Chapters 477 NAC 14 through 19 apply to the following: Parents/Caretaker Relatives, Children/Children in an IMD/Children and Young Adults Eligible for Non-IV-E Assistance, Pregnant Women, 599 CHIP, Former Wards, Hospital Presumptive

CHAPTER 19-000 PREGNANT WOMEN, PARENTS/CARETAKER RELATIVES, CHILDREN, 599 CHIP, FORMER WARDS, AND HOSPITAL PRESUMPTIVE

19-001 PREGNANT WOMEN

19-001.01 Pregnant Women: In order to be eligible as a pregnant woman, an individual must have income equal to or less than 194% of the Federal Poverty Level (FPL)

19-001.02 Pregnancy Verification: Verification of pregnancy shall not be required unless information is not reasonably compatible with an applicant or client's attestation.

19-001.03 Presumptive Eligibility: Under Section 1920 of the Social Security Act, Medicaid covers ambulatory prenatal care for pregnant women on the basis of presumptive eligibility. The qualified provider may authorize a period of presumptive eligibility once per pregnancy. Note: There is no presumptive eligibility for 599 CHIP unborns.

19-001.03A Ambulatory Prenatal Care: See 471 NAC 28-001.

19-001.03B Qualified Provider: Only a qualified provider is allowed to make presumptive eligibility determinations. See 471 NAC 28-001.01 for requirements of a qualified provider.

19-001.03C Qualified Provider Responsibilities: A qualified provider makes a presumptive determination of a woman's eligibility based only on declared income and citizenship/eligible alien status.

1. Income of the woman and spouse (if he is in the home) or the responsible parent(s) of a pregnant minor is counted.
2. The provider does not investigate other eligibility requirements.
3. The provider must forward the presumptive eligibility form to the Department within five (5) working days after the determination of presumptive eligibility.

19-001.03D Effective Date: The date a provider determines presumptive eligibility for assistance.

19-001.03E Presumptive Eligibility Period: Presumptive eligibility begins on the day a qualified provider determines that a woman meets any of the income eligibility levels.

If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the presumptive eligibility ends on the day that the Department makes the determination of Medicaid eligibility based on that application.

If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the presumptive eligibility ends on that last day.

A presumptive application approved in error will be closed by the Department upon discovery of the error.

The Department is not required to notify the woman that her presumptive eligibility case has closed, but the Department is required to send a notice when Medicaid eligibility has been determined.

19-001.03F Failure to Meet Categorical Eligibility: If a woman fails to satisfy any of the eligibility criteria for the Pregnant Women's category, other than income, at any time during her presumptive eligibility period, presumptive eligibility must be discontinued regardless of the woman's submission of an application for Medicaid.

19-002 PARENTS/CARETAKER RELATIVES

19-002.01 Parents/Caretaker Relatives: In order to be eligible as a Parent/Caretaker Relative, an individual must

1. Have a dependent child (See 477 NAC 1-000 for the definition of a dependent child), and
2. Have income equal to or less than 58% of the FPL.

19-002.02 Two-Parent Families: If unmarried parents are living together and the father has acknowledged paternity for their child, eligibility must be considered for the family as a unit.

19-003 CHILDREN/CHILDREN IN AN INSTITUTION FOR MENTAL DISEASE (IMD)/CHILDREN ELIGIBLE FOR NON-IV-E ASSISTANCE

19-003.01 Medicaid for Individuals Under Age 19: Children may receive Medicaid if they meet the eligibility requirements outlined in this material.

1. Newborn child(ren): Newborn child(ren) born to Medicaid eligible pregnant women are eligible at the time of birth for one (1) year.
2. Infants under age one: Children under age one (1) are eligible if their household income is equal to or less than 162% of the FPL.

3. Children age one through age five: Children age one (1) year old through age five (5) years old are eligible if their family income is equal to or less than 145% of the FPL.
4. Children age six through age 18: Children age (6) years old through age (18) years old are eligible if their household income is equal to or less than 133% of the FPL.
5. Children's Health Insurance Program (CHIP): Children age eighteen (18) years old or younger who do not meet income limits for Medicaid are eligible for CHIP if their household income is equal to or less than 213% of the FPL and if the children are not covered by creditable health insurance.
6. Minor pregnant women: Minor pregnant women who do not meet the income limits for children's Medicaid are eligible under the Pregnant Women's category if their household income is at or below the applicable FPL. Ongoing Medicaid eligibility must be reviewed prior to the end of the 60-day postpartum period.

