to assign rights to medical support and to payments for medical care from any third party, to cooperate in obtaining such support and payments, and to cooperate in identifying and providing information to assist in pursuing any liable third party. The assignment of rights obtained from an applicant or recipient is effective only for services that are reimbursed by Medicaid. The requirements of 42 CFR 433.146 through 433.148 are met. An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(l)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

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Citation(s)

Condition or Requirement

(6. continued)

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number); except for aliens seeking medical assistance for the treatment of an emergency medical condition under Section 1903(v)(2) of the Act.

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Citation(s)	Condition or Requirement
1902(c)(2) the	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman; to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.) 10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

State: Nebraska

Citation	Condition or Requirement
B. <u>Posteligibility Treatment of Institutionalized Individuals' Incomes</u>	
1. The following items are not considered in the posteligibility process:	
1902(o) of the Act	a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.
Bondi v. Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent orange product liability litigation, M.D.L. No.381 (E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.
12005 of P. L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

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State: Nebraska

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$75 Couples \$150</p> <p>For the following persons with greater need:</p> <ul style="list-style-type: none">Individuals with a guardian or conservatorIndividuals in an ICF-MR (ICF-ID) who participate in a sheltered workshop <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$60 Adults \$60</p> <p>For the following persons with greater need:</p> <ul style="list-style-type: none">Individuals with a guardian or conservatorIndividuals in an ICF-MR (ICF-ID) who participate in a sheltered workshop <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2-A</u>. \$ N/A</p>

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TN No. NE 15-0007

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State: Nebraska

Citation	Condition or Requirement
	<p>For the following persons with greater need:</p> <ul style="list-style-type: none">▪ Individuals with a guardian or conservator▪ Individuals in an ICF-MR (ICF-ID) who participate in a sheltered workshop <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p>
1924 of the Act	<p>3. In addition to the amounts under item 2, the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</p> <p>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in § 1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.</p> <p><input checked="" type="checkbox"/> The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.</p> <p><input type="checkbox"/> The poverty level component is calculated using a percentage greater than the applicable percentage, equal to ___%, of the official poverty level (still subject to maximum maintenance needs standard).</p> <p><input type="checkbox"/> The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).</p> <p>Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.</p>

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Citation	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <p><input checked="" type="checkbox"/> the standard utility allowance under §5(e) of the Food Stamp Act of 1977 or</p> <p><input type="checkbox"/> the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</p> <p>b. The monthly income allowance for other dependent family members living with the community spouse is:</p> <p><input checked="" type="checkbox"/> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B)) exceeds the dependent family member's monthly income.</p> <p><input type="checkbox"/> a greater amount calculated as follows:</p> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):</p> <p>c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p>

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State: Nebraska

Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple.</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none">o AFDC level oro Medically needy level: <p>(Check one)</p> <p><input type="checkbox"/> AFDC level in Supplement 1</p> <p><input checked="" type="checkbox"/> Medically needy level in Supplement 1</p> <p><input type="checkbox"/> Other: \$</p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <ul style="list-style-type: none">(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input type="checkbox"/> No.</p> <p><input checked="" type="checkbox"/> Yes (the applicable amount is shown on page 5a.)</p>

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Citation	Condition or Requirement
<input type="checkbox"/>	Amount for maintenance of home is: \$_____.
<input checked="" type="checkbox"/>	Amount for maintenance of home is the actual maintenance costs not to exceed \$281.
<input type="checkbox"/>	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual's home and the community spouse's home are different.
<input checked="" type="checkbox"/>	Amount for maintenance of home is not deductible when countable income is determined under §1924(d)(1) of the Act.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p data-bbox="586 583 889 619">C. <u>Financial Eligibility</u></p> <p data-bbox="651 646 1474 877">For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p data-bbox="651 919 1425 1052">For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p data-bbox="651 1087 1474 1417"><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</p>

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Citation(s)	Condition or Requirement
<input type="checkbox"/>	<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
<input type="checkbox"/>	<u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
<input type="checkbox"/>	<u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
<input type="checkbox"/>	<u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
<input checked="" type="checkbox"/>	<u>Supplement 8a to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
<input checked="" type="checkbox"/>	<u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	1. <u>Methods of Determining Income</u> a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children) (1) In determining countable income for AFDC-related individuals, the following methods are used: <input checked="" type="checkbox"/> (a) The methods under the approved AFDC plan only; or <input type="checkbox"/> (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to Attachment 2.6-A</u> . (2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) the Act	(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. <u>Aged individuals</u> . In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods used: <input type="checkbox"/> The methods of the SSI program only. <input checked="" type="checkbox"/> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .

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	<p><input type="checkbox"/> For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>; and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p><input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(5) of the Act.</p> <p><input type="checkbox"/> For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to Attachment 2.6-A</u>.</p> <p><input checked="" type="checkbox"/> For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--</p> <p><input type="checkbox"/> SSI methods only.</p> <p><input checked="" type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to Attachment 2.6-A</u>.</p> <p><input type="checkbox"/> Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to Attachment 2.6-A</u>.</p> <p>In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.</p>

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Citation(s)	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1) (B), (m) (4), and 1902(r) (2). of the Act	<p>c. <u>Blind individuals</u>. In determining countable income for blind individuals, the following methods are used:</p> <ul style="list-style-type: none"><input type="checkbox"/> The methods of the SSI program only.<input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u><input type="checkbox"/> For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>, and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.<input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(5) of the Act.<input type="checkbox"/> For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>.<input checked="" type="checkbox"/> For optional .State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--<ul style="list-style-type: none"><input type="checkbox"/> SSI methods only.<input checked="" type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.<input type="checkbox"/> Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.

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Citation(s)	Condition or Requirement
42 CFR 435.721 and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<p>In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p> <p>d. <u>Disabled individuals</u>. In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:</p> <ul style="list-style-type: none"><input type="checkbox"/> The methods of the SSI program.<input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.<input checked="" type="checkbox"/> For institutional couples: the methods specified under section 1611(e)(5) of the Act.<input type="checkbox"/> For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>.<input type="checkbox"/> For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u>; and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.

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State of Nebraska

Citation(s)	Condition or Requirement
<p><input checked="" type="checkbox"/> For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements—</p> <p><input type="checkbox"/> SSI methods only.</p> <p><input checked="" type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p><input type="checkbox"/> Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p>	

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3)(E) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--</p> <p>(1) The following methods are used in countable income:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> The methods of the State's approved AFDC plan.<input type="checkbox"/> The methods of the approved title IV-E plan.<input type="checkbox"/> The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> .<input type="checkbox"/> The methods of the approved title IV-E plan ,and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

TN No. MS- 92-3

Supersedes

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TN No. MS-91-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60 th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries</u> . In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used: <input type="checkbox"/> The methods of the SSI program only. <input checked="" type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> <input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(5) of the Act.

