mary Reviewable Units Ver	sions Correspondence Log	Approval Letter News Related Act	ions
S-10434 OMB 0938-1188			
ackage Information			
Package ID	NE2019MS0004O	Submission Type	Official
Program Name	N/A	State	NE
SPA ID	NE-19-0005	Region	Kansas City, KS
Version Number	4	Package Status	Approved
Submitted By	Dawn Kastens	Submission Date	12/27/2019
Package Disposition		Approval Date	3/26/2020 1:39 PM EDT

Submission - Sun	nmary		
MEDICAID   Medicaid State Plan   Eligibi	lity   NE2019MS00040   NE-19-0005		
Package Header			
Package ID	NE2019MS0004O	SPA ID	NE-19-0005
Submission Type	Official	Initial Submission Date	12/27/2019
Approval Date	3/26/2020	Effective Date	N/A
Superseded SPA ID	N/A		
State Information			
State/Territory Name:	Nebraska	Medicaid Agency Name:	Nebraska Department of Health and Human Services
Submission Componer	nt		
State Plan Amendment		Medicaid	
		○ CHIP	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

# Package Header

Package ID	NE2019MS0004O	SPA ID	NE-19-0005
Submission Type	Official	Initial Submission Date	12/27/2019
Approval Date	3/26/2020	Effective Date	N/A
Superseded SPA ID	N/A		

#### **SPA ID and Effective Date**

**SPA ID** NE-19-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	10/1/2019	New
Non-MAGI Methodologies	10/1/2019	New
Medically Needy Income Level	10/1/2019	NE 15-0012
Handling of Excess Income (Spenddown)	10/1/2019	NE 15-0012
Medically Needy Resource Level	10/1/2019	MS-91-24
Mandatory Eligibility Groups	10/1/2019	NE-15-0008
Adult Group	10/1/2019	N/A
Qualified Medicare Beneficiaries	10/1/2019	NE 10-07
Specified Low Income Medicare Beneficiaries	10/1/2019	NE 10-07
Qualifying Individuals	10/1/2019	NE 10-07
Optional Eligibility Groups	10/1/2019	NE-15-0011
Age and Disability-Related Poverty Level	10/1/2019	NE 10-07
Work Incentives	10/1/2019	MS-03-07
Medically Needy Pregnant Women	10/1/2019	MS-92-1
Medically Needy Children under Age 18	10/1/2019	MS-92-1
Medically Needy Parents and Other Caretaker Relatives	10/1/2019	11-03
Medically Needy Populations Based on Age, Blindness or Disability	10/1/2019	11-03

#### Page Number of the Superseded Plan Section or Attachment (If Applicable):

Additional superseded SPA ID: NE 15-0001; MS-00-09; MS-91-24; MS-99-6; NE 15-0012; NE 10-16

**Submission - Summary** 

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

#### **Package Header**

Package ID	NE2019MS0004O	SPA ID	NE-19-0005
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Superseded SPA ID	N/A		

#### **Executive Summary**

Summary Description Including For the following eligibility groups subject to 1902(r)(2) of the Act, an additional disregard is allowed from Goals and Objectives resources to exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders - Medicare Savings Programs, Age and Disability Poverty Level, Medically Needy Pregnant Women, Medically Needy Children Under the Age 18, Medically Needy Parents and Caretaker Relatives, Medically Needy Populations Based on Age, Blindness, or Disability.

#### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

#### Federal Statute / Regulation Citation

Section 1902(r)(2) of the Social Security Act.

#### Supporting documentation of budget impact is uploaded (optional).

N	lame	Date Created	

No items available

Submission - Summary MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

# **Package Header**

Package ID	NE2019MS0004O	SPA ID	NE-19-0005
Submission Type	Official	Initial Submission Date	12/27/2019
Approval Date	3/26/2020	Effective Date	N/A
Superseded SPA ID	N/A		
<b>Governor's Office Revi</b>	ew		

 $\bigcirc$  No comment

O Comments received

 $\bigcirc$  No response within 45 days

Other

Describe Not required.

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

CMS-10434 OMB 0938-1188

#### The submission includes the following:

 $\Box$  Administration

🗹 Eligibility

☑ Income/Resource Methodologies

 $\fbox$  Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

Reviewable Unit Name	In clu de d in An ot he r Su b mi ssi on Pa ck ag e	Source Type		
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	•	APPROVED		
□ MAGI-Based Methodologies ✓ Non-MAGI Methodologies				
Reviewable Unit Name	In clu de d in An ot he r Su b mi ssi on Pa ck ag e	Source Type		

Non-MAGI Methodologies APPROVED More Restrictive Requirements than SSI under 1902(f) - (209(b) States) ☑ Income/Resource Standards AFDC Income Standards ✓ Medically Needy Income Level In clu de d in An ot he r Reviewable Unit Name Su Source Type b mi ssi on Ра ck ag e Medically Needy Income APPROVED C Level

☑ Handling of Excess Income (Spenddown)

Reviewable Unit Name	In clu de d in An ot he r Su b mi ssi on Pa ck ag e	Source Type
Handling of Excess Income (Spenddown)	0	APPROVED
✓ Medically Needy Resource I	_evel	

Reviewable Unit Name	In clu de d in An ot he r Su b mi ssi on Pa ck ag e	Source Type
Medically Needy Resource Level	0	APPROVED

Mandatory Eligibility Groups

Review able Unit Name	In clu de d in An ot he r Su b mi ssi on Pa ck ag e	Source Type
Mandat ory Eligibility Groups	•	APPROV ED

#### Optional Eligibility Groups

Review	In	Source
able	clu	Туре
Unit	de	
Name	d	
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# **Submission - Public Comment**

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

#### **Package Header**

Package ID	NE2019MS0004O	SPA ID	NE-19-0005
Submission Type	Official	Initial Submission Date	12/27/2019
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Superseded SPA ID	N/A		

