DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 04-001

2. STATE: Nebraska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: January 1, 2004

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 2004 $ 0
b. FFY 2005 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Att. 2.6A, Supplement 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Att. 2.6A, Supplement 6

10. SUBJECT OF AMENDMENT:
Eligibility

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Robert J. Seiffert

14. TITLE:
Administrator

15. DATE SUBMITTED:
March 17, 2004

16. RETURN TO:
Margaret Booth
HHS-F&S
301 Centennial Mall South
Lincoln, Nebraska 68509

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
March 18, 2004

18. ~~DATE~~ APPROVED:
April 16, 2004

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:
//Thomas W. Lenz-signature//

21. TYPED NAME:
Thomas W. Lenz

22. TITLE:
Associate Regional Administrator

23. REMARKS:
Nebraska (04-001)
approved: 04/16/04
effective: 01/01/04

FORM HCFA-179 (07-92)

State Nebraska

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered By Federal/State	Net Income Level		Income Disregards Employed
		One Person	Couple	
(1)	(2)	(3)	(4)	(5)
Available to all aged, blind and disabled individuals with varying payment levels dependent on the following living arrangements:	State			SSI Standards
Own or rent a home	State	$354 $222*	$573 $284*	
Patient in a nursing home, regional center, state institution for the mentally retarded, or receiving chronic or convalescent hospital care	State	$50	$100	
In room and board situation (not licensed home) or boarding home (licensed or unlicensed if board and room is provided)	State	$499	$998	
In certified adult family home	State	$730	$1,460	
In licensed assisted living facility In licensed mental health center	State	$1,010	$2,020	
Assisted Living Waiver	State	$564	$1,128	
In licensed group home for children and/or child caring agency	State	$666	$1,330	
In licensed centers for the developmentally disabled	State	$569	$1,138	

*Maximum for shelter allowance

Transmittal # MS-04-01

Supersedes Approved 4/16/04 Effective 1/1/04

Transmittal # MS-03-03