4-004 Use of Budget Form DA-3M: The worker uses Form DA-3M or N-FOCUS to determine eligibility for medical assistance only and medical assistance ~~excess income~~ share of cost cases. If at any time factors change that affect the budget, the worker ~~shall~~ must recompute Form DA-3M or N-FOCUS.

~~Form DA-3M may be used as a continuous record of medical obligations or expenditures for medical assistance excess income cases. The medical needs of the client, his/her spouse, or his/her minor child which are used to meet the client's excess income are also recorded on Form DA-3M.~~ If the parent(s)' income has been deemed to the child, the medical expenses (including insurance premiums) of the parent(s) and any siblings for whom the parent(s) is responsible for paying medical expenses may be applied to the child's ~~excess income spenddown~~ share of cost.

4-004.01 Use of Budget Form DA-4M: The worker uses Form DA-4M or N-FOCUS for an eligible spouse in a specified living arrangement and an ineligible spouse in the community (see 469 NAC 4-007.01 ff.).

Side 2 of Form DA-4M is used to calculate the amount of income (if any) to be allocated from the eligible spouse to the ineligible spouse and/or family members.

Side 1 of Form DA-4M is used to calculate eligibility for medical assistance only or medical assistance with ~~excess~~ share of cost for the eligible spouse.

4-007.02 Medical Budget Periods: The medical budget is normally computed for one month but may be computed for a period up to six months. See 469-000-301 for procedures.

4-008 Required Copayments: Effective April 1, 1994, AABD adults are required to pay a copayment for the medical services listed at 469-000-210. Copayment amounts are also listed at 469-000-210.

4-008.01 Covered Persons: With the exceptions listed at 469 NAC 4-008.02, AABD adults are subject to the copayment requirement.

The client's Medicaid card will indicate whether the client is subject to the copayment requirement. The provider may also verify the client's copayment status by contacting the Nebraska Medicaid Eligibility System (NMES).

4-008.02 Exempted Persons: The following individuals are exempted from the copayment requirement:

1. Individuals age 18 or younger;
2. Pregnant women through the immediate postpartum period (the immediate postpartum period begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends);
3. Any individual who is an inpatient in a hospital, long term care facility (NF or ICF/MR), or other medical institution if the individual is required, as a condition of receiving services in the institution, to spend all but a minimal amount of his/her income required for personal needs for medical care costs;
4. Individuals residing in alternate care, which is defined as Assisted Living facilities, centers for the developmentally disabled, adult family homes and Licensed Mental Health Centers;
5. Individuals who are receiving waiver services, provided under a 1915(c) waiver, such as the Community-Based Waiver for Adults with Mental Retardation or Related Conditions; the Home and Community-Based Model Waiver for Children with Mental Retardation and Their Families; or the Home and Community-Based Waiver for Aged Persons or Adults or Children with Disabilities;
6. Individuals with a Share of Cost (over the course of the a Share of Cost cycle, both before and after the obligation is met); ~~and~~
7. Individuals who receive assistance under SDP (program 07); and
8. Individuals who are subject to a monthly TMA or MIWD premium.

{Effective }