#### Indicate whether public comment was solicited with respect to this submission.

Public notice was not federally required and comment was not solicited

 $\bigcirc$  Public notice was not federally required, but comment was solicited

 $\bigcirc$  Public notice was federally required and comment was solicited

Package Header		
Package ID NE2019MS0004O	SPA ID	NE-19-0005
Submission Type Official	Initial Submission Date	12/27/2019
Approval Date 3/26/2020	Effective Date	N/A
Superseded SPA ID N/A		
One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state	This state plan amendment is like Indians, Indian Health Programs o as described in the state consultat	r Urban Indian Organizations,
• Yes	• Yes	
○ No	○ No	
		✓ The state has solicited advice from Indian Health Programs and/or Urban Indiar Organizations, as required by section 1902(a)(73) of the Socia Security Act, and in accordance with the state consultation plan, prior to submission of the SPA.
	on of advice and/or tribal consultation condu ted in the following manner:	inter with respect to this
submission: Solicitation of advice and/or Tribal consultation was conduc I All Indian Health Programs Date of solicitation/consultation:		
Solicitation of advice and/or Tribal consultation was conduc	ted in the following manner:	
Solicitation of advice and/or Tribal consultation was conduct All Indian Health Programs Date of solicitation/consultation:	ted in the following manner: Method of solicitation/consultation:	
Solicitation of advice and/or Tribal consultation was conduct All Indian Health Programs Date of solicitation/consultation: 10/4/2019	ted in the following manner: Method of solicitation/consultation:	
Solicitation of advice and/or Tribal consultation was conduct         Image: All Indian Health Programs         Date of solicitation/consultation:         10/4/2019         Image: All Urban Indian Organizations	ted in the following manner: Method of solicitation/consultation: Email solicitation/consultation.	
Solicitation of advice and/or Tribal consultation was conduct   Image: Solicitation of advice and/or Tribal consultation was conduct   Image: Solicitation Health Programs   Date of solicitation/consultation:   10/4/2019   Image: Solicitation Organizations   Date of solicitation/consultation:	ted in the following manner:         Method of solicitation/consultation:         Email solicitation/consultation.         Method of solicitation/consultation:         Email solicitation/consultation:         Email solicitation/consultation:         Email solicitation/consultation.	
Solicitation of advice and/or Tribal consultation was conduct         ☑ All Indian Health Programs         Date of solicitation/consultation:         10/4/2019         ☑ All Urban Indian Organizations         Date of solicitation/consultation:         10/4/2019         Image: States are not required to consult with Indian tribal government such consultation below:	ted in the following manner:         Method of solicitation/consultation:         Email solicitation/consultation.         Method of solicitation/consultation:         Email solicitation/consultation:         Email solicitation/consultation:         Email solicitation/consultation.	
Solicitation of advice and/or Tribal consultation was conduct   Image: Solicitation of advice and/or Tribal consultation was conducted by the solicitation of sol	ted in the following manner:         Method of solicitation/consultation:         Email solicitation/consultation.         Method of solicitation/consultation:         Email solicitation/consultation:         Email solicitation/consultation.         s, but if such consultation was conducted volunt	
Solicitation of advice and/or Tribal consultation was conduct ☑ All Indian Health Programs Date of solicitation/consultation: 10/4/2019 ☑ All Urban Indian Organizations Date of solicitation/consultation: 10/4/2019 States are not required to consult with Indian tribal government such consultation below: ☑ All Indian Tribes Date of consultation:	ted in the following manner:         Method of solicitation/consultation:         Email solicitation/consultation.         Method of solicitation/consultation.         Method of solicitation/consultation.         Email solicitation/consultation.         s, but if such consultation was conducted volunt         Method of consultation.         s, but if such consultation was conducted volunt         Email solicitation/consultation.         e solicitation of advice in accordance with star         r Urban Indian Organizations, as well as attes         s received from Indian Health Programs or Up         icate the key issues and summarize any com	atutory requirements, ndee lists if face-to-face rban Indian Organizations and

Name	Date Created	
NE 19-0005 Tribal Notice	12/18/2019 4:42 PM EST	
licate the key issues raised (optional)		
Access		
Quality		
Cost		
Payment methodology		
Eligibility		
Benefits		
Service delivery		
Other issue		

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

#### **Package Header**

Package ID NE2019MS0004O

Submission Type Official

Approval Date 3/26/2020

Superseded SPA ID New

User-Entered

 SPA ID
 NE-19-0005

 Initial Submission Data
 12/27/2019

 Effective Data
 10/1/2019

# A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

○ 1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

○ 3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

## **B.** Additional information (optional)

#### Income/Resource Methodologies

#### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

#### **Package Header**

Package ID NE2019MS0004O

Submission Type Official Approval Date 3/26/2020 Superseded SPA ID New

User-Entered

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 NE-19-0005

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 12/27/2019

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 10/1/2019

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

# A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.

2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

## **B. Use of Less Restrictive Methodologies**

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

 $\bigcirc$  No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

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#### Package Header

Package ID	NE2019MS0004O	
Submission Type	Official	Initial Submiss
Approval Date	3/26/2020	Effect
Superseded SPA ID	New	
	User-Entered	

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 NE-19-0005

 Initial Submission Date
 12/27/2019

 Effective Date
 10/1/2019

# C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a.The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

> O (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

> (e) (2) Considers these couples as living separately for the purpose of counting income and resources.

 ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

**Non-MAGI** Methodologies MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005 **Package Header** Package ID NE2019MS00040 SPA ID NE-19-0005 Initial Submission Date 12/27/2019 Submission Type Official Approval Date 3/26/2020 Effective Date 10/1/2019 Superseded SPA ID New User-Entered **D. Family Size** 1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below: a. The individual applying, or b. If the individual lives together with his or her spouse, the individual applying and the spouse, or c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s). 2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E). 3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2. Yes ○ No a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act) □ b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)  $\Box$  c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act) d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act) ☑ e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act) ☐ f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)  $\Box$  g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act) h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219) 4. The state uses the same definition of family size for the selected FPL eligibility groups. Yes O No 5. For the selected FPL eligibility groups, family size is defined as follows: a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together. **Optional description:** 

○ b. The state uses another definition of family.

Non-MAGI Methodologies MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005 Package Header Package ID NE2019MS00040 SPA ID NE-19-0005 Submission Type Official Initial Submission Date 12/27/2019 Approval Date 3/26/2020 Effective Date 10/1/2019 Superseded SPA ID New User-Entered E. Use of MAGI-like Methodologies for one or more populations for whom the most closely related cash assistance program would be the

 $\bigcirc$  Yes

AFDC program in effect as of July 16, 1996.

