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State/Territory Name:    NE

State Plan Amendment (SPA) #:  19-0002

This file contains the following documents in the order listed:

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

Package ID: NE2019MS0003O
Program Name: N/A
SPA ID: NE-19-0002
Version Number: 2
Submitted By: Dawn Kastens
Package Disposition: Approved
Priority Code: P2

Submission Type: Official
State: NE
Region: Kansas City, KS
Package Status: Approved
Submission Date: 4/1/2019
Approval Date: 3/10/2020 3:28 PM EDT
Mr. Jeremy Brunssen, Interim Director
Division 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-19-0002

Dear Mr. Jeremy Brunssen, Interim Director:

On April 01, 2019, the Centers for Medicare and Medicaid Services (CMS) received Nebraska State Plan Amendment (SPA) NE-19-0002 to add coverage for the eligibility group for adults with income below 133% of the FPL under Section 1902(a)(10)(A)(viii) of the Social Security Act.

We approve Nebraska State Plan Amendment (SPA) NE-19-0002 on March 10, 2020 with an effective date(s) of October 01, 2020.

CMS appreciated the opportunity to discuss our informal questions and recommendations related to Nebraska's eligibility and FMAP SPAs and responses to the Request for Additional Information (RAI). The additional information has provided CMS with valuable insight into Nebraska's program integrity function and Medicaid expansion oversight activities.

CMS plans to maintain regular communications and a collaborative partnership with the state, including the provision of program integrity-related technical assistance and guidance throughout the Medicaid expansion implementation process as needed. As part of this partnership, CMS looks forward to receiving the following documents that will help ensure beneficiary eligibility and other determinations are accurate and appropriate FMAP claiming occurs:

- The complete and final Master Test Plan that incorporates satisfactory responses to CMS recommendations for additional information needed
- The staff training materials for the Adult Group
- The oversight plan for the Program Integrity provisions of managed care contracts and other delivery system contracts
- The state's internal Corrective Action Plan related to procedural accuracy rate as measured in Nebraska's Medicaid Eligibility Quality Assurance (QA) Annual Report 2019

Please provide these deliverables as the state completes them and no later than the date of Medicaid expansion implementation, October 1, 2020.

If you have any questions or would like technical assistance in the planning, implementation and evaluation of your program integrity and oversight activities, please contact Stephanie Kaminsky by e-mail at Stephanie.Kaminsky@cms.hhs.gov.

Name | Date Created
--- | ---
No items available

If you have any questions regarding this amendment, please contact Barbara Cotterman at barbara.cotterman@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations Group
Division of Medicaid and Children's Health Operations

Submission - Summary

<table>
<thead>
<tr>
<th>Package ID</th>
<th>Submission Type</th>
<th>Initial Submission Date</th>
<th>Approval Date</th>
<th>SPA ID</th>
<th>Effective Date</th>
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<tr>
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<td>Official</td>
<td>4/1/2019</td>
<td>3/10/2020</td>
<td>NE-19-0002</td>
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Superseded SPA ID: N/A

State Information
State/Territory Name: Nebraska

Medicaid Agency Name: Nebraska Department of Health and Human Services

Submission Component
- State Plan Amendment
- Medicaid
- CHIP
**Submission - Summary**
MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0003O | NE-19-0002

### Package Header
- **Package ID**: NE2019MS0003O
- **Submission Type**: Official
- **Approval Date**: 3/10/2020
- **Superseded SPA ID**: N/A
- **SPA ID**: NE-19-0002
- **Initial Submission Date**: 4/1/2019
- **Effective Date**: N/A

### SPA ID and Effective Date

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<th>Reviewable Unit</th>
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<tr>
<td>Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability</td>
<td>10/1/2020</td>
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<tr>
<td>Mandatory Eligibility Groups</td>
<td>10/1/2020</td>
<td>NE-15-0008</td>
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<tr>
<td>Adult Group</td>
<td>10/1/2020</td>
<td>NE-13-0027 S32</td>
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**Page Number of the Superseded Plan Section or Attachment (If Applicable):**
NE-13-0027 S32
**Executive Summary**

Summary Description Including Goals and Objectives

To implement the adult group at 42 CFR 435.119.

