

Table of Contents

State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 23-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

NE - Submission Package - NE2023MS0003O - (NE-23-0014) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St.
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

December 11, 2023

Kevin Bagley
Director of Medicaid and Long Term Care
Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln
Nebraska, NE 68509

Re: Approval of State Plan Amendment NE-23-0014

Dear Kevin Bagley,

On September 26, 2023, the Centers for Medicare and Medicaid Services (CMS) received Nebraska State Plan Amendment (SPA) NE-23-0014, in which the state proposed to disregard the resource value of certain vehicles under the authority of section 1902(r)(2) of the Act.

We approve Nebraska State Plan Amendment (SPA) NE-23-0014 with an effective date(s) of September 01, 2023.

If you have any questions regarding this amendment, please contact Tyson Christensen at tyson.christensen@cms.hhs.gov

Sincerely,
Ruth A. Hughes
Acting Director, Division of Program
Operations
Center for Medicaid & CHIP Services

NE - Submission Package - NE2023MS00030 - (NE-23-0014) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	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Superseded SPA ID	N/A		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 Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030	SPA ID NE-23-0014
Submission Type Official	Initial Submission Date 9/26/2023
Approval Date 12/11/2023	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID NE-23-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	9/1/2023	NE-23-0004
Qualified Medicare Beneficiaries	9/1/2023	NE-19-0005
Specified Low Income Medicare Beneficiaries	9/1/2023	NE-19-0005
Qualifying Individuals	9/1/2023	NE-19-0005
Optional Eligibility Groups	9/1/2023	NE-21-0012
Optional State Supplement Beneficiaries	9/1/2023	NE-15-0012
Age and Disability-Related Poverty Level	9/1/2023	NE-19-0005
Work Incentives	9/1/2023	NE-19-0005
Ticket to Work Basic	9/1/2023	NE-21-0012
Ticket to Work Medical Improvements	9/1/2023	NE-21-0012
Medically Needy Pregnant Women	9/1/2023	NE-19-0005
Medically Needy Children under Age 18	9/1/2023	NE-19-0005
Medically Needy Parents and Other Caretaker Relatives	9/1/2023	NE-19-0005
Medically Needy Populations Based on Age, Blindness or Disability	9/1/2023	NE-19-0005

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Nebraska will exclude certain vehicles as countable resources in the Medicaid eligibility resource determination. Currently, for the eligibility groups subject to a resource requirement, one vehicle per household is excluded, regardless of value, if the recipient, couple, or a member of the recipient's or couple's household uses it for transportation. With this policy change, besides the requirement to exclude one vehicle if used for transportation, all other vehicles will be excluded in the resource determination except boats, recreational vehicles, planes, and classic vehicles. A classic vehicle is defined as a vehicle that may not be used for normal transportation to and from work, driven on a daily basis, or used for hire or used for a commercial business. This vehicle may be used for test drives, parades, or hobby-related activities. A recreational vehicle means a motor vehicle designed for living quarters.

Nebraska also seeks to update the standards for optional state supplementary payments.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The governor has waived review.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:16 PM EST

NE - Submission Package - NE2023MS00030 - (NE-23-0014) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	<u>9/1/2023</u>
Superseded SPA ID	NE-23-0004		

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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-23-0004		
	System-Derived		

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

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:17 PM EST

NE - Submission Package - NE2023MS00030 - (NE-23-0014) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-19-0005
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/1/2023

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 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 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.

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- A motor vehicle is disregarded under specific conditions.

- Specified conditions:

Description: All vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

- 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.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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 | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:20 PM EST

NE - Submission Package - NE2023MS00030 - (NE-23-0014) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

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.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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 | NE2023MS0003O | NE-23-0014

Package Header

Package ID NE2023MS0003O
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-19-0005
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/1/2023

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 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 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.

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- A motor vehicle is disregarded under specific conditions.

- Specified conditions:

Description: All vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

- 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.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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 | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:21 PM EST

NE - Submission Package - NE2023MS0003O - (NE-23-0014) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS0003O | NE-23-0014

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.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS0003O	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	<u>9/1/2023</u>
Superseded SPA ID	NE-19-0005		
	System-Derived		

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:

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 | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-19-0005
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/1/2023

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 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 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.

