CHAPTER 4-000 MEDICAL ELIGIBILITY: The Nebraska Medical Assistance Program (NMAP provides medical care and services to children who do not have sufficient income to meet their medical needs and who qualify according to the guidelines in this chapter.

Payments for medical care are made by state warrant directly to the provider from federal and state funds. The regulations and standards established for the Nebraska Medical Assistance Program are contained in Title 471.

4-001 (Reserved)

4-002 (Reserved)

4-003 Review: MA cases for wards must be reviewed every six months.

4-004 Effective Date of Medical Eligibility: Medical eligibility is effective the first day of the month in which custody was first granted if the ward was eligible for NMAP in that same month. A child may be eligible earlier than the month of custody according to requirements in 477 NAC 3-000 or 4-000. For six months' continuous eligibility, see 477 NAC 1-013.

{Effective 10/7/98}

4-005 Use of Budget Form DA-3M: The worker uses Form DA-3M or N-FOCUS to determine eligibility for medical assistance only and medical share of cost cases.

4-006 Eligible Children: This chapter deals with:

1. Wards of the Nebraska Department of Health and Human Services who are:
   a. Eligible for an assistance payment from the Department; or
   b. Ineligible for an assistance payment due to income or resources in excess of program standards but who meet the guidelines in this chapter;
2. Wards of another state who are determined IV-E eligible by the other state and are living in Nebraska;
3. Youth who are eligible for the IV-E subsidized adoption program from another state and living in Nebraska; and
4. Wards of the court.

4-007 Eligibility Requirements: To be eligible for medical assistance, the child must meet the following requirements:

1. U.S. citizenship or alien status (see 479-000-305 and 479-000-306);
2. Social Security number (see 479 NAC 2-001.06);
3. Age (see 479 NAC 4-007.01);
4. Resources (see 479 NAC 2-001.08); and
5. Income (see 479 NAC 2-001.09).

4-007.01 Age: A ward may be eligible for medical assistance through the month of his/her 19th birthday, regardless of school attendance. If a medical need exists for a ward who is being discharged, the medical assistance case may remain open but the program is changed on the system to the appropriate program (see 477 NAC 3-000 or 4-000 and 469 NAC 4-000).

Exception: A ward who is in an IMD is eligible for medical assistance through the month of his/her 21st birthday.

4-007.02 Department Ward in Home of Parent(s): When a Department ward remains in his/her parent(s)' home or is placed back in the home on a trial basis, the child is Medicaid eligible if the Department continues to have custody and the ward meets the other eligibility requirements listed in 479 NAC 4-007. The worker must determine if the ward has a medical need and if so, if the parent(s) is financially able to meet the medical need. If the court order states the extent of the parent(s)' financial responsibility for the child's medial care, the court order is followed. After 90 days, the eligibility worker must contact the protection and safety worker to determine if the child will remain in the home or has been discharged as a ward.

Non-IV-E funds may be used to pay those medical expenses of the ward that are not covered by Medicaid if the child remains a Department ward, the child is not eligible for any other program, and the parent(s) is not able to meet the needs through his/her own resources or any other third party coverage. Payment of these medical expenses must be authorized by the protection and safety worker or supervisor and are paid by state ward medical.

The eligibility worker must consider the family's eligibility for other categorical assistance if the child is discharged as a ward, the case is closed, and the family requires financial assistance.

{Effective 02/23/04}

4-007.03 Resources: The established maximum for available resources which a 19 or 20-year-old ward may own and still be considered eligible is $4,000. For the treatment of resources for MA only cases, the criteria outlined in 479 NAC 2-001.08 ff. are used. For wards age 18 or younger, there is no resource test.

{Effective 02/23/04}

4-007.03A Excess Resources: An application for a ward with excess resources may be held pending until the resources are reduced. Excess resources may be reduced by paying obligations for medical costs. Medical eligibility begins with the first day of the month of the incurred obligation which was used to reduce the resources to the allowable maximum (see 479 NAC 2-001.08H). Medical eligibility may not be established earlier than the three-month retroactive period.

4-007.04 Treatment of Income: For the treatment of income in NMAP, the criteria outlined in 479 NAC 2-001.09 ff. are used, with the exceptions in the following material. Only income actually available to the ward is considered.

4-007.04A Medical Insurance Disregards: The cost of medical insurance premiums is deducted if the ward is responsible for payment.

Exception: The cost of premiums for policies which supplement the ward's income while the ward is hospitalized or receiving medical care is not allowed as a medical deduction. This does not apply to those health insurance policies which pay directly to the ward for the purpose of reimbursement by the ward to the vendor.

4-007.04A1 Health Insurance: The eligibility worker must determine if the ward has health insurance coverage; if so, the worker enters the information on the Third Party Liability system.

4-007.04B Lump Sum Treatment: A lump sum is counted as income in the month of receipt or report. The following month any remainder is considered a resource.

4-008 Medically Needy Income Level (MNIL): The net income is compared to the income level to determine eligibility for MA only.

If the net income is equal to or less than the MNIL, the ward may be eligible for MA only; if the net income is more than the MNIL, see Title 477.

4-009 Department Wards With SSI: If a ward is receiving SSI, s/he is considered categorically eligible and therefore eligible for medical without a share of cost.

4-010 Providers: Medicaid providers must be used whenever possible. Payment can be made from non-IV-E funds for a Department ward if a non-Medicaid provider is used or a non-Medicaid service is provided by a Medicaid provider.

4-011 Enrollment in Health Insurance: The Department will pay premiums, deductibles, coinsurance, and other cost sharing obligations if there is an available health plan that will cover the ward and if the Department has determined it is cost effective. This may be a policy in which the ward is able to enroll on his/her own behalf or coverage under the parent's or foster parent's insurance. If the worker has determined that there is available insurance, s/he must make a referral to the Third Party Liability Unit, Central Office.

4-012 Nebraska Health Connection (NHC): Managed care is required for all active Medicaid-eligible individuals except those excluded groups listed at 479-000-329. For more information, see Title 482.

4-013 Ward Placed in Jail or Detention Facility: A ward placed in one of these settings remains eligible for Medicaid. However, Medicaid cannot be used as a funding source for medical care during the placement.
Exception: When a ward placed in jail or detention leaves that setting and goes to an acute medical treatment setting for at least 24 hours, medical treatment in the acute setting may be paid by Medicaid.

{Effective 02/23/04}