Table of Contents

State/Territory Name: NE

State Plan Amendment (SPA) #: 13-0033-MM7

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
4) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 355
Kansas City, Missouri 64106

Division of Medicaid and Children's Health Operations

July 10, 2014

Courtney Miller, Deputy Director
Department of Health & Human Services
Division of Medicaid and Long-Term Care
301 Centennial Mall South, 3rd Floor
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Miller:

On December 18, 2013, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #13-0033-MM7, which describes the Modified Adjusted Gross Income (MAGI)-based hospital presumptive eligibility criteria covered under Iowa's Medicaid State Plan. The MAGI presumptive eligibility as set forth in 42 CFR § 435.1110 allows states to provide Medicaid services to children under 19 years of age, during period of presumptive eligibility, prior to formal determination.

SPA 13-0033-MM7 was approved on July 9, 2014, with an effective date of January 1, 2014, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Nebraska State Plan.

If you have any questions regarding this amendment, please contact Benton Williams or Karen Hatcher at (816) 426-5925.

Sincerely,

//s//

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Nancy Keller
Alisa Horn
Brenda Hall

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: **Nebraska**

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NE-13-0033

Proposed Effective Date

01/01/2014 *(mm/dd/yyyy)*

Federal Statute/Regulation Citation

1902(a)(47)(B) of the Act; 42 CFR 435.1110

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	$ 37075000.00
Second Year	2015	$ 41500000.00

Subject of Amendment

Hospital Presumptive Eligibility. The Federal Budget Impact includes all Medicaid MAGI Eligibility & Benefits State Plan buckets.

Governor's Office Review

- (●) **Governor's office reported no comment**
- ( ) **Comments of Governor's office received**
  Describe:
- ( ) **No reply received within 45 days of submittal**
- ( ) **Other, as specified**
  Describe:

Signature of State Agency Official

Submitted By:	**Crystal Georgiana**
Last Revision Date:	**Jul 2, 2014**
Submit Date:	**Dec 18, 2013**

Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Presumptive Eligibility by Hospitals — S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

◉ Yes ○ No

☑ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

■ A qualified hospital is a hospital that:

■ Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

■ Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

◉ Yes ○ No

■ The eligibility groups or populations for which hospitals determine eligibility presumptively are:

■ Pregnant Women

■ Infants and Children under Age 19

■ Parents and Other Caretaker Relatives

■ Adult Group, if covered by the state

■ Individuals above 133% FPL under Age 65, if covered by the state

■ Individuals Eligible for Family Planning Services, if covered by the state

■ Former Foster Care Children

■ Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

☐ Other Family/Adult groups:

☐ Eligibility groups for individuals age 65 and over

☐ Eligibility groups for individuals who are blind

☐ Eligibility groups for individuals with disabilities

☐ Other Medicaid state plan eligibility groups

☐ Demonstration populations covered under section 1115

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

Medicaid Eligibility

(•) Yes ( ) No

Select one or both:

☒ The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

Hospitals determining presumptive eligibility for individuals will need to show those individuals following up with a valid Medicaid application at a rate of 95% or higher.

The State will continuously assess hospital performance data and quality.

Hospitals will not be disqualified for failing to meet the standards for the first 12 months of the individual hospital's implementation. Effective 12 months after the hospital's implementation, the hospital will be subject to disqualification for not meeting the standard. Individuals within the hospital are not exempt from the disqualification.

☒ The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards:

Hospitals determining presumptive eligibility will need to maintain a correct determination accuracy rate of 95% or higher.

That is to say, of the individuals determined eligible under the presumptive eligibility program who file a valid Medicaid application, 95% are approved for Medicaid.

The State will continuously assess hospital performance data and quality.

Hospitals will not be disqualified for failing to meet the standards for the first 12 months of the individual hospital's implementation. Effective 12 months after the hospital's implementation, the hospital will be subject to disqualification for not meeting the standard. Individuals within the hospital are not exempt from the disqualification.

■ The presumptive period begins on the date the determination is made.

■ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

■ Periods of presumptive eligibility are limited as follows:

( ) No more than one period within a calendar year.

(•) No more than one period within two calendar years.

( ) No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

( ) Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Medicaid Eligibility

(●) Yes ( ) No

( ) The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

(●) The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

[■] The presumptive eligibility determination is based on the following factors:

[■] The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)

[■] Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.

[☒] State residency

[☒] Citizenship, status as a national, or satisfactory immigration status

[☑] The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

Department of Health & Human Services
DHHS
NEBRASKA

Division of Medicaid & Long Term-Care

Presumptive Medicaid Eligibility

Section 1: This entire form should be completed by an accepted Medicaid Presumptive Eligibility Provider.
Please list all members of the family living in the home together. Parents in the home include biological, step, or adoptive.
If more space is needed, attach an additional sheet of paper.

