TITLE 477
MEDICAID ELIGIBILITY

CHAPTER 1-000 DEFINITIONS

AABD/MA: A categorical program consisting of medical assistance only. Two types of cases are included in the medical assistance only category:

1. Medical Assistance With No Share of Cost (MA only): A case in which there is income sufficient to meet daily maintenance needs but insufficient to meet medical needs.

2. AABD/Medical Assistance Share of Cost Case (MA with Share of Cost): A case in which there is sufficient income to meet daily maintenance needs and a portion but not all of the unit's medical needs. The case is opened for medical assistance with no payment for medical services made until the Share of Cost is obligated toward medical services.

Absent Parent: A parent who is not in the home where his/her child(ren) is living.

Adequate Notice: Notice of case action which includes a statement of what action(s) are intended, the reason(s) for the intended action(s), and the specific manual reference(s) that supports or the change in federal or state law that requires the action(s).

Advanced Payments of the Premium Tax Credits (APTC): A payment of the tax credits which are provided on an advance basis to an eligible individual enrolled in a Qualified Health Plan (QHP) through an Exchange.

Affordable Care Act (ACA): The Patient Protection and Affordable Care Act of 2010, as amended by the Health Care and Education Reconciliation Act of 2010, as amended by the Three Percent Withholding Repeal and Job Creation Act.

Affordable Insurance Exchanges (Exchanges): A governmental agency or non-profit entity that meets the applicable standards and makes Qualified Health Plans (QHP) available to qualified individuals and qualified employers.

Aged: A client who is age 65 or older.

A-Number: Alien registration number. An alien registration number is assigned to an alien when s/he enters the United States.

Applicant: An individual who is seeking an eligibility determination for himself or herself through an application submission or a transfer from another agency or insurance affordability program.

Application: The single streamlined application submitted by or on behalf of an individual via a Department approved format.

Application Date: For new and reopened cases, the date a properly signed application is received. When adding a program to a properly signed application, this is the date that the new program is requested.

Application Signature: Applications may be signed in writing, telephonic signature, or by electronic signature.

Application Submission: Applications may be submitted in person, by mail, by telephone, by fax, or by electronic transmission.

Approval/Rejection Date: The date that the new or reopened case is determined eligible or rejected by the Nebraska Department of Health and Human Services.

Assignment: The legal transfer of an individual's right to benefits to the Nebraska Department of Health and Human Services. This includes child, spousal, and medical support and third party medical.

Available Resources: For the determination of eligibility, available resources include cash or other liquid assets or any type of real or personal property or interest in property that the client owns and may convert into cash to be used for support and maintenance.

Beneficiary: An individual who has been determined eligible and is currently receiving Medicaid.

Blind: A category of eligibility for clients who are age 64 and younger and who are blind in accordance with program standards.

Budget Month(s): The calendar month(s) for which verification and information on income, resources, and household composition is used to compute eligibility.

Burial Insurance: Insurance whose terms specifically provide that the proceeds can be used only to pay the burial expenses of the insured.

Cash Surrender Value: Amount which the insurer will pay (usually to the owner) upon cancellation of the policy before death of the insured or before maturity of the policy.

Categorical Assistance: Assistance administered by the Nebraska Department of Health and Human Services. For the purposes of this definition it includes Child Welfare Medical Services Program/MA; Assistance to the Aged, Blind, and Disabled (AABD)/MA; and Children's Medical Assistance Program.

Child Support: Money that is:

1. Ordered by a court of competent jurisdiction on behalf of a minor child; or
2. Paid by the noncustodial parent without a court order.

Contributions/Cash Support: Verified payments which are paid to or for a Medicaid unit.

Court or Tribal Ward: A child becomes a court or tribal ward when his/her custody is committed to a court or other public agency. In order to receive payment from the Department, the agency must have a written agreement with the Department, ensuring that Title IV-E requirements are met. The agreement may be with a court or other public agency authorized under state law for the placement and supervision of children.

Court Order: A document signed by a judge and entered in a court of competent jurisdiction.