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TN No. MS-91-24

State of Nebraska

Citation(s)	Condition or Requirement
1905(s) of the Act	<p>If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.</p> <p>For individuals with tile II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.</p> <p>For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.</p> <p>g. (1) <u>Qualified disabled and working individuals.</u></p> <p>In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.</p>
1905(p) of the Act	<p>(2) <u>Specified low-income Medicare beneficiaries.</u></p> <p>In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.</p>

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Supersedes

Approval Date Jun 18 1993

Effective Date Jan 1 1993

TN No. MS-92-3

HCFA ID: 7985E

State of Nebraska

Citation(s)	Condition or Requirement
1902(u) of the Act	<p data-bbox="711 478 1218 516">(h) <u>COBRA Continuation Beneficiaries</u></p> <p data-bbox="760 546 1474 646">In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:</p> <ul data-bbox="760 676 1445 882" style="list-style-type: none"><li data-bbox="760 676 1269 714"><input type="checkbox"/> The disregards of the SSI program;<li data-bbox="760 743 1445 882"><input type="checkbox"/> The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A <p data-bbox="711 911 1474 1083">Note: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).</p>

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State/Territory: Nebraska

Citation(s)	Groups Covered
1902(a)(10)(A) (ii)(XIII) of the Act	<p data-bbox="540 415 1143 447">(i) <u>Working Disabled Who Buy Into Medicaid</u></p> <p data-bbox="540 485 1438 579">In determining countable income and resources for Working Disabled individual who buy into Medicaid, the following methodologies are applied:</p> <ul style="list-style-type: none"> <li data-bbox="540 617 1114 648"><input type="checkbox"/> The methodologies of the SSI program. <li data-bbox="540 686 1443 814"><input type="checkbox"/> The agency uses methodologies for the treatment of income and resources more restrictive than the SSI Program. Those more restrictive methodologies are described in Supplement 4 to Attachment 2.2-A. <li data-bbox="540 852 1463 1016"><input checked="" type="checkbox"/> The agency uses more liberal income and/or resources methodologies than the SSI Program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A. <li data-bbox="540 1054 1463 1150"><input checked="" type="checkbox"/> The agency requires individuals to pay premiums or other cost sharing charges. The premium or other cost sharing charges and how they are applied are described in Attachment 2.6-A page 12d.

TN No. MS-99-6
SupersedesApproval Date Jun 6 2000Effective Date Jun 1 1999TN No. (new)

State/Territory: Nebraska

STATE PLAN UNDER TITLE XIS OF THE SOCIAL SECURITY ACT
ESTABLISHMENT AND APPLICATION OF A PREMIUM OR OTHER
COST SHARING CHARGES

Section 1902(f) State Non-Section 1902(f) State

1. A working disabled individual who receives Medicaid benefits may be subject to cost sharing. The following premium or cost sharing procedures are utilized:

- (a) The amount of the individual's cost share shall be based on a progressive rate dependent on adjusted income (any unearned income plus any earned income less any allowable disregards) in excess of 200 percent of the Federal Poverty Level. The minimum rate is 1.5 percent and the maximum rate is 7.5 percent.

Premium amounts are based on the Federal Poverty Level and dollar amounts are adjusted annually to account for Federal Poverty Level changes. The premium schedule is available on the agency's website at <https://dhhs.ne.gov/Documents/FPL%20Eligibility.pdf>.

TN No. NE 24-0016
Supersedes
TN No. MS-99-6

Approval Date July 5, 2024

Effective Date May 1, 2024

State of Nebraska

Citation(s)	Condition or Requirement
1902(k) of the Act 1917(d)	<p data-bbox="805 432 1198 464">2. Medicaid Qualifying Trusts</p> <p data-bbox="850 501 1511 932">In the case of a Medicaid qualifying trust described in 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.</p> <p data-bbox="850 970 1495 1131">The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. <u>Supplement 10 of ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p> <p data-bbox="850 1169 1479 1297">Effective October 1, 1993 the Medicaid agency complies with Section 1917 (d) of the Act as amended by the Omnibus Budget Reconciliation Act of 1993.</p>
1902(a)(10) of the Act	<p data-bbox="805 1337 1500 1398">3. Medically needy income levels (MNILs) are based on family size.</p> <p data-bbox="850 1436 1511 1600"><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.</p>

State of Nebraska

Citation(s)

Condition or Requirement

42 CFR 435.732,
435.831

4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only
 - a. Medically Needy
 - (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for period of 1 month to determine the amount of excess countable income applicable to the cost of medical care and services.
 - (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
 - (a) Health insurance premiums, deductibles and coinsurance charges.
 - (b) Expenses for necessary medical and remedial care not included in the plan.
 - (c) Expenses for necessary medical and remedial care included in the plan.
 Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

See page 14a 14b (per MS-91-29) NS

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

State of Nebraska

Citation(s)

Condition or Requirement

1903(f)(2) of
the Act

a. Medically Needy (Continued)

- (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

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State of Nebraska

Citation(s)

Condition or Requirement

Under (2)(b) above, the difference between the State Supplemental payment level for board and room and the State Supplemental payment level (consolidated standard of need) for the alternate care facilities specified below is an allowable excess income obligation when that amount is being applied towards necessary medical and remedial services. The necessity for medical and remedial services is recognized in the following types of alternate care facilities:

Licensed Domiciliary Facility

Certified Adult Family Home

Licensed Residential Care Facility

Licensed Group Home for the Mentally Retarded

Licensed Center for the Developmentally Disabled

Subsistence to obtain medical care: a limit of \$12 per day for meals is allowed for the client, and the same for an attendant if one is necessary.

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State of Nebraska

Citation(s)

Condition or Requirement

42 CFR
435.732

b. Categorically Needy - Section 1902 (f) States

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a)(17) of the
Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

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State of Nebraska

Citation(s)

Condition or Requirement

1903(f)(2) of
the Act

4.b. Categorically Needy - Section 1902(f) States
Continued

(6) Spenddown payments made to the State by
the individual.

NOTE: FFP will be reduced to the extent State is
paid spenddown payment by the individual.

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State of Nebraska

Citation(s)

Condition or Requirement

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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State of Nebraska

Citation(s)

Condition or Requirement

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B)
and (C), and
1902(r) of the Act

5. Methods for Determining Resources

b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:

The methods of the SS1 program.

SSI methods and/or anymore liberal methods described in Supplement 8b to ATTACHMENT 2.6-A

Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

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State of Nebraska

Citation(s)

Condition or Requirement

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B), and
1902(r) of the
Act

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

The methods of the SSI program.

SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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State of Nebraska

Citation(s)

Condition or Requirement

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B),
and (C), and
1902(r)(2) of
the Act

d. Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

1902(l)(3)
and 1902(r)(2)
of the Act

e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.

The agency uses the following methods in the treatment of resources.

