

- a. Income and resources of a non-spouse essential person were included, remove income and needs of the EP from the budget and recalculate; or
- b. If Veteran's Aid and Attendant benefits or income allocated from another assistance unit were included, determine eligibility for medical assistance (see Form DA-3M instructions, PAF 4-1).

3-006.01A1 Calculation of State Supplemental Payment: If it is determined that the client has a budgetary need and the client is receiving SSI, the computer automatically subtracts the SSI Federal Benefit Rate from the budgetary need to determine the amount of state supplemental payment. If the SSI Federal Benefit Rate is greater than the budgetary need, the client is considered a grant case but does not receive a state supplemental payment (see 469 NAC 2-010.01B2b).

For a blind client receiving SSI who has earned income in the earned income field, N-FOCUS automatically adds \$20 to the warrant amount (see 469 NAC 2-010.01E1b(2)).

3-006.01A2 Budgeting Individuals in Long Term Care for Three Continuous Months: The worker shall use non-SSI budgeting procedures for individuals in long term care when SSI does not make a change in living arrangement at the end of three full continuous months and income exceeds the FBR for a single individual in an institution (see 469-000-207).

{Effective 4/11/95}

3-006.01B Deductions for Medical Insurance: Standards in 469 NAC 3-000 do not allow for deductions for medical insurance premiums, i.e., private policies, Medicare, etc., on Form IM-25. Therefore, if an insurance premium is being deducted from the client's unearned income, the worker shall add the premium amount back in to arrive at the correct amount to show on Form IM-25 (see 469 NAC 2-010.01B2a). Form DA-3M, which is computed based on standards in 469 NAC 4-000, can reflect medical insurance deductions (see 469 NAC 4-006).

3-006.01C Buy-In of Part B: A client is eligible for state payment of Medicare Part B premium (buy-in) if ~~eligible for a state payment or MA only. A client who is eligible for MA with excess income is not eligible for the buy-in.~~ his/her income is equal to or less than 135% of the federal poverty level.

~~For payment of Part B Medicare premiums for Qualified Medicare Beneficiaries, For Medicare beneficiaries (SLMB or QI-1) who only receive Part B, see 469 NAC 7-000.~~

CHAPTER 7-000 SPECIFIED LOW-INCOME BENEFICIARIES (SLMB) AND QUALIFIED MEDICARE BENEFICIARIES (QMB's QI-1): Current Medicare beneficiaries who meet the required income guidelines and all other eligibility requirements of the AABD program are eligible for payment of their Part B Medicare premiums. These individuals are eligible only for payment of the Medicare premium; they are not eligible for any additional medical services or public assistance. QMBs are determined by income guidelines based on the Federal Poverty Limits. Qualified Individuals (QI-1) are eligible for full payment of their Medicare premium.

The Omnibus Budget Reconciliation Act of 1990 required states to pay the Part B Medicare premiums for QI-1s. Public Law 110-275, Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) required increased resource limits for this group. The resource limits are adjusted annually. An annual review is required to verify income and resources.

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7-001 Eligibility Requirements: In order to receive payment of the Medicare premium, the individual must meet the following eligibility requirements:

1. Face-to-face interview (see 469 NAC 2-001);
 2. U.S. citizenship or alien status (see 469 NAC 2-002 ff.);
 3. Nebraska residence (see 469 NAC 2-003 ff.);
 4. Social Security number (see 469 NAC 2-004 ff.);
 5. Age (see 469 NAC 2-005 ff.);
 6. Relative responsibility (see 469 NAC 2-006);
 7. Blindness or disability (see 469 NAC 2-007 ff.);
 8. Resources (for treatment of resources, see 469 NAC 2-009 ff.; for resource limits, see 469 NAC 4-~~005-04~~ 7-001.02);
 9. Income (see 469 NAC 7-001.01);
 10. Cooperation in obtaining third party medical payments (see 469 NAC 2-011);
- and
11. Receipt of other assistance (see 469 NAC 2-013).

7-001.01 Income: Income is treated according to regulations in 469 NAC 2-010.01 through 2-010.01H. The income limits are based on the Federal Poverty Level.

The worker budgets the client on Form DA-3M. If total net earned and unearned income is equal to or less than the required income limit, the client is eligible for payment of the Medicare premium. If the income is more than the income limit, the client is ineligible for payment of the Medicare premium.

{Effective 1/19/08}

7-001.01A AABD with Share of Cost: The client may choose to receive AABD/MA with a share of cost and attempt to spend down if there is a medical need.

If a client who is on AABD/MA with a share of cost fails to meet any of his/her share of cost by the next case review and a medical need cannot be anticipated, a ~~QMB-~~ SLMB or QI-1 budget should be authorized.

If a client has been ~~QMB-~~ SLMB or QI-1 and later wants Medicaid share of cost for the same month(s)—and up to six months before, a share of cost budget should be authorized.

7-001.02 Resources: Resource limits are adjusted annually.

DRAFT (ALL NEW WORDING)

(DRAFT 1-29-10)
MANUAL LETTER #

NEBRASKA DEPARTMENT OF
HEALTH AND HUAMN SERVICES

AABD
469 NAC 11-000

CHAPTER 11-000 MEDICARE SAVINGS PROGRAM/QUALIFIED MEDICARE BENEFICIARIES (MSP/QMB): MSP/QMB is a Medicaid group for individuals with income equal to or less than 100% FPL but who have resources in excess of the \$4,000 and \$6,000 limits. MSP/ QMB individuals who are within specific resource guidelines at 469 NAC 11-001.02 are eligible for payment of deductibles and co-pay costs associated with Medicare claims and Part B premiums. They are not eligible for additional medical services or State supplement payments. An annual review is required to verify income and resources.

Public Law 110-275, Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) required increased resources for this group. The resource limit amounts are adjusted annually.

11-001 Eligibility Requirements: In order to receive payment of the Medicare premium, deductibles, and co-pay costs associated with Medicare, the individual must meet the following eligibility requirements.

1. Application (see 469 NAC 2-001);
2. U.S. citizenship or alien status (see 469 NAC 2-002 ff.);
3. Nebraska residence (see 469 NAC 2-003 ff.);
4. Social Security number (see 469 NAC 2-004 ff.);
5. Age (see 469 NAC 2-005 ff.);
6. Relative responsibility (see 469 NAC 2-006 ff.);
7. Blindness or disability (see 469 NAC 2-007 ff.);
8. Resources (for treatment of resources, see 469 NAC 2-009ff.; for resource limits, see 469 NAC 11-001.02);
9. Income (see 469 NAC 11-001.01);
10. Cooperation in obtaining third party medical payments (see 469 NAC 2-011; and
11. Receipt of other assistance (see 469 NAC 2-013).

11-001.01 Income: Income is treated according to regulations in 469 NAC 2-010.01 through 2-010.01H. The income limits are based on 100% FPL.

The worker budgets the client on a medical budget. If total net earned and unearned income is equal to or less than 100% FPL and resources are less than the amount specified at 11-001.02, the client is eligible for MSP/QMB.

11-001.02 Resources: Resource limits are adjusted annually.