

State Plan Under Title XIX of the Social Security Act

State: _____

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on _____. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group	Relevant Population Group Income Standard	Applicable Population Adjustment			
		Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p>	<p>Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.</p>			
A	B	C	D	E	F
Parents/Caretaker Relatives					
Disabled Persons, non-institutionalized					
Disabled Persons, institutionalized					
Children Age 19 or 20					
Childless Adults					

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- Applies existing state data from periods before January 1, 2014.
- Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 - Yes. The combined enrollment cap adjustment is described in Attachment C
 - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

B. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 - Applies a special circumstances adjustment(s).
 - Does not apply a special circumstances adjustment.
2. The state:
 - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and got to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

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 4 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.

Most Recent Updated Summary Information for Part 2 of the Modified Adjusted Gross Income (MAGI) Conversion Plan**

Table 1

Part 2 of MAGI Conversion Plan Using State Data

Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
A	B	C	D	E	F	G
Conversions for FMAP Claiming						
1	<u>No</u>	<u>2009-2010</u>	<u>No</u>	% FPL _____ or Fixed dollar standards Family size 1_,\$485 2_,\$597 3_,\$710 4_,\$823 5_,\$935 6_,\$1,048 7_,\$1,162 Add-on for additional family members if relevant__\$113_	% FPL _____ or Fixed dollar standards Family size 1______ 2______ 3______ 4______ 5______ 6______ 7______ Add-on for additional family members if relevant____	% FPL _____ or Fixed dollar standards Family size 1_,\$555 2_,\$692 3_,\$829 4_,\$967 5_,\$1,102 6_,\$1,240 7_,\$1,378 Add-on for additional family members if relevant__\$137
				Parents/Caretaker Relatives (Expand number of rows for family size as needed for larger family size standards defined by the state)		

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
2	Non-institutionalized disabled adults	<u>No</u>	<u>2009 - 2010</u>	<u>No</u>	100% FPL % SSI FBR _____ <u>or</u> Dollar Standards Single _____ Couple _____	76% FPL to 100% FPL % SSI FBR _____ <u>or</u> Dollar Standards Single _____ Couple _____	102% FPL % SSI FBR _____ <u>or</u> Dollar Standards Single _____ Couple _____ Conversion based on: ___ Average disregard ___ Median disregard

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
3	Institutionalized disabled adults (Institutionalized refers to Nursing Home or Nursing Facility services) (This is a gross income category: fill in column G only)	<u>No</u>					102% FPL % SSI FBR _____ <u>or</u> Dollar Standards Single _____ Couple _____

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
4	Children age 19 and/or 20 Specify age limit as of 12/1/09 (19 or 20): _____	<u>N/A</u>			% FPL _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____
5	Childless Adults	<u>N/A</u>			% FPL _____	% FPL _____	% FPL _____

*Alternative method states: only fill out column F if applicable.

**The numbers in this summary chart will be updated automatically in the case of modification in the CMS approved MAGI Conversion Plan.

State: Nebraska

Attachment D to Supplement 18 to Attachment 2.6A

Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology

Effective January 1, 2024, Nebraska elects the extended postpartum option, which extends postpartum coverage from 60 days to 12 months, under Sections 9812 and 9822 of the American Rescue Plan Act of 2021. The new extended postpartum coverage provides ongoing care that will reduce pregnancy related deaths and severe maternal morbidity and will improve continuity of care for chronic health conditions.

Nebraska proposes to use proxy methodology to account for the proportion of individuals covered under the extended postpartum coverage option who would otherwise be newly eligible for coverage in the Adult Group (42 CFR 435.119) and for the newly eligible federal medical assistance percentage (FMAP) under section 1905(y) of the Act, if the state completed a redetermination at the end of the original 60-day postpartum period.

Prior to Nebraska adding adult expansion, postpartum individuals, specifically those who received coverage under the state's eligibility category for pregnancy related individuals (42 CFR 435.116), with income equal to or less than 138% of the federal poverty level (FPL) (133% FPL plus the 5% disregard), but above the parent caretaker income limit (58% FPL), who were between the ages of nineteen and sixty-five years old, no longer pregnant, not disabled, and not enrolled in Medicare Part A or Part B, would have been determined ineligible after receiving 60 days of postpartum coverage. After October 1, 2020, these individuals were eligible for the Adult Group and for the newly eligible FMAP under section 1905(y) of the Social Security Act and once moved to the adult coverage group, Nebraska would have received enhanced FMAP for these individuals. Nebraska provides coverage to individuals in the Adult Group (42 CFR 435.119) up to 133% FPL (plus the 5% disregard). Nebraska provides coverage to pregnant individuals at the same amount, duration, and scope as those covered in the Adult Group, as described in Attachment 3.1L of the State's Alternative Benefit Plan.

Denominator: Based on 2019 calendar year data (pre-Medicaid Expansion for Nebraska), in Nebraska, 5,207 individuals were enrolled in a pregnancy-related group while pregnant and maintained coverage in this group through the 60-day postpartum period. Nebraska provides coverage to pregnant individuals with income between 0% and 199% FPL (5% disregard included), but only individuals with income up to 194% FPL, plus the 5% disregard, who meet no other full benefit coverage group (e.g., parent caretaker) are enrolled in the group for pregnancy related individuals (42 CFR 435.116), where pregnancy is a factor of eligibility. The total denominator is 5,207 individuals receiving postpartum care under the state's eligibility category for pregnancy-related individuals annually.

Numerator: Out of those 5,207 individuals, 2,412 individuals would either qualify for a non-adult coverage group, with income at or below 58% FPL or be above the income threshold for any non-adult coverage group full scope benefit, with income above 138% FPL. The remaining 2,803 individuals, with income above 58% FPL but equal to or less than 138% FPL, between the ages of nineteen and sixty-five years old, not disabled, and not enrolled in Medicare Part A or Part B, would have moved to the adult coverage group, and received the remaining 10 months of postpartum coverage under that group at the same amount, duration, and scope as those covered under the Adult Group. Nebraska redetermines eligibility annually and therefore assumes the coverage would be for the entire additional 10-month period.

Proxy Percentage: Nebraska estimates that 53.8% (2,803 of remaining individuals with income above 58% but equal to or less than 138% FPL/5,207 individuals enrolled in a pregnancy-related group) of postpartum individuals would be otherwise eligible for coverage in the adult group and for the newly eligible FMAP after the original 60-day postpartum period, but for the state's election of the extended postpartum coverage option.

Attachment E: Transition Methodologies

Under the current Medicaid State Plan, Nebraska covers parents and caretaker relatives whose income is equal to or less than 58% of the Federal Poverty Level (FPL), and who are living with a dependent child. At this time, Nebraska applies the 5% income disregard to determinations for individuals whose income is above 58% of the FPL. Parents and caretaker relatives who currently meet income eligibility due to application of the 5% income disregard, and who are eligible in the adult group, will be transitioned into the adult group. Transition of this group will be handled administratively and will be effective with the implementation of the adult group.

Individuals aged 19 through 64 are also covered in Nebraska under certain Medically Needy groups. Individuals in these categories that meet income and eligibility criteria for the adult group will be transitioned into this group. This transition will be handled administratively, and will require information gathering by eligibility staff to ensure verifications needed for a MAGI determination are obtained. Information gathering will begin within three months of the planned implementation date to allow transition of these individuals effective with this date.