

CHAPTER 2-000 REFERRAL, APPLICATION, AND ELIGIBILITY

2-001 Initial Referral: Individuals, parents, guardians, agencies, and physicians may refer an individual to MHCP. An application may be completed before or after the referral is received (see 467 NAC 2-002). An application may serve as a referral.

2-001.01 Referral to MHCP: Any individual may be referred to MHCP Title V, SSI/DCP and/or Genetically Handicapped Person's Program for diagnostic, consultation services, and/or needs assessment (see 467 NAC 6-003) without -

1. Charge to the individual or the individual's family, except for payment by a third party which is authorized or under legal obligation to pay the charges; and
2. Any restriction on or requirement regarding the economic status of the individual's family or relatives.

2-001.02 Types of Referrals: A referral for services may be made by -

1. Completion of the MHCP application by the applicant, the parent(s) or legal guardian, an individual acting under a duly executed power of attorney, or another person authorized to act for the applicant. Note: The application must list the client's diagnosis or medical problem, and at a minimum must include name of client, date of birth, phone, parents, address, and reason for referral;
2. A physician's referral completed by a physician provided to any office of the Department of Health and Human Services; or
3. Any interested person by phone, personal interview, or letter to any office of HHSS. Any written material received is considered the referral.

2-001.02A Physician's Referral: A physician may request both a diagnostic evaluation and/or treatment.

2-001.02B Referral by Interested Individual or Agency: Any parent or guardian or any other individual or agency with the consent of the parent or guardian may request an MHCP evaluation. Exception: MHCP provides diagnostic evaluations for eye or hearing services only when the referral is made by a medical professional or para-professional.

2-001.02C Emergency Referral: Physicians may refer clients to MHCP by telephone in case of emergency. MHCP Central Office staff may conditionally approve admission to an MHCP-contracted hospital pending medical and financial eligibility.

2-001.03 Receipt of Referrals

2-001.03A Referrals Received by the MHCP Offices: MHCP staff assign the case to a services coordinator. The services coordinator must send a letter acknowledging the referral, and initiate entries into computer.

2-001.04 Case Assignment: Families are served through the various HHS offices based on -

1. The client's geographical location;
2. The medical diagnosis;
3. The location of the nearest and most timely clinic that will meet the client's immediate needs; and
4. Client's family's or caregiver's choice when appropriate.

2-001.04A Children with Multiple Service Needs: For a child/client with multiple diagnoses (and multiple MHCP services), Central Office staff will assign a specific services coordinator or office to work with the family to avoid multiple services coordinators.

2-001.04B Referral Acknowledgment: Within ten working days after the services coordinator receives the case information, the services coordinator must notify the referral source when appropriate, and the parent or client of the receipt of the referral and the decision/action initiated by the referral. This may include-

1. A determination of medical eligibility;
2. The date of a clinic appointment or appointments with other specialists;
3. A request for additional information;
4. A request for Central Office review;
5. A request for medical information;
6. A request for completion of application; or
7. Referral to other programs.

The services coordinator must request the completion of release of information forms. The services coordinator must also initiate the narrative portion of the case file at this time.

2-001.04B1 Completion of Release of Information: When requesting completion of release of information forms, the services coordinator must allow 30 days for response. If no response is received in the first 15 days, the services coordinator must make personal contact with the client/family. If a response is not received within the 30-day period, the services coordinator must make every attempt to contact families and/or referral source before rejecting.

2-001.04C Social Security Number: A social security number is not required as a condition of eligibility.

In order to facilitate the application process and to coordinate benefits for other programs, the services coordinator will request the applicant's SSN. The applicant may choose to provide a SSN.

For those persons for whom a SSN is not provided, a client identification number may be obtained from the Central Office.

The services coordinator must update this information on the computer system.

2-002 Applications: To apply for MHCP, the person who is legally responsible for the client must complete the application (attached see 467-000-13). An individual age 19 or older who is legally responsible must complete the application on his/her own behalf. Application may be made either before or after medical eligibility is determined.

To be certified eligible for MHCP the applicant shall be a citizen of the United States of American or a qualified alien under the federal Immigration and Nationality Act and be lawfully present in the United States, as required by Neb. Rev. Stat. § 4-108 to 4-112.

1. Attestation: The applicant shall attest that s/he is a citizen of the United States of America or that s/he is a qualified alien under the federal Immigration and Nationality Act, 8 USC 1101 et seq., as such act existed on January 1, 2009; and is lawfully present in the United States. The applicant shall provide his/her immigration status and alien number, and agree to provide a copy of his/her United States Citizenship and Immigration Services (USCIS) documentation upon request;
2. Verification: For any applicant who has attested that s/he is a qualified alien under 467 NAC 2-002, item 1, eligibility for benefits shall be verified through the Systematic Alien Verification for Entitlements Program. Until verification of eligibility is made, the attestation may be presumed to be proof of lawful presence unless the verification is required before providing the public benefit under another provision of state or federal law.

An application may be made for an unborn child, but no case action will be taken until the child is born. If the family should request services prior to birth, medical reports specifying the need must be submitted to the Central Office for determination of coverage.

2-002.01 Application Process: The services coordinator must conduct a face-to-face interview with the family including the client within six months after the case action date and as often as needed for services coordination but at a minimum of once each year after the first year of eligibility.

2-002.01A Time Guide for Application: MHCP allows the applicant 30 days from the date of the letter notifying the client of medical eligibility to make a financial application. If the client does not respond within 15 days from the date of the letter, the services coordinator must make personal contact with the client, parent(s), and/or guardian to complete the application process within a total of 45 days. If appropriate, the services coordinator may notify the referral source that the family did not apply.

Current medical and financial information must be obtained. MHCP considers any medical information less than six months old to be current.

