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State/Territory Name: NE

State Plan Amendment (SPA) #: 18-0004

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 12th Street, Suite 355
Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

March 14, 2018

Matthew A. Van Patton, DHA, Medicaid Director
Department of Health & Human Services
Division of Medicaid and Long-Term Care
301 Centennial Mall South, 5th Floor
PO Box 95026
Lincoln, NE 68509-5026

RE: TN 18-0004

Dear Dr. Van Patton:

On February 23, 2018, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) Transmittal #18-0004 of Supplement 16 to Attachment 2.6-A, Pages 1-3, to implement an Asset Verification System (AVS). Nebraska will join a Consortium to develop an AVS and will enter into a contract with the New England States Consortium Systems Organization to meet the federal requirements in implementing an AVS, using a contractor to provide data to assist in verifying asset information for all individuals who have SSI-related eligibility. The state plans for an August 1, 2018, go live date.

SPA 18-0004 was approved on March 12, 2018, with an effective date of May 31, 2018, as requested. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Nebraska State Plan.

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

Sincerely,

3/14/2018

Megan K. Buck
Acting Associate Regional Administrator
for Medicaid and Children's Health Operations

Signed by: Megan K. Buck -A

Enclosure

cc:

Ruth Vineyard
Rosalind Sipe
Nancy Keller

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0004	2. STATE Nebraska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 8/1/2018 5/31/2018 *	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Title VII, Section 7001(d) of P.L. 110-252 (Supplemental Appropriations Act of 2009) added Section 1940 of the Social Security Act. Section 1940 requires all State Medicaid agencies to implement an AVS for verifying the assets of aged, blind, and disabled (ABD) applicants and members of Medicaid.		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$391,371 b. FFY 2019 \$250,710	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 16 to Attachment 2.6-A Pages 1-3, (new pages)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Not applicable	

10. SUBJECT OF AMENDMENT:
AVS-AVP

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Governor has waived review
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Thomas "Rocky" Thompson	Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
14. TITLE: Interim Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: February 23, 2018	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: February 23, 2018	18. DATE APPROVED: March 12, 2018

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 31, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted]
21. TYPED NAME: Leticia Barraza	22. TITLE: Acting Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS:

* Pen and Ink change per state request dated 3.2.18.

Revision:

SUPPLEMENT 16 TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ASSET VERIFICATION SYSTEM

- 1940(a)
of the Act
1. The agency will provide for the verification of assets for purposes of determining or re-determining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - A. The request and response system must be electronic:
 - (1) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (2) The system cannot be based on mailing paper-based requests.
 - (3) The system must have the capability to accept responses electronically.
 - B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - C. The system must establish and maintain a database of FIs that participate in the agency's AVS.
 - D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or re-determine the individual's eligibility.
 - E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years as determined by the State.

TN No. NE 18-0004

Supersedes

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Approval Date March 12, 2018

Effective Date May 31, 2018

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SUPPLEMENT 16 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ASSET VERIFICATION SYSTEM

2. System Development

A. The agency itself will develop an AVS.

In 3 below, provide any additional information the agency wants to include.

B. The agency will hire a contractor to develop an AVS.

In 3 below provide any additional information the agency wants to include.

C. The agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.

D. The agency already has a system in place that meets the requirements for an acceptable AVS.

In 3 below, describe how the existing system meets the requirements in Section 1.

E. Other alternative not included in A. – D. above.

In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.

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SUPPLEMENT 16 TO ATTACHMENT 2.6-A

Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

Nebraska Medicaid is preparing to take part in a multi-state consortium, and enter into a contract with the New England States Consortium System Organization (NESCSCO), to meet the Federal requirements in implementing an Asset Verification System (AVS). The intention of States in the consortium, is to ensure the AVS module and its different components have well documented system interfaces, providing the flexibility to connect with eligibility systems at different levels. Advantages include minimized procurement costs, purchasing leverage when negotiating with other states, collaboration across states for identifying business and technical requirements, and cost-shared customization.

Nebraska Asset Verification System Timeline

Task	Estimated Completion Date
Obtain sample RFPs from other states	Completed
Develop list of potential bidders	Completed
Discussion with NESCSCO of AVS multi-state procurement	Completed
Received MOU draft from NESCSCO and sample procurement	Completed
Review of NESCSCO RFP	Completed
NESCSCO releases RFP	Completed
NESCSCO finalizes vendor contract	Completed
Initialize meeting with NESCSCO for pricing and contract information	Completed
Complete contract process	4/30/18
Vendor start date	5/31/18
Complete implementation process	7/1/18
System go live	8/1/18

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