Address:	**Phone:**

Name	Date of Birth	Gender M/F	Pregnant? Y/N	Fetal Number	Expected Due Date (MM/DD/YYYY)

Section 4

DO NOT COMPLETE THIS SECTION BEFORE COMPLETING SECTIONS 2 AND 3 ON PAGE 2.

I (The qualified Presumptive Eligibility provider) certify that the following individuals have been determined to be presumptively eligible. (Do not complete Section 4 if the client is determined ineligible.)

Name	Category of Eligibility	Date of Birth (MM/DD/YYYY)

***Note: A presumptively eligible pregnant woman is eligible for ambulatory care only.**

***Pregnancy providers may only authorize eligiblity for pregnant women.**

Provider Information:

Please note: Only persons certified as approved providers may authorize presumptive eligibility

Name:	Medicaid Provider Number:

Address:	Phone:

Signature (Provider may sign only after client has been approved and signed page 2)	Date of PE Determination:

NOTICE TO PROVIDERS: Please accept this form as proof of temporary Medical coverage.
To check Medical presumptive eligibility please call the Medicaid Eligibility Line (NMES) at 1-800-642-6092
Please Note: There may be a delay in Presumptively Eligible cases appearing as eligible.
Be advised that pregnant women are eligible for ambulatory care only.

NOTICE TO APPLICANT: Show this form to providers of services as proof of medical coverage. You will NOT be issued a Medicaid card. This coverage is temporary. If you are interested in receiving full Medicaid coverage, you MUST complete a Medicaid application.

Transmittal Number: NE 13-0033-MM7 Approval Date: July 9, 2014 Effective Date: January 1, 2014

Department of Health & Human Services
DHHS
NEBRASKA

Division of Medicaid & Long Term-Care
Presumptive Medicaid Eligibility

Section 2: Complete this section for household members.
*Citizenship/Immigration status along with SSN/A Number are only required for individuals requesting assistance.

Name (Last, First)	US Citizen OR qualified alien under the Federal Immigration and Nationality Act (Y/N)	Social Security Number or Immigration Status and A Number	Tax Filing Status (See options)	Relationship to applicant	Nebraska Resident (Y/N)
				SELF	

Tax Filing Status Abbreviations:

Single Tax Filer - **S**	Married Filing Seperately - **MS**	Tax Dep. of Other - **DO**
Married Filing Jointly - **MJ**	Tax Dep. of a Parent - **DP**	Non Tax Filer - **NF**

Section 3:
Declaration of Income (Please note what deductions were used in the computation.)

1. Total Monthly Gross Income $_____
2. Total Net Self-Employment Income $_____
3. Total Monthly Unearned Income $_____
4. Total Countable Income $_____
5. Total Deductions $_____
6. Line 4 minus Line 5 $_____

Compare line 6 to the FPL for the individual's Medicaid category and household size to determine eligibility.

When this form is signed I agree that for the purpose of complying with Neb. Rev. State 4-108 through 4-114, I hereby attest that my response and the information provided on this from and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. This information may be verified by USCIS (formerly known as INS) through the submission of information from the application to USCIS, and that the submitted information received from USCIS may affect the household's eligibility and level of benefits. I understand my responsibilities and agree to fulfill them. I understand I may have to provide proof of what I have said. If written proof is not available, I agree to give the name or organization so that the Department of Health and Human Services may obtain the necessary proof. I will cooperate fully with state and federal personnel in a Quality Control Review.

I authorize the release of the Social Security Numbers provided on this form to the Department of Health and Human Services to use for the purposes mentioned in the Rights and Responsibilities.

NOTICE OF APPEAL RIGHTS: This is not an application for Medical Assistance. If you want Medical Assistance you are required to complete an application by the last day of the month following the date of presumptive determination listed in Section 4 of this document. Failure to apply will cause this presumptive eligibility to end without notice. You will be responsible for medical expenses incurred from this date forward. If for any other reasons the agency determines that you are ineligible for Medical Assistance, this presumptive eligibility will end without notice.

These actions are not subject to appeal.

To apply for Medical Assistance, go to ACCESSNebraska.ne.gov or call 1-855-632-7633.

SIGN HERE: (Signature or Mark of Applicant - Witness if mark)	Date:
SIGN HERE: (Signature of Witness if needed)	

Transmittal Number: NE 13-0033-MM7 Approval Date: July 9, 2014 Effective Date: January 1, 2014

The Medicaid Hospital Based and Pregnancy Presumptive Eligibility (PE) Program

Nebraska Department of Health and Human Services
Division of Medicaid and Long-Term Care

1

Contents

* In this training, the following will be covered:
  * Overview of the Hospital Presumptive Program
  * Review/Changes of the existing Pregnant Women's Presumptive Eligibility program (For Current Providers)
  * Terms and Definitions
  * Eligibility Requirements
  * Filing an application
  * Household/Unit Size
  * Income
  * Process of completing a Presumptive Eligibility Determination.

