

Medicaid and Long-Term Care

State Review Team/Emergency Medical Services Assistance Process

Background: All applicants for Aid to the Blind or Aid to the Disabled after January 1, 1974, must meet the medical definitions of blindness or disability of the RSDI/SSI Programs as administered by the Social Security Administration (SSA). The determination by SSA that an individual is disabled or blind must be accepted for eligibility for AABD/MA (Non-MAGI). In some cases, the State Review Team (SRT) may make the determination of blindness or disability. See [477 NAC 27-002.02\(C\)\(ii\)](#) for additional information.

General Information: SRT cases are returned to the Universal system once the case has either been approved or denied. In some instances, the Universal worker may need to process the SRT request. Additionally, there may be a temporary dual assignment between an SRT worker and an Assigned worker if the case is specialized (e.g. NH/AL, MIWD).

Effective 10/1/2020: Individuals age 19 – 64 may qualify for HHA MAGI Medicaid. Prior to referring these individuals to State Review Team, a budget must be considered for HHA. If an individual is not eligible for HHA and meets one of the conditions for Direct Referral to State Review Team, a referral may be considered.

UNIVERSAL STAFF PROCESSES

Handling an Initial Request

1. Application for Medicaid received by MLTC.
 - a. Review application to determine if a referral to the SRT position number is appropriate.
 - i. Electronic application question: “Is there anything else you would like to tell us about your household’s situation”.
 - b. Obtain a supplemental application, if needed.
 - c. Assign to Non-MAGI queue.
2. **Make a referral** to the SRT position number if the individual is not eligible for another assistance program **AND** any of the following conditions apply:
 - a. Direct Referral to the State Review Team. See ([477 NAC 27-002.02\(C\)\(ii\)\(2\)](#) for and [477 NAC 27-002.02\(C\)\(ii\)\(2\)\(a\)](#) for additional information. Direct Referral to State Review Team):
 - i. The income and/or resources exceed the SSI Program limits.
 - ii. The individual requires immediate long term hospitalization and/or treatment for a severe impairment before SSI can make a determination, or would be required to extend the hospital stay solely because of a delay in processing SSI (e.g. disabilities such as cancer or stroke).

NOTE: This **does not include** need for routine medication, diagnostic tests, or drug/alcohol treatment.

- iii. The individual is institutionalized (nursing home or public institution) and SSI will be unable to make a determination;
- iv. The individual is deceased and SSI will not make a disability decision; **or**
- v. The individual is a non-U.S. citizen and SSI will not review.
- b. “Lack of Severity” denial was within the previous 12 months **and** a Catastrophic Medical Event has occurred since the SSI denial.

NOTE: Critical thinking skills should be applied to determine what qualifies as a “Catastrophic Medical Event”. If questions, consult with your Supervisor.

- c. State Disability Program (SDP) has been opened for 12 months and is closing, the SSI remains denied due to “lack of duration”, **and** an application/supplemental application is received by MLTC.

- i. Review to determine if the individual has appealed the SSI denial.

- 1. If yes:

- a. Follow the MLTC SRT referral process located at 2. f.

- 2. If no:

- a. Deny using reason of: “Eligibility Requirements Not Met”.
- b. Send notice; **and**
- c. Document actions.

- d. Emergency Medical Services Assistance (EMSA) referrals should be made for undocumented individuals with dependents, undocumented children, and undocumented single adults only if they would meet SSA’s disability criteria.

For EMSA, an individual must meet a category of eligibility and would have been eligible for Medicaid, except for their immigration status.

- i. Review the application for the following eligibility factors:

- 1. Citizenship/immigration status; **and**

- a. Attempt to call the individual to obtain additional information if unable to determine the immigration status based on the information provided on the application.
- b. Submit US Citizenship and Immigration request (VLP or SAVE) prior to submitting the referral.
- c. Follow the procedures located in the [MLTC Citizenship and Immigration Guide](#) to determine if the individual is Lawfully Present.

- 2. Emergency Medical Condition which is defined as a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) where the absence of immediate medical attention could reasonably result in:

- a. Serious jeopardy to the patient's health;
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any bodily organ or part.

NOTE: General labor/delivery requests are **NOT** to be referred to the SRT position number and should be reviewed, approved, and processed by Universal Workers.