2-002.01B Withdrawal: The applicant may voluntarily withdraw an application.

2-003 Medical Eligibility: Eligibility for MHCP is based on two components: medical eligibility and financial eligibility. To verify medical eligibility, the services coordinator must receive the diagnosis and the individual medical treatment plan (IMTP - also see definition at 467 NAC 1-002). The IMTP is developed by a physician or a clinic team. Based on the physician's diagnosis and the IMTP, the services coordinator must verify medical eligibility by using the chart at 467 NAC 2-003.02. Certain cases must be reviewed by the medical consultant (see 467 NAC 2-003.01B).

The medical consultant must determine medical eligibility within five working days after all necessary information is received by the medical consultant.

2-003.01 Codes: The chart at 467 NAC 2-003.02 contains the following types of codes:

1. International Classification of Diseases ICD-9-CM codes (diagnosis codes);
2. Medical eligibility status codes; and
3. Service codes.

The services coordinator must enter the diagnosis and service codes into the computerized system.

2-003.01A ICD Codes: These are numerical codes for the client's diagnosis.

The services coordinator must use the International Classification of Diseases to obtain the diagnosis code based on the physician's diagnosis.

2-003.01B Medical Eligibility Status Codes: These codes indicate the client's medical eligibility status. The medical eligibility status codes are -

1. E: Medically eligible;
2. NE: Not medically eligible; and
3. R: To be reviewed by the medical consultant.

2-003.01C Service Codes: The service codes indicate the MHCP service for which each code is eligible. This information may be used to determine which services coordinator is responsible for each case; it also identifies the funding for program purposes. The code "00" indicates that the medical consultant will determine the appropriate service for each case. The service codes are -

- 00 To be assigned when medical eligibility is determined
- 02 Rheumatoid Arthritis
- 03 Scoliosis
- 04 Hemophilia
- 05 SSI/DCP
- 06 Genetically Handicapped Person's Program
- 07, 08, Reserved
- 09 Services Coordination only
- 10 Screening (for assignment or diagnostic purposes only - see 467 NAC 2-001.04)
- 11 Craniofacial conditions
- 12 Cerebral Palsy
- 13 Heart
- 14 Orthopedic, General
- 15 Cystic Fibrosis
- 16 Eye
- 17 Mid-line Neurological Defects

- 18 Hearing Loss
- 19 Diabetes
- 20 Neoplasm
- 21 Major Medical, General
- 22 Reserved
- 23 Premature/High Risk Infants
- 24 Asthma
- 25 Burns
- 26 Neurological
- 27 Urological
- 28 Reserved
- 29 Services Coordination

2-003.02 Medical Eligibility Chart: The services coordinator must use the following chart to verify medical eligibility.

<u>ICD Codes</u>	<u>Medical Eligibility Status</u>	<u>Service Code</u>
000 - 010.9	NE	
011 - 013.9	R	00
014 - 014.8	NE	
015 - 015.9	E	14
016 - 018.9	R	00
020 - 041.9	NE	
045 - 045.1	E	14
045.2 - 045.9	NE	
046 - 047.9	NE	
048 - 049.9	R	00
050 - 061	NE	
062 - 064	R	00
065 - 092.9	NE	
093 - 094.9	R	00
095 - 129	NE	

<u>ICD Codes</u>	<u>Medical Eligibility Status</u>	<u>Service Code</u>
130 - 130.9	R	00
131 - 136.9	NE	
137 - 137.4	R	14
138	E	14
139.0	R	14
139.1	R	
139.8	R	
140 - 209	E	20
210 - 239	R	20
240	NE	
241	R	21
242 - 244	E	21
245 - 246	R	21
250	E	19
251	R	00
252 - 253	E	21
254 - 259	R	21
260 - 268	R	00
268.0 - 268.1	E	14
268.2 - 269	R	00
270 - 273	R	21
274	R	00
275 - 276	R	21
277.0	R	15 (Adults-06)
277.1 - 277.9	R	21
278	NE	
279	R	21
280 - 281	NE	
282 - 283	R	21 (Adults - 06)
284	E	21
285	R	21
286.0 - 286.1	E	04 (Adults - 06)
286.2 - 286.9	R	21
287	R	21
288 - 289.9	R	21
290 - 307.22	NE	
307.23	R	21
307.3 - 326	NE	00
330 - 331.1	R	00
331.2	R	
331.3 - 331.4	R	00
331.7 - 331.9	NE	

<u>ICD Codes</u>	<u>Medical Eligibility Status</u>	<u>Service Code</u>
332.0	R	00
332.1	NE	
333 - 333.0	R	00
333.1	NE	
333.2 - 333.3	R	00
333.4	E	21
333.5 - 333.99	R	00
334 - 336.0	R	00
336.1 - 337.9	R	00
340 - 342	E	26
343 - 344	E	12
345	E	26
346	NE	
347 - 349.9	R	00
350 - 359.9	R	00
360.0 - 362.43	R	16
362.5 - 362.6	NE	
362.7	R	00
362.8 - 363.2	R	16
363.3 - 363.4	NE	
363.5 - 363.9	R	16
364.0	NE	
364.1 - 365.9	R	16
366.0	E	16
366.1	NE	
366.2 - 366.9	R	16
367	NE	
368.0 - 368.3	R	16
368.1 - 371.9	NE	
371 - 371.9	R	
372.0 - 372.39	NE	
372.4	R	00
372.5 - 377.2	NE	
377.3 - 377.6	R	00
377.7 - 377.9	NE	
378.0 - 378.7	E	16
378.8 - 378.9	R	00
379.0 - 379.2	NE	
379.3 - 379.4	R	00
379.5	R	16
379.8 - 379.9	R	00
380 - 382.0	NE	
382.1 - 382.9	R	18
383.0	NE	
383.1 - 385.9	R	18
386	NE	

