

State/Territory: Nebraska

Agency*	Citation(s)	Groups Covered
		C. <u>Optional Coverage of the Medically Needy (Continued)</u>
42 CFR 435.310	<input checked="" type="checkbox"/>	6. Caretaker relatives.
42 CFR 435.320 and 435.330	<input checked="" type="checkbox"/>	7. Aged individuals.
42 CFR 435.322 and 435.330	<input checked="" type="checkbox"/>	8. Blind individuals.
42 CFR 435.324 and 435.330	<input checked="" type="checkbox"/>	9. Disabled individuals.
42 CFR 435.326	<input type="checkbox"/>	10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.
435.340		11. Blind and disabled individuals who: a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; b. Were eligible as medically needy in December 1973 as blind or disabled; and c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria.

TN No. 11-03

Supersedes

Approval Date MAR 28 2011

Effective Date JAN 01 2011

TN No. MS-93-3