- The methods of the SSI program only.
- The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

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State of Nebraska

Citation(s)	Condition or Requirement
	<p><input type="checkbox"/> Methods that are more liberal than those of SSI. The more liberal methods are specified in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p> <p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(l)(3) and 1902(r)(2) of the Act	<p>f. <u>Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p><input type="checkbox"/> The methods of the State's approved AFDC plan.</p> <p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(l)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p>
1902(l)(3)(C) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p>
1902(r)(2) of the Act	<p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3) and 1902(r)(2) of the Act	<p>g. 1. <u>Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resource:</p> <p><input type="checkbox"/> The methods of the State's approved AFDC plan.</p>
1902(1)(3)(C) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(l)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p>
1902(r)(2) of the Act	<p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3) and 1902(r)(2) of the Act	<p>g. 2. <u>Poverty level children under section 1902(a)(10)(A)(i)(VII)</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p><input type="checkbox"/> The methods of the State's approved AFDC plan.</p>
1902(1)(3)(C) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as specified in <u>Supplement 5a of ATTACHMENT 2.6-A</u>.</p>
1902(r)(2) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p> <p>In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>

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State of Nebraska

Citation(s)	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h. <u>For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act</u> the agency uses the following methods for treatment of resources: <input checked="" type="checkbox"/> The methods of the SSI program only. <input type="checkbox"/> The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: <input type="checkbox"/> The methods of the SSI program only. <input type="checkbox"/> More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

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State of Nebraska

Citation(s)

Condition or Requirement

1902(a)(10)(E)(iii)
of the Act

k. Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act--

The agency uses the same method as in 5.h. of Attachment 2.6-A.

6. Resource Standard - Categorically Needy

a. 1902(f) States (except as specified under items 6.c. and d. below).for aged, blind and disabled- individuals:

Same as SSI resource standards.

More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

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Supersedes

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3)(A) (B) and (C) of the Act	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply resource standard to these individuals.</p>
1902(l)(3)(A) and (C) of the Act	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the state's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>

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State of Nebraska

Citation(s)

Condition or Requirement

1902(m)(1)(C)
and (m)(2)(B)
of the Act

e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:

Same as SSI resource standards.

Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).

Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

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State of Nebraska

Citation(s)	Condition or Requirement
1902(a)(10)(C)(i) of the Act	<p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource eligibility for all groups.</p> <p><input type="checkbox"/> c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for -</p> <ul style="list-style-type: none"><input type="checkbox"/> Aged<input type="checkbox"/> Blind<input type="checkbox"/> Disabled <p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2</u> so indicates.</p>
1905(p) (1) (D) and (p) (2) (B) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals</p> <p>For qualified Medicare beneficiaries covered under Section 1902(a)(10)(E)(i) of the Act, specified low-income Medicare beneficiaries covered under Section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under Section 1902(a)(10)(E)(iv) of the Act, the resource standard is equal to the amount defined under Section 1905(p)(1)(C) of the Act.</p>
1905(s) of the Act	<p>9. Resource Standard-Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.</p>

TN No. 10-07

Supersedes

TN No. MS-93-11

Approval Date Jun 15 2010

Effective Date Jan 01 2010

State of Nebraska

Citation(s)	Condition or Requirement
1902(u) of the Act	9. 1 For COBRA continuation beneficiaries, the resource standard is: <input data-bbox="868 533 901 567" type="checkbox"/> Twice the SSI resource standard for an individual. <input data-bbox="868 632 901 665" type="checkbox"/> More restrictive standard for as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

State of Nebraska

Citation(s)

Condition or Requirement

1902(u) of the Act

10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

- b. Categorically Needy Only

- This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

TN No. MS-93-11

Supersedes

Approval Date Jul 12 1993

Effective Date Apr 1 1993

TN No. MS-91-24

State of Nebraska

Citation(s)

Condition or Requirement

42 CFR
435.914

11. Effective Date of Eligibility

a. Groups Other Than Qualified Medicare Beneficiaries

(1) For the prospective period.

coverage is available for the full month if the following individuals are eligible at any time during the month.

- Aged, blind, disabled.
- AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

- Aged, blind, disabled.
- AFDC-related.

(2) For the retroactive period.

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

- Aged, blind, disabled.
- AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..

- Aged, blind, disabled.
- AFDC-related.

TN No. MS-91-24
Supersedes
TN No. (new page)

Approval Date Jan 20 1992

Effective Date Nov 1 1991

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920(b)(1) of the Act	<p><input checked="" type="checkbox"/> (3) For a presumptive eligibility period for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902(e)(8) and 1905(a) of the Act	<p><input checked="" type="checkbox"/> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1).The eligibility determination is valid for</p> <p><input checked="" type="checkbox"/> 12 months</p> <p><input type="checkbox"/> 6 months</p> <p><input type="checkbox"/> __ months (no less than 6 months and nor more than 12 months)</p>

State of Nebraska

Citation(s)	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A.</u></p>
1917(c)	<p>13. Transfer of Assets - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p><input type="checkbox"/> The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts:</p> <p><input type="checkbox"/> The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of <u>Miller</u> trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A.</u></p>

State: Nebraska

Citation	Condition or Requirement
1924 of the Act	<p>15. The agency complies with the provisions of § 1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.</p> <p>When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:</p> <p>___ the maximum standard permitted by law;</p> <p><u>X</u> the minimum standard permitted by law; or</p> <p>\$___ a standard that is an amount between the minimum and the maximum.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
1	222	222	222
2	293	293	293
3	364	364	364
4	435	435	435
5	506	506	506
6	577	577	577
7	648	648	648
8	719	719	719
9	790	790	790
10	861	861	861

2. For pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act (women during pregnancy and infants under one year of age) the income eligibility level is 150 percent of the Federal Poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. MS-95-10

Supersedes

Approval Date Dec 14 1995

Effective Date Jul 1 1995

TN No. MS-93-5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. MS-92-3

Supersedes

Approval Date Apr 8 1992

Effective Date Jan 1 1992

TN No. MS-91-24

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(A)(ii)(IX) and 1902(l)(2) of the Act are as follows:

Based on 150 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent) for the size of the family involved.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

TN No. NE 10-02

Supersedes

TN No. MS-91-24

Approval Date May 4 2010

Effective Date Jan 2 2010

HCFA ID: 7985E

"Substitute per letter dated 6/14/93"

Revision: HCFA-PM-92-1
August 1991

(MB)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 4
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

(Reserved)

TN No. MS-93-5

Supersedes

Approval Date Jun 24 1993

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TN No. (MS-91-24)

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February 1992

(MB)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled individuals

For aged and disabled individuals described in Section 1902(m)(1) of the Act, the income edibility level is 100 percent of the Federal Poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. MS-93-5