No

Non-MAGI Methodologies

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Superseded SPA ID	New		
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### F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.

2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

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**G.** Additional Information (optional)

# Income/Resource Standards

## Medically Needy Income Level

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## **Package Header**

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 SPA ID
 NE-19-0005

 Initial Submission Date
 12/27/2019

 Effective Date
 10/1/2019

### A. Income Level Used

1. The state employs a single income level for the medically needy.

2. The income level varies based on differences between shelter costs in urban and rural areas.

 $\bigcirc$  Yes

No

3. The level used is:

Household size	Standard
1	\$392.00
2	\$392.00
3	\$492.00
4	\$584.00
5	\$675.00
6	\$775.00
7	\$867.00
8	\$967.00
9	\$1059.00
10	\$1150.00

The state uses an additional incremental amount for larger household sizes.

• Yes

 $\odot$  No

Incremental Amount:

\$91.00

The dollar amounts increase automatically each year

 $\bigcirc$  Yes

No

Package ID       NEX019MS00040       SPA ID       NE19-0005         Submission Type       Official       Initial Submission Date       12/27/2019         Approval Date       3/26/2020       Effective Date       10/1/2019         Supersected SPA ID       NE13-0012       User Entered         Basis for Income Level       Initial Submission Type       Initial Submission Type       10/1/2019         Maximum Income Level       International Control of the state's lught 1966 AFDC payment standard for the Parents and Other Caretaker Relatives eligibility group       International Control of the state's 1966 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.         Maximum Income Level       The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1966 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.	ackage Header			
Submission Type       Official       Initial Submission Date       12/27/2019         Approval Date       3/26/2020       Effective Date       10/1/2019         Superseded SPA ID       NE 15-0012       User-Entered       User-Entered         S. Basis for Income Level       The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment of the state's income standard for the Parents and Other Caretaker Relatives	_	NE2019MS0004O	SPA ID	NE-19-0005
Superseded SPA ID       NE 15-0012         User-Entered         A. Basis for Income Level         Minimum Income Level         The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group         Maximum Income Level         The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives			Initial Submission Date	12/27/2019
User-Entered  . Basis for Income Level  Minimum Income Level  The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group Maximum Income Level  The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives	Approval Date	3/26/2020	Effective Date	10/1/2019
Basis for Income Level Minimum Income Level The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group Maximum Income Level The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1990 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives	Superseded SPA ID	NE 15-0012		
Minimum Income Level The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group Maximum Income Level The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1990 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives		User-Entered		
The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group Maximum Income Level The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1990 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives	. Basis for Income Le	vel		
standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group Maximum Income Level The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1990 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives	Minimum Income Level			
The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives		The minimum income level for t standard or the state's income s	this eligibility group is the lower of the state standard for the Parents and Other Caretak	's July 1996 AFDC payment er Relatives eligibility grou
AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives	Maximum Income Level			
		AFDC payment standard or the		

Medically Needy Income Level

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C. Additional Information (optional)

### Income/Resource Standards

#### Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

### **Package Header**

 Package ID
 NE2019MS00040

 Submission Type
 Official

 Approval Date
 3/26/2020

 Superseded SPA ID
 NE 15-0012

 User-Entered
 User-Entered

 SPA ID
 NE-19-0005

 Initial Submission Date
 12/27/2019

 Effective Date
 10/1/2019

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

#### **A. Budget Periods**

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

• a. One budget period of:

i. 6 months
ii. 5 months
iii. 4 months
iv. 3 months
v. 2 months
vi. 1 month
b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

○ Yes

No

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

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	User-Entered		

# **B. Types of Eligible Expenses**

1. In determining incurred expenses to be deducted from income, the state includes:

a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.

b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.

c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.

d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

Yes

 $\bigcirc$  No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown) MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005 **Package Header** Package ID NE2019MS00040 SPA ID NE-19-0005 Submission Type Official Initial Submission Date 12/27/2019 Approval Date 3/26/2020 Effective Date 10/1/2019 Superseded SPA ID NE 15-0012 User-Entered **C. Timeframe of Deduction of Expenses** In determining incurred expenses to be deducted from income, the state deducts: 1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts: a. Eligible expenses incurred during the budget period, whether paid or unpaid. b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility. c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred: • i. At any time prior to the budget period.  $\bigcirc$  ii. Prior to the third month before the month of application, but no earlier than:  $\bigcirc$  iii. No earlier than the third month before the month of application. 2. For prospective budget period(s), the state deducts: a. Eligible expenses incurred during the budget period, whether paid or unpaid. b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility. c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

#### **Package Header**

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Approval Date	3/26/2020	Effective Date	10/1/2019
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	User-Entered		

#### **D. Order of Deduction of Expenses**

Incurred medical or remedial care expenses are deducted in the following order:

 $\bigcirc$  1. By the type of service, in the following order:

a. Premiums, deductibles, coinsurance and co-payments.

b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.

c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.

d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.

 $\odot$  2. In chronological order by the date of the service, or the date cost sharing payments are due.

• 3. In chronological order by the date the bill is submitted to the state by the individual.

ackage Header			
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Superseded SPA ID	NE 15-0012 User-Entered		
. Reasonable Limitati			
e state sets reasonable limits on th	e amount to be deducted for e	xpenses.	
Yes			
No			
	The state sets the following re	asonable limits:	
	$\square$ 1. Medicare, Medicaid and	other health insurance premiums and cost	sharing.
	☑ 2. Expenses for necessary the state plan.	medical and remedial services recognized b	y state law but not included in
		Description of reasonable limitations	:
		Subsistence to obtain medical care; a allowed for the client and the same for necessary.	
	☐ 3. Expenses incurred earlie	er than the third month before the month of	application as specified in

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

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### F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

 $\bigcirc$  Yes

No

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

# Package Header

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Superseded SPA ID	NE 15-0012		
	User-Entered		

### **G.** Additional Information (optional)

# Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

# Package Header

Package ID NE2019MS00040

Submission TypeOfficialApproval Date3/26/2020Superseded SPA IDMS-91-24

 SPA ID
 NE-19-0005

 Initial Submission Date
 12/27/2019

 Effective Date
 10/1/2019

# A. Medically Needy Resource Level Structure

User-Entered

1. The state employs a single resource level for the medically needy.

2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

#### **Package Header**

Package ID	NE2019MS0004O	SPA ID	NE-19-0005
Submission Type	Official	Initial Submission Date	12/27/2019
Approval Date	3/26/2020	Effective Date	10/1/2019
Superseded SPA ID	MS-91-24		
	User-Entered		

#### **B. Resource Level Used**

The level used is:

Household size	Standard
1	\$4000.00
2	\$6000.00
3	\$6025.00
4	\$6050.00
5	\$6075.00
6	\$6100.00
7	\$6125.00
8	\$6150.00
9	\$6175.00
10	\$6200.00

The state uses an additional incremental amount for larger household sizes.

