

482-0001 Nebraska Medicaid Managed Care Program Determination Logic

**The following clients are considered mandatory for Managed Care:**

1. Clients participating in the Aid to the Aged, Blind and Disabled programs.  
Program Codes: 01, 02, 03
2. Clients participating in the Aid to Dependent Children program. Program Codes: 04, 05.
3. Clients participating in the Medical Assistance Programs for Children, i.e., Ribicoff, Medical Assistance for Children, School Age Medical, Children's Health Insurance Program.  
Program Codes: 50, 55, 56.
4. Clients participating in foster care or the departmental ward program, i.e., IV-E, Non-IV-E, Former Wards. Program Codes: 10, 30, 51.
5. Clients participating in subsidized guardianship program. Program Code: 20.

Note: Clients must be in an open status.

Clients participating in any of the programs above who are referred and are receiving medical services out-of-state are mandatory for Managed Care.

Third Party Resources other than the codes listed under the exclusion category, will not exclude the client from Managed Care participation.

**The following clients are excluded from NHC participation:**

1. Clients in a pending status.
2. Clients in a closed status.
3. Clients in a rejected status.
4. Clients in a suspended status.
5. Clients in a relative only status. Reason open codes: 610, 660.
6. Clients in a buy-in status. Reason open codes: 600, 620, 680.
7. Clients in a grant only status. Reason open codes: 710, 760.
8. Clients with Medicare coverage (Excluded from Physical Health Managed Care only).  
Medicare Code > 0.
9. Clients in a spend-down status. Met or Unmet, excess income > 0.
10. Clients residing in long term care facilities. Living arrangement code: 12.

- |   | <u>Special Program<br/>Indicator</u> |
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| 11. Clients participating in the following referral programs:   |                                      |
| Certain children with disabilities who are receiving in-home services per 471 NAC 12-014.04, i.e., Katie Beckett.   | F                                    |
| Aliens who are eligible for Medicaid for an emergency condition only.   | H                                    |
| HCBS Waiver for Adults with Mental Retardation or Related conditions Per 480 NAC 2-000 and 3-000, i.e., MR/DD Waiver.   | O, Z                                 |
| HCBS Waiver for children with mental retardation and their families per 480 NAC 6-000 and 7-000, i.e., children's DD Waiver.  | A, Y                                 |
| HCBS Waiver for aged persons or adults or children with disabilities per 480 NAC 5-000, i.e., age and disabled ( A & D) Waiver.   | C, X                                 |
| Medicaid Care Management Services for Persons with Developmental Disabilities per 480 NAC 4-000, i.e., Developmental Disabilities (DD) Case Management or Targeted Care Management Option (TCMO).   | B                                    |
| HCBS Waiver for Traumatic Brain Injury  | W, V                                 |
| 12. Clients participating under the State Disability Program. Program Codes: 07.  |                                      |
| 13. Clients participating in Presumptive Eligibility. Program Codes: 45.  |                                      |
| 14. Clients participating as non-Health and Human Services (DHHS) related wards, i.e., IV-E and non-IV-E wards of the court, subsidized adoption from other states, foster care from other states, wards of the Department of Corrections. Program Codes: 31, 40, 41. |                                      |
| 15. Clients participating in subsidized adoption programs. Program Codes: 60, 65.   |                                      |
| 16. Clients with "good" health insurance coverage. Insurance Codes: 101, 120, 130, 160, 200 series, 300-329, 500.   |                                      |
| 17. Clients residing out-of-state for reasons other than referral/receipt of medical services.<br>Note: This exclusion is handled on a case-by-case basis.  |                                      |