

CHAPTER 4-000 REFUGEE MEDICAL ASSISTANCE PROGRAM (RMAP): RMAP provides medical care and services to refugees who do not have sufficient income to meet their medical needs, and who qualify according to the program definitions. RMAP is a time-limited program; the number of months of medical assistance is determined by the amount of federal funds that are available.

RMAP is governed by the requirements and limitations of the Nebraska Medical Assistance Program (see Title 471).

4-001 Individuals Eligible for an Assistance Grant and MA: Clients who receive an assistance grant, including clients who do not receive a payment because of the \$10 minimum payment, are automatically eligible for MA without a separate eligibility determination.

4-002 Individuals Ineligible for Assistance Grant but Eligible for MA: Eligibility for the following individuals is determined using eligibility requirements listed in 470 NAC 4-003.

1. Those who have resources in excess of resource limits for an RRP grant; and
2. Those who have income in excess of budgetary standards for an RRP grant.

4-002.01 Individuals Sanctioned for Not Cooperating: Individuals who have been sanctioned for noncooperation with employability requirements are automatically eligible for MA without a separate eligibility determination. Income and resources are used in determining eligibility for a grant for the rest of the unit.

4-002.02 Individuals Eligible for Transitional MA: An RRP/MA client who becomes ineligible for a grant because of increased earnings or increased hours of employment is eligible for medical assistance without a Share of Cost for the remaining months of his/her eligibility without regard to income.

4-003 Eligibility Requirements: To be eligible for RRP/MA only, the individual must meet the following requirements:

1. Application (see 470 NAC 2-001);
2. Refugee status (see 480 NAC 2-002 ff.);
3. Time limit (see 470 NAC 2-003);
4. Nebraska residence (see 470 NAC 2-004 ff.);
5. Social Security number (see 470 NAC 2-005 ff.);
6. Resources (see 470 NAC 4-005 ff.);
7. Income (see 470 NAC 4-006 ff.); and
8. Enrollment in an available health plan (see 470 NAC 4-009).

{Effective 6/28/11}

4-004 Effective Date of Medical Eligibility: The effective date of eligibility for MA is determined according to the following regulations. If an individual is eligible one day of the month, s/he is eligible the entire month.

4-004.01 Prospective Eligibility: Prospective eligibility is effective the first day of the month of request if the client was eligible for RMAP in that same month and had a medical need.

4-004.02 Retroactive Eligibility: Retroactive eligibility is effective no earlier than the first day of the third month before the month of request or the date of entrance in the U.S.

4-005 Resources

4-005.01 Maximum Resource Levels: The established maximums for available resources which the client may own and still be eligible for MA only are as follows:

One member unit	\$4,000
Two member unit or family	\$6,000
Three member unit or family	\$6,025
Four member unit or family	\$6,050
Each additional individual	+ \$ 25

4-005.02 Determination of Resource Levels: The resource level is based on the number of eligible unit members.

4-005.03 Treatment of Resources: For the treatment of all resources except those in the following regulations, the criteria outlined in 470 NAC 2-007 ff. are used.

4-005.03A Motor Vehicles: The worker must disregard one motor vehicle regardless of its value as long as it is necessary for the client or a member of his/her household for employment or medical treatment. If the client has more than one motor vehicle, s/he may designate which vehicle should be disregarded. Any other motor vehicles are treated as nonliquid resources and the equity is counted in the resource limit. The client's verbal statement that the motor vehicle is used for employment or medical treatment is sufficient.

4-005.03B Essential Property: See 468 NAC 4-005.03B.

4-005.03C Funds Set Aside for Burial: See 468 NAC 2-008.07A3 ff.

4-006 Treatment of Income: For the treatment of income in RMAP, the criteria outlined in 470 NAC 2-007 ff. are used, with the exceptions in the following regulations.

4-006.01 Earned Income: A \$100 disregard is applied to earned income of each employed individual. For other earned income treatment, see 470 NAC 2-008.03 ff.

{Effective 10/15/2002}

4-006.02 Unearned Income: See 470 NAC 2-008.04 ff.

4-006.02A Medical Insurance Disregards: The cost of medical insurance premiums is deducted if a member of the unit is responsible for payment.

Exception: The cost of premiums for income-producing policies is not allowed as medical deduction (see 470 NAC 2-008.05A).

4-007 Prospective Budgeting: For medical budgeting policies, see 468 NAC 4-009 ff.

{Effective 2/10/2002}

4-008 Medically Needy Income Level (MNIL): The medically needy income level is determined by the number of family members.

The net income is compared to the appropriate MNIL to determine eligibility for MA only or MA with a share of cost.

If the net income is equal to or less than the MNIL, the unit may be eligible for MA only; if the net income is more than the MNIL, the unit may be eligible for MA with a share of cost.

4-009 Cooperation in Obtaining Health Insurance: As a condition of eligibility for MA, a client is required to enroll in an available health plan if the Department has determined that it is cost effective and the client is able to enroll on his/her own behalf. The Department then pays the premiums, deductibles, coinsurance, and other cost sharing obligations.

4-010 Required Copayments: Effective April 1, 1994, RRP adults are required to pay a copayment for the medical services listed at 470-000-205. Copayment amounts are listed at 470-000-205.

4-010.01 Covered Persons: With the exceptions listed at 470 NAC 4-010.02, RRP adults are subject to the copayment requirement.

The provider must verify the client's copayment status by accessing the Department Internet Access for Enrolled Providers (www.dhhs.ne.gov/med/internetaccess.htm); the Nebraska Medicaid Eligibility System (NMES) at 800-642-6092 (in Lincoln, 471-9580); or the Medicaid Inquiry Line at 877-255-3092 (in Lincoln 471-9128).

4-010.02 Exempted Persons: The following individuals are exempted from the copayment requirement:

1. Individuals age 18 or younger;
2. Pregnant women through the immediate postpartum period (the immediate postpartum period begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends);

3. Any individual who is an inpatient in a hospital, long term care facility (NF or ICF/MR), or other medical institution if the individual is required, as a condition of receiving services in the institution, to spend all but a minimal amount of his/her income required for personal needs for medical care costs;
4. Individuals residing in alternate care, which is defined as domiciliaries, residential care facilities, centers for the developmentally disabled, and adult family homes;
5. Individuals who are receiving waiver services, provided under a 1915(c) waiver, such as the Community-Based Waiver for Adults with Mental Retardation or Related Conditions; the Home and Community-Based Model Waiver for Children with Mental Retardation and Their Families; or the Home and Community-Based Waiver for Aged Persons or Adults or Children with Disabilities;
6. Individuals with excess income (over the course of the excess income cycle, both before and after the obligation is met); and
7. Individuals who receive assistance under SDP (program 07).

4-010.03 Covered Services: For covered and excluded services, see 470-000-205.

4-010.04 Client Rights: If a client believes that a provider has charged the client incorrectly, the client must continue to pay the copayments charged by that provider until the Department determines whether the copayment amounts are correct.

If the client is unable to pay the required copayment, s/he may inform the provider of the inability to pay. While the provider must not refuse to provide services to the client in this situation, the client is still liable for the copayment and the provider may attempt to collect it from the client.

The client has the right to appeal under 465 NAC 2-001.02.

4-010.05 Collection of Copayment: For provider procedures, see 471 NAC 3-008.04.