Supersedes

Approval Date Jun 24 1993

Effective Date Jan 1 1993

TN No. (MS-92-7)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan 1, 1989:	<input checked="" type="checkbox"/>	85 percent	<input type="checkbox"/>	_____ percent (no more than 100)
Eff. Jan 1, 1990:	<input checked="" type="checkbox"/>	90 percent	<input type="checkbox"/>	_____ percent (no more than 100)
Eff. Jan 1, 1991:		100 percent		
Eff. Jan 1, 1992:		100 percent		

b. Levels

For Qualified Medicare Beneficiaries described in 1905(p)(1) of the Act, the income eligibility level is 100 percent of the Federal Poverty Level (as revised annually in the Federal Register) for the size family involved.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1987 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

- Eff. Jan 1, 1989: 80 percent _____ percent (no more than 100)
- Eff. Jan 1, 1990: 85 percent _____ percent (no more than 100)
- Eff. Jan 1, 1991: 90 percent _____ percent (no more than 100)
- Eff. Jan 1, 1992: 100 percent

b. Levels:

<u>Family Size</u>	<u>Income Levels</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____

TN No. MS-92-1

Supersedes

Approval Date Apr 10 1992

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TN No. MS-91-24

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for 1 month <input type="checkbox"/> urban only <input checked="" type="checkbox"/> urban & rural	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for ___ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
1	\$ 392	\$	\$	\$
2	\$ 392	\$	\$	\$
3	\$ 492	\$	\$	\$
4	\$ 584	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for 1 month <input type="checkbox"/> urban only <input checked="" type="checkbox"/> urban & rural	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for ___ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
5	\$ 675	\$	\$	\$
6	\$ 775	\$	\$	\$
7	\$ 867	\$	\$	\$
8	\$ 967	\$	\$	\$
9	\$ 1,059	\$	\$	\$
10	\$ 1,150	\$	\$	\$
For each additional person add:	\$ 91	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

- Same as SSI resources levels
- Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u> </u>
<u>2</u>	<u> </u>

b. Optional Groups

- Same as SSI resources levels
- Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u> </u>
<u>2</u>	<u> </u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

2. Infants

a. Mandatory Group of Infants

- Same as resource levels in the State's approved AFDC plan.
- Less restrictive than the AFDC levels and are as follows.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

a. Optional Group of Infants

- Same as resource levels in the State's approved AFDC plan.
- Less restrictive than the AFDC levels and are as follows.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

3. Children

a. Mandatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act.
(Children who have attained age 1 but have not attained age 6)

Same as resource levels in the State's approved AFDC plan.

Less restrictive than the AFDC levels and are as follows.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>_____</u>
<u>2</u>	<u>_____</u>
<u>3</u>	<u>_____</u>
<u>4</u>	<u>_____</u>
<u>5</u>	<u>_____</u>
<u>6</u>	<u>_____</u>
<u>7</u>	<u>_____</u>
<u>8</u>	<u>_____</u>
<u>9</u>	<u>_____</u>
<u>10</u>	<u>_____</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

b. Mandatory Group of Children under Section 1902(a)(10)(i)(VII) of the Act.
(Children born after September 30, 1983 who have attained age 6 but have not attained age 19)

Same as resource levels in the State's approved AFDC plan.

Less restrictive than the AFDC levels and are as follows.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>_____</u>
<u>2</u>	<u>_____</u>
<u>3</u>	<u>_____</u>
<u>4</u>	<u>_____</u>
<u>5</u>	<u>_____</u>
<u>6</u>	<u>_____</u>
<u>7</u>	<u>_____</u>
<u>8</u>	<u>_____</u>
<u>9</u>	<u>_____</u>
<u>10</u>	<u>_____</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

3. Aged and Disabled Individuals

- Same as SSI resource levels.
- More restrictive than SSI levels and are as follows.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____

- Same as medically needy resource levels (applicable only if State has a medically needy program).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

B. MEDICALLY NEEDY

Applicable to all groups-

- Except those specified below under the provisions of section 1902(f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	<u>\$4,000</u>
<u>2</u>	<u>6,000</u>
<u>3</u>	<u>6,025</u>
<u>4</u>	<u>6,050</u>
<u>5</u>	<u>6,075</u>
<u>6</u>	<u>6,100</u>
<u>7</u>	<u>6,125</u>
<u>8</u>	<u>6,150</u>
<u>9</u>	<u>6,175</u>
<u>10</u>	<u>6,200</u>
For each additional person	<u>25</u>

Revision: HCFA-PM-85-3
May 1985

(BERC)

SUPPLEMENT 3 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR
REMEDIAL CARE NOT COVERED UNDER MEDICAID

NOT APPLICABLE

11/08 decision by CMS & DHHS to leave this page in State Plan

TN No. MS-85-9

Supersedes

Approval Date Mar 6 1986

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TN No. (new)

HCFA ID: 4093E / 0002P

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August 1991

(BPD)

SUPPLEMENT 4 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

METHODS FOR TREATMENT OF INCOME THAT
DIFFER FROM THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

N/A

TN No. MS- 91-24

Supersedes

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(BPD)

SUPPLEMENT 5 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

MORE RESTRICTIVE METHODS OF TREATING RESOURCES
THAN THOSE OF THE SSI PROGRAM – Section 1902(f) States only

N/A

TN No. MS- 91-24

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(BPD)

SUPPLEMENT 5a TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

N/A

TN No. MS-91-24

Supersedes

Approval Date Jan 20 1992

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TN No. (new page)

HCFA ID: 7985E

State Nebraska

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered By Federal/State	Net Income Level		Income Disregards Employed
		One Person	Couple	
(1)	(2)	(3)	(4)	(5)
Available to all aged, blind and disabled individuals with varying payment levels dependent on the following living arrangements:				SSI Standards
Own or rent a home	State	\$503 \$281*	\$796 \$349*	
Patient in a nursing home, regional center, state institution for the mentally retarded, or receiving chronic or convalescent hospital care	State	\$60	\$120	
In room and board situation (not licensed home) or boarding home (licensed or unlicensed if board and room is provided)	State	\$737	\$1,474	
In certified adult family home	State	\$865	\$1730	
In licensed assisted living facility In licensed mental health center	State	\$1,175	\$2,350	
Assisted Living Waiver	State	\$733	\$1,466	
In licensed group home for children and/or child caring agency	State	\$801	\$1,602	
In licensed centers for the developmentally disabled	State	\$737	\$1,474	

* Maximum for shelter allowance

TN No. NE 15-0012
Supersedes
TN No. NE 15-0007

Approval Date March 28, 2016

Effective Date January 1, 2016

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August 1991

(BPD)

SUPPLEMENT 7 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY WHO ARE COVERED
UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

N/A

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August 1991

(BPD)

SUPPLEMENT 8 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

RESOURCE STANDARDS FOR 1902(f) STATES CATEGORICALLY NEEDY

N/A

TN No. MS-91-24

Supersedes

TN No. (new page)

Approval Date Jan 20 1992

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HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