19-003.02 Child in an IMD

19-003.02A Individuals Age 19 and 20: Individuals nineteen (19) and twenty (20) years old may be found eligible for services under this category if they are receiving inpatient care in an IMD. If an individual is an inpatient in an IMD when s/he reaches twenty-one (21) years old, s/he may remain eligible for services either until discharge or until s/he reaches twenty-two (22) years old, whichever comes first.

19-003.03 Children Receiving CHIP Who Move to Medicaid Due to the Increased Federal Poverty Levels under the ACA: Children who move from CHIP to Medicaid as a result of increased FPL effective January 1, 2014 shall qualify for CHIP funding for up to one year if the child was CHIP eligible as of December 31, 2013 and continues to meet Medicaid eligibility requirements.

19-003.04 Children Who are State Wards not Eligible for IV-E Assistance: Children who are state wards not eligible for IV-E assistance must complete an application for Medicaid. Eligibility will be determined using MAGI-based methodologies.

19-003.05 Children Eligible for IV-E Assistance: See 477 NAC 28-000.

19-004 599 CHIP

19-004.01 Eligibility Requirements: A pregnant woman, who is not otherwise eligible for Medicaid or CHIP, may have her unborn child(rens)'s eligibility reviewed under 599 CHIP. Eligibility for Medicaid must first be determined before 599 CHIP eligibility can be reviewed. Eligibility is determined for unborn children from conception through birth, if the pregnant woman and spouse's income is equal to or less than 197% of the FPL.

599 CHIP has no requirement for citizenship or alien status, as the unborn(s)'s status is independent of that of the pregnant woman.

There is no eligibility for the unborn(s) if the pregnant woman has creditable health insurance. Health insurance that does not provide prenatal or maternity care is not considered creditable coverage. For a definition of creditable health insurance, see 477 NAC 1-000.

The pregnant woman will not be eligible for post-partum services under 599 CHIP. If post-partum care is needed for complications following labor and delivery, the woman may apply for Emergency Medical Services Assistance (EMSA).

19-004.02 Nebraska Residence: The residency of the unborn(s) will follow the residency of the pregnant woman.

19-004.03 Relative Responsibility: Relative responsibility for 599 CHIP has the following exception:

For a pregnant minor, the income of her financially responsible parent(s) shall not be used in the unborn child(s)'s 599 CHIP budget.

19-004.04 Age Requirement: For receipt of 599 CHIP benefits, an individual is considered an unborn child from conception to birth.

19-004.05 Unborn 599 CHIP Eligibility if Parent(s) Does Not Cooperate: If an ineligible pregnant woman or her spouse fails or refuses to cooperate with third party liability, the unborn(s) is ineligible for 599 CHIP.

19-004.06 Effective Date of Medical Eligibility: The effective date of eligibility for 599 CHIP is no earlier than the first day of the application month.

Note: There is no retroactive eligibility for 599 CHIP.

19-004.07 Continuous Eligibility: Unborn children are continuously eligible up to six (6) months or through their month of birth, whichever comes first. After the six (6) months of continuous eligibility, a full eligibility review is not required. However, information reported or known to the Department must be acted upon.

Note: An unborn must have at least a thirty (30)-day period of ineligibility before s/he would qualify for another six-month period of continuous eligibility.

Following the birth of the child, eligibility will be determined for medical assistance based on any changes reported or known to the Department.

Note: Following the birth, if the newborn is determined eligible for medical assistance, the newborn is eligible for six months of continuous medical eligibility.

19-005 FORMER WARDS

19-005.01 Eligibility Requirements: In order for a ward to be eligible for the former ward program (see 479 NAC 6-000), s/he must

1. Be within age limits;
2. Have been a ward of the Department immediately before entering the program for former wards;
3. Have been in out-of-home care at the time of discharge and continue to be in out-of-home care while in the program;
4. Be single;
5. Be attending or enrolled in a secondary educational program, college, or vocational program and maintaining a passing average;
6. Have income equal to or less than 51% of the FPL; and
7. Enroll in an available health plan.

