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MANUAL LETTER # 15-2018

NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

MEDICAID ELIGIBILITY  
477 NAC 21

Chapters 477 NAC 20 through 28 apply to the following: Aged, Blind, and Disabled (ABD); Medically Needy (MN); Medicaid Insurance for Workers with Disabilities (MIWD); Women's Cancer Program; Transitional Medical Assistance (TMA); Former Foster Care; Emergency Medical Services Assistance (EMSA); Children and Young Adults Eligible for IV-E Assistance

#### CHAPTER 21-000 HOUSEHOLD OR UNIT SIZE FOR NON-MAGI PROGRAMS

21-001.01 Determination of Unit Size: The unit size shall be based on the number of family members. Except for ABD programs, this number shall include unborn(s). The principles of relative responsibility apply, see 477 NAC 24-001.