- i. Review applications for information relating to the Emergency Medical Condition.
 - 1. Electronic application question: "Is there anything else you would like to tell us about your household's situation".
 - ii. Review Document Imaging for medical information sent in at the time of application.
 - iii. Attempt to call the individual and obtain information to determine if there is an Emergency Medical Condition (if there is no indication of a medical need on the application or in Document Imaging).
 - 3. Refer to the SRT position number if the individual meets a category of eligibility, but does not have an immigration status that meets Medicaid regulations, **and** has an Emergency Medical Condition which meets the definition above.
 - 4. If determined that the individual does not meet the Emergency Medical Condition:
 - a. Deny using reason of either: "Eligibility Requirements Not Met" or "Ineligible Alien".
 - b. Send notice, and
 - c. Document actions.
 - e. Individuals whose SSI ended as they have reached the maximum number of years (7) but have not reached a certain immigration status within that time period.
Verified by the SDX alert: "Nonpay – Not a U.S. citizen or eligible alien – N13".
 - f. Assign to EMSA/SRT position number 75013343.
 - i. **Should the case inadvertently be denied or closed prior to placing on the EMSA/SRT position number, send an E-Mail to Kathy Fiorelli, Marnie Carr, Terra Meyer, and Rebecca McDonald, Nikki Adrian and Tonya Kramer as this position is on a rotation.**
3. **DO NOT make a referral** to the SRT position number if any of the following conditions apply:
- a. Referral is appropriate for the 599 CHIP program.

- i. Undocumented pregnant woman applies in the month of birth (even if the child was born prior to the application being filed), process as 599 CHIP.
 1. If the undocumented pregnant woman applies the month after the baby was born, refer to the SRT position number for an EMSA determination.
- ii. Follow the Presumptive Eligibility workaround on pages 5-6 of the [599 CHIP Process Guide](#) if the child was “birthed” prior to processing 599 CHIP.
- b. The individual has a qualified immigration status **and** has met the 5 year bar.
 - i. Process as regular Medicaid.
- c. SSI was denied due to “lack of severity”.
 - i. Denial within the previous 12 months **and** there is no Catastrophic Medical Event:

NOTE: Critical thinking skills should be applied to determine what qualifies as a “Catastrophic Medical Event”. If questions, consult with your Supervisor.

 1. Deny Medicaid using reason: “Not disabled or blind”;
 2. Send notice; **and**
 3. Document actions.
 - ii. Denial has been over 12 months:
 1. Request additional information from the applicant to determine if a SRT referral is appropriate.
- d. SSI denied due to “lack of duration”.
 - i. Deny Medicaid using reason: “Eligibility Requirements Not Met” (**NOTE:** SDP is NOT a Medicaid Program);
 - ii. Send notice; **and**
 1. Add comments to the notice to inform the individual that they may be eligible for the State Disability Program and need to apply through Economic Assistance.
 - iii. Document actions.

Handling a SRT Renewal

1. “Medical Review Due” alert is received:
 - a. Review interfaces (BDE/SDX) to verify if the individual has been determined eligible by SSA.
 - i. If yes:
 1. Review the Medical Impairment Task in Expert.
 - a. End date the SRT Blind, SRT Disabled, or SRT Medical Services Assistance determination.
 2. Process as Non-MAGI and **DO NOT** refer to the SRT position number.
 - b. Review to determine if the individual has turned age 65 since the last SRT determination.
 - i. If yes, process as Non-MAGI and **DO NOT** refer to the SRT position number.
 - c. Review case to determine if there are any changes that would result in ineligibility or case closure (e.g. EA narrative verifies the individual has moved out of state).
 - i. If yes, close the case **and DO NOT** refer to the SRT position number.
 - d. Review the MLTC-73 and the Medical Impairment Module to determine if the individual has been approved for a “Permanent” disability (no disability end date). Permanent disability determinations cannot be honored as the State does not have the authority to determine individuals “permanently” disabled.
 - i. If staff discover a previous SRT “Permanent” disability approval (no end date), staff should:
 1. Review interfaces to determine if the individual has been approved for Social Security or SSI.
 2. Set an alert.
 - a. Display Date: 60 days prior to the renewal due date.
 - i. **Example:** SRT renewal is due 3-31-17; alert “Display Date” should be entered as 2-1-17.
 - b. Alert Description: Refer to SRT.
 - c. Content of Alert: SRT review needed as the individual has been approved for a “Permanent Disability”.
 3. Document that the case should be sent to SRT at time of renewal.
 - e. If none of the above conditions were met **and** it is determined that a new disability determination is needed:
 - i. Assign to EMSA/SRT position number 75013343.