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- A motor vehicle is disregarded under specific conditions.

- Specified conditions:

Description: All vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

- 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.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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 | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:22 PM EST

NE - Submission Package - NE2023MS00030 - (NE-23-0014) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	<u>9/1/2023</u>
Superseded SPA ID	NE-21-0012		
	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-21-0012
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/1/2023

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically 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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-21-0012		
	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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:25 PM EST

NE - Submission Package - NE2023MS0003O - (NE-23-0014) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS0003O | NE-23-0014

Individuals who receive an optional state supplementary payment.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS0003O	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-15-0012		
	User-Entered		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-15-0012		
	User-Entered		

B. Individuals Covered

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

- Yes
 No

2. The state covers the following classifications:

- a. All individuals age 65 or older.
- b. All individuals who have blindness.
- c. All individuals who have a disability.
- d. Individuals in domiciliary facilities or other group living arrangements who are age 65 or older.
- e. Individuals in domiciliary facilities or other group living arrangements who have blindness.
- f. Individuals in domiciliary facilities or other group living arrangements who have a disability.
- g. Individuals receiving a federally-administered optional state supplement that meets the conditions specified in sections C. and D.
- h. Individuals in additional classifications specified by the Secretary.
- i. Reasonable groups of individuals receiving a state-administered optional state supplement that meets the conditions specified in sections C. and D.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-15-0012		
	User-Entered		

C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-15-0012		
	User-Entered		

D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

a. Varies by political subdivision.

Yes

No

b. Varies by payment classification.

Yes

No

The payment classifications used are:

- i. All individuals age 65 or older, regardless of living arrangement.
- ii. All individuals who have blindness, regardless of living arrangement.
- iii. All individuals who have a disability, regardless of living arrangement.
- iv. Independent living.
- v. Living in household of another.
- vi. Independent living and receiving non-medical care outside the home.
- vii. Living in household of another and receiving non-medical care outside the home.
- viii. Living in a domiciliary facility or other group living arrangement.
- ix. Other payment classification.

Name of Classification	Description:
Own or rent a home	Own or rent a home
Individual	Couple
\$784.00	\$1145.00
Name of Classification	Description:
Patient in a medical institution	Patient in a nursing home, regional center, state institution for the mentally retarded, or receiving chronic or convalescent hospital care
Individual	Couple
\$75.00	\$150.00
Name of Classification	Description:
Room and board/Boarding home	In room and board situation (not licensed home) or boarding home (licensed or unlicensed if board and room is provided)
Individual	Couple
\$929.00	\$1858.00
Name of Classification	Description:
In certified adult family home	Certified adult family home
Individual	Couple

\$1057.00

Name of Classification

Licensed AL/MH facility

Individual

\$1367.00

Name of Classification

Assisted Living Waiver

Individual

\$914.00

Name of Classification

Licensed home for children/child
caring agency

Individual

\$993.00

Name of Classification

Licensed center for
developmentally disabled

Individual

\$929.00

\$2114.00

Description:

In licensed assisted living
facility
In licensed mental health
center

Couple

\$2734.00

Description:

Assisted living waiver

Couple

\$1828.00

Description:

In licensed group home for
children and/or child caring
agency

Couple

\$1986.00

Description:

Licensed center for the
developmentally disabled

Couple

\$1858.00

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-15-0012		
	User-Entered		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:26 PM EST

NE - Submission Package - NE2023MS00030 - (NE-23-0014) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

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

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	<u>9/1/2023</u>
Superseded SPA ID	NE-19-0005		
	System-Derived		

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.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

B. Individuals Covered

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

- Yes
- No

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-19-0005
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/1/2023

C. Financial Methodologies

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

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

- Yes
- No

a. The state uses the same less restrictive income methodologies for all individuals covered.

- 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 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 resources.