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Hospital Presumptive Overview

* What is Hospital Based Presumptive Eligibility?
  * With new Medicaid regulations taking effect 1-1-2014, hospitals will have the option to participate in the Hospital Based Presumptive Eligibility Program. This program allows qualified hospitals to provide presumptive Medicaid eligibility to individuals based on preliminary declared information (income, citizenship/immigration status, and residence).
  * Individuals approved will be eligible for Medicaid services during a temporary presumptive time period.

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Hospital Presumptive Overview

* Frequency Limitations:
  * Presumptive eligibility determinations are limited to no more than one period within two calendar years per person.
  * A pregnant woman may be authorized for presumptive eligibility once per pregnancy. (Note: A pregnant woman is eligible for ambulatory prenatal care only.)

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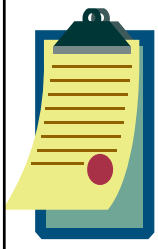
Hospital Presumptive Overview

* Qualified Entity Responsibilities:
  * Notify the appropriate individual at the time a determination regarding presumptive eligibility is made, in writing or orally if appropriate, of such determination, that –
    * If a Medicaid application on behalf of the eligible individual is not filed by the last day of the following month, the individual's presumptive eligibility will end on that last day.
    * If a Medicaid application on behalf of the eligible individual is filed by the last day of the following month, the individual's presumptive eligibility will end on the day that a decision is made on the Medicaid application, and
    * If the individual is not determined presumptively eligible, the qualified entity shall notify the appropriate individual of the reason for the determination and that he or she may file an application for Medicaid with the Medicaid agency.



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Hospital Presumptive Overview

* Qualified Entity Responsibilities (cont.)
  * Provide the individual with an agency approved application for Nebraska Medicaid;
  * Within five working days after the date that the determination is made, notify the agency that the individual is presumptively eligible; and
  * Shall not delegate the authority to determine presumptive eligibility to another entity.

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Hospital Presumptive Overview

* Qualified Hospital Criteria:
  * Participate as a Medicaid Provider;
  * Notify the Department of Health and Human Services of its decision to make presumptive determinations;
  * Agree to make determinations consistent with federal and state policy and procedures;
  * Assist individuals in completing and submitting full applications;
  * Assist individuals in understanding required documentation requirements; and
  * Shall not be disqualified by the Department of Health and Human Services (DHHS).

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Hospital Presumptive Overview

* Performance Standard:
  * All Hospital Presumptive Eligibility determinations will be subject to review by DHHS Quality Assurance staff. The participating hospitals will be expected to maintain a level of accuracy consistent with the following performance standards:
    * **Hospitals** that determine presumptive eligibility for individuals will need to show those individuals following up with a valid Medicaid application at a rate of 95% or higher.
    * **Hospitals** that determine presumptive eligibility for individuals will need to maintain a correct determination accuracy rate of 95% or higher.
      * That is to say, of the individuals determined eligible under the presumptive eligibility program who file an application, 95% are approved for Medicaid.
  * Hospitals not meeting this requirement will complete additional training in order to improve their accuracy. If the standards are not met after additional training, the hospital will be subject to disqualification from the presumptive eligibility program.

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Pregnancy Presumptive Program

* Review of Presumptive Eligibility for Pregnant Women
  * Previously, many providers statewide were approved to make presumptive eligibility determinations for pregnant women to receive ambulatory prenatal care while awaiting a full Medicaid determination.
  * These providers approved applications for Presumptive Medicaid based on verification of pregnancy, declaration of income, and attestation of citizenship or eligible immigration status.
  * Once approved, the presumptive application was forwarded to DHHS along with the pregnancy verification in order for the agency to determine whether or not the pregnant woman was Medicaid eligible.

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Pregnancy Presumptive Program

* What will stay the same for the Pregnancy Presumptive Program for 2014 forward?
  * Pregnant women will remain eligible for ambulatory prenatal care only (defined in Terms and Definitions).
  * The presumptive eligibility period will not change.
  * Pregnant women are still allowed only one presumptive determination per pregnancy (this applies regardless of who made the determination, a hospital or pregnancy PE provider).
  * Client attestation of income and citizenship/alien status will still be used.
  * Pregnant women who are not lawfully present aliens remain ineligible for Medicaid and cannot be approved for presumptive eligibility.