Yes

 $\bigcirc$  No

Incremental Amount:

\$25.00

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

# Package Header

Package ID	NE2019MS0004O	SPA ID	NE-19-0005
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	User-Entered		

**C. Additional Information (optional)** 

#### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

### **Package Header**

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Submission Type	Official	Initial Submission Date	12/27/2019
Approval Date	3/26/2020	Effective Date	10/1/2019
Superseded SPA ID	NE-15-0008		
	System-Derived		

# Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

**Families and Adults** 

Eligibility Group Name		Covered In State Plan	Include RU In Package 😧	Included in Another Submission Package	Source Type 😯
Infants and Children under Age 19	ø	V		0	CONVERTED
Parents and Other Caretaker Relatives	ø	V		0	CONVERTED
Pregnant Women	P	$\checkmark$		0	CONVERTED
Deemed Newborns	P	$\checkmark$		0	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	P	Y		0	NEW
Former Foster Care Children	ø	V		0	NEW
Transitional Medical Assistance	ø	V		0	NEW
Extended Medicaid due to Spousal Support Collections	P	V		0	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 🝞	Included in Another Submission Package	Source Type 🛿
SSI Beneficiaries	P	1		0	NEW
Closed Eligibility Groups	P	V		0	NEW
Individuals Deemed To Be Receiving SSI	P	V		0	NEW
	P	V		0	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 🕑	Included in Another Submission Package	Source Type 😧
Working Individuals under 1619(b)					
Qualified Medicare Beneficiaries	ø	V	$\checkmark$	0	APPROVED
Qualified Disabled and Working Individuals	ø	V		0	NEW
Specified Low Income Medicare Beneficiaries	P	V		0	APPROVED
Qualifying Individuals	P	V	$\checkmark$	0	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

#### **Package Header**

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Superseded SPA ID	NE-15-0008		
	System-Derived		

#### B. The state elects the Adult Group, described at 42 CFR 435.119.

⊖Yes ●No

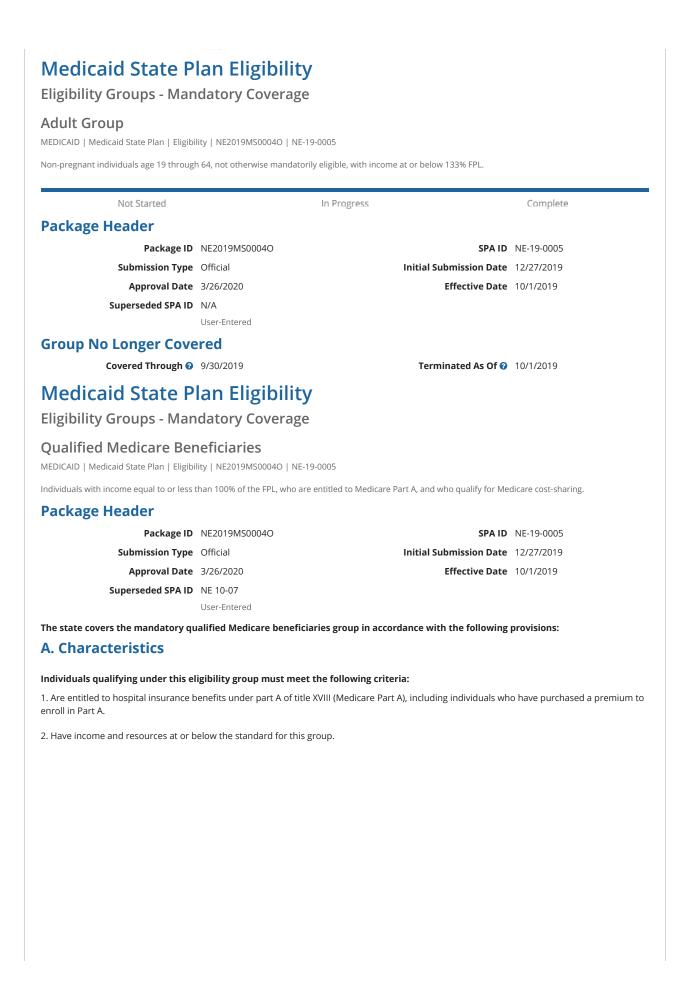
C. Additional Information (optional)

Nebraska elected to cover the adult group through SPA NE 19-0002. This SPA is effective October 1, 2020.

#### **Eligibility Groups Deselected from Coverage**

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

• Adult Group



**Qualified Medicare Beneficiaries** MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005 **Package Header** Package ID NE2019MS0004O SPA ID NE-19-0005 Submission Type Official Initial Submission Date 12/27/2019 Approval Date 3/26/2020 Effective Date 10/1/2019 Superseded SPA ID NE 10-07 User-Entered **B.** Financial Methodologies 1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state. 2. Less restrictive methodologies are used in calculating countable income. Yes ○ No The less restrictive income methodologies are: General income disregard: Name of disregard: Description: Disregard the amount of income equal to the monthly Medical Insurance Disregard premiums paid for private/commercially available health insurance plans. All otherwise countable income deposited in an IDA account IDA Income Disregard funded under the Assets for Independence Act is excluded. Description of disregard: All interest earned on an IDA ☑ Interest is disregarded. account funded under the Assets for Independence Act is excluded. 3. Less restrictive methodologies are used in calculating countable resources. Yes ○ No The less restrictive resource methodologies are: General resource disregard: Name of disregard: Description: Exempt land or assets held as a life estate when the life tenant Life Estate Disregard cannot sell the asset without agreement from the remainder interest holders. Image: The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts. **Description:** All funds in IDA accounts Resources set aside in an funded under the Assets for Assets for Independence Act independence Act are excluded. (IDA) account