<u>ICD-9 Codes</u>	<u>Medical Eligibility Status</u>	<u>Service Code</u>
387	R	18
388.0 - 388.1	NE	
388.2	R	18
388.3	NE	
388.4 - 388.5	R	18
388.6 - 388.9	NE	
389	R	18
390 - 397	E	13
398	R	13
401 - 405.9	R	00
410 - 417.9	E	13
420	NE	
421 - 427.69	R	13
427.8 - 427.89	R	13 and/or 29
427.9 - 429	R	13
430 - 438	R	00
440 - 442	E	13
443 - 448	R	00
451	NE	
452 - 453	R	00
454 - 455	NE	
456 - 459	R	00
460 - 466	NE	
470 - 471.9	R	00
472 - 492	NE	
493 - 494	R	24
495 - 511	R	00
512 - 513	R	00
514 - 518	NE	
519	R	
*520 - 525	E	
526 - 530.84	R	
531 - 551	NE	
551.2	R	21
551.3	R	21
551.4 - 553.2	R	21
553.3	R	21
553.8 - 553.9	R	21
555 - 555.9	R	19
556	R	19 or 21
557 - 558.2	NE	
558.9	R	19
560 - 570	NE	
571	E	21
572 - 573	R	00
574 - 576	NE	

*Only clients certified for service codes 11 and 12 are eligible for dental treatment under these codes.

<u>ICD-9 Codes</u>	<u>Medical Eligibility Status</u>	<u>Service Code</u>
577	R	00
578 - 579.1	NE	
579.2	R	19
579.3 - 579.9	R	00
580	NE	
581 - 582	R	27
583 - 584	R	27
585 - 590	R	
591 - 592	E	27
593	R	27
594	E	27
595	NE	
596	R	27
597	NE	
598	E	27
599	R	27
600 - 618	NE	
619	R	
620 - 709	NE	
710 - 711	R	14
712	R	02
713.0 - 713.1	R	
**713.2 (282.4-282.7)	R	21
(286.0-286.2)	R	04 (Adults 06)
(204.0-208.9, 202.3)	R	20
(203.0)	R	21
713.3 - 713.4	R	
***713.5	R	00
(094.0, 250.6, & 336.0)	R	00
713.6 - 713.7	R	
714.0 - 714.4	E	02
714.8 - 714.9	R	02
715	E	14
716.0 - 716.2	R	14
716.3 - 716.4	NE	
716.5 - 717.6	R	14
717.7	NE	
717.8 - 718.1	R	14
718.2 - 718.8	R	14
718.9	R	14
719.0 - 719.1	NE	
719.2 - 719.3	R	14
719.4	NE	

**Do not assign 713.2. Use the codes listed in parentheses as appropriate.

***This is a general condition. Use the codes listed in parentheses if appropriate.

<u>ICD-9 Codes</u>	<u>Medical Eligibility Status</u>	<u>Service Code</u>
719.5	R	14
719.6	NE	
719.7 - 719.9	R	00
720.0	E	02
720.1 - 721.5	R	14
721.6	R	00
721.7 - 726.0	R	00
726.1 - 726.11	R	14
726.12 - 727.09	R	14
727.1	R	14
727.2 - 727.3	R	14
727.4	R	
727.5 - 727.6	R	14
727.8	R	14
727.9	R	14
728.0	R	
728.10 - 728.11	R	14
728.12 - 728.19	R	14
728.2	R	
728.3	E	14
728.4 - 728.5	NE	
728.6 - 728.7	E	14
728.8 - 729.6	R	14
729.8 - 729.9	NE	
730 - 733	E	14
734 - 735	R	14
736 - 736.9	R	14
737 - 737.9	R	33
738 - 739.9	R	14
740	R	26
741 - 741.9	E	17
742	R	26
742.1 - 742.2	R	17
742.3	E	17
742.4 - 742.9	R	17
743.0 - 743.3	R	16
743.4 - 743.9	R	16
744.0 - 744.1	R	18
744.2	R	11
744.3 - 744.4	R	00
744.5	R	14
744.8 - 744.9	R	11
745.0 - 747.49	E	13
747.5 - 747.6	NE	
747.8 - 747.9	R	13
748.0 - 748.1	E	11

<u>ICD-9 Codes</u>	<u>Medical Eligibility Status</u>	<u>Service Code</u>
748.2	E	21
748.3 - 748.9	R	21
749.0 -749.25	E	11
750.0 - 750.2	R	11
750.3	E	21
750.4	R	21
750.5	R	21
750.6 - 750.9	R	21
751.0	R	00, 21
751.1	R	21
751.2 - 751.3	E	21
751.4 - 751.9	R	21
752.0 - 752.4	R	
752.5 - 753.1	R	27
753.2	E	27
753.3 - 753.4	R	27
753.5	E	27
753.6 - 753.9	R	27
754 - 755.1	R	00
755.2 - 755.60	R	14
755.61 - 755.69	R	14
755.8 - 755.9	R	14
756.0 - 756.10	R	00
756.11 - 756.19	R	00
756.2 - 756.3	R	14
756.4	R	14
756.50 - 756.51	E	14
756.52 - 756.59	R	14
756.6 - 756.7	E	21
756.8 - 757	R	14
757.0	E	14
757.1	R	14
757.2	NE	
757.3	R	21
757.4 - 757.9	R	
758.0 - 758.3	R	21
758.4	NE	
758.5 - 758.9	R	21
759.0 - 759.1	NE	
759.2 - 759.3	R	21
759.4 - 759.5	E	21
759.6 - 759.9	R	00
760 - 764.9	NE	
765.0 – 766.2	R	23
767.0	R	21, 23
767.1 - 767.3	R	

