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**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 15-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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**

May 4, 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 February 3, 2015, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #15-0001, which proposes to disregard an amount equal to premiums paid for private/commercially available health insurance when determining the eligibility of persons in the Qualified Medicare Beneficiaries, Specified Low-income Medicare Beneficiaries, Qualifying Individuals, Working Disabled, or Aged and Disabled eligibility groups.

This SPA 15-0001 was approved on May 1, 2015, with an effective date of January 1, 2015, as requested by the State. 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 or by e-mail at [Barbara.Cotterman@cms.hhs.gov](mailto:Barbara.Cotterman@cms.hhs.gov).

Sincerely,

//s//

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

Enclosure

cc: Catherine Gekas-Steeby

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 15-001	2. STATE Nebraska
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 January 1, 2015	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(r)(2)		7. FEDERAL BUDGET IMPACT: a. FFY 2015      \$0.00 b. FFY 2016      \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8a to Attachment 2.6-A Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Supplement 8a to Attachment 2.6-A Page 1	
10. SUBJECT OF AMENDMENT: Medical Insurance Disregard			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor has waived review <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Ruth Vineyard		Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
14. TITLE: Deputy Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: February 3, 2015			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: February 3, 2015		18. DATE APPROVED: May 1, 2015	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: James G. Scott		22. TITLE: Associated Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS:			

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NebraskaMORE LIBERAL METHODS OF TREATING INCOME AND RESOURCES  
UNDER SECTION 1902(r)(2) OF THE ACT\* Section 1902(f) State Non-Section 1902(f) State

1. For the qualified pregnant women and children (1902)(a)(10)(A)(i)(III), the poverty level pregnant women and children (1902(a)(10)(A)(i)(IV), (VI) and (VII)), the optional groups of children under age 21 and caretaker relatives (1902(a)(10)(A)(ii)(I)), and pregnant women under 1902(a)(10)(A)(ii)(IX) and 1902(l)(1)(A), declared winnings, interest, and dividends of less than \$10 per month are excluded as income.
2. For the qualified pregnant women and children (1902)(a)(10)(A)(i)(III), the poverty level pregnant women and children (1902(a)(10)(A)(i)(IV), (VI) and (VII)), the optional groups of children under age 21 and caretaker relatives (1902(a)(10)(A)(ii)(I)), and pregnant women under 1902(a)(10)(A)(ii)(IX) and 1902(l)(1)(A), and the medically needy (1902(a)(10)(C)(i)(III), effective November 1, 2002, disregard \$100 of gross earned income per working individual as a work-related expense deduction in determining countable income.
3. For Working Disabled individuals as defined in Section (1902)(a)(10)(A)(ii)(XIII) of the Act, the following income standard applies:  
  
Disregard all earnings plus unearned income contingent upon a trial work period (such as a Social Security Trial Work Periods). In determining eligibility for SSI in the individual eligibility determination required under Section 4733 of the Balanced Budget Act.
4. For pregnant women under 1902(a)(10)(A)(ii)(IX) and 1902 (l)(1)(A) of the Act, disregard the amount of income between 150% FPL and 185% FPL.
5. For persons eligible as Qualified Medicare Beneficiaries 1902(a)(10)(E)(i) and 1905(p)(1), the Specified Low-Income Beneficiaries 1902(a)(10)(E)(iii), the Qualifying Individuals 1902(a)(10)(E)(iv), the Working Disabled 1902(a)(10)(ii)(XIII) and the Aged and Disabled 1902(a)(10)(A)(ii)(X) disregard the amount of income equal to the monthly premiums paid for private/commercially available health insurance plans.

TN No. NE 15-001

Supersedes

Approval Date May 1, 2015Effective Date January 1, 2015TN No. NE 10-02