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State/Territory Name: NE

State Plan Amendment (SPA) #: 15-0018

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

March 10, 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 14, 2015, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #15-0018 which proposes to expand the definition of estate for the purpose of estate recovery. CMS also requested that the state change the timing of the notice sent to an individual when they have been determined to be permanently institutionalized, which the state agreed to do with this amendment.

15-0018, was approved on March 10, 2016, with an effective date of October 1, 2015, as requested. Enclosed is a copy of the CMS-179 summary form, as well as the approved SPA page for incorporation into the Nebraska State Plan.

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

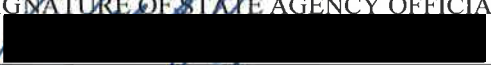
Sincerely,

//s//

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

Enclosures

cc: Nancy Keller
Karen Gatherer

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0018	2. STATE Nebraska
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE October 1, 2015	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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: *42 CFR §433.36 (h)		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2016 \$22,510.00	
		b. FFY 2017 \$22,814.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.17 - A, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.17 - A, Page 1	
10. SUBJECT OF AMENDMENT: Estate Recovery *Changing the Definition of Estate Recovery			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Governor has waived review	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: Calder Lynch		Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509	
14. TITLE: Director, Division of Medicaid and Long-Term Care			
15. DATE SUBMITTED: December 14, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 14, 2015		18. DATE APPROVED: March 10, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: James G. Scott		22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations	
23. REMARKS: *Pen and ink changes made to boxes 6 and 10 as requested by state February 9, 2016.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

LIENS AND ADJUSTMENTS OR RECOVERIES

1. The State uses the following process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home:

The Department requires either a physician's statement indicating that the individual is unable to return to their home or the recipient's residence in a medical institution for a period of 6 months, whichever occurs first. Notice is given to the recipient when they are determined to be permanently institutionalized and he/she may appeal the Department's determination within 90 days in accordance with the procedures 465 Nebraska Administrative Code.

2. The following criteria are used for establishing that a permanently institutionalized individual's son or daughter provided care as specified under regulations at 42 CFR §433.36(f):

N/A as the State does not impose TEFRA liens.

3. For the purposes of estate recovery, the State defines the terms below as follows:
 - Estate means the estate of a recipient of medical assistance, including any real property, personal property, or other asset in which the recipient had any legal title or interest at the time of the recipient's death, to the extent of such interests, and also assets to be transferred to a beneficiary through a revocable trust or other similar arrangement which has become irrevocable by reason of the recipient's death.
 - Individual's home: N/A as the State does not impose TEFRA liens.
 - Equity interest in the home: N/A as the State does not impose TEFRA liens.
 - Residing in the home for at least one or two years on a continuous basis: N/A as the State does not impose TEFRA liens.
 - Lawfully residing: N/A as the State does not impose TEFRA liens.