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Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

### **Package Header**

Package ID	NE2019MS0004O	SPA ID	NE-19-0005
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	User-Entered		

#### C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

#### **D. Resource Standard Used**

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### **E. Medical Assistance Provided**

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

## Package Header

Package ID	NE2019MS0004O	SPA ID	NE-19-0005
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### F. Additional Information (optional)

# Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

### Package Header

Package IDNE2019MS00040Submission TypeOfficial

 Approval Date
 3/26/2020

 Superseded SPA ID
 NE 10-07

User-Entered

 SPA ID
 NE-19-0005

 Initial Submission Date
 12/27/2019

 Effective Date
 10/1/2019

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

#### **A. Characteristics**

#### Individuals qualifying under this eligibility group must meet the following criteria:

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.

2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

### **Package Header**

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Superseded SPA ID	NE 10-07		
	User-Entered		

### **B.** Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

Yes

○ No

The less restrictive income methodologies are:

General income disregard:

	Name of disregard:	Description:
	Medical Insurance Disregard	Disregard the amount of income equal to the monthly premiums paid for private/commercially available health insurance plans.
	IDA Income Disregard	All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.
☑ Interest is disregarded.	Description of disrega	rd: All interest earned on an IDA account funded under the Assets for Independence Act i excluded.
3. Less restrictive methodologies are used in calculating countable	resources.	
• Yes		
○ No		
he less restrictive resource methodologies are:		
General resource disregard:		
General resource disregard:	Name of disregard:	Description:
General resource disregard:	Name of disregard: Life Estate Disregard	Description:         Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.
✓ General resource disregard: ✓ The state uses a less restrictive methodology with respect to the treater.	Life Estate Disregard	Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.

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Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

#### **Package Header**

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Superseded SPA ID	NE 10-07		
	User-Entered		

### C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

#### **D. Resource Standard Used**

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

#### **E. Medical Assistance Provided**

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

### **Package Header**

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Superseded SPA ID	NE 10-07		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

### **Qualifying Individuals**

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

### **Package Header**

Package IDNE2019MS00040Submission TypeOfficialApproval Date3/26/2020Superseded SPA IDNE 10-07

 SPA ID
 NE-19-0005

 Initial Submission Date
 12/27/2019

 Effective Date
 10/1/2019

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

#### **A. Characteristics**

#### Individuals qualifying under this eligibility group must meet all of the following criteria:

User-Entered

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.

2. Are not otherwise eligible for Medicaid under the state plan.

3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals			
MEDICAID   Medicaid State Plan   Eligibi Package Header	lity   NE2019MS00040   NE-19-0005		
•		CD 4 11	NE 10 0005
-	NE2019MS0004O		<b>D</b> NE-19-0005
Submission Type		Initial Submission Dat Effective Dat	
Approval Date Superseded SPA ID		Effective Dat	e 10/1/2019
Superseded SFA ID	User-Entered		
B. Financial Methodolo	ogies		
1. SSI methodologies are used in calc	ulating household income. Please re	efer as necessary to Non-MAGI Metho	dologies, completed by the state.
2. Less restrictive methodologies a	re used in calculating countable ir	ncome.	
• Yes			
○ No			
The less restrictive income methodol	ogies are:		
General income disregard:			
		Name of disregard:	Description:
			Disregard the amount of income equal to the monthly
		Medical Insurance Disregard	premiums paid for private/commercially available
			health insurance plans.
			All otherwise countable income
		IDA Income Disregard	deposited in an IDA account
			funded under the Assets for Independence Act is excluded.
		Description of disregard	: All interest earned on an IDA
✓ Interest is disregarded.		Description of disregard	account funded under the
			Assets for Independence Act is excluded.
2. Loss vostvistivo mothodologios a	ve used in calculating countable v		
3. Less restrictive methodologies a	re used in calculating countable re	esources.	
• Yes			
O No			
The less restrictive resource methodo	logies are:		
General resource disregard:			
		Name of disregard:	Description:
			Exempt land or assets held as a
		Life Estate Disregard	life estate when the life tenant cannot sell the asset without
			agreement from the remainder
			interest holders.
☑ The state uses a less restrictive m	ethodology with respect to the treat	ment of resources set aside in specifi	ed types of accounts.
	Resources set aside in an		: All funds in IDA accounts
	Assets for Independence Act		funded under the Assets for
	(IDA) account		independence Act are excluded

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**Qualifying Individuals** 

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

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Superseded SPA ID	NE 10-07		
	User-Entered		

#### **C. Income Standard Used**

Family income must be at or above 120% FPL and below 135% FPL.

#### **D. Resource Standard Used**

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

#### **E. Medical Assistance Provided**

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

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## F. Additional Information (optional)

# Medicaid State Plan Eligibility

**Optional Eligibility Groups** 

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

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Approval Date	3/26/2020	Effective Date	10/1/2019
Superseded SPA ID	NE-15-0011		
	System-Derived		

## A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

● Yes ○ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### **Families and Adults**