<u>ICD-9 Codes</u>	<u>Medical Eligibility Status</u>	<u>Service Code</u>
767.4	R	00
767.5	R	
767.6 - 767.9	R	00
768.0 -768.9	NE	
769	R	23
770.0 - 770.1	NE	
770.2 - 770.3	R	21, 23
770.4	R	00
770.5	R	21, 23
770.6	NE	
770.7	R	23
770.8 - 770.9	R	23
771	R	
772.0	NE	
772.1 - 772.2	R	21, 23
772.3 - 773.3	NE	
773.4	R	21, 23
773.5 - 774.6	NE	
774.7	R	21, 23
775 - 777.4	NE	
777.5 - 777.6	R	21, 23
777.8 - 777.9	NE	
778.0	R	21, 23
778.1 - 778.9	NE	
779.0	R	00
779.1 - 779.9	NE	

2-003.02A Medical Eligibility Response Codes: When the medical consultant reviews cases for medical eligibility, s/he must assign one of the following codes to each case to indicate the medical eligibility decision:

1. R₂: Medically eligible;
2. R₃: Not medically eligible (The client would be medically eligible if the problem were more severe);
3. R₄: No service available to cover this problem;
4. R₅: Not eligible, no active medical treatment plan (The client would be medically eligible if an active medical treatment was indicated or recommended);
5. R₆: Continued referral (Sufficient medical information is not available to make a decision on medical eligibility. The services coordinator must request new medical information as it becomes available); and.
6. R₇: Services Coordination only.

2-003.02B Continued Referrals: In evaluating the medical needs of a client referred to MHCP, the medical consultant may request more definitive diagnostic studies or a repeat evaluation at a later date before making a decision on medical eligibility. The medical consultant must code these cases as "R₆". These requests are continued referral.

Services coordination can be provided until determined medically eligible. MHCP does not cover recommended care during this period except for specific diagnostic studies which are authorized for payment by the medical consultant. The services coordinator must notify the client or the client's family of the continued referral by letter.

The services coordinator must assist families with their questions and concerns regarding the child's/family's needs, by referring to appropriate programs and services, until determined medically eligible.

2-003.03 Medical Eligibility Redetermination: For all services which do not conduct clinics, the services coordinator must submit the medical file, including a current progress report (i.e., a report completed within the previous six months) to the medical consultant for review. The services coordinator must attach a note to the case when submitting a case for review only. At the time of the financial review the services coordinator must determine the schedule for these medical reviews as follows:

1. Compare the date of the financial review to the date of the most recent review by the medical consultant; and
2. If 12 months or more have passed, a review is due; or
3. If 11 months or fewer have passed, no review is due.

Note: Medical reviews by clinic teams may take the place of medical consultant reviews for those services.

2-004 Financial Eligibility: Financial eligibility for MHCP Title V services and for the Genetically Handicapped Person's Program is based on -

1. The probable cost of specialized medical care; and
2. Income and resources available to the parents or client to pay for the specialized medical care.

2-004.01 Eligibility for Other Programs: An individual who is eligible for Social Services Block Grant, TANF, AABD, Food Stamps, any Medicaid (Title XIX or XXI of the Social Security Act) without a spenddown (see 467 NAC 2-004.01B), State Disability Program, Low Income Energy Assistance Program, Child Care Subsidy, or Refugee Resettlement Program is automatically financially eligible for MHCP.

The services coordinator must consult with Central Office staff regarding eligibility for children who are covered under the subsidized adoption program.

2-004.01A Eligibility Verification: The services coordinator taking the application must verify eligibility for Department-administered programs by collateral contacts within the Department, by viewing the client's Nebraska Medicaid Card (eligibility card), or by viewing or printing a Departmental computer screen that shows current Medicaid eligibility or eligibility for another Departmental program (see 467 NAC 2-004.01). The services coordinator must note the contact in the narrative case record.

2-004.01B MA With Excess: If an MHCP-eligible client is also eligible for medical assistance (MA) with excess, the services coordinator must consider the MHCP-eligible client ineligible for Medicaid when authorizing services. Note: Any MHCP payment must be counted toward the spenddown. Once the spenddown is met, the services coordinator must consider the MHCP-eligible client as Medicaid-eligible when authorizing MHCP services.

2-004.01C Application for Other Programs: During the application process, the services coordinator must refer the client to other programs for which the client may be eligible. The client, parent(s), or guardian must apply for medical services available through other programs, including Medicaid, which access federal funds. If not eligible, the client, parents, or guardian must provide a copy of the notice of denial to the services coordinator. The services coordinator may substitute his/her knowledge of other programs for a notice of denial when it appears the client is not eligible for other programs; this must be documented in the case file. The services coordinator may document verbal inter-agency communication in the narrative. Failure to apply for other programs during the application process is grounds for rejecting or closing the case.

2-004.02 Family: Family means a unit consisting of one or more adults (individuals 19 or older) and children, if any, related by blood, marriage, or adoption who reside in the same household. An unborn child may be included if proof of pregnancy is obtained. The following are considered separate families:

1. Related adults other than spouses and unrelated adults who reside together;
2. Children living with non-legally responsible relatives; and
3. Emancipated minors.

An individual age 19 or older living at home is considered a separate family unit. The services coordinator must consider only the individual's income and resources. Family support is considered contributions.

2-004.03 Financial Eligibility Determination: To determine financial eligibility, the services coordinator must consider countable income and resources, minus deductions, in comparison to MHCP's financial criteria. If the client exceeds the criteria, s/he may be eligible "with a financial margin." The financial margin is 25 percent of the amount by which the client exceeds MHCP's financial-criteria, minus allowable deductions from that amount (see 467 NAC 2-004.06). The client must spend or obligate the financial margin for medical care for the client before MHCP begins to pay for services.