Handling a Denied SRT Case

1. SRT request denied for reason of “Failed to Provide Information” and has been returned to Universal case management.
 - a. Review the case to determine if it should be processed by the Universal Worker **or reassigned to the SRT position number.**
 - i. **Universal Worker processes if the following conditions are met:**
 1. Individual is now approved for Social Security or SSI **and** has submitted all verifications (i.e. income, resources) to make an eligibility determination within the 90 day redetermination period.
 - a. Process as a Non-MAGI case.
 2. Nebraska State Review Team Determination (MLTC-73) is on file **and** the individual has submitted all verifications (i.e. income, resource) to make an eligibility determination within the 90 day redetermination period.
 - a. Process as either SRT Blind, SRT Disabled, or SRT Emergency Medical for Aliens.
 - ii. **Universal Worker reassigns to the SRT position number if the following conditions are met:**
 1. There is no Nebraska State Review Team Determination (MLTC-73) on file **and** the medical information was submitted within the 90 day redetermination period.
 - a. **Example:** The individual failed to provide medical documentation for a SRT determination.
 - b. If there is a Nebraska State Review Team Determination (MLTC-73) on file **and** the individual returns incomplete or partial verifications:
 - i. Follow the procedures outlined in the [MLTC Change Management Guide](#).
 - c. If there is a Nebraska State Review Team Determination (MLTC-73) on file **and** the verifications are submitted after the 90 day redetermination period:
 - i. Notify the household they will need to reapply.

Handling a SSI Denial for an Active SRT Case

1. SRT case in active status and a SSI denial is received.

- a. **Denial Reason: Lack of Duration.**

- i. Send E-Mail to DHHS.EconomicAssistancePolicyQuestions.
 1. Subject Line must include SDP Referral, Master Case Name, and Master Case Number.
 2. Body of E-Mail must include SRT Begin Date (Date of Service).

- b. **Denial Reason: Lack of Severity OR Ability to Engage in Substantial Gainful Activity.**

- i. Review the SDX interface to determine if an appeal has been filed.
 1. If yes:
 - a. The individual is considered disabled through the review period established by SRT on the most current MLTC-73.
 2. If no:
 - a. Close the Medicaid case using reason: "Not disabled or blind".
 - b. Send Notice.
 - i. Add comments advising the individual that he/she must immediately contact DHHS if an appeal is filed so that the Medicaid case can be reopened for the remainder of the SRT period.

ASSIGNED STAFF PROCESSES

MIWD Worker

1. Medicaid Insurance for Workers with Disabilities (MIWD) individuals should be referred to the SRT position number when he/she:
 - a. Has been terminated from SSI 1619(B) or State 1619(B) because of time limit or earnings exceed the limit.

NOTE: DO NOT close the case while the SRT referral is pending.

 - b. Receives Veterans Disability, Railroad Disability, Worker's Compensation, or other disability programs.
 - c. Alleges a disability but receives no disability benefits.
 - d. Does not get an SSDI check and has used up the 36-month Extended Period of Eligibility.

Dual Assigned Cases (NH, ALW, MIWD)

1. Initial Request.
 - a. The Universal Worker determines if a SRT referral is appropriate.
 - i. Follow the procedures outlined in the "Universal Staff Processes – Handling an Initial Request" section of the guide.
 - b. If referred to the SRT positon number for a medical determination, the SRT worker will:
 - i. Request all medical and financial information.
 1. If the medical determination is approved by SRT, the SRT worker will:
 - a. Assign the Medicaid program case to the applicable position number (NH/AL position number for the correct area in which the individual resides or the MIWD position number).
 - i. The Assigned NH/AL or MIWD worker processes the SRT budget.
 - b. If the medical determination is denied by SRT, the SRT worker will:
 - i. Deny Medicaid using reason: "Not disabled or blind".
 - ii. Return the case to Universal.
 2. Renewal.
 - a. The Assigned worker should follow the processes outlined in the "Handling a SRT Renewal" section of the guide.

