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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 23-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Original Signed Approval Letter
- 3) CMS Form 179
- 4) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group]

December 7, 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) 23-0013

Dear Director Bagley:

Enclosed please find a corrected approval package for your Nebraska State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0013. This SPA, which proposed to increase the aged, blind, or disabled personal needs allowance (PNA) from \$60 to \$75 for individuals, and from \$120 to \$150 for couples, was originally approved on November 3, 2023. The approval package sent to Nebraska included the following errors:

- Box 11 of the CMS 179 was not signed by the State Agency Official

The enclosed corrected package contains the original signed letter, the corrected CMS-179, and the approved SPA pages.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 3, 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) 23-0013

Dear Director Bagley:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-23-0013. This amendment proposes to increase the aged, blind, or disabled personal needs allowance (PNA) from \$60 to \$75 for individuals, and from \$120 to \$150 for couples.

We conducted our review of your submittal according to statutory requirements in Section 1924 of the Social Security Act and implementing regulations 42 CFR 435.725, 435.733, and 435.832. This letter is to inform you that Nebraska Medicaid SPA 23-0013 was approved on November 3, 2023, with an effective date of September 1, 2023.

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

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Dawn Kastens
Catherine Gekas-Steeby

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">—</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> </p> <p>2. STATE <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">N</div> <div style="border: 1px solid black; padding: 2px;">E</div> </div> </p> <p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI </p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>4. PROPOSED EFFECTIVE DATE September 1, 2023</p>
<p>5. FEDERAL STATUTE/REGULATION CITATION Section 1924 of the Social Security Act, 42 CFR 435.725, 435.733, 435.832</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2023</u> \$ <u>66,467</u> b FFY <u>2024</u> \$ <u>815,738</u> </p>
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 2.6-A, Pg 4a and Supplement 6 to Att. 2.6-A*</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 2.6-A, Pg 4a and Supplement 6 to Att. 2.6-A*</p>

9. SUBJECT OF AMENDMENT
Personal Needs Allowance (PNA)

10. GOVERNOR'S REVIEW (Check One)

<p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>	<p><input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review</p>
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<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>	<p>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</p>
<p>12. TYPED NAME Kevin Bagley</p>	
<p>13. TITLE Director, Division of Medicaid & Long-Term Care</p>	
<p>14. DATE SUBMITTED September 20, 2023</p>	

FOR CMS USE ONLY	
<p>16. DATE RECEIVED September 20, 2023</p>	<p>17. DATE APPROVED November 3, 2023</p>

PLAN APPROVED - ONE COPY ATTACHED	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL September 1, 2023</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL </p>
<p>20. TYPED NAME OF APPROVING OFFICIAL James G. Scott</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations</p>

22. REMARKS
* Pen and Ink change approved by the state on 9/29/23

State: Nebraska

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$75 Couples \$150</p> <p>For the following persons with greater need:</p> <ul style="list-style-type: none">Individuals with a guardian or conservatorIndividuals in an ICF-MR (ICF-ID) who participate in a sheltered workshop <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$60 Adults \$60</p> <p>For the following persons with greater need:</p> <ul style="list-style-type: none">Individuals with a guardian or conservatorIndividuals in an ICF-MR (ICF-ID) who participate in a sheltered workshop <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2-A</u>. \$ N/A</p>

TN No. NE 23-0013
Supersedes
TN No. NE 15-0007

Approval Date November 3, 2023

Effective Date September 1, 2023