

EFFECTIVE  
07/29/2020

NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

477 NAC 29

TITLE 477 MEDICAID ELIGIBILITY

CHAPTER 29 HERITAGE HEALTH ADULT PROGRAM

The regulations contained in this chapter will become effective on October 1, 2020.

001. SCOPE AND AUTHORITY. These regulations govern the services provided under Nebraska's Medicaid program as defined by the Medical Assistance Act, Nebraska Revised Statute § 68-901 et seq.

002. HERITAGE HEALTH ADULT PROGRAM. In order to be eligible for Medicaid under the Heritage Health Adult program, an individual must meet the following eligibility criteria.

002.01 METHODOLOGY AND INCOME LIMIT. Eligibility for the Heritage Health Adult program is determined using the modified adjusted gross income (MAGI) methodology. In order to be eligible in the Heritage Health Adult program, an individual must have household income equal to or less than 133% of the Federal Poverty Level (FPL). 477 Nebraska Administrative Code (NAC) 14 through 18 apply to eligibility determinations in the Heritage Health Adult program.

002.02 NON-FINANCIAL CRITERIA. In order to be eligible in the Heritage Health Adult program, an individual must:

- (A) Be age 19 or older and under age 65;
- (B) Not be pregnant;
- (C) Not be entitled to or enrolled in Medicare part A or B; and
- (D) Not be eligible for or enrolled in coverage in any of the following groups: parents and caretaker relatives, pregnant women, children under age 19, former foster care, individuals receiving IV-E assistance, transitional medical assistance (TMA) with or without a premium, and Medicaid for the aged, blind, and disabled.

002.03 COVERAGE FOR DEPENDENT CHILDREN. Parents and caretaker relatives of dependent children are ineligible for coverage under the Heritage Health Adult program unless all dependent children living in the household are enrolled in Medicaid, the Children's Health Insurance Program (CHIP), or are otherwise enrolled in minimum essential coverage as defined at 26 United States Code (U.S.C.) 5000(A).

002.04 INDIVIDUALS WHO BECOME PREGNANT WHILE ENROLLED IN THE HERITAGE HEALTH ADULT PROGRAM. If an individual becomes pregnant during enrollment in the Heritage Health Adult program, the individual will remain in the Heritage Health Adult program until eligibility is redetermined during the annual eligibility renewal unless the individual becomes otherwise ineligible in this category, see 477 NAC 3.

003. BENEFIT TIERS. Individuals eligible in the Heritage Health Adult program will be eligible for coverage in one of two benefit tiers, the Nebraska Basic Alternative Benefit Plan, also known as the Basic benefit tier, and the Nebraska Prime Alternative Benefit Plan, also known as the Prime benefit tier. For plan benefits, see 471 NAC 39.

003.01 BASIC BENEFIT TIER. Individuals enrolled in the Heritage Health Adult program who are not targeted for enrollment in the Prime benefit tier will be enrolled in the Basic benefit tier.

003.02 PRIME BENEFIT TIER. Individuals in the following groups will be targeted for enrollment in the Prime benefit tier. When an individual no longer meets the criteria of a targeted group, he or she will be placed in the Basic benefit tier for the first month available, allowing for adequate and timely notice.

- (A) Individuals determined to be medically frail;
- (B) Pregnant individuals; and
- (C) Individuals age 19 and 20.

003.03 MEDICALLY FRAIL.

003.03(A) MEDICALLY FRAIL DETERMINATION. For an individual to be determined medically frail, he or she must have a documented medical condition attested to by a healthcare provider who is able to diagnose within the scope of his or her respective practice act and is licensed and in good standing within the state in which they practice, identified through analysis and evaluation of historical claims data performed by the Medicaid managed care organization, or identified through information supplied by the Department, that falls into one or more of the following categories:

- (i) A disabling mental disorder;
- (ii) A chronic substance abuse disorder;
- (iii) A physical, intellectual, or developmental disability with functional impairment that significantly impairs the individual from performing one or more activities of daily living each time the activity occurs, see 471 NAC 12 for the definition of activities of daily living for adults;
- (iv) A disability determination based on Social Security criteria;
- (v) A serious and complex medical condition; or
- (vi) Chronically homeless as defined by the United States Department of Housing and Urban Development.

003.03(B) ACTIVITIES OF DAILY LIVING. For each activity of daily living an individual must require help to complete the task safely and the helper is required to be physically present throughout the task for each occurrence.

003.03(C) REFERRALS FOR DETERMINATION. Individuals may be referred to the Department in the following ways:

- (i) The individual may self-identify as medically frail;
- (ii) Referral by the Medicaid managed care organization after interaction with a case and care manager or through analysis of historical claims data; and
- (iii) Identification by the Department.

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477 NAC 29

003.03(D) MEDICALLY FRAIL PERIOD. The Department will approve medically frail determinations for a period of either 12 or 36 months. The medically frail period will be based on the individual's health care condition and the Department's established clinical guideline criteria. At the end of the approved medically frail period, a review must be completed to determine whether the individual remains medically frail.

003.03(E) EFFECTIVE DATE OF MEDICALLY FRAIL DETERMINATION. Medically frail determinations approved by the Department on or before the last business day of the month will become effective on the first calendar day of the following month.