The services coordinator must determine financial eligibility using financial information from appropriate forms and income tax forms for the self-employed person. The amounts used to determine financial eligibility are those declared on the application or income tax forms. The services coordinator must contact MHCP Central Office staff in cases where tax forms are not available for self-employed.

2-004.03A Sources of Income: When determining eligibility, the services coordinator must consider the following sources of income:

2-004.03A1 Irregular Income: Irregular income is income, earned or unearned, which varies in amount from month to month or which is received at irregular intervals. This may be due to irregular employment, but even when an individual works regularly, the income may be irregular because of factors such as seasonal increases or decreases in employment and earnings. The following are types of irregular income:

1. Day labor; and
2. Sales work on commission basis.

The services coordinator must use an average of amounts received during the last year, if available, to project future income unless there has been a significant change. Note: The average amount calculated by the services coordinator applies to the entire year, unless there is a significant change in irregular income.

Small, irregular earnings which are not computable or predictable are not considered.

2-004.03A2 In-Kind Income: In-kind income is any non-monetary consideration received by a client in place of income for services provided or as payment of an obligation, such as rent-free housing or farming or as a minister.

2-004.03A3 Lump Sum Income: Lump sum income is money received on a one-time basis. The services coordinator must add the amount of the lump sum to the yearly income to determine financial eligibility. Lump sum income includes:

1. Estates;
2. Retirement pensions which are not re-invested in other retirement accounts;

3. Inheritances or payments received from insurance; and
4. Child support or Social Security (contact Central Office for assistance in considering unusual lump sum payments).

2-004.03A4 Earned Income: Earned income is money received from wages, tips, salary, commissions, self-employment, or items of need received in lieu of wages. Earned income includes:

1. Gross wages/salary – total money earnings received for work as an employee, including wages, salary, armed forces pay, earnings through the Job Support Program, work-study, vocational rehabilitation incentive pay, commissions, tips, piece rate payments, and cash bonuses earned before deductions are made for taxes, bonds, pensions, union dues, and similar purposes.
2. Military allotments (i.e., additional income for spouse, dependants, etc.)
3. *Net income from farm self-employment – gross income minus operating expenses from the operation of a farm received by a client or parent(s) as an owner, renter, or sharecropper. Gross income includes the value of all products sold, government payments, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include cost of feed, fertilizer, seed, and other farming supplies, cash wages paid to farmhands, depreciation and interest, cash rent, farm building repairs, property taxes (not state and federal income taxes), and similar expenses. The value of fuel, food or other farm products used for family living is not included as part of net income.
4. *Net income from non-farm self-employment – gross income minus expenses from one's own business, professional enterprise, or partnership. Gross income includes the value of all goods sold and services rendered. Expenses include costs of goods purchased, rent, heat, light, power, depreciation and interest charges, wages and salaries paid, property taxes (not personal income taxes), and similar costs. The value of salable merchandise consumed by the proprietors of retail stores is not included as part of net income.

Individuals with self-employment income must submit a complete copy of the previous year's federal income tax return including all schedules any time they complete the application or when requested.

2-004.03A5 Unearned Income: Unearned income includes but is not limited to

1. Supplemental Security Income (SSI);

2. Social Security – Social Security pensions, survivor’s benefits, and permanent disability insurance payments made by the Social Security Administration and Railroad Retirement payments prior to deductions for medical insurance;
3. Dividends – includes dividends from stockholdings or membership in associations;
4. Interest – on savings or bonds, averaged over the period earned;
5. *Rentals – net income from rental of house, store, or other property;
6. Net land lease income;
7. Boarders – gross payments from boarders or lodgers (if self-employed, see item 4 under 467 NAC 2-004.03A4);
8. Royalties – net royalties;
9. Retirement pensions – retirement or pension benefits paid to a retired person or his/her survivors by a former employer or by a union, either directly or through an insurance company;
10. Veteran’s pensions – money paid by the Veteran’s Administration to disabled members of the armed forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, and “refunds” paid to ex-servicemen as G.I. insurance premiums;
11. Contributions (i.e., family support);
12. Unemployment compensation – compensation received from government insurance agencies or private companies during periods of unemployment and any strike benefits received from union funds;
13. Services coordinator’s compensation – compensation received from private or public insurance companies for injuries incurred at work;
14. Court-ordered alimony and child support (i.e., cash or direct or indirect payments made to the family);
15. All money contributed for the maintenance of a state or county ward, including foster care payments.

*Note: When calculating net income, if the dollar amount is negative, the services coordinator must count net income as zero.

2-004.03B Income Exclusions: When determining eligibility, the services coordinator must not consider the following sources of income:

1. Money received from participation in the Foster Grandparent Program authorized by the ACTION Program;
2. Money awarded by the Indian Claims Commission or the Court of Claims;
3. Alaska Native Claims Settlement Act payments (to the extent that these payments are exempt from taxation under section 21(a) of the Act);
4. Withdrawals of bank deposits;
5. Money borrowed;
6. Tax refunds;
7. Cash gifts under \$500;

8. The value of the coupon allotment under the Food Stamp Act of 1964, as amended;
9. The value of USDA donated foods;
10. The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended;
11. Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970;
12. Earnings of all children (age 18 and younger);
13. Loans and grants (such as scholarships) obtained and used under conditions that prohibit their use for current living costs;
14. Home produce used for household consumption;
15. Reimbursement from the Senior Companion Program; and
16. Low Income Energy Assistance funds.

2-004.03C: To determine one month's income, the services coordinator must use gross wages for a wage-earner. For a self-employed person, the services coordinator must divide net income from self-employment as entered on the income tax forms by 12.