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Pregnancy Presumptive Program

* What is **changing** for the Pregnancy Presumptive Program for 2014?
  * Verification of pregnancy is no longer required unless information is not reasonably compatible with the client's attestation.
  * The Presumptive Eligibility Form will no longer serve as the client's Medicaid application. The client will need to follow up with a full Medicaid application in order to continue receiving Medicaid.
* Presumptive determinations will be made using new income calculation methods (explained in later slides).
* A pregnant woman's household is now based on the family's tax filing status.

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How to Become a Provider

1. All PE providers must be qualified Medicaid providers.
2. The provider will notify DHHS of its decision to make presumptive determinations by emailing DHHS.MedicaidPE@nebraska.gov
3. All staff members employed by the provider who intend to make PE determinations must successfully complete PE training and sign the Confirmation of Training form. All PE training materials must be in a DHHS approved format.
4. The provider must agree to make PE determinations consistent with Nebraska policy and procedure.
5. In order for a **hospital** to be accepted as a PE provider, the provider's CEO or executive director must acknowledge all staff members accepted as PE providers have successfully completed training by signing a Confirmation of Participation form.

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Terms and Definitions

* **Absent Parent:** A parent who is not in the home where his/her child(ren) is living.
* **Affordable Care Act (ACA):** The Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act of 2010, as amended by the Three Percent Withholding Repeal and Job Creation Act.
* **Ambulatory Prenatal Care:** services related to the pregnancy excluding inpatient hospital services, nursing home services, labor and delivery services, and services furnished to deliver or remove an embryo/fetus from the mother or services following such a procedure.
* **Applicant:** An individual who is seeking an eligibility determination for him/herself through an application submission or a transfer from another agency or insurance affordability program.
* **Application:** The single streamlined application submitted by or on behalf of an individual via an agency approved format.

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Terms and Definitions

* **Application Date:** For new and reopened cases, the date a properly signed application is received. When adding a program to a properly signed application, this is the date that the new program is requested.
* **Application Signature:** Applications may be signed in writing, telephonic signature, or by electronic signature.
* **Application Submission:** Applications may be submitted in person, by mail, by telephone, by fax, or by electronic submission.
* **Approval/Rejection Date:** The date that the new or reopened case is determined eligible or rejected by the Nebraska Department of Health and Human Services.
* **Child Support:** Money that is:
  * Ordered by a court of competent jurisdiction on behalf of a minor child; or
  * Paid by the noncustodial parent without a court order.
* **Client:** An individual who has been determined eligible for and is currently receiving Medicaid.
* **Department:** The Nebraska Department of Health and Human Services.

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Terms and Definitions

* **Dependent Child:** A child from birth to age 17 or who is age 18 and a full-time student in secondary school (or equivalent vocational or technical training, if before attaining age 19 the child may be reasonably expected to complete such school or training. Is deprived of parental support by reason of the death, absence from the home, physical or mental incapacity, or unemployment/underemployment of both parents (neither parent is employed more than 100 hours in a month).
* **Eligibility Determination**: An approval or denial of eligibility as well as a renewal or termination of eligibility.
* **Family Size Using Modified Adjusted Gross Income (MAGI) Methodology**: Means the number of persons counted as members of an individual's household. When determining the family size of individuals who have a pregnant woman in their household, the family size is counted as the pregnant woman plus the number of children she is expected to deliver.
* **Federal Poverty Level (FPL)**: The federal poverty level updated periodically by the Federal Government as in effect for the applicable budget period used to determine an individual's eligibility.

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Terms and Definitions

* **Former Foster Care:** An individual upon their 19th birthday up to their 26th birthday who was in foster care in Nebraska and was receiving Medicaid when they aged out.
* **Home:** Any shelter which the individual owns and uses as his/her principal place of residence. The home includes any land on which the house is located and any related outbuildings necessary to the operation of the home.
* **Household Size Using MAGI Methodology:** The group of individuals that will be used to determine family size for a particular applicant and whose income may be counted toward the applicant's total household income for purposes of determining his or her eligibility for Medicaid and CHIP. See 477 NAC 14-001.
* **Household Income Using MAGI Methodology:** The sum of an individual's MAGI plus the MAGI of tax dependents in the family if required to file a tax return. See 477 NAC 15-001.
* **Incapacity (Physical or Mental):** Any physical or mental illness, impairment, or defect which is so severe as to substantially reduce or eliminate the parent's ability to provide support or care for a child(ren). The incapacity must be expected to last at least 30 days. Note: Age itself is not considered an incapacity.