Eligibility Group Name		Covered In State Plan	Include RU In Package 🝞	Included in Another Submission Package	Source Type 🝞
Optional Coverage of Parents and Other Caretaker Relatives	P			0	NEW
Reasonable Classifications of Individuals under Age 21	P	V		0	CONVERTED
Children with Non- IV-E Adoption Assistance	P	V		0	CONVERTED
Independent Foster Care Adolescents	P			0	NEW
Optional Targeted Low Income Children	P	V		0	CONVERTED
Individuals above 133% FPL under Age 65	P			0	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	ø	V		0	NEW
Individuals Eligible for Family Planning Services	P			0	NEW
Individuals with Tuberculosis	ø			0	NEW
Individuals Electing COBRA Continuation Coverage	ø			0	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 😯	Included in Another Submission Package	Source Type 😯
Individuals Eligible for but Not Receiving Cash Assistance	P			0	NEW
Individuals Eligible for Cash Except for Institutionalization	P			0	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules	P	V		0	NEW
Optional State Supplement Beneficiaries	P	V		0	NEW
Individuals in Institutions Eligible under a Special Income Level	P			0	NEW
PACE Participants	P	V		0	NEW
Individuals Receiving Hospice	ø			0	NEW
Children under Age 19 with a Disability	ø	<b>V</b>		0	NEW
Age and Disability- Related Poverty Level	P	V	V	0	APPROVED
Work Incentives	ø	V	$\checkmark$	0	APPROVED
Ticket to Work Basic	ø			0	NEW
Ticket to Work Medical Improvements	P			0	NEW
Family Opportunity Act Children with a Disability	P			0	NEW
Individuals Receiving State Plan Home and Community-Based Services	P			0	NEW
ndividuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	P			0	NEW

Optional Eligibilit					
MEDICAID   Medicaid State Pl	an   Eligibility   NE20 <sup>.</sup>	19MS00040   NE-19-0005			
Package Header					
Ра	ckage ID NE2019N	1500040		<b>SPA ID</b> NE-19-0	005
Submiss	ion Type Official		Initial Su	ibmission Date 12/27/2	019
Appro	val Date 3/26/202	0		Effective Date 10/1/20	19
Supersede	d SPA ID NE-15-00	11			
	System-D	erived			
B. Medically Nee	dy Options	for Coverage			
The state provides Medica	aid to specified gro	ups of individuals who a	re medically needy.		
The medically needy eligibil 1. Mandatory Me Families and Adults					
Eligibility Group Name		Covered In State Plan	Include RU In Package 😧	Included in Another Submission Package	Source Type 😯
Medically Needy Pregnant Women	P	V	$\checkmark$	0	APPROVED
Medically Needy Children under Age 18	ø	V	V	0	APPROVED
Aged, Blind and Disab	oled				
Eligibility Group Name		Covered In State Plan	Include RU In Package 😯	Included in Another Submission Package	Source Type 😧
Protected Medically Needy Individuals Who Were Eligible in 1973	ø	M		0	NEW
2. Optional Medio	cally Needy:				
Families and Adults					
Eligibility Group Name		Covered In State Plan	Include RU In Package 😧	Included in Another Submission Package	Source Type 🝞
Medically Needy Reasonable Classifications of Individuals under Age 21	ø	X		0	NEW
Medically Needy	Ø			$\bigcirc$	

Aged, Blind and Disabled

Parents and Other

Caretaker Relatives

P

 $\checkmark$ 

 $\checkmark$ 

Ο

APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package 😯	Included in Another Submission Package	Source Type 😮
Medically Needy Populations Based on Age, Blindness or Disability	ø	V	V	0	APPROVED

Optional Eligibility Groups MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

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	System-Derived		

### **C. Additional Information (optional)**

### **Eligibility Groups Deselected from Coverage**

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

• N/A

# Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

### Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

### Package Header

Package ID NE2019MS00040 Submission Type Official Approval Date 3/26/2020 Superseded SPA ID NE 10-07 User-Entered 
 SPA ID
 NE-19-0005

 Initial Submission Date
 12/27/2019

 Effective Date
 10/1/2019

The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

### **A. Characteristics**

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following condition(s):

a. Are age 65 or older; or

b. Have a disability.

2. Have income and resources at or below the standard for this group.

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

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	User-Entered		

### **B. Individuals Covered**

1. The state covers all individuals who meet the characteristics described in section A.

Yes

 $\bigcirc$  No

ackage Header					
Package ID	NE2019MS0004O	SP	A ID	NE-19-0005	
Submission Type	Official	Initial Submission D	Date	12/27/2019	
Approval Date	3/26/2020	Effective D	Date	10/1/2019	
Superseded SPA ID					
	User-Entered				
. Financial Methodolo	ogies				
SSI methodologies are used in calcompleted by the state.	ulating household income and res	sources. Please refer as necessary to	Non-I	MAGI Metho	odologies,
Less restrictive methodologies are	used in calculating countable incc	ome.			
• Yes					
⊃ No					
	a. The state uses the same less r	estrictive income methodologies for a	all ind	ividuals cov	ered.
	• Yes				
	○ No				
	The less restr	ictive income methodologies are:			
	🗹 General ii	ncome disregard:			
		N	ame o	f	Description:
		di	isrega	rd:	Description.
		In	ledical Isuran Isregal	ce	Disregard the amount of income equal to the monthly premiums paid for private/commen ially available health insurance plans.
			0A Incc isrega		All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.
	✓ Interest i	s disregarded.		Descriptio	n of disregard:
	interestie	-0			

3. Less restrictive methodologies are used in calculating countable resources.		ou nt fun de d un der the As set s for Ind ep en de nc e Act is exc Iud ed.
● Yes ○ No		
<ul> <li>No</li> <li>a. The state uses the same less restrictive resource methodologie</li> </ul>	s for all individuals c	overed.
Yes		
○ No		
The less restrictive resource methodologies an	e:	
General resource disregard:		
	Name of disregard:	Description:
	Excess Resource Disregard	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

Name of disregard:	Description:
	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 Medicaid Bills Incurred Application Made Bills Paid 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

Name of disregard:	Description:
	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.
Life Estate Disregard	Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.

	Description:	All
	Description.	fun
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in		nts
an		fun
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for		der
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en		set
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nc		for
e		ind
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A)		de
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### Package Header

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Superseded SPA ID	NE 10-07		
	User-Entered		

### **D. Income Standard Used**

The income standard for this eligibility group is:

1.100% FPL

 $\bigcirc$  2. A lower percent of the FPL:

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### E. Resource Standard Used

The resource standard used is:

 $\bigcirc$  1. The resource limit for the SSI program; or

 $\textcircled{\sc 0}$  2. The resource limit used in the state's medically needy program, if higher.

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### F. Additional Information (optional)

### Eligibility Groups - Options for Coverage

#### Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

#### **Package Header**

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	User-Entered		

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have earned income.

