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**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 21-0012**

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# NE - Submission Package - NE2021MS00010 - (NE-21-0012) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th Street  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

December 17, 2021

Kevin Bagley  
Director 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-21-0012

Dear Kevin Bagley,

On September 28, 2021, the Centers for Medicare and Medicaid Services (CMS) received Nebraska State Plan Amendment (SPA) NE-21-0012 to implement the Ticket to Work Basic and Medically Improved Coverage Groups.

We approve Nebraska State Plan Amendment (SPA) NE-21-0012 with an effective date(s) of October 01, 2021.

If you have any questions regarding this amendment, please contact Sandra Porter at [Sandra.Porter@CMS.hhs.gov](mailto:Sandra.Porter@CMS.hhs.gov)

Sincerely,  
James G. Scott  
Director of Division Program Operations  
Center for Medicaid & CHIP Services

# NE - Submission Package - NE2021MS0001O - (NE-21-0012) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	NE2021MS0001O	<b>SPA ID</b>	NE-21-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/28/2021
<b>Approval Date</b>	12/17/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | NE2021MS0001O | NE-21-0012

### Package Header

**Package ID** NE2021MS0001O  
**Submission Type** Official  
**Approval Date** 12/17/2021  
**Superseded SPA ID** N/A

**SPA ID** NE-21-0012  
**Initial Submission Date** 9/28/2021  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** NE-21-0012

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	10/1/2021	NE-19-0005
Ticket to Work Basic	10/1/2021	N/A
Ticket to Work Medical Improvements	10/1/2021	N/A

**Page Number of the Superseded Plan Section or Attachment (if Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

### Package Header

<b>Package ID</b>	NE2021MS0001O	<b>SPA ID</b>	NE-21-0012
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<b>Approval Date</b>	12/17/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This State Plan Amendment is being submitted in order to add the Ticket To Work Basic Coverage Group (42 U.S.C. 1396a(a)(10)(A)(ii)(XV)) and Medical Improvements Group (42 U.S.C. 1396a(a)(10)(A)(ii)(XVI)). This change is required by a recent amendment to the Nebraska Medical Assistance Act (Neb. Rev. Stat. 68-915(8)) which requires the Medicaid program to add these two eligibility groups. The change in law was implemented in order to enhance the opportunities available to disabled persons to maintain employment while retaining medical coverage under the program.

### Federal Budget Impact and Statute/Regulation Citation


#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$329581

#### Federal Statute / Regulation Citation

42 U.S.C. 1396a(a)(10)(A)(ii)(XV) and (XVI)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
<a href="#">NE 21-0012 Fed Fiscal Est Methodology</a>	9/8/2021 10:58 AM EDT	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

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### Governor's Office Review

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

**Describe** The Governor is not required to review.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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# NE - Submission Package - NE2021MS00010 - (NE-21-0012) - Eligibility

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## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS00010 | NE-21-0012

CMS-10434 OMB 0938-1188

### Package Header

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<b>Superseded SPA ID</b> NE-19-0005	
System-Derived	

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Individuals Eligible for but Not Receiving Cash Assistance	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW



# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

## Package Header

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<b>Superseded SPA ID</b>	NE-19-0005		
	System-Derived		

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

### Package Header

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	System-Derived		

### 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

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	N/A		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

### Package Header

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	User-Entered		

### A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

## Package Header

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	User-Entered		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Medical Insurance Disregard	Disregard the amount of income equal to the monthly premiums paid for private/commercially available health insurance plans.
IDA Income Disregard	All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.

- Interest is disregarded.

**Description of disregard:** All interest earned on an IDA account funded under the Assets for Independence Act is excluded.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
Life Estate Disregard	Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.
MIWD Resource Disregard	Disregard an additional \$2,000 per individual for a total of \$4,000 per individual and an additional \$3,000 per couple for a total of \$6,000 per couple. The purpose of this additional resource disregard is to aid in achieving self-sufficiency.

Name of disregard:	Description:
Excess Resource Disregard	<p>Excess resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –</p> <ol style="list-style-type: none"> <li>1. The first day of the month in which the resources are actually reduced to or below the allowable limit if the resources were not used to pay bills incurred in a prior month. The resources may be reduced by paying any bills or by purchasing any items of need.</li> <li>2. The first day of the month in which the most recent bill (s) for maintenance or medical was incurred which was paid to reduce the excess resources. Maintenance needs include items such as food, shelter, clothing, transportation and personal comfort items. Qualifying bills would be those incurred by the client, the client's spouse or dependent child(ren).</li> </ol> <p>Example  Medicaid Bills Incurred Application Made Bills Paid  Jan. 1, Feb. 3, Mar. 5, Mar. 25 March  April  Excess Resources Below Resources</p> <p>If bills from Jan. 1 and Feb.3 were used to reduce resources, eligibility would begin Feb. 1 even though the bills were not actually paid until April.</p> <p>This methodology would apply to all eligibility groups except deemed cash recipients and Qualified Medicare Beneficiary's. All of the requirements of 1917(c)(4) are met for individuals who dispose of resources for less than fair market value.</p> <p>Eligibility will never begin before the third month before the month of application. From the date of determination of eligibility for Medicaid, an applicant has 90 days in which to spend down excess resources to become retroactively eligible for Medicaid.</p>