Creditable Health Insurance Coverage: Any current health insurance coverage except a plan that is limited to a single condition, such as cancer insurance, dental insurance, long term care insurance, etc. Insurance to which the individual does not have reasonable geographic access is not creditable coverage. The health insurance policy should be submitted to Central Office for consideration when it is questionable that it meets this definition.

Current Support: The monthly amount of child/spousal support ordered by a court.

Deeming: The process of determining the amount of income and resources of a parent or sponsor which must be considered available to meet the client's needs. Deeming does not apply to pregnant women and children.

Department: The Nebraska Department of Health and Human Services (DHHS).

Dependent Child: A child from birth through age 17 or who is age 18 and a full-time student in secondary school (or equivalent vocational or technical training), if before attaining age 19 the child may reasonably be expected to complete such school or training. Is deprived of parental support by reason of the death, absence from the home, physical or mental incapacity, or unemployment of at least one parent.

Disabled: A category of eligibility for clients who are age 64 and younger and who are disabled as determined by Social Security Administration or State Review Team.

Discharged Ward: An individual who has been discharged as a ward of the court.

Educational Institution: A school, college, university or vocational or technical training facility.

Effective Income Level: The income standard applicable under the State plan for an eligibility group, after taking into consideration any disregard of a block of income applied in determining financial eligibility for such group.

Electronic Account: An electronic file that includes all information collected and generated by the State regarding each individual's Medicaid eligibility and enrollment, including all documentation.

Eligibility Determination: An approval or denial of eligibility as well as a renewal or termination of eligibility.

Emancipated Minor: A child age 18 or younger who is considered an adult because s/he has:

1. Married;
2. Moved away from the parent(s)' home and is not receiving support from the parent(s); or
3. If a pregnant child, age 18 or younger, is denied financial support by her parents, guardians, or custodians due to her refusal to obtain an abortion, the pregnant child shall be deemed emancipated for purposes of eligibility for public assistance benefits, except that such benefits may not be used to obtain an abortion.

Enumeration at Birth: The process of obtaining a Social Security Number (SSN) for a newborn by allowing the hospital to provide the Social Security Administration with the necessary information.

Equity: The fair market value of property minus the total amount owed on it.

Face Value: Basic death benefit of the policy exclusive of dividend additions or additional amounts payable because of accidental death or under other special provisions. (In determining the face value of a policy, the original face value of the policy is used.)

Fair Market Value: The price an item of a particular make, model, size, material, or condition will sell for on the open market in the geographic area involved.

Family Size Using Modified Adjusted Gross Income (MAGI) Methodology: Means the number of persons counted as members of an individual's household. When determining the family size of other individuals who have a pregnant woman in their household, the family size is counted as the pregnant woman plus the number of children she is expected to deliver.

Federal Poverty Level (FPL): The Federal poverty level updated periodically by the Federal Government as in effect for the applicable budget period used to determine an individual's eligibility.

Former Foster Care: An individual upon their 19th birthday up to their 26th birthday who was in foster care in Nebraska and receiving Medicaid when they aged out.

Former Ward: An individual upon their 19th birthday up to their 20th birthday who has been discharged as a ward by DHHS and who is in a continuing educational program.

Fugitive Felon: A person who has been charged with a felony and who has fled from the jurisdiction of the court where the crime was committed.

Guardian Ad Litem: An adult appointed by a court to protect the best interests of a minor child or adult in a specific legal action.

Hearing: An orderly proceeding before the Director or his/her representative. During the hearing a client, applicant, or his/her representative may present his/her case with or without the help of witnesses to show why an action or inaction should be corrected by the Department.

Home: Any shelter which the individual owns and uses as his/her principal place of residence. The home includes any land on which the house is located and any related outbuildings necessary to the operation of the home.

Household Size using Non-MAGI Methodology: The total number of individuals living together. There may be more than one medical assistance unit within a household.

Household Size using MAGI methodology: The group of individuals that will be used to determine family size for a particular applicant and whose income may be counted toward the applicant's total household income for purposes of determining his or her eligibility for Medicaid and CHIP. See 477 NAC 14-001.