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Terms and Definitions

* **Lawfully Residing:** Qualified alien pregnant woman and children who are lawfully present in the United States and who are residents of the state in which they are applying under Nebraska's residency rules.
* **Legal Guardian:** An individual appointed by a court of competent jurisdiction to be in charge of the affairs of a person who cannot effectively manage his/her own affairs because of his/her age or incapacity.
* **Minor Parent:** An individual age 18 or younger, with a child.
* **Modified Adjusted Gross Income (MAGI):** The methodology used to determine financial eligibility.
* **Non-Applicant:** An individual who is not seeking an eligibility determination for himself or herself and is included in an applicant's or client's household to determine eligibility for such applicant or client.
* **Non-Filer:** Individuals who do not intend either to file taxes or to be claimed as a tax dependent.
* **Parental Deprivation:** Two-parent families must meet the Hundred-Hour rule, disability, or have a physical or mental incapacity in order to be eligible for Medicaid as determined by Social Security or the State Review Team (SRT). A single parent household meets deprivation.

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Terms and Definitions

* **Parent/Caretaker Relative:** A relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care, and who is one of the following:
  * The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.
  * The spouse of such parent or relative, even after the marriage is terminated by death or divorce.
  * Another relative of the child based on blood, adoption, or marriage recognized by the State of Nebraska, or an adult with whom the child is living and who has verified guardianship/conservatorship of the child.
* **Pregnant Woman:** A woman during pregnancy and the post-partum period.
* **Rejected Case:** A case in which an application was completed and signed, but the applicant did not meet the categorical, procedural, or financial requirements of the program.

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Terms and Definitions

* **Sponsor**: A sponsor is an individual who:
  * Is a citizen or national of the United States or an alien who is lawfully admitted to the United States for permanent residence;
  * Is 18 years of age or older;
  * Lives in any of the 50 states or the District of Columbia; and
  * Is the person petitioning for the admission of the alien under Section 204 of the Immigration and Nationality Act.
  * *An organization is not considered a sponsor.
* **Student**: An individual who is age 18 or younger and attending a secondary school (or the equivalent level of vocational or technical training). Note: An 18 year old who is attending a college or university is not eligible, as a dependent child.
* **Tax Dependent**: An individual for whom another individual claims a deduction for a personal exemption for a taxable year.
* **Tax Filer**: Individuals who intend to file a federal tax return for the coverage year and who do not intend to be claimed as a tax dependent by another taxpayer.
* **Unit**: Eligible individuals considered in determining Medicaid.

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Eligibility Requirements for Presumptive Eligibility Determinations

* Qualified providers will make eligibility determinations for Presumptive Eligibility based on the following preliminary information as declared by the client:
  * The individual has gross income at or below the income standard established for the applicable group;
  * The individual has attested to being a citizen or national of the United States or is in satisfactory immigration status; and
  * The individual is a resident of Nebraska.
* Note: Physical verifications cannot be required to complete a presumptive eligibility determination. Providing a Social Security Number or A Number is optional.

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Eligibility Requirements for Presumptive Eligibility Determinations

* Citizenship/Qualified Alien Status:
  * In order to be found presumptively eligible for Medicaid, an individual must declare to be one of the following:
    * A citizen of the United States.

    * A Qualified Alien: An alien who was admitted as a lawful permanent resident (LPR) and has resided in the United States for at least five calendar years from the date of entry or who has worked or can be credited with 40 qualifying quarters of work.
      * **Note: Pregnant women and children are exempt from the five year bar.**
  * This is the most common category for Qualified Aliens. See the Eligible Alien Attachment for a complete listing.
  * **Note: Pregnant women without legal immigration status may qualify for the 599 CHIP program, however they cannot be approved for presumptive eligibility.**

Eligibility Requirements for Presumptive Eligibility Determinations

* Nebraska Residency:
  * In order to be determined presumptively eligible for Medicaid, an individual must declare that they are a resident of Nebraska.
    * A resident is an individual living in the state voluntarily with the intent of making Nebraska his/her home.

Eligibility Requirements for Presumptive Eligibility Determinations

* Age:
  * In order to be determined presumptively eligible for Medicaid, an individual must declare that they meet the age requirements for their eligibility group:
    * Children: Birth to the month of the child's 19th birthday.
    * Former Foster Care: Age 19 to the month of the individual's 26th birthday.
    * The other eligibility groups do not have an age requirement.

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Eligibility Requirements for Presumptive Eligibility Determinations

* Relative Responsibility
  * A spouse is financially responsible for a spouse.
  * A parent (biological, adoptive, or step) is financially responsible for children ages 18 or younger and still considered part of the household.
    * If the child is living in the same household with parent(s), the parent(s) income must be included.
    * If the child is temporarily absent from the home (generally 90 days or less) but is still considered part of the household, the parent(s)' income must be included.
    * If the child is permanently out of the home and no longer considered part of the household, the parent(s)' income is not included.

