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**State/Territory Name Nebraska**

**State Plan Amendment (SPA) #: 25-0019**

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

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



## Center for Medicaid & CHIP Services

September 12, 2025

Drew Gonshorowski  
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-25-0019

Dear Drew Gonshorowski,

On June 30, 2025, the Centers for Medicare and Medicaid Services (CMS) received Nebraska State Plan Amendment (SPA) NE-25-0019, in which the state proposed to disregard income and resources received as compensation for participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

We approve Nebraska State Plan Amendment (SPA) NE-25-0019 with an effective date(s) of June 01, 2025.

If you have any questions regarding this amendment, please contact Tyson Christensen at [tyson.christensen@cms.hhs.gov](mailto:tyson.christensen@cms.hhs.gov)

Sincerely,  
Shantrina Roberts  
Acting Director  
Center for Medicaid & CHIP Services

# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NE2025MS0001O	SPA ID	NE-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/12/2025	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Superseded SPA ID	N/A		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
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### Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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<b>Approval Date</b>	09/12/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** NE-25-0019

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	6/1/2025	NE-23-0014
Qualified Medicare Beneficiaries	6/1/2025	NE-23-0014
Specified Low Income Medicare Beneficiaries	6/1/2025	NE-23-0014
Qualifying Individuals	6/1/2025	NE-23-0014
Optional Eligibility Groups	6/1/2025	NE-24-0019
Age and Disability-Related Poverty Level	6/1/2025	NE-23-0014
Work Incentives	6/1/2025	NE-23-0014
Ticket to Work Basic	6/1/2025	NE-23-0014
Ticket to Work Medical Improvements	6/1/2025	NE-23-0014
Medically Needy Pregnant Women	6/1/2025	NE-23-0014
Medically Needy Children under Age 18	6/1/2025	NE-23-0014
Medically Needy Parents and Other Caretaker Relatives	6/1/2025	NE-23-0014
Medically Needy Populations Based on Age, Blindness or Disability	6/1/2025	NE-23-0014

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

### Package Header

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Approval Date	09/12/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment will implement a 1902(r)(2) disregard for income and resources that are received from compensation and reimbursement for MAC and BAC activities.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

#### Federal Statute / Regulation Citation

Social Security Act 1902(r)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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## Governor's Office Review

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

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.

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

CMS-10434 OMB 0938-1188

### Package Header

Package ID	NE2025MS0001O	SPA ID	NE-25-0019
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Superseded SPA ID	NE-23-0014		
	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

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
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 | NE2025MS0001O | NE-25-0019


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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

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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

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	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:

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

# Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

## Package Header

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## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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 | NE2025MS0001O | NE-25-0019

## Package Header

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## 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 | NE2025MS0001O | NE-25-0019

## Package Header

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## F. Additional Information (optional)

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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

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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 | NE2025MS0001O | NE-25-0019

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## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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

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	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 | NE2025MS0001O | NE-25-0019

## Package Header

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## F. Additional Information (optional)

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## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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

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Superseded SPA ID	NE-23-0014		
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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:

- 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.
- Are not otherwise eligible for Medicaid under the state plan.
- Have income below the income standard and resources at or below the resource standard for this group.

# Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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 | NE2025MS0001O | NE-25-0019

## Package Header

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	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 | NE2025MS0001O | NE-25-0019

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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.

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

CMS-10434 OMB 0938-1188

### Package Header

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### 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 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 checked="" type="radio"/>	APPROVED
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 | NE2025MS0001O | NE-25-0019

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## 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

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## Package Header

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## 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

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

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- Reviewable Units
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- Related Actions

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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

CMS-10434 OMB 0938-1188

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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 | NE2025MS0001O | NE-25-0019

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## 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 | NE2025MS0001O | NE-25-0019

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## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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	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 resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –</p> <p>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.</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>
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

✔ 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 | NE2025MS0001O | NE-25-0019

## Package Header

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## 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 | NE2025MS0001O | NE-25-0019

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## 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 | NE2025MS0001O | NE-25-0019

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F. Additional Information (optional)

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

## Eligibility Groups - Options for Coverage

### Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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

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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 | NE2025MS0001O | NE-25-0019

## Package Header

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## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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 | NE2025MS0001O | NE-25-0019

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

Name of disregard:	Description:
	<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>
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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

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## D. Premiums and Cost Sharing

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

Work Incentives

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	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.