2-004.03D Self-Employment Income: Individuals with self-employment income must submit a complete copy of the previous year's federal income tax return including all schedules anytime they complete the application or when requested.

2-004.04 Deductions: The services coordinator must deduct the following from countable income:

1. Child support paid;
2. Alimony paid;
3. Child care necessary for employment or education if both parents are employed or receiving education or if one parent is unavailable for child care due to absence or incapacity. Education is defined as enrollment in, and regular attendance at, vocational or educational training to attain a high school or equivalent diploma or an undergraduate degree or certificate designed to fit him/her for paid employment. This excludes students pursuing second undergraduate degrees, second certificates, or any post-graduate schooling;
4. Tuition and books for family members attending school (excluding private elementary and secondary schools and students pursuing second undergraduate degrees, second certificates, or any post-graduate schooling);
5. Medical expenses for the entire family, including medical insurance premiums, paid within the 12 months preceding the date of application.

2-004.04A Medical Expenses: Expenses allowed for the previous year's financial margin are not counted for the current year's medical expenses (see 467 NAC 2-004.06). The services coordinator must subtract the expenses allowed as declared on the previous year's application forms.

2-004.05 Financial Guidelines: The services coordinator must compare the family's countable income minus any deductions, to MHCP's financial criteria:

Financial eligibility through MHCP is available to children with special health care needs who medically qualify if the family income is at or below 185 percent of the federal poverty level for the appropriate family size.

2-004.06 Financial Margin: If the family's income minus deductions exceed MHCP's financial criteria, the services coordinator must calculate the client's financial margin. The financial margin is 25 percent of the amount which exceeds the guidelines.

2-004.06A Financial Margin Deductions: The services coordinator must deduct the following from the financial margin:

1. Unpaid medical bills for the client not included in the previous year's medical allowance. Note: Paid medical bills are considered under 467 NAC 2-004.04, item 5;
2. Projected travel and lodging costs at state employee rates for specialized medical care;
3. Actual funeral expenses of the client; and
4. Projected cost of child care for siblings while the client is hospitalized or receiving medical services.

If the services coordinator finds other disability-related expenses not listed, s/he must consult the Central Office.

The services coordinator must compare the amount remaining after all applicable deductions are subtracted from the margin to the projected cost of medical care for the client for the next year. The services coordinator may consult MHCP Central Office staff to determine the projected cost of care. The services coordinator must consider how much of the margin will be paid for by any third party. If the amount remaining is more than the projected cost of care, the applicant is ineligible.

If the projected cost of care is more than the remaining amount, the family must spend or obligate the remaining amount of the financial margin for medical care for the client before MHCP begins to pay.

The services coordinator must determine the client financially ineligible if it appears that the margin will not be met. The services coordinator must reject or close the case as appropriate on the computerized system.

2-004.07 Redetermination of Eligibility: Redetermination of financial eligibility is required every 12 months beginning one year from the case action date. For each annual review, the services coordinator must notify the client, parent(s), or legal guardian by letter that the redetermination of eligibility is due in 30 days. If no response is received within 30 days, the services coordinator must send a second notice, allowing an additional 30 days. If no response is received within the second 30-day period, the services coordinator must make every attempt at a personal contact to advise the client, parent(s) or legal guardian of closing the case, then close the case, effective up to 30 days after the last review was due.

The services coordinator must complete necessary redetermination forms and enter appropriate information into the computerized system.

The services coordinator must complete a redetermination of eligibility when information is obtained about changes in a client's circumstances that may change his/her eligibility. The services coordinator must complete this review as soon as possible within 30 days after receiving the information.

2-004.07A Eligibility Redetermination When Other HHSS Program Eligibility is Verified: When the client's eligibility for another HHS program is verified by collateral contacts within the Department, by viewing or printing a HHS computer screen that shows current Medicaid eligibility or eligibility for another HHS program (see 467 NAC 2-004.01), the family need not complete another application. The services coordinator must note the methods of verification in the narrative case record. This action and procedure serves as the MHCP eligibility redetermination for clients who are eligible for other HHS programs.

2-005 Case Action

2-005.01 Certification: The services coordinator must determine eligibility within 10 working days after all financial and medical eligibility information is received. The services coordinator must certify an applicant who has been determined medically and financially eligible for a plan of medical care on the computerized system. The services coordinator must notify the parents, client, or guardian of certification for MHCP services by letter. The services coordinator must notify appropriate MHCP-contracted providers of certification and authorization to provide specified care.

2-005.01A Certification Date: The certification date is the effective date of eligibility. See 467 NAC 4-000 ff. for specifics for each service.

2-005.02 Denials: The services coordinator must deny applications or referrals for individuals determined ineligible for MHCP, based on the following reasons:

1. Diagnosis which is not covered by MHCP;
2. No active treatment;
3. Insufficient medical need;
4. Financial ineligibility;
5. The family's or guardian's decision to provide care privately;
6. Lack of cooperation;
7. Failure to apply after the client was referred for services (see 467 NAC 2-002.01C);
8. The client is over age 21;
9. Failure to complete the application; or
10. Care covered by other programs.

Within five working days after the rejection decision, the services coordinator must notify the client, refer him/her to other appropriate programs, and record the rejection on the computerized system.

2-005.03 Closings: The services coordinator must close an MHCP case when -

1. The client has received maximum benefit as determined by the medical consultant;
2. The parents, client, or guardian desire private care;
3. The parent, guardian, or client is not interested in further services;
4. The client reaches age 21 (Exception: See the Genetically Handicapped Person's Program at 467 NAC 6-000 ff.);
5. The client dies;
6. The client moves from Nebraska;
7. The client becomes financially ineligible;
8. The client fails to complete the yearly redetermination of eligibility (see 467 NAC 2-004.07);
9. The service has been discontinued;
10. The client fails to cooperate with MHCP regulations and policies;
11. The client is institutionalized; or
12. The client's needs are covered by other programs.