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Eligibility Requirements for Presumptive Eligibility Determinations

* Financial Responsibility:
  * Unmarried Parents: When unmarried parents are living together as a family, the alleged father is not financially responsible unless he has acknowledged paternity or a court has determined that he is the father of the child.
  * Children of a Marriage: A woman's spouse is considered the father of any children conceived or born during a marriage even if the couple is separated or has filed for divorce or annulment unless there is a court order that states otherwise.
    * Note: Paternity cannot be established for an unborn child.
  * Military Service: If a parent is absent due to active duty in the uniformed services of the United States, that parent is still considered part of the assistance unit and his/her income is used.

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Eligibility Requirements for Presumptive Eligibility Determinations

* Financial Responsibility (cont.):
  * Minor Parents:
    * If a minor parent has a legal guardian, according to Nebraska law, the guardian has no financial responsibility for the minor.
    * If a minor parent is living with his/her parent(s) who is receiving Medicaid for another child, the minor parent must be in his/her parent(s)' unit.

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Eligibility Requirements for Presumptive Eligibility Determinations

* Income:
  * In order to be determined presumptively eligible for Medicaid, an individual must declare monthly gross income at or below the income standard for their eligibility group and household size (See the attached Program Chart).
  * This calculation is made using the income included when calculating MAGI-based income.
  * Income will be covered in greater detail later in this training.

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Eligibility Requirements for Presumptive Eligibility Determinations

* Eligibility Categories: An Individual must fall into one of the following eligibility categories in order to be found presumptively eligible for Medicaid.
  * **Children:** Children from birth through the month of their 19th birthday may qualify for presumptive eligibility. Income must be below the income level for the child's age group (See attached program chart).
  * **Pregnant Women:** Declaration is accepted for pregnancy. Pregnant women are eligible for ambulatory care only while receiving presumptive Medicaid.
    * **Note:** Pregnant minors could be eligible in either the child or pregnant woman category.
  * **Parent/Caretaker:** In order to be eligible under this category, there must be a dependent child in the home, and the parent must meet deprivation.

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Eligibility Requirements for Presumptive Eligibility Determinations

* Eligibility Categories (cont.)
  * **Former Foster Care:** This category applies to individuals who were in Foster Care in Nebraska and were receiving Medicaid when they aged out of Foster Care at 19 years of age. This can also apply to 18 year olds whose Child and Family Services cases closed without a permanency resolution.
  * **Breast and Cervical Cancer:** Breast and cervical cancer patients may be approved for presumptive eligibility so long as the hospital provider has been accepted by the Centers for Disease Control and Prevention as a participant for the National Breast and Cervical Cancer Early Detection Program and the individual meets all other applicable eligibility criteria.

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Filing an application

* One responsibility of all qualified providers is to assist the client with completing a full Medicaid application. This can be done in a variety of ways.
  * Online via healthcare.gov or at ACCESSNebraska.ne.gov.
  * Via a paper single streamlined application (MLTC 53). This application is also available in a fillable PDF at ACCESSNebraska.ne.gov. This can be printed and mailed or faxed to DHHS.
  * Over the phone by contacting your ACCESS Nebraska phone number (Find phone numbers on the attached program chart).
  * In person by completing an application at a local office or with a Social Services Worker.

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Household and Unit Size

* Household Size for a Tax Filer:
  * The first step in determining MAGI-based eligibility is to determine the household size for each individual. The method for counting individuals depends on whether the person is a tax filer, a non-tax filer, or a tax dependent.
  * A **Tax Filer** is the individual who files a tax return and is not expected to be claimed as a tax dependent.
  * When determining household size for MAGI-based eligibility, it is important to know who intends to file a tax return. This information is asked of each individual in the application.
  * Household size for a Tax Filer: The individual expected to file a tax return PLUS all persons whom the individual expects to claim as tax dependents.

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Household and Unit Size

* Tax Dependents
  * A **Tax Dependent** is an individual for whom another individual claims a deduction for a personal exemption for a taxable year.
  * For eligibility determination, a tax dependent is part of the household of the tax filer claiming the individual as a tax dependent, except when:
    * The individual expects to be claimed as a tax dependent of someone other than a spouse or parent (biological, adopted, or step).
    * The individual is under the age 19, a full time student in secondary school and will graduate before age 19, who expects to be claimed by one parent as a tax dependent and is living with both parents, but the parents are not expected to file a joint return.
    * The individual is under age 19, a full time student in secondary school and will graduate before age 19, who expects to be claimed as a tax dependent by a non-custodial parent.
      * To be considered a non-custodial parent, a court order, binding separation, divorce or custody agreement establishing custody must exist.
      * In no such order exists, or in the event of a shared custody agreement the custodial parent is the parent with whom the child spends most nights.