Household income using MAGI methodology: The sum of an individual's MAGI plus the MAGI of tax dependents in the family if required to file a tax return. See 477 NAC 15-001.

Incapacity (Physical or Mental): Any physical or mental illness, impairment, or defect which is so severe as to substantially reduce or eliminate the parent's ability to provide support or care for a child(ren). The incapacity must be expected to last at least 30 days. Note: Age itself is not considered incapacity.

Income Using Non-MAGI Methodology: Gain or recurrent benefit received in money or in-kind from employment, business, property, investments, gifts, benefits, or annuities, at regular or irregular intervals of time.

In-Kind Income: The value of food, clothing, shelter, or other items received in lieu of wages.

Inquiry: Any question received by phone, letter, electronically, or personal contact without any indication that the individual wishes to apply. This may or may not be followed by an application for assistance.

Insurance Affordability Program: Means a program that is one of the following:

1. Medicaid, including CHIP or a State basic health program.
2. Coverage in a qualified health plan (QHP) through the Exchange.
3. Advanced Payments of the Premium Tax Credit (APTC) and Cost Sharing Reductions (CSR).

Irregular Income: Irregular income is income, earned or unearned, which varies in amount from month to month or which is received at irregular intervals. See 477-000-010 for budgeting procedures.

Lawfully Residing: Individuals who are lawfully present in the United States and who are residents of the state in which they are applying under Nebraska's residency rules.

Legal Guardian: An individual appointed by a court of competent jurisdiction to be in charge of the affairs of a person who cannot effectively manage his/her own affairs because of his/her age or incapacity.

Medical Support: Medical support is the obligation of the noncustodial parent to provide health insurance or pay medical costs for anyone in the unit.

Minimum Essential Coverage: Means coverage under a specified government sponsored program, coverage under an eligible employer-sponsored plan, coverage under a health plan offered in the individual market within a State, coverage under a grandfathered health plan, and other health benefits coverage that the Secretary of Health and Human Services recognizes. This includes Medicaid and CHIP.

Minor Parent: An individual age 18 or younger, with a child.
Note: For treatment of child support when a noncustodial parent pays support for his/her child who is a minor parent, see 477 NAC 20-001.11C.

Modified adjusted gross income (MAGI): The methodology used to determine financial eligibility.

Need: A condition of eligibility referring to a medical need.

Needy Individual: One whose income and other resources for maintenance are found under assistance standards to be insufficient for meeting the basic requirements.

Non-Applicant: An individual who is not seeking an eligibility determination for himself or herself and is included in an applicant's or beneficiary's household to determine eligibility for such applicant or beneficiary.

Non-Filer: Individuals who attest that they do not intend either to file taxes or to be claimed as a tax dependent.

Parental Deprivation: Two-parent families must meet the Hundred-Hour rule, disability, or have a physical or mental incapacity in order to be eligible for Medicaid as determined by Social Security or the State Review Team (SRT). A single parent household meets deprivation.

Parent/Caretaker Relative: A relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care, and who is one of the following:

1. The child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, or niece.
2. The spouse of such parent or relative, even after the marriage is terminated by death or divorce.
3. Another relative of the child based on blood, adoption, or marriage recognized by the State of Nebraska, or an adult with whom the child is living and who assumes primary responsibility for the dependents child's care.

Pending Case: A case in which the application has been taken and eligibility is not yet determined.

Post-Partum Period: The period following the end of a pregnancy, which begins on the last day of pregnancy, then extends 60 days, and ends on the last day of the month in which the 60-day period ends.

Power of Attorney: A written statement allowing one person to act for another person. A power of attorney may be authorized generally for the management of a specified business or enterprise or more often specifically for the accomplishment of a particular transaction. There is no court involvement or supervision in the appointment. The statement does not have to be notarized. A standard or non-durable power of attorney automatically becomes null and void when the appointing individual becomes incompetent. A durable power of attorney continues in effect even when the appointing individual becomes incompetent. The power of attorney document should clearly specify if it is a durable power of attorney.

Pregnant Woman: A woman during pregnancy and the post-partum period.