- Yes
- No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

- Yes
- No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
Life Estate Disregard	<p>Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.</p>
Excess Resource Disregard	<p>Excess resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –</p> <ol style="list-style-type: none"> 1. The first day of the month in which the resources are actually reduced to or below the allowable limit if the resources were not used to pay bills incurred in a prior month. The resources may be reduced by paying any bills or by purchasing any items of need. 2. The first day of the month in which the most recent bill (s) for maintenance or medical was incurred which was paid to reduce the excess resources. Maintenance needs include items such as food, shelter, clothing, transportation and personal comfort items. Qualifying bills would be those incurred by the client, the client's spouse or dependent child(ren). <p>Example Medicaid Bills Incurred Application Made Bills Paid Jan. 1, Feb. 3, Mar. 5, Mar. 25 March April Excess Resources Below Resources</p> <p>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.</p> <p>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</p>

Name of disregard:

Description:

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 motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: All vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

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.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

D. Income Standard Used

The income standard for this eligibility group is:

- 1. 100% FPL
- 2. A lower percent of the FPL:

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

E. Resource Standard Used

The resource standard used is:

- 1. The resource limit for the SSI program; or
- 2. The resource limit used in the state's medically needy program, if higher.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:53 PM EST

NE - Submission Package - NE2023MS0003O - (NE-23-0014) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS0003O | NE-23-0014

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

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS0003O	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

B. Step One Financial Methodologies and Income Test

1. Financial methodologies

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

b. 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 disregard: All interest earned on an IDA account funded under the Assets for Independence Act is excluded.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/11/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes
- No

The less restrictive income methodologies are:

The total amount of unearned income is disregarded.

Description of disregard: Disregard all unearned income contingent upon a trial work period (such as a Social Security Trial Work Periods). In determining eligibility for SSI in the individual eligibility determination required under Section 4733 of the Balanced Budget Act.

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.
MIWD Resource Disregard	Disregard an additional \$2,000 per individual for a total of \$4,000 per individual and an additional \$3,000 per couple for a total of \$6,000 per couple. The purpose of this additional resource disregard is to aid in achieving self-sufficiency.
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 resources. Maintenance needs include items such as food, shelter, clothing, transportation and

Name of disregard:	Description:
	<p>personal comfort items. Qualifying bills would be those incurred by the client, the client's spouse or dependent child(ren).</p> <p>Example Medicaid Bills Incurred Application Made Bills Paid Jan. 1, Feb. 3, Mar. 5, Mar. 25 March April Excess Resources Below Resources</p> <p>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.</p> <p>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.</p> <p>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.</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: all vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

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.

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.
- 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 | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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 | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:31 PM EST

NE - Submission Package - NE2023MS0003O - (NE-23-0014) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS0003O | NE-23-0014

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS0003O	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	<u>9/1/2023</u>
Superseded SPA ID	NE-21-0012		
	System-Derived		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-21-0012		
	System-Derived		

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-21-0012
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/1/2023

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. 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 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 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.
MIWD Resource Disregard	Disregard an additional \$2,000 per individual for a total of \$4,000 per individual and an additional \$3,000 per couple for a total of \$6,000 per couple. The purpose of this additional resource disregard is to aid in achieving self-sufficiency.
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

Name of disregard:

Description:

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 motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: all vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

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.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-21-0012		
	System-Derived		

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

FPL 250.00%

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-21-0012		
	System-Derived		

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$4000.00

Couple \$6000.00

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-21-0012		
	System-Derived		

E. 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.

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-21-0012		
	System-Derived		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:33 PM EST

NE - Submission Package - NE2023MS00030 - (NE-23-0014) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	<u>9/1/2023</u>
Superseded SPA ID	NE-21-0012		
	System-Derived		

The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
 - a. Earning at least the minimum wage and working at least 40 hours per month.
 - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-21-0012
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/1/2023

B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. 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 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 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.
MIWD Resource Disregard	Disregard an additional \$2,000 per individual for a total of \$4,000 per individual and an additional \$3,000 per couple for a total of \$6,000 per couple. The purpose of this additional resource disregard is to aid in achieving self-sufficiency.
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

