

Table of Contents

State/Territory Name: NE

State Plan Amendment (SPA) #: 13-0030-MM4

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Superseding Pages Notice (delete if not applicable)
- 4) Approved SPA Pages

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



Division of Medicaid and Children's Health Operations

March 11, 2014

Vivianne Chaumont, Director
Department of Health & Human Services
Division of Medicaid and Long Term Care
301 Centennial Mall S., 5th Floor
PO Box 95026
Lincoln, Nebraska 68509

Dear Ms. Chaumont:

On December 13, 2013, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #13-0030-MM4, which addresses your single state agencies appeals and determinations. This SPA amends the administration of your state plan's; 1) designation of authority, 2) organization and administration, 3) assurances, and 4) tribal consultation in accordance with 1902(a)(73) of the Act and 42 CFR 431.10, 431.11, 431.12, and 431.50.

This SPA was approved March 6, 2014, with an effective date of January 1, 2014. Enclosed is a copy of the CMS 179 form, as well as, the approved for incorporation into the state plan.

We appreciate the cooperation and effort provided by your staff throughout this process. If you have any questions regarding this state plan amendment, please contact Karen Hatcher or Sandra Levels at (816) 426-5925.

Sincerely,

//s//

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

cc: Ruth Vineyard
Crystal Georgiana
Catherine Gekas-Steeby

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-13-0030

Proposed Effective Date

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

Federal Statute/Regulation Citation

1902(a)(5), 42 CFR 431.10; 42 CFR 431.11; 42 CFR 431.12; 42 CFR 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 37075000.00
Second Year	2015	\$ 41500000.00

Subject of Amendment

Single State Agency. The Federal Budget Impact includes all Medicaid MAGI Eligibility & Benefits State Plan buckets.

Governor's Office Review

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

Describe:

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

Describe:

Signature of State Agency Official

Submitted By: **Crystal Georgiana**

Last Revision Date: **Mar 3, 2014**

Submit Date: **Dec 13, 2013**

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER: NE 13-0030-MM4		STATE: [NEBRASKA]	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A1 – A3		COMPLETE PAGES SUPERSEDED: Pages 1-8 Attachment 1.2A Attachment 1.2B Attachment 1.2C	PARTIAL PAGES SUPERSEDED: Section 1.4, Page 9 State Medical Care Advisory Committee only. Tribal consultation will remain in the state plan.
A1-A2		Notwithstanding any other provisions of the Medicaid State Plan, the agencies designated in A1 and A2 will determine eligibility for coverage to the extent specified in A1 and A2.	



Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

State Plan Administration
Designation and Authority **A1**

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

- Yes
- No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

- Yes
- No



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration

A2

Organization and Administration

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Nebraska Department of Health and Human Services is organized into Operations and six Divisions, which includes a Chief Executive Officer that provides oversight of the Operations and Divisions, as well as reporting to the Governor. The six divisions are the Division of Medicaid & Long-Term Care, the Division of Behavioral Health, the Division of Children & Family Services, the Division of Developmental Disabilities, the Division of Public Health, and the Division of Veteran's Homes. The Division of Medicaid & Long-Term Care manages the development and approval of Medicaid policy so that all Divisions operate using the same policies.

Fair hearings for Medicaid or CHIP eligibility are handled by the Department of Health and Human Services Legal Services Division. The current process is defined below:

1. Eligibility workers prepare evidence and summary testimony for eligibility fair hearings.
2. The hearing officers, under the Legal Services Division, hear all fair hearings for Medicaid and CHIP eligibility as well as coverage and claims hearings.
3. The Director of the Division of Medicaid and Long-Term Care has all final sign off authority for fair hearings.



Medicaid Administration

The Division of Medicaid & Long-term Care within the Department of Health and Human Services is composed of three sections - the Claims & Program Integrity Section, Initiatives & Eligibility Section, and the Program Section. The Director of the Division of Medicaid & Long-Term Care has administrative authority over the operations and functions of the Medicaid program including the issuance of policies. The Division of Medicaid and Long-Term Care is responsible for all Medicaid and CHIP eligibility determinations.

The Initiatives & Eligibility Section is managed by a Deputy Director. The section is organized into four units: Medicaid Information Technology Initiatives, Eligibility Policy & Program Accuracy, Eligibility Business Operations, and Eligibility Field Operations.

The Medicaid Information Technology Initiatives is responsible for enhanced funding requests to CMS for MMIS related projects, SMHP and EHR, MMIS System Change Requests, and large MMIS-related projects.

The Eligibility Policy Unit is responsible for Medicaid & CHIP eligibility policies, Program Accuracy, and administering CHIP.

The Eligibility Business Operations Unit is responsible for Medicaid Eligibility operational processes and procedures. Operations include development and system change implementation of Information Systems Applications such as: web, eligibility and enrollment systems (N-FOCUS and MMIS), Interfaces, Federal Data Hub, Document Imaging, and Call Center Services which includes Interactive Voice Response, Automated Call Distribution, Contact Center Data Management, and Call Quality Recording Management. Business Operations is responsible for data and performance reporting. This team also includes the Medicaid Quality Team and performs data analysis for Nebraska Medicaid Programs.

The Eligibility Field Operations Unit is responsible for hiring, training and supervising support staff, social service workers, social services leads, social services supervisors, and administrators who are located in multiple sites throughout the State of Nebraska. Those individuals are responsible for prompt and accurate eligibility determinations of individuals for the Medicaid and CHIP program. Interested parties can contact an eligibility worker:

- Online;
- Contacting our customer service centers; or
- Contacting a local office.

The Claims & Program Integrity Section is managed by a Deputy Director. The Section is organized into two units: the Claims Unit and the Program Integrity Unit.

The Medicaid Claims Unit is responsible for provider enrollment; claims payment, data entry, screening, and electronic data interchange (EDI).

The Program Integrity Unit is responsible for the Health Insurance Premium Payment (HIPP) program, the Medicaid Management Information System (MMIS), estate recovery and third party liability (TPL), and Coordination of Benefits-Health & Causality.

The Program Unit is managed by a Deputy Director. The section is organized into three units: Policy, Managed Care and Waiver Services, and State Unit on Aging and Education and Community Living Unit.

The Policy Unit is responsible for Operations and Community & Facility Services.

The Managed Care and Waiver Services Unit is responsible for Home & Community-Based Services Waiver and Managed Care.

The State Unit on Aging and Community Living Unit is responsible for Money Follows the Person, Early Development Network, MIIPS, NEBMAC, and State Unit on Aging.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.



Medicaid Administration

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

Nebraska's Executive branch is led by Nebraska's elected Governor. The Governor provides oversight for the Department of Administrative Services, the Department of Agriculture, the Department of Banking and Finance, the Department of Economic Development, the Department of Education, the Department of Environmental Quality, the Department of Insurance, the Department of Labor, the Department of Motor Vehicles, the Department of Natural Resources, the Department of Revenue, the Department of Roads, the Emergency Management Agency, Health and Human Services, Nebraska Energy Office, the Nebraska State Historical Society, Nebraska State Jobs, Nebraska Travel and Tourism Division, and the State Unit on Aging.

Medicaid and Long-Term Care is a division of the Department of Health and Human Services. All Divisions within the Department of Health and Human Services provide support to each other.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes
- No

State Plan Administration Assurances

A3



Medicaid Administration

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska1.4 Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children's Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

The Division of Medicaid and Long-Term Care (MLTC) meets on a quarterly basis or as needed with the tribes (Omaha, Ponca, Santee Sioux and Winnebago) and with the CMS Native American contact to discuss relevant Medicaid/CHIP matters that impact the tribes and to invite discussion and comments for consideration.

Effective September 1, 2010, MLTC implemented a policy regarding seeking consultation from all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state regarding State Plan Amendments (SPA), proposals for demonstrations, and waivers, including proposed, extensions, amendments and renewals,

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 1.1-A

State of Nebraska

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

The Nebraska Department of Health and Human Services is the single State agency responsible for:

administering the plan

The legal authority under which the agency administers the plan on a Statewide basis is Sections 68-901 through 68-926. Laws 2006 LB 1248 Section 1.

