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**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 19-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

# NE - Submission Package - NE2019MS00030 - (NE-19-0002) - Eligibility

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- Correspondence Log
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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NE2019MS00030	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NE
<b>SPA ID</b>	NE-19-0002	<b>Region</b>	Kansas City, KS
<b>Version Number</b>	2	<b>Package Status</b>	Approved
<b>Submitted By</b>	Dawn Kastens	<b>Submission Date</b>	4/1/2019
<b>Package Disposition</b>		<b>Approval Date</b>	3/10/2020 3:28 PM EDT
<b>Priority Code</b>	P2		



## Division of Medicaid and Children's Health Operations

March 10, 2020

Mr. Jeremy Brunssen, Interim Director  
Division of Medicaid and Long Term Care  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
Lincoln  
Nebraska, NE 68509

Re: Approval of State Plan Amendment NE-19-0002

Dear Mr. Jeremy Brunssen, Interim Director:

On April 01, 2019, the Centers for Medicare and Medicaid Services (CMS) received Nebraska State Plan Amendment (SPA) NE-19-0002 to add coverage for the eligibility group for adults with income below 133% of the FPL under Section 1902(a)(10)(A)(viii) of the Social Security Act..

We approve Nebraska State Plan Amendment (SPA) NE-19-0002 on March 10, 2020 with an effective date(s) of October 01, 2020.

CMS appreciated the opportunity to discuss our informal questions and recommendations related to Nebraska's eligibility and FMAP SPAs and responses to the Request for Additional Information (RAI). The additional information has provided CMS with valuable insight into Nebraska's program integrity function and Medicaid expansion oversight activities.

CMS plans to maintain regular communications and a collaborative partnership with the state, including the provision of program integrity-related technical assistance and guidance throughout the Medicaid expansion implementation process as needed. As part of this partnership, CMS looks forward to receiving the following documents that will help ensure beneficiary eligibility and other determinations are accurate and appropriate FMAP claiming occurs:

- The complete and final Master Test Plan that incorporates satisfactory responses to CMS recommendations for additional information needed
- The staff training materials for the Adult Group
- The oversight plan for the Program Integrity provisions of managed care contracts and other delivery system contracts
- The state's internal Corrective Action Plan related to procedural accuracy rate as measured in Nebraska's Medicaid Eligibility Quality Assurance (QA) Annual Report 2019

Please provide these deliverables as the state completes them and no later than the date of Medicaid expansion implementation, October 1, 2020.

If you have any questions or would like technical assistance in the planning, implementation and evaluation of your program integrity and oversight activities, please contact Stephanie Kaminsky by e-mail at [Stephanie.Kaminsky@cms.hhs.gov](mailto:Stephanie.Kaminsky@cms.hhs.gov).

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact Barbara Cotterman at [barbara.cotterman@cms.hhs.gov](mailto:barbara.cotterman@cms.hhs.gov).

Sincerely,  
James G. Scott, Director  
Division of Program Operations  
Group  
Division of Medicaid and Children's  
Health Operations

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

### Package Header

<b>Package ID</b>	NE2019MS00030	<b>SPA ID</b>	NE-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/1/2019
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	N/A

Superseded SPA ID N/A

## State Information

**State/Territory Name:** Nebraska

**Medicaid Agency Name:** Nebraska Department of Health and Human Services

## Submission Component

State Plan Amendment

Medicaid

CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

### Package Header

<b>Package ID</b>	NE2019MS00030	<b>SPA ID</b>	NE-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/1/2019
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** NE-19-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	10/1/2020	N/A
Mandatory Eligibility Groups	10/1/2020	NE-15-0008
Adult Group	10/1/2020	NE-13-0027 S32

#### Page Number of the Superseded Plan Section or Attachment (If Applicable):

NE-13-0027 S32

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

### Package Header

<b>Package ID</b>	NE2019MS00030	<b>SPA ID</b>	NE-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/1/2019
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** To implement the adult group at 42 CFR 435.119.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

#### Federal Statute / Regulation Citation

1902(a)(10)(A)(i)(VIII); 42 CFR 435.119

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

### Package Header

**Package ID** NE2019MS00030  
**Submission Type** Official  
**Approval Date** 3/10/2020  
**Superseded SPA ID** N/A

**SPA ID** NE-19-0002  
**Initial Submission Date** 4/1/2019  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Not required under 42 CFR 430.12(b)  
(2)(I)

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0003O | NE-19-0002

## Package Header

**Package ID** NE2019MS0003O  
**Submission Type** Official  
**Approval Date** 3/10/2020  
**Superseded SPA ID** N/A

**SPA ID** NE-19-0002  
**Initial Submission Date** 4/1/2019  
**Effective Date** N/A

**Indicate whether public comment was solicited with respect to this submission.**

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

## Package Header

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<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes  
 No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes  
 No

- The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

**Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:**

**Solicitation of advice and/or Tribal consultation was conducted in the following manner:**

- All Indian Health Programs

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
1/31/2019	An email was transmitted with attachments for consultation.

- All Urban Indian Organizations

<b>Date of solicitation/consultation:</b>	<b>Method of solicitation/consultation:</b>
1/31/2019	An email was transmitted with attachments for consultation.

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

<b>Date of consultation:</b>	<b>Method of consultation:</b>
1/31/2019	An email was transmitted with attachments for consultation.

**The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.**

Name	Date Created	
<a href="#">Ballot Initiative 427 Medicaid Expansion Coverletter and Summary</a>	3/28/2019 3:23 PM EDT	

**Indicate the key issues raised (optional)**

- Access  
 Quality  
 Cost  
 Payment methodology  
 Eligibility

- Benefits
- Service delivery
- Other issue



# Medicaid State Plan Eligibility

## Income/Resource Methodologies

### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0003O | NE-19-0002

#### Package Header

<b>Package ID</b>	NE2019MS0003O	<b>SPA ID</b>	NE-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/1/2019
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	10/1/2020
<b>Superseded SPA ID</b>	N/A		
	User-Entered		

#### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

#### B. Additional information (optional)

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

### Package Header

<b>Package ID</b>	NE2019MS00030	<b>SPA ID</b>	NE-19-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/1/2019
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	10/1/2020
<b>Superseded SPA ID</b>	NE-15-0008		
	System-Derived		

### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NEW

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

## Package Header

<b>Package ID</b>	NE2019MS00030	<b>SPA ID</b>	NE-19-0002
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<b>Superseded SPA ID</b>	NE-15-0008		
	System-Derived		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Adult Group

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0003O | NE-19-0002

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	NE2019MS0003O	<b>SPA ID</b>	NE-19-0002
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<b>Superseded SPA ID</b>	NE-13-0027 S32		
	User-Entered		

The state covers the Adult Group in accordance with the following provisions:

### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

### C. Income Standard Used

The amount of the income standard for this group is 133% FPL.

### D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

## Package Header

<b>Package ID</b>	NE2019MS00030	<b>SPA ID</b>	NE-19-0002
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<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## E. Additional Information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 3/11/2020 8:31 AM EDT*