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**State/Territory Name: NE** 

State Plan Amendment (SPA) #: 15-0011 MM1

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 601 East 12<sup>th</sup> Street, Suite 355 Kansas City, Missouri 64106



#### Division of Medicaid and Children's Health Operations

November 13, 2015

Calder Lynch, Director Department of Health & Human Services Division of Medicaid and Long Term Care 301 Centennial Mall S., 5th Floor PO Box 95026 Lincoln, Nebraska 68509

Dear Mr. Lynch:

On October 23, 2015, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #15-0011 of Section S52 which proposed to use 51 percent of the Federal Poverty Level (FPL) for the Modified Adjusted Gross Income (MAGI) standard for individuals eligible through the reasonable classification groups under 42 CFR 435.222 rather than the fixed dollar standards previously used. This is the same percentage used by the federally facilitated marketplace when assessing Medicaid eligibility for this group. Use of the FPL percentage income test will provide a more seamless coordination with the health care marketplace and reduce the administrative complexity of making eligibility determinations. This SPA replaces the S52 approved in SPA #15-0006.

SPA 15-0011 was approved on November 10, 2015, as shown in MMDL with an effective date of November 1, 2015 as requested. Enclosed is a copy of the CMS-179 summary form, as well as the approved S52 for incorporation into the Nebraska State Plan.

If you have any questions regarding this amendment, please contact Barbara Cotterman at (816) 426-5925.

Sincerely,

//s//

James G. Scott Associate Regional Administrator for Medicaid and Children's Health Operations

**Enclosures** 

cc: Crystal Georgiana Nancy Keller

### Medicaid State Plan Eligibility: Summary Page (CMS 179)

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the submission yea		r digit number with leading zeros. The dashes must also	
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roposed Effective l			
11/01/2015	(mm/c	dd/yyyy)	
ederal Statute/Reg	ulation Citation		
42 CFR 435.222			
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ederal Budget Imp			
	Federal Fiscal	Year Amount	
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State Name: Nebraska	OMB Control Number: 0938-1148
Transmittal Number: NE - 15 - 0011	Expiration date: 10/31/2014
Eligibility Groups - Options for Coverage Reasonable Classification of Individuals under Age	S52
42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(IV)	
	nte elects to cover one or more reasonable classifications of individuals ne at or below a standard established by the state and in accordance
• Yes No	
✓ The state attests that it operates this eligibility group in account of the state attests that it operates this eligibility group in account of the state attests that it operates this eligibility group in account of the state attests that it operates this eligibility group in account of the state attests that it operates this eligibility group in account of the state attests that it operates this eligibility group in account of the state attests that it operates the state attention of the state at	cordance with the following provisions:
Individuals qualifying under this eligibility group mu criteria:	ast qualify under a reasonable classification by meeting the following
■ Be under age 21, or a lower age, as defined within	
Have household income at or below the standard reasonable classification.	established by the state, if the state has an income standard for the
■ Not be eligible and enrolled for mandatory cover	age under the state plan.
MAGI-based income methodologies are used in calculation Based Income Methodologies, completed by the state	ulating household income. Please refer as necessary to S10 MAGI-
	der this eligibility group under its Medicaid state plan as of December March 23, 2010 or December 31, 2013, with income standards higher latory income standards for the individual's age.
	on under this group in the Medicaid state plan as of March 23, 2010 income) than the current mandatory income standards for the
• Yes ( No	

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Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010
The state attaches the approved pages from the Medicaid state plan as of March 23, 2010 to indicate the age groups, reasonable classifications, and income standards used at that time for this eligibility group.
An attachment is submitted.
Current Coverage of All Children under a Specified Age
The state covers all children under a specified age limit, equal to or higher than the age limit and/or income standard used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.
Yes No
Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010
The state covers reasonable classifications of children previously covered in the Medicaid state plan as of March 23, 2010, with income standards higher than the current mandatory income standard for the age group. Age limits and income standards are equal to or higher than the Medicaid state plan as of March 23, 2010, but no higher than any age limit and/or income standard for this classification covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.
• Yes C No
Indicate the reasonable classifications of children that were covered in the state plan in effect as of March 23, 2010 with income standards higher than the mandatory standards used for the child's age, using age limits and income standards that are not more restrictive than used in the state plan as of as March 23, 2010 and are not less restrictive than used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.
Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010
Reasonable Classifications of Children S11
☐ Individuals for whom public agencies are assuming full or partial financial responsibility.
☐ Individuals in adoptions subsidized in full or part by a public agency
☐ Individuals in nursing facilities, if nursing facility services are provided under this plan

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 $\bowtie$  Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan

• Under age 21 C Under age 20 C Under age 19 C Under age 18

Indicate the age which applies:



#### ○ Other reasonable classifications

	Name of classification	Description	Age Limit	
+	Former Wards	The program provides assistance, including maintenance payments and Medicaid, to former wards of the Department who are age 18 through 20 and are regularly attending a school, college, or a course of vocational or technical training designed to prepare the youth for gainful employment.	Under age 21	X

Enter the income standard used for these classifications. The income standard must be higher than the mandatory standard for the child's age. It may be no lower than the income standard used in the state plan as of March 23, 2010 and no higher than the highest standard used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Click here once \$11 form above is complete to view the income standards form.

## Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan

- Income standard used
  - Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

■ Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

C Yes © No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

#### An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

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	(	The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	<b>C</b>	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	C	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	Ent	er the amount of the maximum income standard:
	•	A percentage of the federal poverty level: 51 %
	C	The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
	$\subset$	The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
	$\subset$	Other dollar amount
■ Inco	me s	standard chosen
Ind	ividı	als qualify under this classification under the following income standard:
$\subset$	The	minimum standard
•	The	maximum income standard
C	clas	ot chosen as the maximum income standard, the state's effective income level for this sification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent cent of FPL or amounts by household size.
C	und clas	ot chosen as the maximum income standard, and if higher than the effective income level used er the Medicaid state plan as of March 23, 2010, the state's effective income level for this sification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-ivalent percent of FPL or amounts by household size.

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equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-

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If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

#### Former Wards

- Income standard used
  - Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

■ Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

C Yes © No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

#### An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

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	C	The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
	En	ter the amount of the maximum income standard:
	•	A percentage of the federal poverty level: 51 %
	C	The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
	(	The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.
	$\subset$	Other dollar amount
<b>■</b> In	come	standard chosen
Iı	ndivid	uals qualify under this classification under the following income standard:
(	The	e minimum standard
(	• The	e maximum income standard
(	cla	not chosen as the maximum income standard, the state's effective income level for this ssification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent reent of FPL or amounts by household size.
(	unc cla	not chosen as the maximum income standard, and if higher than the effective income level used der the Medicaid state plan as of March 23, 2010, the state's effective income level for this ssification under the Medicaid state plan as of December 31, 2013, converted to a MAGInivalent percent of FPL or amounts by household size.
(	uno cla	not chosen as the maximum income standard, and if higher than the effective income level used der the Medicaid state plan as of March 23, 2010, the state's effective income level for this satisfication under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGInivalent percent of FPL or amounts by household size.
(	unc unc	not chosen as the maximum income standard, and if higher than the effective income level used der the Medicaid state plan as of March 23, 2010, the state's effective income level for this ssification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGInivalent percent of FPL or amounts by household size.
(	<b>h</b> ig	other income standard in-between the minimum and maximum standards allowed, provided it is ther than the effective income level for this classification in the state plan as of March 23, 2010, averted to a MAGI equivalent.

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Other Reasonable Classifications Previously Covered



covered under the I	Medicaid state plan as of December	n <u>not</u> covered in the Medicaid state plan a er 31, 2013 or under a Medicaid 1115 Der dard higher than the current mandatory in	monstration as of March
Yes • No			
Additional new age	groups or reasonable classification	ons covered	
or reasonable class	ifications that have not been cover	(42 CFR 435.119), it may elect to cover a red previously. If the state covers the Adure groups or classifications is lower than t	ılt Group, this additional
or reasonable class. Demonstration. An	ifications that have not been cover ny additional age groups or reason	the option to include in this eligibility groated previously in the state plan or under a table classifications not previously covered to a MAGI-equivalent standard.	Medicaid 1115
Yes • Indicate the	No	ge group, <u>higher</u> than any age limit alread	ly included above.
Reaso	nable Classifications of Ch	ildren	S11a
	Individuals in adoptions subsidiz	ncies are assuming full or partial financia ed in full or part by a public agency if nursing facility services are provided un- ment as inpatients in psychiatric facilities er this plan	nder this plan
	Name of classification	Description	Age Limit

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Name of classificati	on Description	Age Limit
Non IV-E Subsidized Adoptions and Guardianships	The program provides medical assistance to young adult who are at least 19 years of age but less than 21, with respect to whom a kinship guardianship assistance agreement, an adoption assistance agreement, or a state-funded guardianship assistance agreement was in effect if the young adult had attained 16 years of age before the agreement became effective, and who meets at least one of the following conditions of eligibility:  1. The young adult is completing secondary education or an educational program leading to an equivalent credential;  2. The young adult is enrolled in an institution that provides post secondary or vocational education;  3. The young adult is employed for at least 80 hours per month;  4. The young adult is participating in a program or activity designed to promote employment or remove barriers to employment; or  5. The young adult is incapable of doing any part of the above listed activities due to a medical condition.	Both age 19 and 20

#### Income standard used

The state's income standard for each age group and reasonable classification not previously covered is the AFDC payment standard in effect as of July 16, 1996, not converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards.

There is no resource test for this eligibility group.

#### 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 0938-1148. 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.

V.20140415

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