**Federal Budget Impact and Statute/Regulation Citation**

### Federal Budget Impact

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<tr>
<th>Federal Fiscal Year</th>
<th>Amount</th>
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<tr>
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<tr>
<td>Second 2020</td>
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**Federal Statute / Regulation Citation**

1902(a)(10)(A)(VIII); 42 CFR 435.119

Supporting documentation of budget impact is uploaded (optional).

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No items available
Governor's Office Review

Select one:

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

Describe: Not required under 42 CFR 430.12(b)(2)(i)
## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS0003O | NE-19-0002

### Package Header

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Indicate whether public comment was solicited with respect to this submission.

- [ ] Public notice was not federally required and comment was not solicited
- [ ] Public notice was not federally required, but comment was solicited
- [ ] Public notice was federally required and comment was solicited
Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | NE2019M50003O | NE-19-0002

**Package Header**

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<td>4/1/2019</td>
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<td>Effective Date</td>
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One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

☑ Yes

☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

☑ Yes

☐ No

☑ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☑ All Indian Health Programs

<table>
<thead>
<tr>
<th>Date of solicitation/consultation:</th>
<th>Method of solicitation/consultation:</th>
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<tbody>
<tr>
<td>1/31/2019</td>
<td>An email was transmitted with attachments for consultation.</td>
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☑ All Urban Indian Organizations

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<th>Date of solicitation/consultation:</th>
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<tbody>
<tr>
<td>1/31/2019</td>
<td>An email was transmitted with attachments for consultation.</td>
</tr>
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</table>

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☑ All Indian Tribes

<table>
<thead>
<tr>
<th>Date of consultation:</th>
<th>Method of consultation:</th>
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<tbody>
<tr>
<td>1/31/2019</td>
<td>An email was transmitted with attachments for consultation.</td>
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</tbody>
</table>

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state’s responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Created</th>
</tr>
</thead>
</table>

Indicate the key issues raised (optional)

☑ Access

☑ Quality

☑ Cost

☑ Payment methodology

☑ Eligibility
Medicaid State Plan Eligibility
Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

   The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

   The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

   The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)
# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

<table>
<thead>
<tr>
<th>Eligibility Group Name</th>
<th>Covered In State Plan</th>
<th>Include RU In Package</th>
<th>Included In Another Submission Package</th>
<th>Source Type</th>
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</thead>
<tbody>
<tr>
<td>Infants and Children under Age 19</td>
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<td>☐</td>
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<tr>
<td>Parents and Other Caretaker Relatives</td>
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<td>☐</td>
<td>☐</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>CONVERTED</td>
</tr>
<tr>
<td>Deemed Newborns</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>NEW</td>
</tr>
<tr>
<td>Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care</td>
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<td>☐</td>
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<td>NEW</td>
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<tr>
<td>Former Foster Care Children</td>
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<tr>
<td>Transitional Medical Assistance</td>
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<tr>
<td>Extended Medicaid due to Spousal Support Collections</td>
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## Aged, Blind and Disabled

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<thead>
<tr>
<th>Eligibility Group Name</th>
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<th>Included In Another Submission Package</th>
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<td>Closed Eligibility Groups</td>
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<tr>
<td>Working Individuals under 1619(b)</td>
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<tr>
<td>Qualified Medicare Beneficiaries</td>
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<tr>
<td>Qualified Disabled and Working Individuals</td>
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<tr>
<td>Qualifying Individuals</td>
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</table>
B. The state elects the Adult Group, described at 42 CFR 435.119.

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
The state covers the Adult Group in accordance with the following provisions:

**A. Characteristics**

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

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

**B. Financial Methodologies**

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

**C. Income Standard Used**

The amount of the income standard for this group is 133% FPL.

**D. Coverage of Dependent Children**

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:
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 0938-1188. 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.

This view was generated on 3/11/2020 8:31 AM EDT