19-005.02 Age Requirement: A former ward is eligible for Medicaid if s/he is under the age of twenty-one (21) years old.

19-005.03 Living Arrangement: A former ward must continue to be in an out-of-home situation to remain eligible for the program.

19-006 NON-IV-E SUBSIDIZED ADOPTIONS AND GUARDIANSHIPS FOR YOUNG ADULTS

19-006.01 Eligibility Requirements: In order for a young adult to be eligible for Medicaid in this program, s/he must

1. Be at least nineteen (19) years old and under twenty-one (21) years old;
2. Have entered into a subsidized guardianship agreement or a subsidized adoption agreement after reaching sixteen (16) years old;
3. Meet at least one of the following criteria:
   a. The young adult is completing secondary education or in an educational program leading to an equivalent credential;
   b. The young adult is enrolled in an institution that provides postsecondary or vocational education;
   c. The young adult is employed for at least eighty (80) hours per month;
   d. The young adult is participating in a program or activity designed to promote employment or remove barriers to employment; or
   e. The young adult is incapable of doing any part of these activities due to a medical condition, which incapacity must be supported by regularly updated information in the case plan of the young adult; and
4. Have income equal to or less than 23% of the FPL.

19-007 HOSPITAL PRESUMPTIVE ELIGIBILITY: The Department shall provide Medicaid during a presumptive eligibility period to individuals who are determined eligible by a qualified hospital. To be presumptively eligible in accordance with the policies and procedures established by the Department, a presumptive eligibility determination shall be made on the basis of preliminary information indicating the individual has gross income at or below the income standard established for the applicable group, has attested to being a citizen or national of the United States or is in satisfactory immigration status, and is a resident of Nebraska. Determinations are limited to

1. Children (see 477 NAC 19-003);
2. Pregnant women (see 477 NAC 19-001.02);
3. Parents and caretaker relatives (see 477 NAC 19-002);
4. Former foster care children (see 477 NAC 27-007); and
5. Breast and cervical cancer patients (see Women's Cancer Program at 477 NAC 27-004). Hospitals that may determine presumptive eligibility for such patients are limited to those participating in the National Breast and Cervical Cancer Early Detection Program under authority of the Centers of Disease Control and Prevention.

A presumptive eligibility determination is limited to no more than one (1) period within two (2) calendar years per person.

A pregnant woman is eligible for ambulatory care only. A qualified provider may authorize a period of presumptive eligibility once per pregnancy.

Notice and fair hearing regulations do not apply to determinations of presumptive eligibility.

19-007.01 Failure to Meet Categorical Eligibility: If a client fails to satisfy any of the eligibility criteria for a presumptive eligibility Medicaid category, other than income, at any time during the client's presumptive eligibility period, presumptive eligibility must be discontinued regardless of the client's submission of an application.

19-007.02 Responsibilities of Qualified Entities: An entity qualified to make presumptive eligibility determinations shall

1. Notify the appropriate individual at the time a determination regarding presumptive eligibility is made, in writing or orally if appropriate, of such determination, that

    a. If a Medicaid application on behalf of the eligible individual is not filed by the last day of the following month, the individual's presumptive eligibility will end on that last day;
    b. If a Medicaid application on behalf of the eligible individual is filed by the last day of the following month, the individual's presumptive eligibility will end on the day that a decision is made on the Medicaid application; and
    c. If the individual is not determined presumptively eligible, the qualified entity shall notify the appropriate individual of the reason for the determination and that he or she may file an application for Medicaid with the Department;

2. Provide the individual with a Department approved application for Nebraska Medicaid;
3. Notify the Department that the individual is presumptively eligible within five working days from the date that the determination is made; and
4. Refrain from delegating the authority to determine presumptive eligibility to another entity.

19-007.03 Qualified Hospital Criteria: A hospital qualified to make presumptive eligibility determinations shall

1. Participate as a Medicaid provider;
2. Notify the Department of its decision to make presumptive determinations;
3. Agree to make determinations consistent with state policy and procedures;
4. Assist individuals in completing and submitting full Medicaid applications;
5. Assist individuals in understanding required documentation requirements; and
6. Not be disqualified by the Department.