The services coordinator must close the case on the computerized system. The services coordinator must provide written notice to the parent, guardian, or child at least ten days before the effective date of closing. This notice must include information about -

1. The effective date;
2. The right to appeal; and
3. Reasons for closing and citation of manual reference.

2-006 Transfer of Cases

2-006.01 From One MHCP Services Coordinator to Another: When a case is transferred from one MHCP services coordinator to another, the MHCP services coordinator must send all case files to the new MHCP services coordinator (wherever located) and enter the transfer information into the computerized system.

Note: If the child resides in a different service area than the parent(s) or guardian, the case remains the responsibility of the office in the service area where the parent(s) or guardian reside.

2-006.02 To Another State: When a client moves to another state, the services coordinator must attempt to obtain the new address and contact the Central Office staff for information for the Children with Special Health Care Needs Program in that state. MHCP Service Coordinators must arrange the transfer of the case to the agency which provides Title V services in the new state of residence.

2-006.03 From Another State To Nebraska: When MHCP staff learn of a client who has moved to Nebraska and has been receiving Title V services elsewhere, they must notify the appropriate services coordinator and send any information received to the services coordinator. The services coordinator must contact the client's family and inform them of services available in Nebraska. An application is required if the client wishes to receive services in Nebraska. Information sent by the Title V office in the former state of residence may be used as a referral.

2-007 Record Retention: Four years after the date the case is closed staff may destroy the social and financial information of the case. The services coordinator must copy the computerized system screens and send the copies and all medical information to the MHCP Central Office.



MEDICALLY HANDICAPPED CHILDREN'S PROGRAM

**SERVICE & DEVICE
 APPLICATION**

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Name of Person with Disability		Name of Parent/Guardian/Representative	
Birthdate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone () ()	Work Phone () ()
Social Security Number		May we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		Directions to your home:	
City	State		
County		Describe the disability (diagnosis) & limitations	
Mailing Address if Different		Who is your primary care physician?	

Please indicate the race of the person with the disability. Please check one.
 OPTIONAL: This information will not be used in determining eligibility for assistance. If you do not provide this information, it will not affect your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964.

- White American Indian Orient/Pacific Islander Black/African-American
 Hispanic/Mexican American Other (Specify) _____

HOUSEHOLD MEMBERS

NAME (First Name, Middle Initial, Last Name)	Relationship to person listed above	Sex	Social Security Number	Birth Date (Month, Day, Year)
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		

Tell Us About Any Health Insurance You Already Have: Tell us the name of your insurance company, the policy number and the insured person's name on the policy. Attach additional sheets if needed.

Insurance Company	Monthly Premium Amount	Policy Number or Group Plan Number	Type of Coverage (HMO, full coverage, vision, etc.)	Who is Covered by Policy?

Describe briefly any deductibles/co-pays/preexisting conditions:

Has the absent parent(s) of any child(ren) age 18 or younger been ordered by the court to pay for the medical care of the child(ren) and/or to include them on his or her health insurance? Yes No If Yes, please provide the following information:

Name(s) of Child(ren) Covered Under Policy	Name and Address of the Insurance Company	Policy Number

FINANCIAL INFORMATION: List the amount of income you receive (i.e. you family) from each of the sources below. Single adults (19 years of age or older) should list only your income.

Gross Income (your income before deductions)	Amount	How Often Received	Who Receives it	Employer
Wages, overtime, bonuses, commissions, etc. (Paystubs may be required for verification)				
Self-Employment (Complete copy of Federal IRS 1040 is required)				

Interest, dividends, money from investments, and capital gains				
Social Security Retirement				
Social Security (SSI)				
Social Security Disability				
Veteran's Benefits				
Pensions				
Retirement, Keogh Accounts, IRA's, etc.				
Inheritance, estates, trust funds, etc.				
Aid to Aged, Blind & Disabled (State Supplemental Check)				
Aid to Dependent Children (ADC)				
Alimony/Child Support				
Compensation (worker's & unemployment)				
Rental income & boarders				
Educational grants specifically for living expenses				
Contributions/family support				
Miscellaneous (insurance settlements, lottery winnings, and other, please describe).				

Assets			
Cash on hand			
Checking/Savings Account			
Stocks/Bonds			
C.D.'s			
Other liquid assets that can be converted without penalty			

EXPENSES:

Child care costs for employment (per month)	Child support/alimony paid (per month)
Tuition/books paid out-of-pocket for 1st degree	

Please itemize all dental and medical expenses/medical equipment/home modifications/medical transportation/lodging for the last 12 months for the entire family. Attach an additional sheet if more entries are necessary. **DO NOT ATTACH BILLS. Include insurance premiums paid in the last 12 months.**

Family Member Who Received the Care	Physician, Hospital, Dentist, etc. who Provided the Care	Date of Service	Total Bill	Amount Paid by Insurance	Amount Paid by Family	Amount Owed
TOTAL						

I AGREE TO:

1. Notify the Medically Handicapped Children's Program worker before receiving services at scheduled appointments and laboratory tests;
2. Keep all appointments for medical care and medical examinations;
3. Follow the individual medical treatment plan;
4. Notify the Medically Handicapped Children's Program worker of emergency care within five working days;
5. Obligate payment for that part of the treatment which has been agreed upon by the Medically Handicapped Children's Program and the client or has been determined to be the client's responsibility;
6. Assume responsibility for general health care for the client; and
7. Allow the Department of Health and Human Services to release and obtain any medical information for the purpose of medical treatment.