NFOCUS PROCESSES

Adding a SRT Case to NFOCUS

1. SRT approvals should be added in the Expert system.
 - a. Review the MLTC-73 for approval details.
 - b. To add the SRT approval in Expert: Data Collection > Non-Financial > Medical Impairment module.
 - i. Medical Impairment options for MLTC:
 1. SRT Blind;
 2. SRT Disabled; or
 3. SRT Emergency Medical for Aliens.
 - a. MLTC staff **should not** enter approvals as “SDP Medical Consultant – Blind” or “SDP Medicaid Consultant – Disabled”.

NOTE: It is critical that SRT determinations are correctly coded as the funding source is dependent upon how the approval is entered.
 - ii. Fund Code options:
 1. Federal/State Match.
 - a. MLTC: All SRT approvals should be entered with this code.
 2. State Funds Only.
 - a. EA: This code is to be used for SDP cases only and should not be used by MLTC staff.
 - iii. Impairment Review Date.
 1. Obtain the Impairment Review Date from the MLTC-73.
 - a. **Example:** MLTC-73 approves for 12 months beginning 1-17. The Review Date should be set to 12-31-17.
 - iv. Begin Date.
 1. Obtain the impairment Begin Date from the MLTC-73 “Dates of Service” field.
 - v. End Date.
 1. Obtain the End Date from the MLTC-73 “Dates of Service” field.
 - vi. Verification Source.
 1. Enter the verification sources as: “SRT Form DM-5R”.

EA State Disability Program (SDP) Process (Updated 10/2015)

SDP Program Cases are assigned to specific workers determined by Economic Assistance Policy. Workers will follow the below process on all **pending** SDP cases that come into the agency through Economic Assistance application.

To be eligible for SDP, the client must have all of the following:

1. Application for SDP. Either E-app (checked they want SDP) or EA-117 (either checked or indicated during the interview they want SDP).
2. SSA denial determination for “lack of duration” in SDX (shown in the Payment Status under the “SDX List” tab and not in the “Eligibility” tab).

Select	Date Received	Date Effective	Record Source	Payment Status
<input checked="" type="radio"/>	08-29-2015	10-2015	SDX-UPDATE 3	Nonpay - Impairment is Severe But Not Expected to Last 12 Months - Lack of Duration - N35
<input type="radio"/>	08-29-2015	10-2015	SDX-UPDATE 3	Nonpay - Impairment is Severe But Not Expected to Last 12 Months - Lack of Duration -

3. Not received 12 months of SDP in the past (stated in the narrative).
4. Not be eligible for or actively receiving Medicaid.
5. Not already assigned to someone.

If those criteria have all been met, you will do the following:

1. **Check the application;**
 - a. **If there are other programs applied for besides SDP (SNAP, ADC, CC, SSAD),** worker will complete the interview with the client, and work the case like it is a regular case, letting the client know that someone will be contacting them to complete further paperwork needed for SDP. After all needed documentation is received and **all alerts are cleared**, the worker will email “DHHS.EconomicAssistancePolicyQuestions” with the Master Case Name and Number and “SDP referral” in the subject line.
 - b. **If SDP and AABD grant are the ONLY programs applied for,** send an email to “DHHS.EconomicAssistancePolicyQuestions” with the Master Case Name and Number and “SDP referral” in the subject line. The case will then be assigned to the appropriate worker.
6. DHHS.EconomicAssistancePolicyQuestions will assign to the appropriate worker(s).
7. Worker will complete the necessary paperwork and medical documentation with the client.
8. Worker waits for the appropriate documentation to be provided by the client.
9. Worker sends to the SDP Medical Reviewer for approval/denial.
10. After Medical Reviewer’s determination is received, worker will process the SDP case;

1. Process Budget (approve/deny), narrate, send mainframe notice. (cannot be on expert)
2. Set an alert - for the duration of the medical eligibility (indicated by the medical reviewer). Alert will need to be set for the month prior to the end date (no later than month 11), this will allow adequate notice to the client that their SDP eligibility will be ending and they need to either complete their review (if they were eligible for less than 12 months) or apply with MLTC for further medical coverage.
 - i. If MLTC application comes in prior to the case closing, assign to proper position number, and send note to MLTC Policy Questions.
 - ii. If no application comes in, close/deny case for the end of the eligibility period.

Revision History		
Date	Author	Comment
8/3/2020	Marnie Carr	Document Updated for HHA
11/2022	Tiffanie Green	Per email received update names to send email to on page 3 of the document.
10/2024	MERL Revision Group	Added additional staff to email on Pg. 3.
10/2025	MERL Team	Added additional staff to email on Pg. 3.