

## What do I need to know about Medicaid?

To help maximize federal funding, a participant of home and community-based services must:

- Apply for and accept federal Medicaid benefits
- Use benefits from other funding sources within DHHS; the State Department of Education, including vocational rehabilitation; and other agencies

### What is Medicaid?

- Public health insurance program that covers a low-income population that primarily includes seniors, children, and people with disabilities
- Began in 1965 under Social Security Act
- Administered by states with oversight from the Centers for Medicare & Medicaid Services (CMS)
- Funding is a joint effort between the federal and state governments
- Eligibility and benefits vary from state to state
  - The Federal Social Security Act requires certain services be offered by all states
  - Nebraska offers some additional services

### Medicaid eligibility looks at the following:

- Application
- US citizen or qualifying alien status
- Nebraska resident
- Social Security number
- Relative responsible
- Cooperate with any child support
- Living arrangement
- Assignment of Third Party medical payments
- Income and resources within established limits for certain categories
- Other category requirements, such as age

### Aged, Blind, & Disabled (ABD)

There are different Medicaid categories. Most people who are eligible for home and community-based services are eligible for Medicaid under the Aged, Blind, & Disabled (ABD) category.

- Aged is 65 or older
- Blind or disabled people, age 64 and younger, are determined disabled by the Social Security Administration or by the State Review Team
- Income limit is 100% of the federal poverty level (FPL)
- Resource limits of \$4,000 for one person or \$6,000 for two people
- Private health insurance expenses are an allowable income deduction with some restrictions

## Share of Cost (SOC) for people with high medical needs

- Share of cost is required for a person with medical needs who meets all Medicaid eligibility requirements but has income exceeding the Medicaid guideline
- Share of cost may vary based on income, deductions, and the person's living arrangement
- Income is compared to the Medically Needy Income Level (MNIL) or a Personal Needs amount to determine the share of cost
- The person is responsible to pay the determined share of cost amount
- Share of cost is a monthly amount, which can differ month to month
- When a person is receiving services from a home and community-based services (HCBS) waiver, the share of cost is automatically obligated to a Medicaid provider, usually the provider of the costliest waiver service
- Medicaid may close if the share of cost amount exceeds the person's monthly need

## Medicaid Insurance for Workers with Disabilities (MIWD)

- MIWD is a Medicaid category which may be available for a person who meets disability criteria and is earning income by working
- When someone is going to lose Medicaid due to earned income, this may be an option
- To be eligible a person must:
  - Qualify for Medicaid except for income
  - Meet Social Security or State Review Team definition of disability
  - Be working
  - Have income within MIWD income guidelines:
    - 200% federal poverty level (FPL) or
    - 250% of FPL with premium
  - Meet Medicaid resource limits
  - Pay a premium, if required
- Additional requirements and information can be found in the Medicaid regulation 477 NAC appendix: <http://dhhs.ne.gov/Documents/477-000-046.pdf>
- A Medicaid worker will determine if a person qualifies

## ENABLE accounts

- ENABLE is a tax-favored savings program for eligible people with disabilities
- There are options for investment, bank savings account, or checking account
- Eligibility is based on blindness or disability occurring prior to age 26
- **ENABLE accounts do not count toward resources for Medicaid**
- For more information visit [www.enableavings.com](http://www.enableavings.com)