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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

CMS-10434 OMB 0938-1188

#### Package Header

Package ID	NE2025MS0001O	SPA ID	NE-25-0019
Submission Type	Official	Initial Submission Date	6/30/2025
Approval Date	09/12/2025	Effective Date	6/1/2025
Superseded SPA ID	NE-23-0014		
	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 | NE2025MS0001O | NE-25-0019

## Package Header

<b>Package ID</b>	NE2025MS0001O	<b>SPA ID</b>	NE-25-0019
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<b>Approval Date</b>	09/12/2025	<b>Effective Date</b>	6/1/2025
<b>Superseded SPA ID</b>	NE-23-0014		
	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 | NE2025MS0001O | NE-25-0019

## Package Header

Package ID	NE2025MS0001O	SPA ID	NE-25-0019
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Superseded SPA ID	NE-23-0014		
	System-Derived		

## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

- ☒ 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	<p>Excess resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –</p> <p>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.</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</p>

Name of disregard:	Description:
	<p>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>
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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 | NE2025MS0001O | NE-25-0019

## Package Header

Package ID	NE2025MS0001O	SPA ID	NE-25-0019
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Superseded SPA ID	NE-23-0014		
	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 | NE2025MS0001O | NE-25-0019

## Package Header

<b>Package ID</b>	NE2025MS0001O	<b>SPA ID</b>	NE-25-0019
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	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

<b>Single Individual</b>	\$4000.00
<b>Couple</b>	\$6000.00

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

## Package Header

<b>Package ID</b>	NE2025MS0001O	<b>SPA ID</b>	NE-25-0019
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## 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 | NE2025MS0001O | NE-25-0019

Package Header

Package ID	NE2025MS0001O	SPA ID	NE-25-0019
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F. Additional Information (optional)

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

### Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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	NE2025MS0001O	SPA ID	NE-25-0019
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Superseded SPA ID	NE-23-0014		
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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 | NE2025MS0001O | NE-25-0019

## Package Header

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## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

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

Name of disregard:	Description:
	<p>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>
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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 | NE2025MS0001O | NE-25-0019

## Package Header

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## 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 | NE2025MS0001O | NE-25-0019

## Package Header

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## 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

<b>Single Individual</b>	\$4000.00
<b>Couple</b>	\$6000.00

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

## Package Header

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## 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 | NE2025MS0001O | NE-25-0019

## Package Header

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## F. Additional Information (optional)

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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	NE2025MS0001O	SPA ID	NE-25-0019
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The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.



# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

## Package Header

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## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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> <p>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.</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>

Name of disregard:	Description:
	<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>
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).
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 | NE2025MS0001O | NE-25-0019

## Package Header

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## C. Income Standard Used

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

## D. Resource Standard Used

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

## E. Spenddown

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

# Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

## Package Header

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## 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.

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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	NE2025MS0001O	SPA ID	NE-25-0019
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Superseded SPA ID	NE-23-0014		
	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:

- Are under age 18.
- Would qualify as categorically needy, except for income.
- Are not otherwise eligible for categorically needy coverage under the state plan.
- 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 | NE2025MS0001O | NE-25-0019

## Package Header

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## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

- ☒ 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	<p>Excess resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –</p> <p>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.</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</p>

<p><b>Name of disregard:</b></p>	<p><b>Description:</b></p> <p>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>
<p>MAC/BAC Disregard</p>	<p>Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).</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 Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

## Package Header

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## C. Income Standard Used

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

## D. Resource Standard Used

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

## E. Spenddown

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



# Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

## Package Header

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## F. Additional Information (optional)

# Medically Needy Children under Age 18

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## Package Header

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

#### Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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

CMS-10434 OMB 0938-1188

### Package Header

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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 | NE2025MS0001O | NE-25-0019

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## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

- ☒ 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	<p>Excess resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –</p> <p>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.</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</p>

<p><b>Name of disregard:</b></p>	<p><b>Description:</b></p> <p>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>
<p>MAC/BAC Disregard</p>	<p>Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).</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 Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

## Package Header

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## C. Income Standard Used

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

## D. Resource Standard Used

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

## E. Spenddown

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

# Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

## Package Header

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## 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.

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# NE - Submission Package - NE2025MS0001O - (NE-25-0019) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility Groups - Medically Needy

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

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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

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	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 | NE2025MS0001O | NE-25-0019

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## B. Individuals Covered

The state covers the following populations:

- ☒ 1. Individuals age 65 or older
- ☒ 2. Individuals with blindness
- ☒ 3. Individuals who have a disability

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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## 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.
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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:
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	<p>Excess resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –</p> <p>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.</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>

Name of disregard:	Description:
	<p>Example</p> <p>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>
MAC/BAC Disregard	Disregard all compensation for Medicaid beneficiary participation in the Medicaid Advisory Committee (MAC) and/or the Beneficiary Advisory Committee (BAC).

☒ 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 | NE2025MS0001O | NE-25-0019

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## 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

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## 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

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## F. Spenddown

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

# Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2025MS0001O | NE-25-0019

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## G. Additional Information (optional)

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