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## Table of Contents

**State/Territory Name: Nebraska**

**State Plan Amendment (SPA) #: NE-13-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Nebraska consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, Maryland 21244-1850



**Children and Adults Health Programs Group**

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APR 11 2014

Vivianne M. Chaumont, Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services  
301 Centennial Mall South, 3<sup>rd</sup> Floor  
P.O. Box 95026  
Lincoln, NE 68509-5026

Dear Ms. Chaumont:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your Children's Health Insurance Program (CHIP) state plan amendment (SPA) number NE-13-0008, submitted on December 30, 2013, with additional information provided on April 9, 2014, and related Modified Adjusted Gross Income (MAGI) Eligibility, with an effective date of January 1, 2014.

In SPA number NE-13-0008, page CS15 provides assurance that the state will apply methodologies based on MAGI for all separate CHIP covered groups. Page CS9 indicates that, using the approved MAGI conversion plan income thresholds, the state will cover children from conception to birth when the mother is not eligible for Medicaid. The SPA includes a revised budget for the SPA which is attached to this letter and should replace the budget in section 9.10 of the current CHIP state plan. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under Section 4.3 of the state's approved CHIP state plan. A copy of the approved CS9 is attached and supersedes the current Geographic Area, Age and Income Sections 4.1.1, 4.1.2 and 4.1.3 of the current CHIP state plan.

Your title XXI project officer is Mr. Martin Burian. He is available to answer questions concerning this amendment. Mr. Burian's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850  
Telephone: (410) 786-3246  
Facsimile: (410) 786-5882  
E-mail: [Martin.Burian@cms.hhs.gov](mailto:Martin.Burian@cms.hhs.gov)

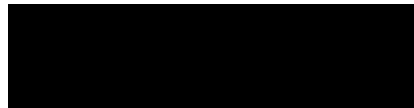
Official communications regarding program matters should be sent simultaneously to Mr. Burian and to Mr. James G. Scott, Associate Regional Administrator in our Kansas City Regional Office. Mr. Scott's address is:

Page 2 – Ms. Vivianne M. Chaumont

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
Richard Bolling Federal Building  
601 East 12<sup>th</sup> St, Room 355  
Kansas City, MO 64103-2808

If you have additional questions, please contact Ms. Barbara K. Richards, Acting Director, Division of State Coverage Programs at (410) 786-5920. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,



Eliot Fishman  
Director

Enclosures

cc:  
James G. Scott, ARA, CMS Region VII

logged in as TONIABROWN(CMS CO Staff)

read only mode

application rev p01

**Children's Health Insurance  
Program Eligibility**

**NE.0690.R00.00 - Jan 01, 2014**

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**Children's Health Insurance Program Eligibility: Summary Page**

State/Territory name: Nebraska

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

NE-13-0008

**Type of SPA:**

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 457.10; 2102(b)(1)(B)(v) of the SSA; 42 CFR 457.315

**Federal Budget Impact**

This SPA has a budget impact.

Total budget impact:

State Funds: \$ 6247454.00

Federal Funds: \$ 13473046.00

Please attach a revised CHIP budget.

<b>Document</b>	
Please provide a short description of this support document:	
Character Count: 473 out of 2000	
The CHIP MAGI Conversion beginning on January 1, 2014, includes a 5% FPL disregard on top of the converted income standard for the CHIP group, thus increasing the number of eligible children qualifying for coverage. Additional funds will be needed to cover these additional enrollees as coverage of this group is	
Uploaded Document Name:	
Date Uploaded: 02/14/2014	
MAGI Eligibility SPA Budget Impact.xlsx	
Download	

**Subject of Amendment**

Please provide a brief summary of SPA changes.

Character Count: 83 out of 2000

Nebraska's CHIP SPA's containing conception to birth and MAGI  
Income Methodologies.

**Signature of State Agency Official**

Submitted By: Crystal Georgiana

Last Revision Date: Mar 7, 2014

Submit Date: Dec 30, 2013

BACK

CONTINUE



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program MAGI-Based Income Methodologies

CS15

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315

- The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).

In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.

If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted just as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size.
- Projected annual household income for the remaining months of the current calendar year and family size.

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of the reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.

**An attachment is submitted.**

### PRA Disclosure Statement



# CHIP Eligibility

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 50 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.



# CHIP Eligibility

OMB Control Number: 0938-1148  
Expiration date: 10/31/2014

**Separate Child Health Insurance Program Eligibility - Coverage From Conception to Birth** **CS9**

42 CFR 457.10

**Coverage From Conception to Birth** - Coverage from conception to birth when the mother is not eligible for Medicaid.

The CHIP Agency operates this covered group in accordance with the following provisions:

**Age Standard**

From conception through birth.

Does the state have an additional age definition or other age-related conditions?  No

**Income Standards**

Income standards are applied statewide.  Yes

Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?  No

**Statewide Income Standard**

The statewide income standard is: From zero up to  197 % FPL

Exempted from requirement of providing or applying for a Social Security Number.

Exempted from requirement of verifying citizenship status.

### 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 50 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.



**CHIP SPA Budget**

<b>STATE:</b>	<b>FFY Budget</b>	<b>FFY Budget</b>
<b>Federal Fiscal Year</b>	<b>2014</b>	<b>2015</b>
State's enhanced FMAP rate	68.32%	67.29%
<b>Benefit Costs</b>		
Insurance payments		
Managed care		
<i>per member/per month rate</i>		
Fee for Service		
Health Services Initiatives		
<b>Cost of Proposed SPA changes</b>	<b>19,720,500</b>	<b>27,894,000</b>
<b>Total Benefit Costs</b>	<b>19,720,500</b>	<b>27,894,000</b>
(Offsetting beneficiary cost sharing payments)		
<b>Net Benefit Costs</b>		
<b>Administration Costs</b>		
Personnel		
General administration		
Contractors/Brokers		
Claims Processing		
Outreach/marketing costs		
Other		
<b>Total Administration Costs</b>		
10% Administrative Cap		
Federal Share	13,473,046	18,769,873
State Share	6,247,454	9,124,127
<b>Total Costs of Approved CHIP Plan</b>	<b>19,720,500</b>	<b>27,894,000</b>

**NOTE: Include the costs associated with the current SPA.**

**The Source of State Share Funds: Legislative Appropriation**