2. Meet the SSI definition of disability, but for earned income.

3. Meet income and resource standards following a two-step process, which includes:

a. Step One - A comparison of family net income to 250% FPL; and

b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

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Submission Type	Official	Initial Submission Dat	e 12/27/2019
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Superseded SPA ID			
B. Step One Financial I	User-Entered	Income Test	
. Financial methodologies			
	a. SSI methodologies are used Methodologies, completed by	in calculating family income. Please refer the state.	as necessary to Non-MAGI
	b. Less restrictive methodolog	ies are used in calculating countable incon	ne.
	• Yes		
	○ No		
he less restrictive income methodol	ogies are:		
General income disregard:			
		Name of disregard:	Description:
		Medical Insurance Disregard	Disregard the amount of income equal to the monthly premiums paid for private/commercially available health insurance plans.
		IDA Income Disregard	All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.
☑ Interest is disregarded.		Description of disregard	All interest earned on an IDA account funded under the Assets for Independence Act i excluded.
2. Income Test			
amily net income must be less than	250% FPL. Please refer as nece	essary to Non-MAGI Methodologies for the	definition of family size.

MEDICAID   Medicaid State Plan   Eligibi			
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C. Step Two Financial I	Methodologies and I	ncome/Resource Test	
I. Financial methodologies			
		calculating income and resources, excep ary to Non-MAGI Methodologies, comple	
	b. Less restrictive methodologies	s are used in calculating countable incom	ie.
	• Yes		
	○ No		
The less restrictive income methodol			
☑ The total amount of unearned inc	come is disregarded.	Description of disregard	: Disregard all unearned incom contingent upon a trial work period (such as a Social Securi Trial Work Periods). In determining eligibility for SSI i the individual eligibility
			determination required under Section 4733 of the Balanced Budget Act.
	c. Less restrictive methodologies	are used in calculating countable resour	Section 4733 of the Balanced Budget Act.
	c. Less restrictive methodologies	are used in calculating countable resour	Section 4733 of the Balanced Budget Act.
	-	are used in calculating countable resou	Budget Act.
The less restrictive resource methodo	● Yes ○ No	are used in calculating countable resou	Section 4733 of the Balanced Budget Act.
	● Yes ○ No	are used in calculating countable resou	Section 4733 of the Balanced Budget Act.
The less restrictive resource methodo	● Yes ○ No	are used in calculating countable resou	Section 4733 of the Balanced Budget Act.
	● Yes ○ No	are used in calculating countable resour	Section 4733 of the Balanced Budget Act.
	● Yes ○ No		Section 4733 of the Balanced Budget Act. rces.
	● Yes ○ No	Name of disregard:	Section 4733 of the Balanced Budget Act. rces. Description: Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder
The less restrictive resource methodo ☑ General resource disregard:	● Yes ○ No	Name of disregard: Life Estate Disregard	Section 4733 of the Balanced Budget Act. rcces. Description: Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders. 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

	Name of disregard:	Description:
	Name of disregard:	<ul> <li>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.</li> <li>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).</li> <li>Example Medicaid Bills Incurred Application Made Bills Paid Jan. 1, Feb. 3, Mar. 5, Mar. 25 March April Excess Resources Below Resources</li> <li>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.</li> <li>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.</li> <li>Eligibility will never begin</li> </ul>
		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.
ogy with respect to the treat	tment of resources set aside in spe	
esources set aside in an s for Independence Act account	Descript	ion: All funds in IDA accounts funded under the Assets for independence Act are excluded
	-	rned income (plus deemed income, if 5:
appropriate) must be less than one	e of the following income standards	5:

a. The SSI income standard.

 $\bigcirc$  b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

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### **D. Premiums and Cost Sharing**

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

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### E. Additional Information (optional)

# Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

#### Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

### **Package Header**

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 SPA ID
 NE-19-0005

 Initial Submission Date
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 Effective Date
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The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

### **A. Characteristics**

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.

2. Would qualify under the Pregnant Women eligibility group, except for income.

3. Are not otherwise eligible for categorically needy coverage under the state plan.

4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregn			
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<b>B. Financial Methodol</b>	ogies		
1. The financial methodology used is:			
a. AFDC methodologies. Please re	fer as necessary to Non-MAGI Method	dologies, completed by the state.	
$\bigcirc$ b. MAGI-like methodologies. Pleas	se refer as necessary to Non-MAGI Me	thodologies, completed by the state	
2. Less restrictive methodologies are	used in calculating countable income.		
• Yes			
○ No			
The less restrictive income methodolo	ogies are:		
☑ General income disregard:			
		Name of disregard:	Description:
		IDA Income	All otherwise countable income deposited in an IDA account
			funded under the Assets for Independence Act is excluded.
☑ Interest is disregarded.		Description of disregard	: All interest earned on an IDA account funded under the Assets for Independence Act is excluded.
3. Less restrictive methodologies are	used in calculating countable resource	25.	
• Yes			
○ No			
The less restrictive resource methodo	ologies are:		
General resource disregard:			
		Name of disregard:	Description:
		Life Estate Disregard	Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.
		Excess Resource Disregard	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

Name of disregard:	Description:
	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 Medicaid Bills Incurred Application Made Bills Paid 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.

☑ The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

Description: All funds in IDA accounts funded under the Assets for independence Act are excluded.

https://macpro.cms.gov/suite/tempo/records/item/IUBGxuxnAYNcw8V8rAl1iLjGcRpO05... 3/26/2020

Medically Needy Pregnant Women

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### C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### **D. Resource Standard Used**

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Pregnant Women MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005

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 NE-19-0005

 Initial Submission Date
 12/27/2019

 Effective Date
 10/1/2019

# F. Additional Information (optional)

# Medicaid State Plan Eligibility

**Eligibility Groups - Medically Needy** 

### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0004O | NE-19-0005

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

### **Package Header**

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The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

### **A. Characteristics**

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 18.