Name of disregard:	Description:
	<p>reduced by paying any bills or by purchasing any items of need.</p> <p>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).</p> <p>Example Medicaid Bills Incurred Application Made Bills Paid Jan. 1, Feb. 3, Mar. 5, Mar. 25 March April Excess Resources Below Resources</p> <p>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.</p> <p>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.</p> <p>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.</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: all vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

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.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-21-0012
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/1/2023

C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

250.00% FPL

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-21-0012		
	System-Derived		

D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Single Individual \$4000.00

Couple \$6000.00

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-21-0012		
	System-Derived		

E. 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.

Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-21-0012		
	System-Derived		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:57 PM EST

NE - Submission Package - NE2023MS00030 - (NE-23-0014) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

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

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	<u>9/1/2023</u>
Superseded SPA ID	NE-19-0005		
	System-Derived		

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 Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-19-0005
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/11/2023

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. 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:
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 resources.

- Yes
- No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
Excess Resource Disregard	<p>Excess resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –</p> <ol style="list-style-type: none">1. The first day of the month in which the resources are actually reduced to or below the allowable limit if the resources were not used to pay bills incurred in a prior month. The resources may be reduced by paying any bills or by purchasing any items of need.2. The first day of the month in which the most recent bill (s) for maintenance or medical was incurred which was paid to reduce the excess resources. Maintenance needs include items such as food, shelter, clothing, transportation and personal comfort items. Qualifying bills would be those incurred by the client, the client's spouse or dependent child(ren).

Name of disregard:	Description:
	<p>Example Medicaid Bills Incurred Application Made Bills Paid Jan. 1, Feb. 3, Mar. 5, Mar. 25 March April Excess Resources Below Resources</p> <p>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.</p> <p>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.</p> <p>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.</p>
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 motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: All vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

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 Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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 | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:38 PM EST

NE - Submission Package - NE2023MS0003O - (NE-23-0014) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS0003O | NE-23-0014

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

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS0003O	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-19-0005
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/11/2023

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. 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:
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 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 resources. Maintenance needs include items such as food, shelter, clothing, transportation and

Name of disregard:

Description:

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 motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: All vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

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

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

F. Additional Information (optional)

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:41 PM EST

NE - Submission Package - NE2023MS00030 - (NE-23-0014) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
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 Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-19-0005
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/11/2023

B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. 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:
IDA Income	All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.

Description of disregard: All interest earned on an IDA account funded under the Assets for Independence Act is excluded.

- Interest is disregarded.

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:
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 resources. Maintenance needs include items such as food, shelter, clothing, transportation and

Name of disregard:

Description:

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 motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: All vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

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

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:44 PM EST

NE - Submission Package - NE2023MS00030 - (NE-23-0014) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	<u>9/1/2023</u>
Superseded SPA ID	NE-19-0005		
	System-Derived		

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

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID NE2023MS00030
Submission Type Official
Approval Date 12/11/2023
Superseded SPA ID NE-19-0005
System-Derived

SPA ID NE-23-0014
Initial Submission Date 9/26/2023
Effective Date 9/1/2023

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
 No

2. The financial methodology used is:

- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
b. Less restrictive methodologies are used in calculating countable income.

- Yes No

The less restrictive income methodologies 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.

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:
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

Name of disregard:	Description:
	<p>may be reduced by paying any bills or by purchasing any items of need.</p> <p>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).</p> <p>Example Medicaid Bills Incurred Application Made Bills Paid Jan. 1, Feb. 3, Mar. 5, Mar. 25 March April Excess Resources Below Resources</p> <p>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.</p> <p>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.</p> <p>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.</p>
Life Estate Disregard	<p>Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.</p>

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

A motor vehicle is disregarded under specific conditions.

Specified conditions:

Description: All vehicles will be excluded in the resource total except boats, recreational vehicles, planes, and classic vehicles.

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 Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

D. Income Standard Used

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

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

E. Resource Standard Used

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

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

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

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00030 | NE-23-0014

Package Header

Package ID	NE2023MS00030	SPA ID	NE-23-0014
Submission Type	Official	Initial Submission Date	9/26/2023
Approval Date	12/11/2023	Effective Date	9/1/2023
Superseded SPA ID	NE-19-0005		
	System-Derived		

G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 12/19/2023 6:46 PM EST