Prospective Eligibility for Medical Assistance: The date of eligibility beginning the first day of the month of the date of application if the client was eligible for Medicaid in that same month.

Prudent Person Principle: The practice of assessing all circumstances regarding case eligibility and using good judgment in requiring further verification or information before determining initial or continuing eligibility.

Qualified Long Term Care (LTC) Partnership Policy: A Qualified LTC Partnership policy is a long-term care insurance policy that has been approved by the Nebraska Department of Insurance. The Department accepts the Department of Insurance's certification of the policy. If an individual has a long term care insurance policy that does not meet the requirements for a Qualified LTC Partnership policy because it was issued before July 1, 2006, the individual may exchange the policy for another.

Quarterly Report Form: A form that is sent quarterly to transitional medical assistance households.

Real Property: Land, houses, or buildings.

Reasonably Compatible: For each eligibility factor (except for SSN, citizenship, and immigration status) reasonable compatibility shall be applied. Electronic data matches shall be used when applicable and compared to an individual's self-attestation of information. See 477-000-004 for verification plan.

Rejected Case: A case in which an application was completed and signed, but the applicant did not meet the categorical, procedural, or financial requirements of the program.

Retroactive Eligibility for Medicaid: The date of eligibility beginning no earlier than the first day of the third month before the month of request. See 477 NAC 4-001.02.

Secure Electronic Interface: An interface which allows for the exchange of data between Medicaid and other insurance affordability programs.

State Disability Program/Medicaid: A categorical program consisting of financial assistance and medical assistance or medical assistance only. Two types of cases are included in the medical assistance only category:

1. Medical Assistance with No Share of Cost (MA only): A case in which there is income sufficient to meet daily maintenance needs but insufficient to meet medical needs. The case is opened for medical assistance only with no grant payment; and
2. SDP/Medical Assistance Share of Cost Case: A case in which there is sufficient income to meet daily maintenance needs and a portion but not all of the unit's medical needs. The case is opened for medical assistance with no payment for medical services made until the Share of Cost is obligated toward medical services.

Share of Cost: A client's financial out-of-pocket obligation for medical services when countable income exceeds the medical maintenance income level. The Share of Cost amount is the difference between the unit's countable income and the appropriate medical maintenance income level. This amount must be obligated or paid to medical providers before Medicaid will pay on the remaining medical bills.

Specified Living Arrangement:

1. An adult family home;
2. A long term care facility including Assisted Living Waiver;
3. An assisted living facility;
4. A center for the developmentally disabled; or
5. The home with eligibility for Home and Community Based Waiver Services or PACE.

Sponsor: A sponsor is an individual who:

1. Is a citizen or national of the United States or an alien who is lawfully admitted to the United States for permanent residence;
2. Is 18 years of age or older;
3. Lives in any of the 50 states or the District of Columbia; and
4. Is the person petitioning for the admission of the alien under Section 204 of the Immigration and Nationality Act.

An organization is not considered a sponsor.

Spousal Support: Alimony or maintenance support for a spouse or former spouse.

SSI Federal Benefit Rate: The maximum SSI benefit payable based on the individual's living arrangement, e.g., own home, nursing home, living in another's home.

Standard of Need: The maximum standard according to eligible unit size and living arrangement.

Student: An individual who is age 18 or younger and attending a secondary school (or the equivalent level of vocational or technical training). Note: An 18 year old who is attending a college or university is not eligible, as a dependent child.

Tax Dependent: An individual for whom another individual claims a deduction for a personal exemption for a taxable year.

Tax Filer: Individuals who attest that they intend to file a federal tax return for the coverage year and who do not intend to be claimed as a tax dependent by another taxpayer.

Third Party Medical Payment: A payment from any health insurance plan, individual, or group for medical expenses.

Timely Notice: A notice of case action dated and mailed at least ten calendar days before the date the action becomes effective.

Unit: Eligible individuals considered in determining Medicaid.

Unsubsidized Employment: Employment for which the salary is paid wholly by the employer.

Withdrawal: A voluntary written or verbal retraction of an application.