(statutory citation)

supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in _____

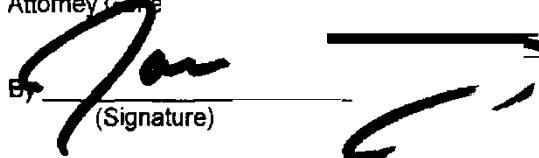
(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is _____

(statutory citation)

9/25/07
Date

Jon Bruning
Attorney General

By  _____
(Signature)

Jon Bruning, Nebraska Attorney General

(Name and Title)

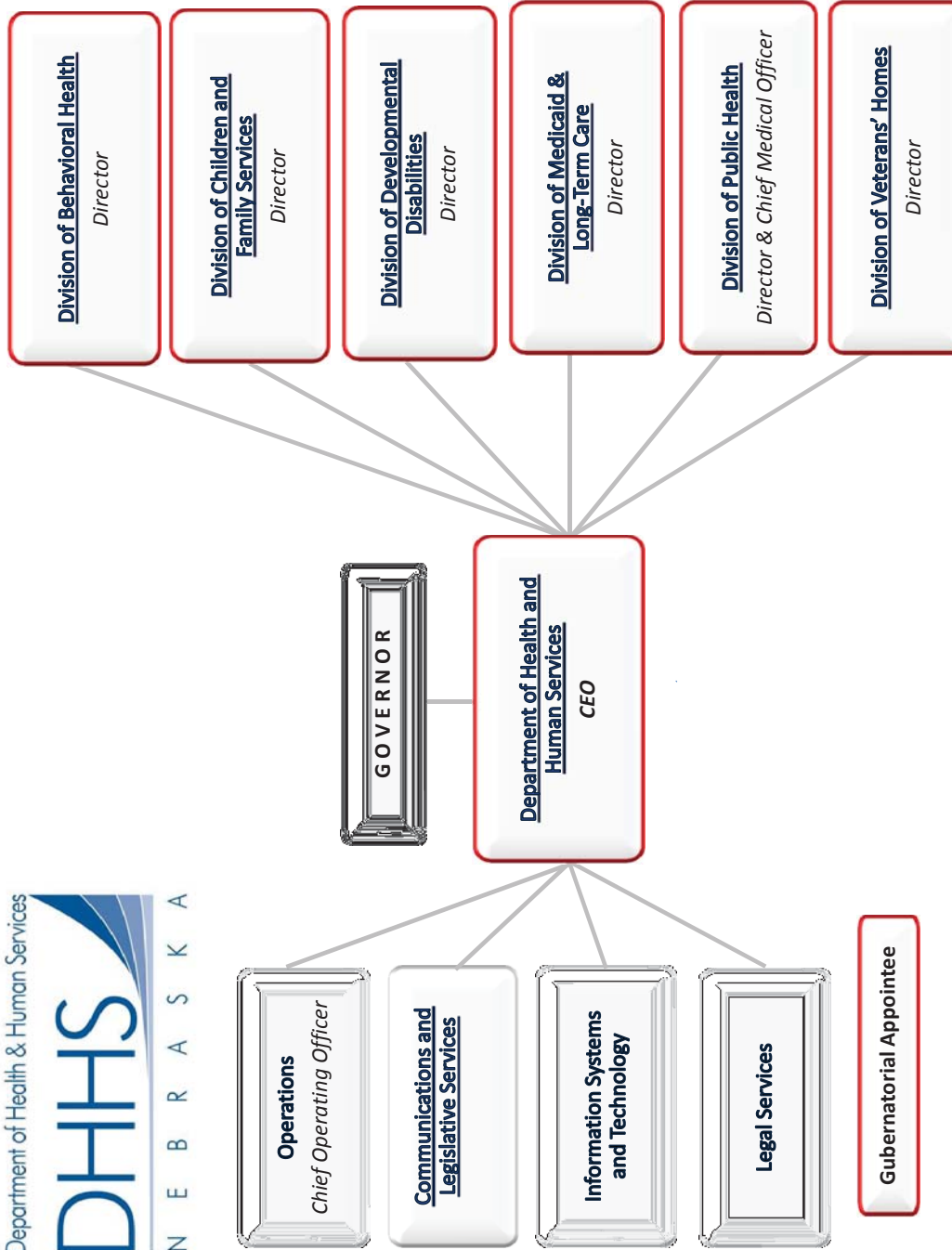
TN No. MS-07-05

Supersedes

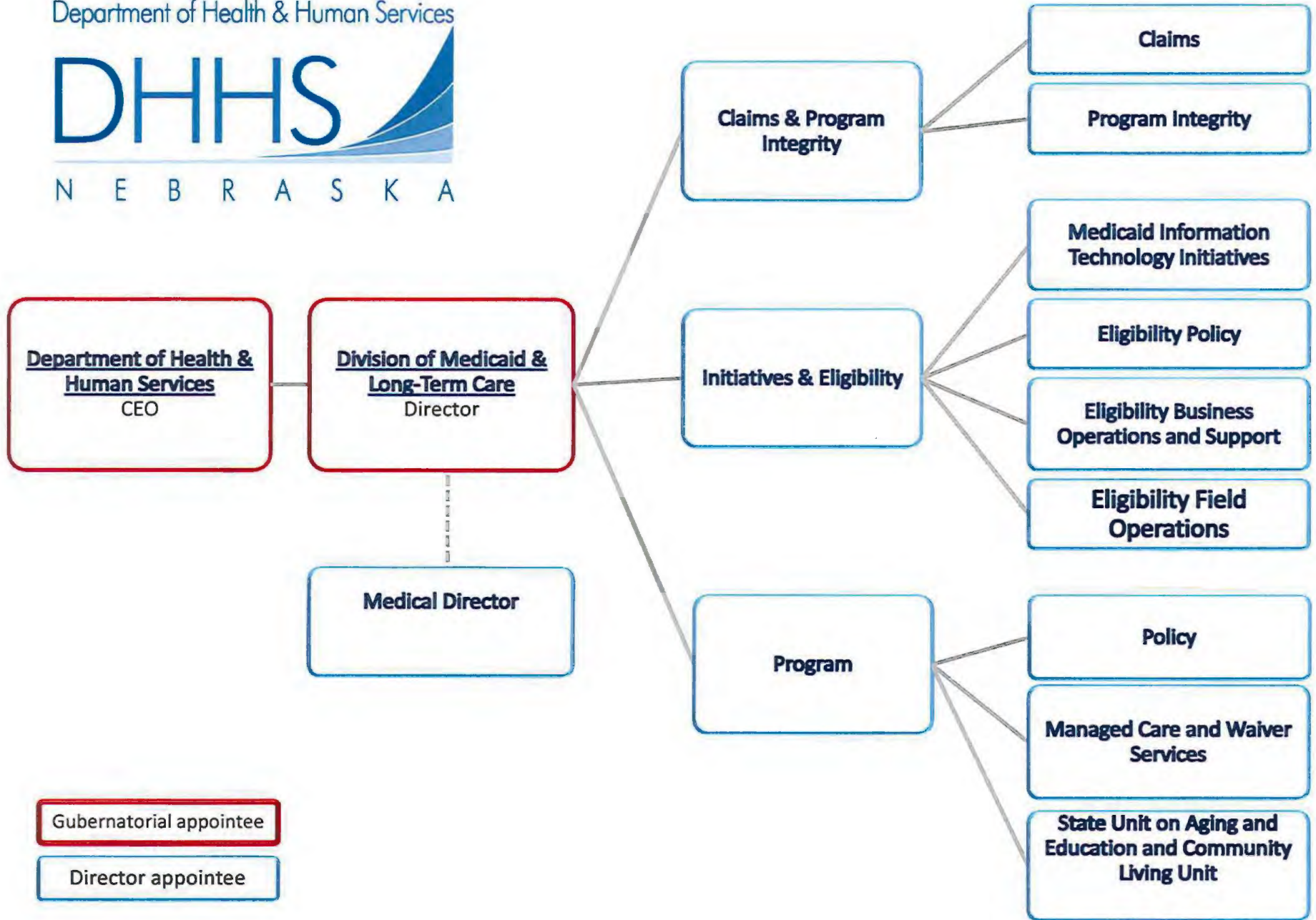
Approval Date Nov 29 2007

Effective Date Jul 1 2007

TN No. MS-97-6



1/14 Version



Gubernatorial appointee
 Director appointee