MORE LIBERAL METHODS OF TREATING INCOME AND RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT*

Section 1902(f) State Non-Section 1902(f) State

1. For the qualified pregnant women and children (1902)(a)(10)(A)(i)(III), the poverty level pregnant women and children (1902)(a)(10)(A)(i)(IV), (VI) and (VII)), the optional groups of children under age 21 and caretaker relatives (1902)(a)(10)(A)(ii)(I)), and pregnant women under 1902(a)(10)(A)(ii)(IX) and 1902(l)(1)(A), declared winnings, interest, and dividends of less than \$10 per month are excluded as income.
2. For the qualified pregnant women and children (1902)(a)(10)(A)(i)(III), the poverty level pregnant women and children (1902)(a)(10)(A)(i)(IV), (VI) and (VII)), the optional groups of children under age 21 and caretaker relatives (1902)(a)(10)(A)(ii)(I)), and pregnant women under 1902(a)(10)(A)(ii)(IX) and 1902(l)(1)(A), and the medically needy (1902)(a)(10)(C)(i)(III), effective November 1, 2002, disregard \$100 of gross earned income per working individual as a work-related expense deduction in determining countable income.
3. For Working Disabled individuals as defined in Section (1902)(a)(10)(A)(ii)(XIII) of the Act, the following income standard applies:

Disregard all earnings plus unearned income contingent upon a trial work period (such as a Social Security Trial Work Periods). In determining eligibility for SSI in the individual eligibility determination required under Section 4733 of the Balanced Budget Act.
4. For pregnant women under 1902(a)(10)(A)(ii)(IX) and 1902 (l)(1)(A) of the Act, disregard the amount of income between 150% FPL and 185% FPL.
5. For persons eligible as Qualified Medicare Beneficiaries 1902(a)(10)(E)(i) and 1905(p)(1), the Specified Low-Income Beneficiaries 1902(a)(10)(E)(iii), the Qualifying Individuals 1902(a)(10)(E)(iv), the Working Disabled 1902(a)(10)(ii)(XIII) and the Aged and Disabled 1902(a)(10)(A)(ii)(X) disregard the amount of income equal to the monthly premiums paid for private/commercially available health insurance plans.

TN No. NE 15-001

Supersedes

Approval Date May 1, 2015

Effective Date January 1, 2015

TN No. NE 10-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

MORE LIBERAL METHODS OF TREATING INCOME AND RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT*

Section 1902(f) State Non-Section 1902(f) State

3. Treatment of Excess Resources Under 1902(r)(2) for Medicaid Working Disabled

For Working Disabled individuals as defined in Section 1902(a)(10)(A)(iii)(XIII) of the Act, the following more liberal resource methodology applies:

Disregard an additional \$2,000 per individual for a total of \$4,000 per individual and an additional \$3,000 per couple for a total of \$6,000 per couple. The purpose of this additional resource disregard is to aid in achieving self-sufficiency.

TN No. MS-99-6

Supersedes

Approval Date Jun 6 2000

Effective Date Jun 1 1999

TN No. (new page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LESS RESTRICTIVE METHODS OF TREATING INCOME UNDER SECTION
1902(r)(2) OF THE ACT

- For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.
- For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All otherwise countable income deposited in an IDA account authorized under Section 404 is excluded.
- For all eligibility groups subject to 1902(r)(2) and not subject to the limitations on payment explained in 1903(f) of the Act: All interest earned on an IDA account funded under the Assets for Independence Act is excluded.

TN No. MS-00-09

Supersedes

Approval Date Jan 30 2001

Effective Date Sept 1 2000

TN No. (new page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State

Non-Section 1902(f) State

TREATMENT OF EXCESS RESOURCES UNDER 1902(r)(2)

Excess resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –

1. The first day of the month in which the resources are actually reduced to or below the allowable limit if the resources were not used to pay bills incurred in a prior month. The resources may be reduced by paying any bills or by purchasing any items of need.
2. The first day of the month in which the most recent bill (s) for maintenance or medical was incurred which was paid to reduce the excess resources. Maintenance needs include items such as food, shelter, clothing, transportation and personal comfort items. Qualifying bills would be those incurred by the client, the client's spouse or dependent child(ren).

Example

<u>Medicaid Bills Incurred</u>	<u>Application Made</u>	<u>Bills Paid</u>
Jan. 1, Feb. 3, Mar. 5, Mar. 25	March	April
	Excess Resources	Below Resources

If bills from Jan. 1 and Feb.3 were used to reduce resources, eligibility would begin Feb. 1 even though the bills were not actually paid until April.

This methodology would apply to all eligibility groups except deemed cash recipients and Qualified Medicare Beneficiary's.

All of the requirements of 1917(c)(4) are met for individuals who dispose of resources for less than fair market value.

Eligibility will never begin before the third month before the month of application.

From the date of determination of eligibility for Medicaid, an applicant has 90 days in which to spend down excess resources to become retroactively eligible for Medicaid.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITYACT

State: Nebraska

LESS RESTRICTIVE METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

- For all eligibility groups subject to 1902(r)(2) of the Act: All funds in IDA accounts funded under the Assets for independence Act are excluded.

TN No. MS-00-09

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Approval Date Jan 30 2001

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2)
1917(b)(1)(C)

The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups:

**1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(X), 1902(a)(10)(C) -
(Section 1905(a)(iii), Section 1905(a)(iv) & Section 1905(a)(v))**

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

- The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.
- The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
- The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

- The policy was issued no earlier than the effective date of this State plan amendment.
- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

TN No. MS-06-07

Supersedes

TN No. New Page

Approval Date Dec 18 2006

Effective Date Jul 1 2006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

- In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

All Medicaid services provided under the Nebraska Title XIX State Plan.

- 1917(b)1(C) (4) If an individual covered under a long-term care insurance policy received benefits for which assets or resources were disregarded as provided for in Attachment 2.6-A. Supplement 8c (State Long-Term Care Insurance Partnership), the State does not seek adjustment or recovery from the individual's estate for the amount of assets or resources disregarded.

TN No. MS-06-07

Supersedes

Approval Date Dec 10 2006

Effective Date Jul 1 2006

TN No. MS-03-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF RESOURCES

1917(c) The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

A. Transfer of resources of an individual who is an inpatient in a medical institution or nursing facility.

1. The agency provides for a period of ineligibility in the case of an institutionalized individual who at any time during the 30 month period immediately preceding the individuals application for medical assistance, disposed of resources for less than fair market value. The period of ineligibility shall begin with the month in which the resources were transferred and the number of months will be equal to the less of 30 months, or the total uncompensated value of the transferred resources divided by the average cost to a private patient at the time of application, of nursing facility services.

