LEGISLATURE OF NEBRASKA
ONE HUNDRED SIXTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 851

Introduced by McCollister, 20; Chambers, 11; Crawford, 45; Howard, 9; Hunt, 8; Kolowski, 31; Morfeld, 46; Pansing Brooks, 28; Walz, 15; Wishart, 27.

Read first time January 08, 2020

Committee: Health and Human Services

A BILL FOR AN ACT relating to the Medical Assistance Act; to amend section 68-949, Reissue Revised Statutes of Nebraska, and section 68-915, Revised Statutes Supplement, 2019; to provide for eligibility for certain children; to require a waiver application related to eligibility for certain groups; to provide duties; to harmonize provisions; and to repeal the original sections.

Be it enacted by the people of the State of Nebraska,
Section 1. Section 68-915, Revised Statutes Supplement, 2019, is amended to read:

68-915 (1) The following persons shall be eligible for medical assistance:

(a) (1) Dependent children as defined in section 43-504;

(b) (2) Aged, blind, and disabled persons as defined in sections 68-1002 to 68-1005;

(c) (3) Children under nineteen years of age who are eligible under section 1905(a)(i) of the federal Social Security Act;

(d) (4) Persons who are presumptively eligible as allowed under sections 1920 and 1920B of the federal Social Security Act;

(e) (5) Children under nineteen years of age with a family income equal to or less than two hundred percent of the Office of Management and Budget income poverty guideline, as allowed under Title XIX and Title XXI of the federal Social Security Act, without regard to resources, and pregnant women with a family income equal to or less than one hundred eighty-five percent of the Office of Management and Budget income poverty guideline, as allowed under Title XIX and Title XXI of the federal Social Security Act, without regard to resources. Children described in this subdivision and subdivision (1)(f) (6) of this section shall remain eligible for six consecutive months from the date of initial eligibility prior to redetermination of eligibility. The department may review eligibility monthly thereafter pursuant to rules and regulations adopted and promulgated by the department. The department may determine upon such review that a child is ineligible for medical assistance if such child no longer meets eligibility standards established by the department;

(f) (6) For purposes of Title XIX of the federal Social Security Act as provided in subdivision (1)(e) (5) of this section, children with a family income as follows:

(i) (a) Equal to or less than one hundred fifty percent of the Office of Management and Budget income poverty guideline with eligible
children one year of age or younger;

(ii) (b) Equal to or less than one hundred thirty-three percent of
the Office of Management and Budget income poverty guideline with
eligible children over one year of age and under six years of age; or

(iii) (c) Equal to or less than one hundred percent of the Office of
Management and Budget income poverty guideline with eligible children six
years of age or older and less than nineteen years of age;

(g) (7) Persons who are medically needy caretaker relatives as
allowed under 42 U.S.C. 1396d(a)(ii);

(h) (8) As allowed under 42 U.S.C. 1396a(a)(10)(A)(ii), disabled
persons as defined in section 68-1005 with a family income of less than
two hundred fifty percent of the Office of Management and Budget income
poverty guideline and who, but for earnings in excess of the limit
established under 42 U.S.C. 1396d(q)(2)(B), would be considered to be
receiving federal Supplemental Security Income. The department shall
apply for a waiver to disregard any unearned income that is contingent
upon a trial work period in applying the Supplemental Security Income
standard. Such disabled persons shall be subject to payment of premiums
as a percentage of family income beginning at not less than two hundred
percent of the Office of Management and Budget income poverty guideline.
Such premiums shall be graduated based on family income and shall not be
less than two percent or more than ten percent of family income;

(i) (9) As allowed under 42 U.S.C. 1396a(a)(10)(A)(ii), persons who:

(i) (a) Have been screened for breast and cervical cancer under the
Centers for Disease Control and Prevention breast and cervical cancer
early detection program established under Title XV of the federal Public
Health Service Act, 42 U.S.C. 300k et seq., in accordance with the
requirements of section 1504 of such act, 42 U.S.C. 300n, and who need
treatment for breast or cervical cancer, including precancerous and
cancerous conditions of the breast or cervix;

(ii) (b) Are not otherwise covered under creditable coverage as
defined in section 2701(c) of the federal Public Health Service Act, 42
U.S.C. 300gg(c);

(iii) (c) Have not attained sixty-five years of age; and
(iv) (d) Are not eligible for medical assistance under any mandatory
categorically needy eligibility group;

(j) (10) Persons eligible for services described in subsection (3)
of section 68-972; and

(k) (11) Persons eligible pursuant to section 68-992.

(2) Except as provided in section 68-972, eligibility shall be
determined under this section using an income budgetary methodology that
determines children's eligibility at no greater than two hundred percent
of the Office of Management and Budget income poverty guideline and adult
eligibility using adult income standards no greater than the applicable
categorical eligibility standards established pursuant to state or
federal law. The department shall determine eligibility under this
section pursuant to such income budgetary methodology and subdivision (1)
(q) of section 68-1713.

(3) The department shall adopt and promulgate rules and regulations
in accordance with 42 U.S.C. 1396a(e)(12), as such section existed on
January 1, 2020, to provide for a period of continuous eligibility for a
child who is under nineteen years of age and who is determined to be
eligible for medical assistance under the Medical Assistance Act. The
department shall provide that the child remains eligible for medical
assistance, without additional review by the department and regardless of
changes in the child's resources or income, until the earlier of:

(a) The anniversary of the date on which the child's eligibility was
determined; or

(b) The child's nineteenth birthday.

(4) On or before October 1, 2020, the department shall submit a
waiver to the federal Centers for Medicare and Medicaid Services to
provide a twelve-month continuous eligibility period to the following
medicaid eligibility groups subject to modified adjusted gross income
budgeting methodology, regardless of the delivery system through which
the groups receive medicaid benefits, except as provided otherwise by
state law: Subsidized Adoption and Guardianship Assistance, Institution
for Mental Disease, Parent-Caretaker Relatives, and Heritage Health
Adult.

Sec. 2. Section 68-949, Reissue Revised Statutes of Nebraska, is
amended to read:

68-949 (1) It is the intent of the Legislature that the department
implement reforms to the medical assistance program such as those
contained in the Medicaid Reform Plan, including (a) an incremental
expansion of home and community-based services for aged persons and
persons with disabilities consistent with such plan, (b) an increase in
care coordination or disease management initiatives to better manage
medical assistance expenditures on behalf of high-cost recipients with
multiple or chronic medical conditions, and (c) other reforms as deemed
necessary and appropriate by the department, in consultation with the
committee.

(2) The department shall develop recommendations based on a
comprehensive analysis of various options available to the state under
applicable federal law for the provision of medical assistance to persons
with disabilities who are employed, including persons with a medically
improved disability, to enhance and replace current eligibility
provisions contained in subdivision (1)(h) (8) of section 68-915.

(3) The department shall develop recommendations for further
modification or replacement of the defined benefit structure of the
medical assistance program. Such recommendations shall be consistent with
the public policy in section 68-905 and shall consider the needs and
resources of low-income Nebraska residents who are eligible or may become
eligible for medical assistance, the experience and outcomes of other
states that have developed and implemented such changes, and other
relevant factors as determined by the department.

Sec. 3. Original section 68-949, Reissue Revised Statutes of Nebraska, and section 68-915, Revised Statutes Supplement, 2019, are repealed.