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OMB No.: 0938-

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:

			Maximum Payment
Family Size	Need Standard	Payment Standard	<u>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 <u>Dec 14 1995</u>

Effective Date Jul 1 1995

TN No. MS-93-5

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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

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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(I)(2) of the Act are as follows:

Based on <u>150</u> 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.

Family Size	Income Level
1	\$
2	\$
3	\$
4	\$
5	\$

TN No. NE 10-02

Supersedes Approval Date May 4 2010 Effective Date Jan 2 2010

TN No. MS-91-24 HCFA ID: 7985E

"Substitute per letter dated 6/14/93"

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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State of Nebraska

(Reserved)

TN No. MS-93-5 Supersedes

Approval Date Jun 24 1993

Effective Date Jan 1 1993

TN No. (MS-91-24)

"Substitute per letter dated 6/14/93"

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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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 <u>Jun 24 1993</u> Effective Date <u>Jan 1 1993</u>

TN No. (MS-92-7)

"Substitute per letter dated 6/14/93"

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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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: Some specific specifi

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.

TN No. MS-93-5

Supersedes Approval Date <u>Jun 24 1993</u> Effective Date <u>Jan 1 1993</u>

TN No. MS-91-24 HCFA ID: 7985E

1991

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

a.	Based on	the fo	ollowing	percent o	f the	official	Federal	income	poverty	/ level:

b. Levels:

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

TN No. MS-92-1

Supersedes Approval Date Apr 10 1992 Effective Date Nov 1 1991

TN No. MS-91-24 HCFA ID: 7985E

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

MEDICALLY N	IEEDY					
Applicable to all groups.		Applicable to all groups except those specified below. Excepted group income level also listed on an attached page 3.				
(1)	(2)	(3)	(4)	(5)		
Family Size	Net income level protected for maintenance for 1 month urban only 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) Family Size 1 2 3	(1) (2) Family Size Net income level protected for maintenance for 1 month urban only urban & rural 1 \$392 2 \$392 3 \$492	Applicable to all groups. (1) (2) (3) Family Size Net income level protected for maintenance for 1 month urban only wind urban & rural 1 \$392 \$ CFR 435.1007¹ 1 \$392 \$ \$392 \$ \$ 3	Applicable to all groups. Applicable to all groups specified below. Exceeds listed on an attate of the specified below. E	Applicable to all groups. Applicable to all groups except those specified below. Excepted group income also listed on an attached page 3. (1) (2) (3) (4) (5) Family Size Net income level protected for maintenance for 1 month urban only winch or 1 with urban only with a specified in 42 or 1 with a spec	

TN No. <u>NE 15-0012</u> Supersedes

Approval Date _March 28, 2016_

Effective Date __January 1, 2016_

TN No. MS-91-24

HCFA ID: 7985E

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

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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 urban only 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	¢ 01	¢	¢	\$
add:	\$ 91	ቕ	\$	\$

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

TN No. <u>NE 15-0012</u> Supersedes TN No. <u>MS-91-24</u>