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Household and Unit Size

* Tax Dependents (cont.)
  * If the tax payer cannot reasonably establish that another individual is a tax dependent of the taxpayer for the tax year in which Medicaid is sought, non-filer rules are applied.
  * For married couples living together, each spouse will be included in the household of the other spouse, regardless of whether they expect to file a joint tax return or whether one spouse expects to be claimed as a tax dependent by the other spouse.

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Household and Unit Size

* Household Size for a Non-Tax Filer:
  * A **Non-filer** is an individual who does not file an income tax return or is not claimed as a tax dependent.
  * A Non-Tax Filer's household would include the individual, and if living with the individual:
    * The individual's spouse,
    * The individual's children (natural, adopted, and step)
    * If the applicant is under age 19, the individual's parents and siblings under age 19 (natural, adopted, and step).

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Household and Unit Size

* Family Size Using MAGI Methodology:
  * Family size is the number of persons counted as members of an individual's household.
  * Household size must be determined for each Medicaid applicant according to specific counting rules (described below), and is not simply the number of people living together.
  * When determining the family size of other individuals who have a pregnant woman in their household, the family size is counted as the pregnant woman plus the number of children she is expected to deliver.

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Household and Unit Size

* Example:
  * Tara is a 35-year-old working mother who has two children, Monica (age 5) and Reynaldo (age 3). Tara is a tax filer and claims Monica as a dependent child. Reynaldo's father, who does not live in the home, claims Reynaldo. Tara is pregnant and is expecting twins.
    * Tara's household consists of herself, Monica, and the twins. Tara's household size is 4.
    * Monica's household is the same as Tara's household. Tara's household size is 4.
    * Reynaldo's household consists of himself, Monica, Tara, and the twins. Reynaldo's household size is 5.

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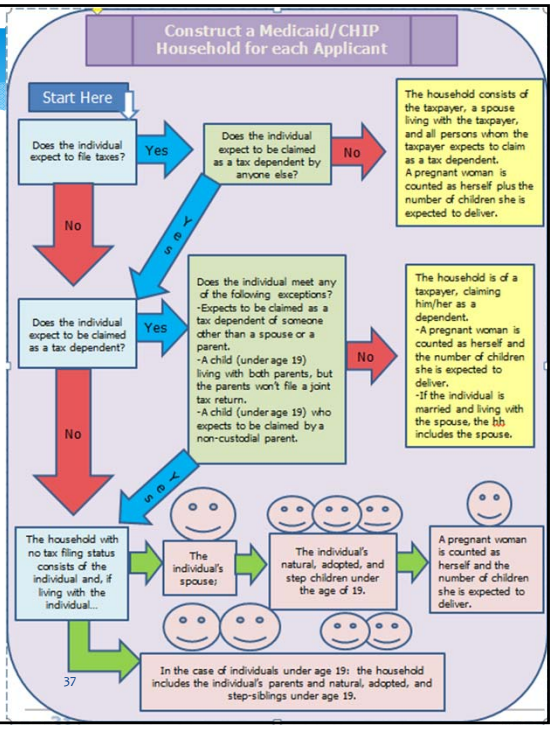
Household and Unit Size

This flow chart illustrates how a Medicaid household is constructed for each situation.

*A larger version of this chart is attached to this training.



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Modified Adjusted Gross Income (MAGI)

* MAGI income is the sum of MAGI-based income for each member of the individual's household with the following exceptions:
  * Income of an individual included in the household of his/her parent and not required to file a tax return is not included in household income (whether or not the individual files a tax return).
  * Income of a tax dependent, other than a spouse or child, who expects to be claimed as a tax dependent by another taxpayer included in the household and is not expected to file a tax return, is not included.
  * Cash support provided by a tax filer, to a claimed tax dependent other than a spouse or biological/adopted/step child, is not included. For example, an aunt is a tax filer and her nephew is her dependent. She gives him $100 a month for an allowance. This is excluded income for the nephew.

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Modified Adjusted Gross Income (MAGI)

* Some individuals choose to file an income tax return even if they are not required to do so.
  * For example, some high school students hold part-time jobs. They may not earn enough to meet the IRS's filing requirement, but they can still choose to file if they would like to receive a return of any withheld income tax they overpaid. When counting income for a MAGI-based budget, the student's income will be excluded unless their earnings require them to file a tax return.

