

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 10-07	2. STATE Nebraska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2010	

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN
  AMENDMENT TO BE CONSIDERED AS NEW PLAN
  AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: P.L. 110-275, MIPPA	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 77,536.07 b. FFY 2011 \$392,765.11
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.2-A, page 22 Attachment 2.6-A, page 22  (Rev 6-3-10) Attachment 2.2-A, pp 9b, 9b1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 2.2-A, page 22 Attachment 2.6-A, page 22  (Rev 6-3-10) Attachment 2.2-A, pp 9b, 9b1

10. SUBJECT OF AMENDMENT:  
Medicare Savings Program Resource Standard Change

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
 Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>	16. RETURN TO: Patricia (Pat) Taft Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
13. TYPED NAME: Vivianne M. Chaumont	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: March 29, 2010	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <i>March 30, 2010</i>	18. DATE APPROVED: <i>June 15, 2010</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>January 1, 2010</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: <i>James G. Scott</i>	22. TITLE: <i>Associate Regional Administrator for Medicaid and Children's Health Operations</i>
23. REMARKS:	

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other</u>
		<u>Special Groups (Continued)</u>
<u>Required</u>		
1902(a)(10)(E)(i) and 1905(p) of the Act		25. Qualified Medicare beneficiaries –  a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1BIBA of the Act).  b. Whose income does not exceed 100 percent of the Federal poverty level; and  c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.  (Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan)
1902(a) (10) (E)(ii), 1905(s) and 1905(p) (3) (A) (i) of the Act		26. Qualified disabled and working individuals –  a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;  b. Whose income does not exceed 200 percent of the Federal poverty level; and  c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.  d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.  (Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

\*Agency that determines eligibility for coverage.

TN No. NE 10-07  
Supersedes  
TN No. MS-93-4

Approval Date JUN 15 2010

Effective Date JAN 01 2010

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other</u>
		<u>Special Groups (Continued)</u>
	<u>Required</u>	
	1902(a)(10)(E)(ii) and 1905(p)(3)(A)(ii) of the Act	27. Specified low-income Medicare beneficiaries--  a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);  b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and  c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the increase in the consumer price index.  (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)  28. Qualifying individuals –  a. Who are entitled to hospital insurance benefits Under Medicare Part A (but not pursuant to an Enrollment under section 1818A of the Act);  b. Whose income is at least 120 percent but does not exceed 135 percent of the Federal poverty level; and  c. Whose resources do not exceed three times the SSI resource limit, adjusted annually by the Increase In the consumer price index.  (Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

\*Agency that determines eligibility for coverage.

Revision: HCFA-PM-91-4 (BPD)  
August 1991

Attachment 2.2 - A  
Page 22  
OMB N.: 0938-

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>
1902(a)(10)(A) (ii)(X) and 1902(m) (1) and (3) of the Act	<input checked="" type="checkbox"/>	16. Individuals--  a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.  b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size; and  c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <u>ATTACHMENT 2.6-A</u> .

TN No. 10-07

Supersedes

TN No. MS-91-24

Approval Date JUN 15 2010

Effective Date JAN 01 2010

HCFA ID: 7983E

State of Nebraska

Citation(s)	Condition or Requirement
1902(a)(10)(C)(i) of the Act	<p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource eligibility for all groups.</p> <p><input type="checkbox"/> c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for -</p> <p><input type="checkbox"/> Aged</p> <p><input type="checkbox"/> Blind</p> <p><input type="checkbox"/> Disabled</p> <p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2</u> so indicates.</p>
1905(p) (1) (D) and (p) (2) (B) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals</p> <p>For qualified Medicare beneficiaries covered under Section 1902(a)(10)(E)(i) of the Act, specified low-income Medicare beneficiaries covered under Section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under Section 1902(a)(10)(E)(iv) of the Act, the resource standard is equal to the amount defined under Section 1905(p)(1)(C) of the Act.</p>
1905(s) of the Act	<p>9. Resource Standard-Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.</p>

TN No. 10-07

Supersedes

Approval Date

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JAN 01 2010

TN No. MS-93-11