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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 23-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



June 30, 2023

Kevin Bagley
Director
Division of Medicaid & Long-Term Care
Nebraska Department of Health & Human Services
301 Centennial Mall South
Lincoln, NE 68509

Re: Nebraska State Plan Amendment (SPA) 23-0005

Dear Mr. Bagley:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-23-0005. This amendment proposes to temporarily extend suspensions of deductibles, copayments, coinsurance, and other cost sharing charges for all eligibility groups effective May 1, 2020 originally approved in Disaster Relief SPA NE-20-0010, NE-20-0011, and NE-20-0014.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Nebraska's Medicaid SPA Transmittal Number NE-23-0005 is approved effective May 12, 2023.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at Tyson.Christensen@cms.hhs.gov.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.06.30
08:11:27 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

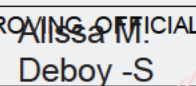
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 3 — 0 0 0 5	2. STATE N E
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 12, 2023	
5. FEDERAL STATUTE/REGULATION CITATION Sections 201 and 301 of the National Emergencies Act * Section 1135(b) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2023</u> \$ <u>193,790</u> b FFY <u>2024</u> \$ <u>259,894</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.4.B. Page 1 (new)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Click or tap here to enter text.	
9. SUBJECT OF AMENDMENT Temporary Extension to Disaster Relief Policies for the COVID-19 National Emergency – Premiums and Cost-sharing		

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review
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11. AGENCY OFFICIAL <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	15. RETURN TO Dawn Kastens Division of Medicaid & Long-Term Care Nebraska Department of Health and Human Services 301 Centennial Mall South Lincoln, NE 68509
12. TYPED NAME Kevin Bagley	
13. TITLE Director, Division of Medicaid & Long-Term Care	
14. DATE SUBMITTED May 12, 2023	

FOR CMS USE ONLY	
16. DATE RECEIVED May 12, 2023	17. DATE APPROVED June 30, 2023

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	19. SIGNATURE OF APPROVING OFFICIAL  Alissa M. Deboy -S <small>Digitally signed by Alissa M. Deboy-S Date: 2023.06.30 08:12:11 -04'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS
*Pen and ink change on 06/22/23

Section 7.4.B., Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective May 12, 2023 until April 30, 2024, the agency temporarily extends the following election(s) in section 7.4 (approved on April 24, 2020 in SPA Number NE 20-0010, June 18, 2020 in SPA Number NE 20-0011, and June 18, 2020 in SPA Number NE 20-0014) of the state plan:

Section A – Eligibility

The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section C - Premiums and Cost Sharing

The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Nebraska Medicaid will suspend all cost sharing for all eligibility groups effective May 1, 2020.

The agency suspends enrollment fees, premiums, and similar charges for:

The following eligibility groups or categorical populations:

Premiums are suspended for the following eligibility groups:
Work Incentives Eligibility Group: 1902(a)(10)(A)(ii)(XIII); and
Transitional Medical Assistance: 1902(a)(52)