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Excluded Income for MAGI

* The following income exclusions apply to MAGI households:
  * Income exclusions that are allowed under the Internal Revenue Code;
  * An amount received as a lump sum is counted only in the month received;
  * Scholarships, awards, or fellowship grants used for education, but not living expenses;
  * Child support;
  * Veterans benefits (this does not include military retirement);
  * Worker's Compensation;
  * Supplemental Security Income (SSI)
  * Temporary Assistance to Needy Families (TANF)
  * Gifts (contributions) and inheritance; and
  * Other excluded income. (To be found at **477-000-007**)

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Types of Income

- **Earned Income** is money received from wages, tips, salary, commissions, and profit from activities in which an individual is engaged as a self-employed person or employee.
  - Wages, tips, salary, and commissions are reported as gross amounts.
  - Self-employment is reported as net with operating expenses deducted from payments received.
- **Unearned Income** is any cash benefit that is not the direct result of labor or services performed by the individual as an employee or a self-employed person.
  - Some examples of unearned income include:
    - Spousal support
    - Unemployment Compensation
    - Interest
    - Gambling winnings

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Income Deductions

The following deductions may be applied to the earned income:

- Trade and business deductions
- Certain trade and business deductions of employees
- Losses from sale or exchange of property
- Deductions attributable to rents and royalties
- Certain deductions of life tenants and income beneficiaries of properties
- Pension, profit-sharing, and annuity plans of self-employed individuals
- Retirement savings
- Penalties forfeited because of premature withdrawal of funds from time savings accounts or deposits
- **Alimony**
- Reforestation expenses
- Certain required repayments of supplemental unemployment compensation benefits
- Jury duty pay remitted to an employer
- Deduction for clean-fuel vehicles and certain refueling property
- Moving expenses
- Archer MSA
- **Interest on education loans**
- Higher education expenses
- Health savings accounts
- Costs involving discrimination suits
- Attorney's fees relating to awards to whistleblowers.

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Income Deductions (cont.)

* The most common deductions listed are alimony and student loan interest (Bolded on the previous list).
* Clients may be required to provide verification of stated deductions during Medicaid application processing.
* Be sure to list the deduction types when completing the Presumptive Eligibility form with the client.

Income Calculation

Section 3	
Declaration of Income (Please note what deductions were used in the computation.)	
1.Total Monthly Gross Income $_____	4.Total Countable Income $_____
2.Total Net Self-Employment Income $_____	5.Total Deductions $_____
3.Total Monthly Unearned Income $_____	6.Line 4 minus Line 5 $_____
Compare line 6 to the FPL for the individual's Medicaid category and household size to determine eligibility.	

1. Total Monthly Gross Income: This is all income from all adults in the household along with children in the household who are required to file a tax return.
2. Total Net Self-Employment Income: Total receipts from self-employment minus business expenses.
3. Total Monthly Unearned Income: Any countable unearned income received for the month.
4. Total Countable Income: Sum of lines 1-3.
5. Total Deductions: Sum of any deductions applicable to the household (see listing).
6. Line 4 minus Line 5: This is the household's MAGI income. This number will be compared to the program chart using the household size and eligibility category to determine if the individual is presumptively eligible.

Presumptive Determination Step by Step

1. Individual arrives for care at a qualified hospital or Pregnancy PE provider stating they have no medical insurance.
2. Provider verifies that the individual is not currently active in Nebraska Medicaid.
3. A Presumptive Eligibility Certified staff person completes sections 1-3 of the presumptive form with the individual and checks the NFOCUS eligibility inquiry to verify any previous PE determination.
4. The individual signs the presumptive form, attesting to the included citizenship, pregnancy, and income information.
5. Qualified staff person determines the household size for the individual.
6. Qualified staff person compares Line 6 of the calculation box with the FPL for the individual's Medicaid category and household size in order to determine if the individual is presumptively eligible for Medicaid (See attached program chart).

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Presumptive Determination Step by Step

6. If the individual is determined to be presumptively eligible, the qualified staff person completes section 4 of the form ONLY for persons determined to be presumptively eligible for Medicaid.
7. The qualified staff person submits the PE Form to DHHS via the email address DHHS.MedicaidPE@nebraska.gov
8. Provider will provide a Medicaid application to the individual and assist them in completing the application process in order to obtain a full eligibility determination.
9. If the individual is not determined to be presumptively eligible, the staff person will explain to the individual that they are not presumptively eligible and that they may follow up with a regular Medicaid application.

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Next Step:

* You have completed the Presumptive Eligibility Training slide show.
* You must now complete the training quiz and print the completion certificate.

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Training Attachments:

* Presumptive Medicaid Program Chart
* Eligible Alien Definitions
* Household Construction Flow Chart
* Household Construction Examples
* Income Deductions listing
* Presumptive Eligibility Determination Form

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