

[Records](#) / [Submission Packages](#)

NE - Submission Package - NE2019MS0003O - (NE-19-0002) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [RAI](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	NE2019MS0003O	Submission Type	Official
Program Name	N/A	State	NE
SPA ID	NE-19-0002	Region	Kansas City, KS
Version Number	2	Package Status	Approved
Submitted By	Dawn Kastens	Submission Date	4/1/2019
Package Disposition		Approval Date	3/10/2020 3:28 PM EDT

RAI

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97-35). This request has the effect of stopping the 90-day time period for CMS to act on the material. A new 90 day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

Submission Package NE2019MS00030

Authority Eligibility

State NE

Agency Name Nebraska Department of Health and Human Services

Submission Date Apr 1, 2019

All Questions

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
1	Q1-2. CMS Follow-up	State eligibility systems must support accurate and timely processing of eligibility determinations. States must also be able to demonstrate the operational capacity to claim FFP at the appropriate match rate. Tests should include and check for interfaces with systems (such as an MMIS) that perform payment operations and support claiming at the appropriate FMAP or administrative federal matching rate. CMS would appreciate the opportunity to review Nebraska's comprehensive test plan once it has been created.	n/a	Nebraska will provide to CMS the States comprehensive test plan once it has been finalized.
2	Q3. CMS Follow-up	CMS would appreciate the opportunity to review Nebraska's training plan once it has been created. States must also provide a training program for Medicaid agency personnel, including continuing training opportunities to improve the operation of the program (42 CFR 432.30). This training should include all updates and the eligibility requirements for any Medicaid eligibility group that is newly added or for whom the eligibility requirements are changed, so that staff can	42 CFR 432.30	Nebraska will provide to CMS the States training plan once it has been finalized.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
		make accurate eligibility determinations.		
3	Q4. CMS Follow-up	CMS would appreciate the opportunity to review the comprehensive program integrity and audit plan once it has been created in order to gain a better understanding of the activities being utilized to prevent and detect fraud, waste and abuse in Nebraska's Medicaid expansion population.	n/a	Nebraska will provide to CMS the States program integrity and audit plan once it has been finalized.
4	Q6. CMS Follow-up	Please describe the results of the internal eligibility reviews that have been conducted and how any findings have been addressed.	n/a	Internal eligibility reviews look at policies, processes, and procedures. Reviews occur on an ongoing basis by dedicated Program Accuracy Specialists. Reports are gathered and reviewed in an all-day meeting with eligibility field operations quarterly. Any identified trends are discussed and the group determines appropriate corrective action plans.
5	Q7. CMS Follow-up	Please provide a detailed summary of any trends that have been identified through review of the internal eligibility reviews and MEQC/PERM outcomes and how you adjusted your program integrity activities as a result of any identified trends.	n/a	There have been no significant identified trends regarding eligibility in the recent MEQC pilots or the last PERM conducted. The PERM is currently underway in Nebraska and MEQC will be undertaking reviews in 2020.

1 - 5 of 5

Submission Package was updated by the State in accordance with the response above

- Yes
- No

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

Package Header

Package ID NE2019MS00030
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

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 | NE2019MS00030 | NE-19-0002

Package Header

Package ID NE2019MS00030	SPA ID NE-19-0002
Submission Type Official	Initial Submission Date 4/1/2019
Approval Date 3/10/2020	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID NE-19-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	10/1/2020	N/A
Mandatory Eligibility Groups	10/1/2020	NE-15-0008
Adult Group	10/1/2020	NE-13-0027 S32

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

NE-13-0027 S32

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

Package Header

Package ID NE2019MS00030	SPA ID NE-19-0002
Submission Type Official	Initial Submission Date 4/1/2019
Approval Date 3/10/2020	Effective Date N/A
Superseded SPA ID N/A	

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

	Federal Fiscal Year	Amount
First	2019	\$0
Second	2020	\$0

Federal Statute / Regulation Citation

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

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

Package Header

Package ID NE2019MS00030
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Approval Date 3/10/2020
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SPA ID NE-19-0002
Initial Submission Date 4/1/2019
Effective Date N/A

Governor's Office Review

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

Describe Not required under 42 CFR 430.12(b)(2)(i)

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-002

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

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

Reviewable Unit Name	Included in Another Submission Package	Source Type
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	●	APPROVED

MAGI-Based Methodologies

Non-MAGI Methodologies

More Restrictive Requirements than SSI under 1902(f) - (209(b) States)

Income/Resource Standards

Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Submission	Source Type

	on Pa ck ag e	
Mandat ory Eligibility Groups	<input checked="" type="checkbox"/>	APPROV ED

- Optional Eligibility Groups
- Non-Financial Eligibility
- Eligibility and Enrollment Processes

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

Package Header

Package ID	NE2019MS00030	SPA ID	NE-19-0002
Submission Type	Official	Initial Submission Date	4/1/2019
Approval Date	3/10/2020	Effective Date	N/A
Superseded SPA ID	N/A		

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 | NE2019MS00030 | NE-19-0002

Package Header

Package ID NE2019MS00030	SPA ID NE-19-0002
Submission Type Official	Initial Submission Date 4/1/2019
Approval Date 3/10/2020	Effective Date N/A
Superseded SPA ID N/A	

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

Date of solicitation/consultation:	Method of solicitation/consultation:
1/31/2019	An email was transmitted with attachments for consultation.

- All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
1/31/2019	An email was transmitted with attachments for consultation.


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

Date of consultation:	Method of consultation:
1/31/2019	An email was transmitted with attachments for consultation.

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.

Name	Date Created

Name	Date Created	
Ballot Initiative 427 Medicaid Expansion Coverletter and Summary	3/28/2019 3:23 PM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Income/Resource Methodologies

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

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

Package Header

Package ID	NE2019MS00030	SPA ID	NE-19-0002
Submission Type	Official	Initial Submission Date	4/1/2019
Approval Date	3/10/2020	Effective Date	10/1/2020
Superseded SPA ID	N/A		
	User-Entered		

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

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

Package Header

Package ID	NE2019MS0003O	SPA ID	NE-19-0002
Submission Type	Official	Initial Submission Date	4/1/2019
Approval Date	3/10/2020	Effective Date	10/1/2020
Superseded SPA ID	NE-15-0008		
	System-Derived		

Mandatory Coverage







A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" 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 ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)					
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

Package Header

Package ID NE2019MS00030	SPA ID NE-19-0002
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Approval Date 3/10/2020	Effective Date 10/1/2020
Superseded SPA ID NE-15-0008 System-Derived	

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

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

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Not Started

In Progress

Complete

Package Header

Package ID	NE2019MS00030	SPA ID	NE-19-0002
Submission Type	Official	Initial Submission Date	4/1/2019
Approval Date	3/10/2020	Effective Date	10/1/2020
Superseded SPA ID	NE-13-0027 S32		
	User-Entered		

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:

MEDICAID | Medicaid State Plan | Eligibility | NE2019MS00030 | NE-19-0002

Package Header

Package ID NE2019MS00030	SPA ID NE-19-0002
Submission Type Official	Initial Submission Date N/A
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E. Additional Information (optional)

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.

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