I believe the information I give is true, correct, and complete. I know the penalty for hiding information or giving false information. I certify under penalty of perjury that all answers I give are correct and complete to the best of my knowledge. I understand and agree to provide documentation to prove what I say.

Signature or mark of applicant, representative or legal guardian	Date
Signature or mark of spouse, other parent or stepparent in the home	Date
Witness to the mark of applicant	Date

<p>Services and Devices Requested Check all the areas below that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> Home Modification<input type="checkbox"/> Personal Attendant<input type="checkbox"/> Meals and Lodging<input type="checkbox"/> Home Health Care<input type="checkbox"/> Housekeeping Service<input type="checkbox"/> Prescriptions<input type="checkbox"/> Respite Care<input type="checkbox"/> Special Equipment<input type="checkbox"/> Transportation<input type="checkbox"/> Other _____	<p>Personal Check all that apply:</p> <p>Veteran Status</p> <ul style="list-style-type: none"><input type="checkbox"/> Veteran<ul style="list-style-type: none"><input type="radio"/> The person with disability is a veteran.<input type="radio"/> The spouse of person with disability is a veteran.<input type="radio"/> The parent of person with disability is a veteran.<input type="checkbox"/> Veteran was in military service during a war.<input type="checkbox"/> Veteran has a service-connected disability.<input type="checkbox"/> Veteran is a resident of Nebraska <p>Dates of Service _____</p> <p>Citizen of U.S.</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes <input type="checkbox"/> No <p>Insurance</p> <ul style="list-style-type: none"><input type="checkbox"/> Private Health Insurance Specify: _____<input type="checkbox"/> Medical Assistance/Medicaid<input type="checkbox"/> Medicare
<p>Housing Check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> Owner<input type="checkbox"/> Renter <p>If you are a renter fill in the following:</p> <p>Landlord _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone () _____</p> <ul style="list-style-type: none"><input type="checkbox"/> Nursing Home<input type="checkbox"/> Foster Home/Adult Family Home<input type="checkbox"/> Group Home/Community Residence<input type="checkbox"/> Living with adult/adult children<input type="checkbox"/> Homeless<input type="checkbox"/> Other _____ <p>Type</p> <ul style="list-style-type: none"><input type="checkbox"/> Single Family Unit<input type="checkbox"/> Multi Family Unit # _____ of units<input type="checkbox"/> Mobile Home<input type="checkbox"/> Other _____ <p>Programs Check the programs you have received assistance from:</p> <ul style="list-style-type: none"><input type="checkbox"/> League of Human Dignity, Barrier Removal Program<input type="checkbox"/> Housing & Urban Development, Section 203<input type="checkbox"/> Making Homes Accessible<input type="checkbox"/> Rural Development, Section 502<input type="checkbox"/> Rural Development, Section 504<input type="checkbox"/> Weatherization	<p>Assistance Check below any of the following that have provided assistance to you (i.e. information, referral, or funding) during the last year:</p> <ul style="list-style-type: none"><input type="checkbox"/> Hotline for Disability Services<input type="checkbox"/> Independent Living Center<input type="checkbox"/> Nebraska Assistive Technology Project<input type="checkbox"/> Nebraska Commission for the Deaf & Hard of Hearing<ul style="list-style-type: none"><input type="radio"/> Decoder Loan<input type="radio"/> TDD Loan<input type="checkbox"/> Nebraska Health & Human Services<ul style="list-style-type: none"><input type="radio"/> Aging<input type="radio"/> Developmental Disabilities<input type="radio"/> Disabled Persons and Family Support<input type="radio"/> Medicaid Waiver<input type="radio"/> Medically Handicapped Children's Program<input type="radio"/> Mental Health Services<input type="radio"/> Services for the Visually Impaired<input type="radio"/> Social Services Block Grant<input type="checkbox"/> Nebraska Veterans' Aid Fund<input type="checkbox"/> Paralyzed Veterans of America Education Center<input type="checkbox"/> United Cerebral Palsy of Nebraska<input type="checkbox"/> Veterans Service Office<input type="checkbox"/> Vocational Rehabilitation Services<input type="checkbox"/> Other _____

Release/Agreement Form

- I verify that the information provided on this application is correct and complete.
- I understand that whenever changes occur in the information provided, I need to report them immediately to one of the agency/agencies helping me obtain devices or services.
- I understand I have the right to appeal if I am not satisfied with an agency's action.
- I understand that this is a multi-agency form. The agencies/programs listed below may contact each other to determine my financial eligibility for their programs, and may verify my need for the support for which I have applied. I authorize the release of this information to be used for referral/services for which it is determined I may be eligible. It is my understanding that this information will be held confidential by all the agencies listed.
- Client Assistance Program
 - Hotline for Disability Services
 - Independent Living Centers (League of Human Dignity, Panhandle Independent Living Services, Center for Independent Living of Central Nebraska, Inc.)
 - Making Homes Accessible Program
 - Nebraska Advocacy Services
 - Nebraska Assistive Technology Project
 - Nebraska Assistive Technology Project, Peer Support Network
 - Nebraska Childfind
 - Nebraska Commission for the Deaf & Hard of Hearing
 - Nebraska Department of Health & Human Services (i.e. Aging, Developmental Disabilities, Disabled Persons & Family Support, Medically Handicapped Children's Program, Special Requirements, SSI-Disabled Children's Program, etc.)
 - Nebraska Easter Seal Society
 - Nebraska Department of Veterans' Affairs, Nebraska Veterans' Aid Fund
 - Nebraska Educational Assistive Technology (NEAT) Center
 - Paralyzed Veterans of America Educational Center
 - The Arc of Nebraska
 - United Cerebral Palsy of Nebraska
 - Vocational Rehabilitation
 - Other _____

Signature of Applicant (or Guardian)	Date
--------------------------------------	------

Return this form to:

