

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 13-0028-MM2**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) Summary Form (with 179-like data)
- 4) Superseding Pages Notice
- 5) Approved SPA Pages
- 6) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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March 14, 2014

Vivianne Chaumont, Director  
Department of Health & Human Services  
Division of Medicaid and Long-Term Care  
301 Centennial Mall South, 3<sup>rd</sup> Floor  
PO Box 95026  
Lincoln, NE 95026

Dear: Ms. Chaumont:

Enclosed is an approved copy of Nebraska's state plan amendment (SPA) NE 13-0028-MM2, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 13, 2013. SPA NE 13-0028 MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Nebraska's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The state is using the model single streamlined paper application developed by the Secretary. Until December 31, 2014, Nebraska is using an interim alternative single streamlined online application and by December 31, 2014, will implement a revised online application that addresses CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following S94 state plan pages and an attachment to be incorporated within a separate section at the end of Nebraska's approved state plan:

- S94, pages S94-1, S94-2
- Attachment – Statement of use with respect to the alternative single, streamlined online application

In addition, enclosed is a summary of state plan pages which are superseded by SPA NE 13-0028 MM2, which should also be incorporated into a separate section in the front of the state plan.

- Superseding Pages of State Plan Material, 13-0028-MM2

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Dena Greenblum at (410) 786-8684 or [Dena.Greenblum@cms.hhs.gov](mailto:Dena.Greenblum@cms.hhs.gov). If you have any questions about this letter or need any additional information, please contact Sandra Levels at (816) 426-6428 or [Sandra.Levels@cms.hhs.gov](mailto:Sandra.Levels@cms.hhs.gov).

Sincerely,

//s//

James G. Scott  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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March 14, 2014

Vivianne Chaumont, Director  
Department of Health & Human Services  
Division of Medicaid and Long-Term Care  
301 Centennial Mall South, 3<sup>rd</sup> Floor  
PO Box 95026  
Lincoln, NE 95026

Dear: Ms. Chaumont:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) 13-0028-MM2, which was submitted to CMS on December 13, 2013. Our review of this submission included a review of the alternative single streamlined online application developed by the state.

Until December 31, 2014 the state is using an interim alternative single streamlined online application. By December 31, 2014, the state will implement a revised application incorporating the changes indicated below:

<b>Necessary changes:</b>	<b>Date by which changes will be completed:</b>
Only applicants who do not appear eligible for Medicaid and CHIP based on income attestation will be asked information about access to employer-sponsored coverage, beyond what is needed for Medicaid and CHIP.	December 31, 2014
The application will ask whether a child applicant is living with a non-applicant parent, so as to be able to correctly include the parent in the household composition in accordance with 42 CFR 435.603.	December 31, 2014

Please submit the revised alternative single, streamlined online application to CMS for review no later than December 1, 2014, to ensure approval by December 31, 2014. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Dena Greenblum at [Dena.Greenblum@cms.hhs.gov](mailto:Dena.Greenblum@cms.hhs.gov) or (410) 786-8684. If you have any questions about

this letter or need any additional information, please contact Sandra Levels at (816) 426-6428 or [Sandra.Levels@cms.hhs.gov](mailto:Sandra.Levels@cms.hhs.gov).

Sincerely,

//s//

James G. Scott  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

# Medicaid State Plan Eligibility: Summary Page (CMS 179)

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-13-0028

**Proposed Effective Date**

10/01/2013 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435.10; 42 CFR 435, Subpart J and Subpart M

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

**Subject of Amendment**

Eligibility Process SPA.

**Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

[Empty text box for description]

- No reply received within 45 days of submittal
- Other, as specified

Describe:

[Empty text box for description]

**Signature of State Agency Official**

Submitted By: **Crystal Georgiana**

Last Revision Date: **Mar 12, 2014**

Submit Date: **Dec 13, 2013**

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0028 MM2

**STATE:**

Nebraska

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S94 – Eligibility Process

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):**

Section 2, Page 10, section 2.1(a), TN: MS 91-24  
Effective date: November 1, 1991, Approved: January  
20, 1992. Section 2, Page 11a, section 2.1(d), TN: MS  
91-22, Effective date: July 1, 1991, Approved:  
December 20, 1991.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## General Eligibility Requirements Eligibility Process S94

42 CFR 435, Subpart J and Subpart M

### Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

#### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

**An attachment is submitted.**

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

**An attachment is submitted.**

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

**An attachment is submitted.**

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

**An attachment is submitted.**

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes  No





# Medicaid Eligibility

Indicate the other electronic means below:

	Name of Method	Description	
<b>+</b>	Email	An applicant or beneficiary can email their application to the Medicaid agency.	<b>X</b>

The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

### Redetermination Processing

Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:

Once every 12 months

Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

Once every 12 months

Once every 6 months

Other, more often than once every 12 months

### Coordination of Eligibility and Enrollment

The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### 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 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.

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application       Online Application

**TRANSMITTAL NUMBER:**

13-0028-MM2

**STATE:**

Nebraska

Through December 31, 2014, the state is using an interim online alternative single streamlined application. After December 31, 2014, the state will use a revised online alternative single streamlined application, which will address the issues outlined in the CMS letter dated October 1, 2014 concerning the state's application. The revised application will be incorporated by reference into the state plan.