B. Transfer of the home of an individual who is an inpatient in a medical institution or nursing facility.

1. A period of ineligibility is not imposed if the resource transferred were a home and title to the home was transferred to-

- a. the spouse of the individual,
- b. a child of the individual who is under age 21, or is blind or disabled,
- c. a sibling of such individual who has an equity interest in the home and who was residing in the home for a period of at least one year immediately preceding the date of the individuals admission to the medical institution or nursing facility, or

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF RESOURCES

- d. a son or daughter who was residing in the home for a period of two years immediately preceding the individuals admission to the medical institution or nursing facility, and who provided care to the individual which permitted him/her to reside at home rather than in the institution or facility.
- C. A period of ineligibility for transfer of resources will not be imposed if the individual can show that s/he intended to dispose of the resource for fair market value or for other valuable consideration, the transfer was not made to qualify for assistance, or that denial of assistance would cause undue hardship

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of disposal of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency withholds payment to institutionalized individuals for the following services:

Payments based on a level of care in a nursing facility;

Payments based on a nursing facility level of care in a medical institution;

Home and community-based services under a 1915 waiver.

2. Non-institutionalized individuals:

- The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a)(7));

Home and community care for functionally disabled and elderly adults (section 1905(a)(22));

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).

- The following other long-term care services for which medical assistance is otherwise under the agency plan:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

3. Penalty Date--
The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
- the first day of the month in which the asset was transferred;
 - the first day of the month following the month of transfer.
4. Penalty Period - Institutionalized Individuals--
In determining the penalty for an institutionalized individual, the agency uses:
- the average monthly cost to a private patient of nursing facility services in the agency;
 - the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.
5. Penalty Period-Non-institutionalized Individuals--
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
- imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

State: Nebraska

TRANSFER OF ASSETS

6. Penalty period for amounts of transfer less than cost of nursing facility care -

a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:

does not impose a penalty;

imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.

b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:

does not impose a penalty;

imposes a series of penalties, each for less than a full month.

7. Transfers made so that penalty periods would overlap -
The agency:

totals the value of all assets transferred to produce a single penalty period;

calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap -
The agency:

assigns each transfer its own penalty period;

uses the method outlined below:

State: Nebraska

TRANSFER OF ASSETS

9. Penalty periods - transfer by a spouse that results in a penalty period for the individual -
- a. The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.
 - b. If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.
10. Treatment of income as an asset -
When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.
- The agency will impose partial month penalty periods.
- When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.
- For transfers of individual income payments, the agency will impose partial month penalty periods.
- For transfers of the right to an income stream, the agency will use the actuarial value of all payments transferred.
- The agency uses an alternate method to calculate penalty periods, as described below:

TN No. MS-95-3

Supersedes

Approval Date May 11 1995

Effective Date Jan 1 1995

TN No. (new page)

State: Nebraska

TRANSFER OF ASSETS

11. Imposition of a penalty would work an undue hardship--

The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determinations:

- a. The client will be sent a notice that their Medicaid case is being closed or application rejected due to a gratuitous transfer, the length of the penalty period and notification that they can claim undue hardship.
- b. The client must then file for an administrative hearing within 90 days from this notice to follow-up on their claim of undue hardship.
- c. The client and/or their representative must present their claim and supporting documentation.
- d. A decision/finding is issued within 45 days.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

Factors that would be considered would include but are not limited to: whether the client's health or life would be endangered; whether the application of a penalty would deprive the client or financially dependent family members of food, clothing, or shelter; whether the individual made a reasonable attempt to recover the assets.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

1917(c) FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

The agency does not provide medical assistance coverage for institutionalized individuals for the following services:

Nursing facility services;

Nursing facility level of care provided in a medical institution;

Home and community-based services under a 1915(c) or (d) waiver.

TN No. MS-06-06

Supersedes

Approval Date Dec 18 2006

Effective Date Jul 1 2006

TN No. MS-93-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

2. Non-institutionalized individuals:

- The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

The agency withholds payment to non-institutionalized individuals for the following services:

Home health services (section 1905(a) (7));

Home and community care for functionally disabled elderly adults (section 1905(a) (22);

Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a) (24).

- The following other long-term care services for which payment for medical assistance is otherwise made under the agency plan:

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Supersedes

Approval Date Dec 18 2006

Effective Date Jul 1 2006

TN No. (new page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

3. Penalty Date--The beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:

- the first day of a month during or after which assets have been transferred for less than fair market value;

The State uses the first day of .the month in which the assets were transferred

The state uses the first day of the month after the month in which the assets were transferred

or

- the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

AND

which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

TN No. MS-06-06

Supersedes

Approval Date Dec 18 2006

Effective Date Jul 1 2006

TN No. (new page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

4. Penalty Period Institutionalized Individuals--
In determining the penalty for an institutionalized individual, the agency uses:
- the average monthly cost to a private patient of nursing facility services in the State at the time of application;
 - the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application.
5. Penalty Period - Non-institutionalized Individuals--
The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
- imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:
6. Penalty period for amounts of transfer less than cost of nursing facility care -
- Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.
 - The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in single lump sum.

TN No. MS-06-06

Supersedes

Approval Date Dec 18 2006

Effective Date Jul 1 2006

TN No. (new page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

7. Penalty periods - transfer by a spouse that results in a penalty period for the individual -

- (a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.
- (b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.

8. Treatment of a transfer of income--

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

- For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.
- For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.

TN No. MS-06-06

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Approval Date Dec 18 2006

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

9. Imposition of a penalty would work an undue hardship--

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

- (a) Of medical care such that the individual's health or life would be endangered; or
- (b) Of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship waivers

The agency has established a process under which hardship waivers may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and
- (c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

TRANSFER OF ASSETS

11. Bed Hold Waivers For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

- Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed 30 days (may not be greater than 30).

TN No. MS-06-06

Supersedes

Approval Date Dec 18 2006

Effective Date Jul 1 2006

TN No. (new page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

Criteria would include but are not limited to: whether application of the provisions would deprive the client of medical care such that his/her health or life would be endangered; whether the application of the transfer provisions would deprive a financially dependent family member of food, clothing, or shelter; whether the client or client's representative has made a reasonable effort to recover the assets.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is \$4,926 (the amount as of the effective date of this approval) which will be increased annually by the percentage change in the Consumer Price Index published by the Federal Bureau of Labor Statistics at the close of the twelve-month period ending on August 31 of such year.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

Citation(s)

Condition or Requirement

COST EFFECTIVENESS METHODOLOGY FOR COBRA
CONTINUATION BENEFICIARIES

1902(u) of the
Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:

- The methodology as described in SMM section 3598.
- Another cost-effective methodology as described below.

TN No. MS-91-29

Supersedes

Approval Date Jan 15 1992

Effective Date Oct 1 1991

TN No. (new page)

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The state covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996.

