

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 16-0014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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November 3, 2016

Calder Lynch, Medicaid Director  
Department of Health & Human Services  
Division of Medicaid and Long-Term Care  
301 Centennial Mall South, 5th Floor  
P.O. Box 95026  
Lincoln, NE 68509-5026

Dear Mr. Lynch:

The Centers for Medicare & Medicaid Services (CMS), Kansas City Regional Office, has completed its review of Nebraska State Plan Amendment (SPA) Transmittal Number #16-014. This SPA was submitted on September 6, 2016, to remove Attachment 3.1-F from the Nebraska State Plan. This attachment had previously provided federal authority for the state to operate their managed care programs through the Medicaid state plan. On September 22, 2016, the delivery system for the State's managed care program was authorized through a 1915(b) waiver with an effective date of October 1, 2016.

Based upon the information received, we approved SPA# 16-014 on November 1, 2016, with an effective date of January 1, 2017, as requested by the state. Enclosed is a copy of the CMS-179 form.

If you have any questions regarding this state plan amendment, please contact Barbara Cotterman or Karen Hatcher at (816) 426-5925.

Sincerely,

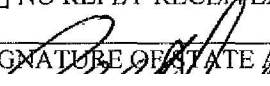

11/3/2016

James G. Scott  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

Signed by: James G. Scott -A

Enclosure

cc:  
Nancy Keller  
DHHS Nebraska  
Rosalind Sipe

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		<b>1. TRANSMITTAL NUMBER:</b> 16-0014	<b>2. STATE</b> Nebraska
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		<b>4. PROPOSED EFFECTIVE DATE</b> January 1, 2017	
<b>5. TYPE OF PLAN MATERIAL (Check One):</b>  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>		<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2017      \$0.00 b. FFY 2018      \$0.00	
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  Attachment 3.1-F, pgs 1-4, 6-16 *		<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>  Attachment 3.1-F, pgs 1-4, 6-16	
<b>10. SUBJECT OF AMENDMENT:</b> Full Risk Integrated Managed Care Program			
<b>11. GOVERNOR'S REVIEW (Check One):</b> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor has waived review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b> 		<b>16. RETURN TO:</b>  Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
<b>13. TYPED NAME:</b> Calder Lynch		(Continued from 16. RETURN TO)	
<b>14. TITLE:</b> Director, Division of Medicaid and Long-Term Care			
<b>15. DATE SUBMITTED:</b> September 6, 2016			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
<b>17. DATE RECEIVED:</b> September 6, 2016		<b>18. DATE APPROVED:</b> November 1, 2016	
<b>PLAN APPROVED -- ONE COPY ATTACHED</b>			
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> January 1, 2017		<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> 	
<b>21. TYPED NAME:</b> James G. Scott		<b>22. TITLE:</b> Associate Regional Administrator for Medicaid and Children's Health Operations	
<b>23. REMARKS:</b>  * Pen and ink change, per state request.			