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State/Territory Name: NE

State Plan Amendment (SPA) #: 15-0012

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) 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

April 6, 2016

Calder Lynch, Medicaid Director
Department of Health & Human Services
Division of Medicaid and Long Term Care
301 Centennial Mall South, 3rd Floor
PO Box 95026
Lincoln, NE 68509

Dear Mr. Lynch:

On December 30, 2015, the Centers for Medicare & Medicaid Services received Nebraska State Plan Amendment (SPA) Transmittal # SPA No.15-0012. The purpose of the SPA was to update the state plan to reflect existing practices in determining eligibility of persons who qualify as medically needy, to update optional state supplement payment standard, and to update the allowed exemption amount for irrevocable burial trusts. Nebraska anticipates no budget impact for these changes.

SPA 15-0012 was approved on March 28, 2016, with an effective date of January 1, 2016, as requested. The approved pages and the 179 form are enclosed for incorporation into Nebraska's state plan.

Attachment 2.6-A, page 14b was withdrawn at the state's request from this submission. A companion letter is issued in conjunction with the approval of this SPA regarding this page.

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

_____ Sincerely, _____

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

Enclosures

cc:
Catherine Gekas-Steeby, NE DHHS

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

April 6, 2016

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 December 30, 2015, the Centers for Medicare & Medicaid Services (CMS) received Nebraska state plan amendment (SPA) Transmittal # NE 15-0012. We are issuing this companion letter to the approval of this SPA.

In order to move forward to approval on SPA # NE 15-0012, Nebraska withdrew Attachment 2.6-A, page 14b. This page proposed changes to a reasonable limitation on the deduction of non-covered medical and remedial costs when calculating income eligibility for persons who qualify as medically needy per 42 CFR §435.831 et seq. In reviewing the proposed change, CMS had questions about Nebraska's implementation of the existing limitation, as well as what had been proposed, which will require additional time to resolve. Because this page is cross-referenced on Attachment 2.6-A, page 14, which is included in the approved pages of SPA NE 15-0012, this companion letter is being issued to document CMS's intent to continue to work with Nebraska to resolve our concerns.

If you have questions about the content of this letter, please contact Barbara Cotterman at 816-426-5925.

Sincerely,

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

cc:
Catherine Gekas-Steeby, NE DHHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 15-0012	2. STATE Nebraska
	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 *October 1, 2015 *January 1, 2016	

5. TYPE OF PLAN MATERIAL (Check One):

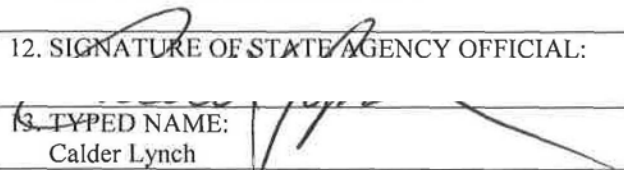
- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION: * 42 CFR 435.232	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$0.00 b. FFY 2017 \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Page 14 * Attachment 2.6-A, Page 14b Supplement 1 to Attachment 2.6-A, pages 8 and 9 Supplement 6 to Attachment 2.6-A Supplement 10 to Attachment 2.6-A, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A, Page 14 * Attachment 2.6-A, Page 14b Supplement 1 to Attachment 2.6-A, pages 8 and 9 Supplement 6 to Attachment 2.6-A Supplement 10 to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:
 Technical Corrections for Non-MAGI Based Categories *spenddown for the Medically Needy, burial trust, and standards for optional supplementary payments.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Governor has waived review
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

 13. TYPED NAME: Calder Lynch
 14. TITLE: Director, Division of Medicaid and Long-Term Care
 15. DATE SUBMITTED: December 30, 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: December 30, 2015	18. DATE APPROVED: March 28, 2016
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations
23. REMARKS:	

*Per state request, pen and ink changes made to box 6 adding a citation, the effective date amended in box 4, page removed as annotated in boxes 8 and 9 removing Attachment 2.6-A, page 14b, and in box 10 the expansion of the subject.

Revision: HCFA-PM-91-4
August 1991

(BPD)

ATTACHMENT 2.6-A
Page 14
OMB No.: 0938

State of Nebraska

Citation(s)

Condition or Requirement

42 CFR 435.732,
435.831

4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only
 - a. Medically Needy
 - (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for period of 1 month to determine the amount of excess countable income applicable to the cost of medical care and services.
 - (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
 - (a) Health insurance premiums, deductibles and coinsurance charges.
 - (b) Expenses for necessary medical and remedial care not included in the plan.
 - (c) Expenses for necessary medical and remedial care included in the plan.
 - Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

See page 14a 14b (per MS-91-29) NS

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. NE 15-0012
Supersedes
TN No. MS-91-24

Approval Date March 28, 2016

Effective Date January 1, 2016
HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

Applicable to all groups.

Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for 1 month <input type="checkbox"/> urban only <input checked="" type="checkbox"/> urban & rural	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for ___ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
1	\$ 392	\$	\$	\$
2	\$ 392	\$	\$	\$
3	\$ 492	\$	\$	\$
4	\$ 584	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

INCOME ELIGIBILITY LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for 1 month <input type="checkbox"/> urban only <input checked="" type="checkbox"/> urban & rural	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ¹	Net income level for persons living in rural areas for ___ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ¹
5	\$ 675	\$	\$	\$
6	\$ 775	\$	\$	\$
7	\$ 867	\$	\$	\$
8	\$ 967	\$	\$	\$
9	\$ 1,059	\$	\$	\$
10	\$ 1,150	\$	\$	\$
For each additional person add:	\$ 91	\$	\$	\$

¹ The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

State Nebraska

Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered By Federal/State	Net Income Level		Income Disregards 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:				
Own or rent a home	State	\$503 \$281*	\$796 \$349*	SSI Standards
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	\$737	\$1,474	
In certified adult family home	State	\$865	\$1730	
In licensed assisted living facility In licensed mental health center	State	\$1,175	\$2,350	
Assisted Living Waiver	State	\$733	\$1,466	
In licensed group home for children and/or child caring agency	State	\$801	\$1,602	
In licensed centers for the developmentally disabled	State	\$737	\$1,474	

* Maximum for shelter allowance

TN No. NE 15-0012
Supersedes
TN No. NE 15-0007

Approval Date March 28, 2016

Effective Date January 1, 2016

Revision: HCFA-PM-95-1
March 1995

(MB)

SUPPLEMENT 10 to ATTACHMENT2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

Criteria would include but are not limited to: whether application of the provisions would deprive the client of medical care such that his/her health or life would be endangered; whether the application of the transfer provisions would deprive a financially dependent family member of food, clothing, or shelter; whether the client or client's representative has made a reasonable effort to recover the assets.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is \$4,926 (the amount as of the effective date of this approval) which will be increased annually by the percentage change in the Consumer Price Index published by the Federal Bureau of Labor Statistics at the close of the twelve-month period ending on August 31 of such year.