

Nebraska

State Supplementation

Mandatory Minimum Supplementation

Administration: State Department of Health and Human Services.

Optional State Supplementation

Administration: State Department of Health and Human Services.

Effective date: January 1, 1974.

Statutory basis for payment: Revised Statutes of Nebraska, section 68-1005.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining total expenditures.

Place of application: Local offices of the state Department of Health and Human Services.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled recipients who meet state guidelines, including children, except those in public institutions where Medicaid is not paying for the cost of care. Persons living in the household of another receive the same state supplement as those living independently.

Resource limitations: Federal SSI regulations apply.

Income exclusions

Aged and disabled: Federal SSI regulations apply.

Blind: Income exclusions include the first \$20 per month of unearned income, not including SSI, and the first \$85 plus one-half of the remainder of earned income.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: Spouse for spouse.

Interim assistance: State participates.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

State Department of Health and Human Services.

Special Needs Circumstances

Transportation costs: Thirty-seven cents per mile for obtaining medical services if recipient uses his or her own car.

Repair or purchase of furniture and appliances: Repair or purchase of furniture or appliances over \$750 total cost may be included (with state office approval) if the unit lacks essential items.

Moving expenses: Costs of moving may be included if the recipient is forced to move for reasons beyond his or her control or if the recipient can obtain lower-cost shelter.

Taxes: Back taxes may be included if the individual would soon lose his or her home and the plan to remain in the home is preferred by the individual and recommended by the case worker.

Home repairs: Payments for home repairs, up to \$1,000, if essential for the recipient's health or safety.

Meals and lodging: The cost of meals (up to \$12 per day) and lodging, if verified as related to obtaining approved health services, may be granted if the individual is away from home for more than 12 hours.

Maintenance for guide dog: The medical and maintenance costs of a seeing-eye dog may be allowed.

Guardian or conservator: An allowance not to exceed \$10 a month may be allowed if the client has a court-appointed guardian or conservator.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: State.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration does not obtain this information.

Table 1.
Optional state supplementation payment levels, January 2004 (in dollars)

Living arrangement	Combined federal and state		State supplementation	
	Individual	Couple	Individual	Couple
Living independently	576.00	857.00	12.00	11.00
Room and board facility ^a	499.00	798.00	123.00	234.00
Adult family home ^b	730.00	1,460.00	166.00	614.00
Licensed center for developmentally disabled ^b	1,010.00	2,020.00	446.00	1,174.00
Licensed group home for children or child-caring agency (disabled) ^b	666.00	...	102.00	...
Medicaid facility	50.00	100.00	20.00	40.00

NOTE: ... = not applicable.

a. Applies only to persons living in the household of another.

b. Includes a minimum of \$60 for personal needs allowance.

DEFINITIONS:

Living independently. Includes recipients residing in a federal Code A living arrangement.

Room and board facility. Includes eligible persons who:

- Live in a household other than their own throughout a month with at least one other person who is not their child, their spouse, or an ineligible person whose income is deemed to them; and
- Receive food and shelter from within that household.

Adult family home. A residential living unit that provides full-time residence with minimal supervision and guidance to not more than three individuals aged 19 or older. Individuals residing in these homes are essentially capable of managing their own affairs but need supervision. These homes are certified by the social services unit in the local offices of the Department of Social Services.

Licensed center for developmentally disabled. These facilities provide accommodations and board and care (e.g., personal assistance in feeding, dressing, and other essential daily living activities) to four or more individuals who are unable to care for themselves or manage their own affairs because of illness, disease, injury, deformity, disability, or physical or mental infirmity. They do not, however, require the daily services of licensed, registered, or practical nurses. These facilities are licensed by the Department of Health.

Licensed group home for children or child-caring agency (disabled). These facilities provide 24-hour accommodations for two or more developmentally disabled minors. The homes are under the direction and control of a mental retardation program and are licensed by the Department of Social Services.

Medicaid facility. Includes recipients residing in a federal Code D living arrangement.

Table 2.
Number of persons receiving optional state supplementation, January 2004

Living arrangement	Total	Aged	Blind	Disabled
All recipients	5,418	1,098	64	4,256
Living independently	4,177	859	52	3,266
Room and board facility	23	6	0	17
Adult family home	131	14	1	116
Licensed center for developmentally disabled	393	29	4	360
Licensed group home for children or child-caring agency (disabled)	1	0	0	1
Medicaid facility	660	188	7	465
Other	33	2	0	31

NOTE: Includes certain grandfathered, non-SSI recipients who meet state eligibility criteria.