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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 24-0019

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NE - Submission Package - NE2024MS0004O - (NE-24-0019) - Eligibility

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



Center for Medicaid & CHIP Services

March 14, 2025

Drew Gonshorowski
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-24-0019

Dear Drew Gonshorowski,

On December 20, 2024, the Centers for Medicare and Medicaid Services (CMS) received Nebraska State Plan Amendment (SPA) NE-24-0019, in which the state proposed to update its cost-effectiveness calculation for the eligibility group described in section 1902(e)(3) of the Social Security Act (the Katie Beckett eligibility group).

We approve Nebraska State Plan Amendment (SPA) NE-24-0019 with an effective date(s) of December 01, 2024.

If you have any questions regarding this amendment, please contact Tyson Christensen at tyson.christensen@cms.hhs.gov.

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

NE - Submission Package - NE2024MS0004O - (NE-24-0019) - Eligibility

- Summary
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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS0004O | NE-24-0019

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2024MS0004O	SPA ID	NE-24-0019
Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	03/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Nebraska	Medicaid Agency Name:	Nebraska Department of Health and Human Services
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Submission Component

- ☒

State Plan Amendment
- ☒

Medicaid
- ☐

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS00040 | NE-24-0019

Package Header

Package ID	NE2024MS00040	SPA ID	NE-24-0019
Submission Type	Official	Initial Submission Date	12/20/2024
Approval Date	03/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID NE-24-0019

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	12/1/2024	NE-23-0014
Children under Age 19 with a Disability	12/1/2024	NE-95-0016

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS00040 | NE-24-0019

Package Header

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Approval Date	03/14/2025	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment updates the state's Katie Beckett Program's cost-effectiveness calculation for hospital, intermediate care facility, and nursing facility levels of care.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

SSA 1902(e)(3)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
NE 24-0019 CMS 179	11/26/2024 2:36 PM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS00040 | NE-24-0019

Package Header

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Superseded SPA ID	N/A		

Governor's Office Review

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

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 - NE2024MS0004O - (NE-24-0019) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS0004O | NE-24-0019

CMS-10434 OMB 0938-1188

Package Header

Package ID	NE2024MS0004O	SPA ID	NE-24-0019
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Superseded SPA ID	NE-23-0014		
	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 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Package Header

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Superseded SPA ID	NE-23-0014		
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 | NE2024MS00040 | NE-24-0019

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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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NE - Submission Package - NE2024MS0004O - (NE-24-0019) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS0004O | NE-24-0019

Children under age 19 with a disability who would be eligible if they were in a medical institution (known as Katie Beckett).

CMS-10434 OMB 0938-1188

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Superseded SPA ID	NE-95-0016		
	User-Entered		

The state operates the Children under Age 19 with a Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 19 and qualify as an individual with a disability under section 1614(a) of the Act.
2. For whom the state has determined the following:

a. The individual requires a level of care provided in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities;

b. It is appropriate to provide such care for the child outside such an institution; and

c. The estimated cost for the individual's care is not greater than the cost which would otherwise be expended within an appropriate institution.
3. Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:

☐ a. Individuals in Institutions Eligible under a Special Income Level

☒ b. Age and Disability-related Poverty Level

☒ c. Medically Needy Individuals

☐ d. Individuals Eligible for but Not Receiving Cash Assistance

☐ e. Other eligibility group(s):

Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS00040 | NE-24-0019

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User-Entered			

B. Financial Methodologies and Standards

1. The income and resource methodologies and standards for the group used to determine institutional eligibility are used for this group.
2. Less restrictive methodologies are used in calculating countable income.

- ☐ Yes
- ☒ No

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

- ☐ Yes
- ☒ No

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C. Cost Effectiveness Determination

1. The cost-effectiveness determination is performed:

- ☒ a. Annually
- ☐ b. Semi-annually
- ☐ c. Other frequency:

2. The calculation is made at the individual level, using the following methodology:

- ☒ a. Standard methodology is used.

i. The cost of services for the individual at home is determined using one of the following methods:

- ☐ (1) By projecting the approved plan of care.
- ☒ (2) By using another method

Description:

An estimate of services the child is expected to use is compared to an average institutional rate for the appropriate institution (hospital, nursing facility, or ICF/IID, as the case may be) to compare cost effectiveness.

ii. The cost of providing institutional care at the appropriate level of care for this individual is determined using the following method:

Description:

We compare the plan of care to an average institutional rate for the appropriate institution (hospital, nursing facility, or ICF/IID, as the case may be).

iii. At the time of the cost effectiveness determination, the cost of care for the individual at home is considered to be cost effective if it does not exceed the cost of the individual's institutional care.

Additional comments (optional):

- ☐ b. An alternative methodology is used.

Children under Age 19 with a Disability

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D. Additional Information (optional)

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