- Pregnant women with no other eligible children
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
- In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, without modification.
- In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications
- The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

NA
- The agency applies higher income standards than those in effect as of July 16, 1996, increase by no more than the percentage increases in the CPI-U since July 16, 1996 as follows:

NA
- The agency applies higher resource standards than those in effect as of July 16, 1996, increase by no more than the percentage increases in the CPI-U since July 16, 1996 as follows:

NA

TN No. MS-02-09

Supersedes

Approval Date Mar 27 2003

Effective Date Nov 1 2002

TN No. MS-02-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

- The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996 as follows:
1. For purposes of the 185% gross income test, all income in excess of 185% of the Standard of Need will be disregarded, effective 10-1-97.
 2. When determining resources eligibility an additional \$3,000 for a one person ADC unit and \$5,000 for two or more shall be disregarded to assist families to become self-sufficient effective 7-1-97.
 3. When determining countable resources, the total value of one car used for employment or medical transportation will be disregarded effective 7-1-97.
 4. When determining countable resources, the cash value of Life insurance policies will be disregarded effective 7-1-97.
 5. When determining available income up to \$10 interest income per month, per source, per individual, will be disregarded effective 7-1-97.
 6. When determining available income, disregard any grant, scholarship, or work study to a student of any age effective 7-1-97.
 7. Lump sums are considered resources in the month of receipt or report and resources thereafter, with the exception of the benefit payments listed below which are disregarded for six months and counted as resources thereafter, unless it is to the client's benefit to treat these payments under the previous methodologies. The benefit payments are: Black Lung; Civil Service Pension; Disability Benefits – Employer/Insurance; Retirement Pension – Employment; Military Retirement; Railroad Retirement; Social Security; Veterans Pension/Compensation; and Workers Compensation.

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Effective Date Nov 1 2002

TN No. MS-02-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

8. For Grandparent deeming, subtract 300% of the Federal Poverty Level for the family size before deeming income to the minor parent effective 7-1-97.
9. Earnings of children working are disregarding effective 7-1-97.
10. Effective July 1, 2003, disregard earned income as follows: the first 20% of gross earnings, child care as billed or paid up to earned income, and earned income equal to the following for the corresponding family size:

Family Size	Earned Income Disregarded
1	\$179
2	201
3	223
4	245
5	267
6	289
7	311
8	262
9	355
10	377

TN No. MS-03-08

Supersedes

Approval Date Aug 7 2003

Effective Date Jul 1 2003

TN No. MS-03-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

NA

- The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
- The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

TN No. MS-02-09

Supersedes

Approval Date Mar 27 2003

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TN No. MS-02-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

- All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded from income.
- All interest earned on an IDA account funded under the Assets for Independence Act is excluded from income.
- All funds in IDA accounts funded under the Assets for Independence Act are excluded from resources.
- All otherwise countable income deposited in an IDA account funded under Section 404 of the Social Security Act is excluded from income

TN No. MS-02-09

Supersedes

TN No. MS-02-06

Approval Date Mar 27 2003

Effective Date Nov 1 2002

Supplement 12 to
Attachment 2.6-A
ADDENDUM

Family Size	Additional income disregard as a percent of FPL for family of the applicable size
1	133%
2	138%
3	140%
4	142%
5	143%
6	144%
7	145%
8	145%
9	146%
10	146%

Child care shall be disregarded from earnings.

For those families with income above 100% of FPL the State shall charge a premium that equal to 3% of the families gross income. The premium shall be administered in accordance with Section 1925(5) of the Social Security Act as in effect September 2002.

TN No. MS-02-06

Supersedes

TN No. MS-00-09

Approval Date Dec 30 2002

Effective Date Jul 1 2002

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY

STATE: Nebraska

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924 of the Act.
- B. In the determination of resource eligibility, the State resource standard is \$15,804.
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Imminent eviction from the institution.

TN No. MS-97-3

Supersedes

Approval Date Apr 28 1997

Effective Date Jan 1 1997

TN No. MS-95-5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY

State: Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
QUALIFIED DISABLED AND WORKING INDIVIDUALS

The income standard for Qualified Disabled and Working Individuals (QDWI's) is 200 percent of the official federal poverty line as defined by the Executive Office of Management and Budget.

The resource standard for QDWI's is \$4,000 for an individual and \$6,000 for a married couple.

The same income disregards and resource exclusions that apply to other categorically needy groups apply to QDWI's.

A QDWI must also meet the federal non-financial eligibility requirements for medical assistance, such as the filing of an application for Medicaid, obtaining a Social Security number, citizenship, residency, and assignment of rights.

TN No. MS-90-19

Supersedes

Approval Date Oct 4 1990

Effective Date Jul 1 1990

TN No. (new page)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

An individual considered incompetent to handle his/her own affairs is allowed an additional \$10 per month for guardianship/conservator fees and additional amount as approved by the court for annual accounting and bonding fees.

For an individual in an ICF-MR (ICF-ID) who participates in a sheltered workshop, an additional amount up to \$65 plus one-half of the remainder of earned income may be retained.

TN No. NE 10-16

Supersedes

Approval Date NOV 23 2010

Effective Date JUL 01 2010

TN No. New page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ASSET VERIFICATION SYSTEM

- 1940(a)
of the Act
1. The agency will provide for the verification of assets for purposes of determining or re-determining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or re-determine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ASSET VERIFICATION SYSTEM

2. System Development

A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Nebraska Medicaid is preparing to take part in a multi-state consortium, and enter into a contract with the New England States Consortium System Organization (NESCSCO), to meet the Federal requirements in implementing an Asset Verification System (AVS). The intention of States in the consortium, is to ensure the AVS module and its different components have well documented system interfaces, providing the flexibility to connect with eligibility systems at different levels. Advantages include minimized procurement costs, purchasing leverage when negotiating with other states, collaboration across states for identifying business and technical requirements, and cost-shared customization.

Nebraska Asset Verification System Timeline

Task	Estimated Completion Date
Obtain sample RFPs from other states	Completed
Develop list of potential bidders	Completed
Discussion with NESCSCO of AVS multi-state procurement	Completed
Received MOU draft from NESCSCO and sample procurement	Completed
Review of NESCSCO RFP	Completed
NESCSCO releases RFP	Completed
NESCSCO finalizes vendor contract	Completed
Initialize meeting with NESCSCO for pricing and contract information	Completed
Complete contract process	4/30/18
Vendor start date	5/31/18
Complete implementation process	7/1/18
System go live	8/1/18

 TN No. NE 18-0004

Supersedes

Approval Date March 12, 2018Effective Date May 31, 2018TN No. New page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEBRASKA

DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS
WITH SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

- \$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).
- An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).

The amount chosen by the State is _____

- This higher standard applies statewide.
- This higher standard does not apply statewide. It only applies in the following areas of the State:
- This higher standard applies to all eligibility groups.
- This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.

TN No. MS-06-05

Supersedes

TN No. (new page)

Approval Date Dec 18 2006

Effective Date Jan 1 2006

State Plan Under Title XIX of the Social Security Act

State: _____

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on _____. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group	Relevant Population Group Income Standard	Applicable Population Adjustment			
		Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p>	<p>Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.</p>			
A	B	C	D	E	F
Parents/Caretaker Relatives					
Disabled Persons, non-institutionalized					
Disabled Persons, institutionalized					
Children Age 19 or 20					
Childless Adults					

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- Applies existing state data from periods before January 1, 2014.
- Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 - Yes. The combined enrollment cap adjustment is described in Attachment C
 - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

B. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 - Applies a special circumstances adjustment(s).
 - Does not apply a special circumstances adjustment.
2. The state:
 - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and got to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

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 4 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.