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:** All funds in IDA accounts funded under the Assets for independence Act are excluded.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

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	User-Entered		

### C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

**FPL** 250.00%

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

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	User-Entered		

## D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

**Single Individual** \$4000.00

**Couple** \$6000.00



## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

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### E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

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### F. Additional Information (optional)

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

Employed individuals between ages 16 and 64 who are no longer disabled but still have a medical impairment.

CMS-10434 OMB 0938-1188

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The state covers the optional Ticket to Work medical improvements eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Lost eligibility for the Ticket to Work basic eligibility group because it was determined at a regular disability review that they no longer meet the disability criteria.
3. Continue to have a severe medically determinable impairment.
4. Are employed, using the following definition:
  - a. Earning at least the minimum wage and working at least 40 hours per month.
  - b. An alternative definition
5. Have income and resources that do not exceed the standards established by the state.

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

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## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

### 2. Less restrictive methodologies are used in calculating countable income.

- Yes  
 No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Medical Insurance Disregard	Disregard the amount of income equal to the monthly premiums paid for private/commercially available health insurance plans.
IDA Income Disregard	All otherwise countable income deposited in an IDA account funded under the Assets for Independence Act is excluded.

- Interest is disregarded.

**Description of disregard:** All interest earned on an IDA account funded under the Assets for Independence Act is excluded.

### 3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
Life Estate Disregard	Exempt land or assets held as a life estate when the life tenant cannot sell the asset without agreement from the remainder interest holders.
MIWD Resource Disregard	Disregard an additional \$2,000 per individual for a total of \$4,000 per individual and an additional \$3,000 per couple for a total of \$6,000 per couple. The purpose of this additional resource disregard is to aid in achieving self-sufficiency.

Name of disregard:	Description:
Excess Resource Disregard	<p>Excess resources make the individual ineligible. Once the excess resources have been reduced to the allowable limit, eligibility may begin –</p> <ol style="list-style-type: none"> <li>1. The first day of the month in which the resources are actually reduced to or below the allowable limit if the resources were not used to pay bills incurred in a prior month. The resources may be reduced by paying any bills or by purchasing any items of need.</li> <li>2. The first day of the month in which the most recent bill (s) for maintenance or medical was incurred which was paid to reduce the excess resources. Maintenance needs include items such as food, shelter, clothing, transportation and personal comfort items. Qualifying bills would be those incurred by the client, the client's spouse or dependent child(ren).</li> </ol> <p>Example  Medicaid Bills Incurred Application Made Bills Paid  Jan. 1, Feb. 3, Mar. 5, Mar. 25 March  April  Excess Resources Below Resources</p> <p>If bills from Jan. 1 and Feb.3 were used to reduce resources, eligibility would begin Feb. 1 even though the bills were not actually paid until April.</p> <p>This methodology would apply to all eligibility groups except deemed cash recipients and Qualified Medicare Beneficiary's. All of the requirements of 1917(c)(4) are met for individuals who dispose of resources for less than fair market value.</p> <p>Eligibility will never begin before the third month before the month of application. From the date of determination of eligibility for Medicaid, an applicant has 90 days in which to spend down excess resources to become retroactively eligible for Medicaid.</p>

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside in an Assets for Independence Act (IDA) account

**Description:** All funds in IDA accounts funded under the Assets for independence Act are excluded.

# Ticket to Work Medical Improvements

MEDICAID | Medicaid State Plan | Eligibility | NE2021MS0001O | NE-21-0012

## Package Header

<b>Package ID</b>	NE2021MS0001O	<b>SPA ID</b>	NE-21-0012
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/28/2021
<b>Approval Date</b>	12/17/2021	<b>Effective Date</b>	10/1/2021
<b>Superseded SPA ID</b>	N/A		
	User-Entered		

## C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

250.00% FPL

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	User-Entered		

## D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

**Single Individual** \$4000.00

**Couple** \$6000.00



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	User-Entered		

## E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

# Ticket to Work Medical Improvements

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	User-Entered		

## F. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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