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State/Territory Name: NE

State Plan Amendment (SPA) #: 15-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) 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

October 23, 2015

Calder Lynch, 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 Mr. Lynch:

On August 14, 2015, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal No.15-0007 which proposed to increase the Personal Needs Allowance for persons who are institutionalized to \$60 for an individual and \$120 for a couple. This SPA also updates the state plan page which reflects the income standards for the optional state supplements to reflect this change.

SPA 15-0007 was approved on October 20, 2015, with an effective date of August 29, 2015, as requested. Enclosed is a copy of the CMS-179 form, as well as the approved pages for incorporation into the Nebraska State Plan.

If you have any questions regarding this amendment, please contact Barbara Cotterman at 816-426-5925.

Sincerely,

//s//

Leticia Barraza
Acting Associate Regional Administrator
for Medicaid and Children's Health
Operations

Enclosures

cc: Crystal Georgiana
Nancy Keller

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
15-0007

2. STATE
Nebraska

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
August 29, 2015

5. TYPE OF PLAN MATERIAL (*Check One*):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:
1924 of the Act 435.725, 435.733, 435.832 *

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$39,078.00
b. FFY 2016 \$468,433.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 4.6 A, Page 4a~~
Supplement 6 to Attachment 2.6-A
Attachment 2.6-A, Page 4a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

~~Attachment 4.6 A, Page 4a~~
Supplement 6 to Attachment 2.6-A
Attachment 2.6-A, Page 4a*

10. SUBJECT OF AMENDMENT:

LB 366 Personal Need Allowance Increase and Updating the Optional State Supplement Standards for individual in institutional settings. *

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Governor has waived review

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Calder Lynch

14. TITLE:
Director, Division of Medicaid and Long-Term Care

15. DATE SUBMITTED:
August 14, 2015

16. RETURN TO:

Nancy Keller
Division of Medicaid & Long-Term Care
Nebraska Department of Health & Human Services
301 Centennial Mall South
Lincoln, NE 68509

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
August 14, 2015

18. DATE APPROVED:
October 20, 2015

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
August 29, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:
//s//

21. TYPED NAME: Leticia Barraza

22. TITLE: Acting Associate Regional Administrator for
Medicaid and Children's Health Operations

23. REMARKS:

*Pen and ink changes per state email dated 10/2/15.

State: Nebraska

Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled: Individuals \$ 60 Couples \$ 120</p> <p>For the following persons with greater need:</p> <ul style="list-style-type: none"> ▪ Individuals with a guardian or conservator ▪ Individuals in an ICF-MR (ICF-ID) who participate in a sheltered workshop <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related: Children \$ 60 Adults \$ 60</p> <p>For the following persons with greater need:</p> <ul style="list-style-type: none"> ▪ Individuals with a guardian or conservator ▪ Individuals in an ICF-MR (ICF-ID) who participate in a sheltered workshop <p>Supplement 15 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2-A</u>. \$ N/A</p>

State Nebraska

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered By Federal/State	Net Income Level		Income Disregard s Employed
		One Person	Couple	
(1)	(2)	(3)	(4)	(5)
Available to all aged, blind and disabled individuals with varying payment levels dependent on the following living arrangements:	State			SSI Standards
Own or rent a home	State	\$361 \$227*	\$583 \$291*	
Patient in a nursing home, regional center, state institution for the mentally retarded, or receiving chronic or convalescent hospital care	State	\$60	\$120	
In room and board situation (not licensed home) or boarding home (licensed or unlicensed if board and room is provided)	State	\$506	\$1012	
In certified adult family home	State	\$737	\$1,474	
In licensed assisted living facility In licensed mental health center	State	\$1,017	\$2,034	
Assisted Living Waiver	State	\$579	\$1,158	
In licensed group home for children and/or child caring agency	State	\$673	\$1,346	
In licensed centers for the developmentally disabled	State	\$576	\$1,152	

* Maximum for shelter allowance

TN No. NE 15-0007

Supersedes

TN No. MS-04-06Approval Date October 20, 2015 Effective Date August 29, 2015