Most Recent Updated Summary Information for Part 2 of the Modified Adjusted Gross Income (MAGI) Conversion Plan**

Table 1

Part 2 of MAGI Conversion Plan Using State Data

Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
A	B	C	D	E	F	G
Conversions for FMAP Claiming						
1	<u>No</u>	<u>2009-2010</u>	<u>No</u>	% FPL _____ or Fixed dollar standards Family size 1_,\$485 2_,\$597 3_,\$710 4_,\$823 5_,\$935 6_,\$1,048 7_,\$1,162 Add-on for additional family members if relevant__\$113_	% FPL _____ or Fixed dollar standards Family size 1______ 2______ 3______ 4______ 5______ 6______ 7______ Add-on for additional family members if relevant____	% FPL _____ or Fixed dollar standards Family size 1_,\$555 2_,\$692 3_,\$829 4_,\$967 5_,\$1,102 6_,\$1,240 7_,\$1,378 Add-on for additional family members if relevant__\$137

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
2	Non-institutionalized disabled adults	<u>No</u>	<u>2009 - 2010</u>	<u>No</u>	100% FPL % SSI FBR _____ <u>or</u> Dollar Standards Single _____ Couple _____	76% FPL to 100% FPL % SSI FBR _____ <u>or</u> Dollar Standards Single _____ Couple _____	102% FPL % SSI FBR _____ <u>or</u> Dollar Standards Single _____ Couple _____ Conversion based on: ___ Average disregard ___ Median disregard

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
3	Institutionalized disabled adults (Institutionalized refers to Nursing Home or Nursing Facility services) (This is a gross income category: fill in column G only)	<u>No</u>					102% FPL % SSI FBR _____ <u>or</u> Dollar Standards Single _____ Couple _____

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
4	Children age 19 and/or 20 Specify age limit as of 12/1/09 (19 or 20): _____	<u>N/A</u>			% FPL _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____
5	Childless Adults	<u>N/A</u>			% FPL _____	% FPL _____	% FPL _____

*Alternative method states: only fill out column F if applicable.

**The numbers in this summary chart will be updated automatically in the case of modification in the CMS approved MAGI Conversion Plan.

State: Nebraska

Attachment D to Supplement 18 to Attachment 2.6A

Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

Effective January 1, 2024, Nebraska elects the extended postpartum option, which extends postpartum coverage from 60 days to 12 months, under Sections 9812 and 9822 of the American Rescue Plan Act of 2021. The new extended postpartum coverage provides ongoing care that will reduce pregnancy related deaths and severe maternal morbidity and will improve continuity of care for chronic health conditions.

Nebraska proposes to use proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be newly eligible for coverage in the Adult Group (42 CFR 435.119) and for the newly eligible federal medical assistance percentage (FMAP) under section 1905(y) of the Act, if the state completed a redetermination at the end of the original 60-day postpartum period.

Prior to Nebraska adding adult expansion, postpartum individuals, specifically those who received coverage under the state's eligibility category for pregnancy related individuals (42 CFR 435.116), with income equal to or less than 138% of the federal poverty level (FPL) (133% FPL plus the 5% disregard), but above the parent caretaker income limit (58% FPL), who were between the ages of nineteen and sixty-five years old, no longer pregnant, not disabled, and not enrolled in Medicare Part A or Part B, would have been determined ineligible after receiving 60 days of postpartum coverage. After October 1, 2020, these individuals were eligible for the Adult Group and for the newly eligible FMAP under section 1905(y) of the Social Security Act and once moved to the adult coverage group, Nebraska would have received enhanced FMAP for these individuals. Nebraska provides coverage to individuals in the Adult Group (42 CFR 435.119) up to 133% FPL (plus the 5% disregard). Nebraska provides coverage to pregnant individuals at the same amount, duration, and scope as those covered in the Adult Group, as described in Attachment 3.1L of the State's Alternative Benefit Plan.

Denominator: Based on 2019 calendar year data (pre-Medicaid Expansion for Nebraska), in Nebraska, 5,207 individuals were enrolled in a pregnancy-related group while pregnant and maintained coverage in this group through the 60-day postpartum period. Nebraska provides coverage to pregnant individuals with income between 0% and 199% FPL (5% disregard included), but only individuals with income up to 194% FPL, plus the 5% disregard, who meet no other full benefit coverage group (e.g., parent caretaker) are enrolled in the group for pregnancy related individuals (42 CFR 435.116), where pregnancy is a factor of eligibility. The total denominator is 5,207 individuals receiving postpartum care under the state's eligibility category for pregnancy-related individuals annually.

Numerator: Out of those 5,207 individuals, 2,412 individuals would either qualify for a non-adult coverage group, with income at or below 58% FPL or be above the income threshold for any non-adult coverage group full scope benefit, with income above 138% FPL. The remaining 2,803 individuals, with income above 58% FPL but equal to or less than 138% FPL, between the ages of nineteen and sixty-five years old, not disabled, and not enrolled in Medicare Part A or Part B, would have moved to the adult coverage group, and received the remaining 10 months of postpartum coverage under that group at the same amount, duration, and scope as those covered under the Adult Group. Nebraska redetermines eligibility annually and therefore assumes the coverage would be for the entire additional 10-month period.

Proxy Percentage: Nebraska estimates that 53.8% (2,803 of remaining individuals with income above 58% but equal to or less than 138% FPL/5,207 individuals enrolled in a pregnancy-related group) of postpartum individuals would be otherwise eligible for coverage in the adult group and for the newly eligible FMAP after the original 60-day postpartum period, but for the state's election of the extended postpartum coverage option.

Attachment E: Transition Methodologies

Under the current Medicaid State Plan, Nebraska covers parents and caretaker relatives whose income is equal to or less than 58% of the Federal Poverty Level (FPL), and who are living with a dependent child. At this time, Nebraska applies the 5% income disregard to determinations for individuals whose income is above 58% of the FPL. Parents and caretaker relatives who currently meet income eligibility due to application of the 5% income disregard, and who are eligible in the adult group, will be transitioned into the adult group. Transition of this group will be handled administratively and will be effective with the implementation of the adult group.

Individuals aged 19 through 64 are also covered in Nebraska under certain Medically Needy groups. Individuals in these categories that meet income and eligibility criteria for the adult group will be transitioned into this group. This transition will be handled administratively, and will require information gathering by eligibility staff to ensure verifications needed for a MAGI determination are obtained. Information gathering will begin within three months of the planned implementation date to allow transition of these individuals effective with this date.