2. Would qualify as categorically needy, except for income.

3. Are not otherwise eligible for categorically needy coverage under the state plan.

4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Madically Neady Childr	an under Age 19		
Medically Needy Childr MEDICAID   Medicaid State Plan   Eligibil	0		
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•	NE2019MS0004O	SPA ID	NE-19-0005
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Superseded SPA ID			
B. Financial Methodolo	User-Entered		
1. The financial methodology used is:			
_	fer as necessary to Non-MAGI Method		
<ol> <li>D. MAGI-like methodologies. Pleas</li> <li>Less restrictive methodologies are in</li> </ol>	se refer as necessary to Non-MAGI Me		
Yes			
○ No			
The less restrictive income methodolo	ogies are:		
General income disregard:			
		Name of disregard:	Description:
		IDA Income	All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.
☑ Interest is disregarded.		Description of disregard	<ul> <li>All interest earned on an IDA account funded under the Assets for Independence Act is excluded.</li> </ul>
3. Less restrictive methodologies are	used in calculating countable resource	es.	
• Yes			
○ <sub>No</sub>			
The less restrictive resource methodo	logies are:		
General resource disregard:			
		Name of disregard:	Description:
		Life Estate Disregard	Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.
		Excess Resource Disregard	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

Name of disregard:	Description:
	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 Medicaid Bills Incurred Application Made Bills Paid 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.

 $\blacksquare$  The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

Description: All funds in IDA accounts funded under the Assets for independence Act are excluded. Medically Needy Children under Age 18

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### C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

### **D. Resource Standard Used**

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Children under Age 18

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# F. Additional Information (optional)

Medically Needy Childr	0		
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Superseded SPA ID	MS-92-1		
	User-Entered		
Medicaid State P	lan Eligibility		
Eligibility Groups - Med	•		
Medically Needy Paren MEDICAID   Medicaid State Plan   Eligibil			
Parents and other caretaker relatives of o	dependent children who do not o	qualify as categorically needy.	
Package Header			
Package ID	NE2019MS0004O	SPA ID	NE-19-0005
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Superseded SPA ID	11-03		
	User-Entered		
The state covers the optional Medical	ly Needy Parents and Other C	aretaker Relatives eligibility group in accorda	nce with the following provisions:
A. Characteristics			
Individuals qualifying under this el	igibility group must meet th	e following criteria:	
1. Meet the definition of parent or car	etaker relative, as described i	n the mandatory Parents and Other Caretake	r Relatives eligibility group.
2. Are not otherwise eligible for categ	orically needy coverage under	the state plan.	
0			

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Approval Date		Effective Date	
Superseded SPA ID	11-03		
	User-Entered		
B. Financial Methodolo	ogies		
I. The financial methodology used	is:		
a. AFDC methodologies. Please re	fer as necessary to Non-MAGI Metho	dologies, completed by the state.	
O b. MAGI-like methodologies. Plea	se refer as necessary to Non-MAGI M	ethodologies, completed by the state	
2. Less restrictive methodologies a	re used in calculating countable in	come.	
• Yes			
○ No			
The less restrictive income methodol	ogies are:		
✓ General income disregard:			
0			
		Name of disregard:	Description:
		IDA Income	All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.
☑ Interest is disregarded.		Description of disregard	All interest earned on an IDA account funded under the Assets for Independence Act is excluded.
8. Less restrictive methodologies a	re used in calculating countable re	sources.	
Yes			
○ No			
The less restrictive resource methodo	blogies are:		
General resource disregard:			
		Name of disregard:	Description:
		Excess Resource Disregard	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

Name of disregard:	Description:
	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 Medicaid Bills Incurred Application Made Bills Paid 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.
Life Estate Disregard	Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.

🗹 The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

Description: All funds in IDA accounts funded under the Assets for independence Act are excluded. Medically Needy Parents and Other Caretaker Relatives

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### **C. Income Standard Used**

The income standard used for this group is described in the Medically Needy Income Level RU.

# D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

### E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

# Medically Needy Parents and Other Caretaker Relatives

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# F. Additional Information (optional)

# Addicad State Plan Eligibility Eligibility Groups - Medically Needy Medically Needy Populations Based on Age, Blindness or Disability MEDICALD | Medicaid State Plan | Eligibility | NE2019MS00040 | NE-19-0005 Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy Package ID NE2019MS00040 | NE-19-0005 Submission Type Official Initial Submission Date 12/27/2019 Approval Date 326/2020 Engerseded SPA ID 11-03 User-Entrerd The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following

The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

### **A. Characteristics**

Individuals qualifying under this eligibility group must meet the following criteria:

1.Meet at least one of the following:

a. Are age 65 or older;

b. Have blindness; or

c. Have a disability.

2. Are not otherwise eligible for categorically needy coverage under the state plan.

3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

# Medically Needy Populations Based on Age, Blindness or Disability

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## **B. Individuals Covered**

The state covers the following populations:

☑ 1. Individuals age 65 or older

☑ 2. Individuals with blindness

☑ 3. Individuals who have a disability

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. Financial Methodolo					
The state uses the same financial n		vered.			
Yes					
No					
The financial methodology used is:					
	a. SSI methodologies. Please re	fer as necessary to Non-MAGI Metho	odologi	es, complete	ed by the state.
	b. Less restrictive methodologie	es are used in calculating countable i	ncome.		
	● Yes ○ No				
	The less rest	rictive income methodologies are:			
	🗹 General	income disregard:			
			Name o	of	Descriptions
			disrega		Description:
					All otherwise
					countable income
					deposited in a
			IDA Inco	ome	IDA account funded under
					the Assets for
					Independence Act is excluded
				Descriptio	n of diseased
	🗹 Interest i	is disregarded.		Descriptio	n of disregard:

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c. Less restrictive methodologies are used in calculating countable resources.

● Yes ○ No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Life Estate Disregard	Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.
Excess Resource Disregard	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

Name of disregard:	Description:
	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 Medicaid Bills Incurred Application Made Bills Paid 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

Name of disregard:	Description:
	Medicaid, an applicant has 90 days in which to spend down excess resources to become retroactively eligible for Medicaid.

 $\checkmark$  The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

$\checkmark$	Description:	All
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D. Income Standard Used					

The income standard used for this group is described in the Medically Needy Income Level RU.

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<b>Resource Standard</b>	Used		
	aroup is described in the Medically	Needy Resource Level RU.	
e resource standard used for this §	group is described in the Medically		

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F. Spenddown					
The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.					

### Medically Needy Populations Based on Age, Blindness or Disability

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# **G.** Additional Information (optional)

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