

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 19-0003**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



Jeremy Brunssen, Interim Director  
Division of Medicaid & Long-Term Care  
Nebraska Department of Health & Human Services  
301 Centennial Mall South, 5th Floor  
P.O. Box 95026  
Lincoln, NE 68509-5026

MAR 10 2020

Dear Mr. Brunssen:

We have reviewed the proposed Nebraska's Federal Medical Assistance Payment (FMAP) State Plan Amendment (SPA), NE 19-0003 submitted to the Kansas City Regional Operations Group on April 1, 2019. This SPA describes the methodology used by the state for determining the appropriate FMAP rates, including the increased FMAP rates, available under the provisions of the Affordable Care Act applicable for the medical assistance expenditures under the Medicaid program associated with enrollees in the new adult group adopted by the state and described in 42 CFR 435.119.

Based on the information provided, the Medicaid SPA 19-0003 is approved with an effective date of October 1, 2020. Enclosed are the approved Form CMS-179 and the Medicaid state plan pages.

If you have any additional questions or need further assistance, please contact Richard Cuno at 410-786-1111 or by email at [Richard.Cuno@cms.hhs.gov](mailto:Richard.Cuno@cms.hhs.gov).

Sincerely,

Karen M. Shields  
Deputy Director  
Center for Medicaid & CHIP Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: NE 19-0003	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, 2020	

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 435.119, 42 CFR 433.10(c)(6), 42 CFR 433.204(a), 42 CFR 433.206	7. FEDERAL BUDGET IMPACT: a. FFY 2019      \$0.00 b. FFY 2020      \$0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Supplement 18 to Attachment 2.6-A (new page) Attachment A and E	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Not Applicable

10. SUBJECT OF AMENDMENT:  
Methodology for identification of applicable FMAP rates

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: Matthew A. Van Patton, DHA	16. RETURN TO:  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: April 1, 2019	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: APRIL 1, 2019	18. DATE APPROVED: MARCH 10, 2020
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCTOBER 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: [Signature]
21. TYPED NAME: KAREN SHIELDS	22. TITLE: DEPUTY DIRECTOR, CMCS

23. REMARKS:

**State Plan Under Title XIX of the Social Security Act**State: Nebraska**METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES**

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

**Part 1 – Adult Group Individual Income-Based Determinations**

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 04/08/2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

**Table 1: Adult Group Eligibility Standards and FMAP Methodology Features**

Covered Populations Within New Adult Group		Applicable Population Adjustment			
Population Group	Relevant Population Group Income Standard	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
	<p>For each population group, indicate the lower of:</p> <ul style="list-style-type: none"> <li>The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or</li> <li>133% FPL.</li> </ul> <p>If a population group was not covered as of 12/1/09, enter "Not covered".</p>	<p>Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.</p>			
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
<b>Parents/Caretaker Relatives</b>	Attachment A, Column G, Line 1 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No
<b>Disabled Persons, non-institutionalized</b>	Attachment A, Column G, Line 2 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No
<b>Disabled Persons, institutionalized</b>	Attachment A, Column G, Line 3 of Part 2 of the CMS approved MAGI Conversion Plan, including any subsequent CMS approved modifications to the MAGI Conversion Plan.	No	No	No	No
<b>Children Age 19 or 20</b>	Not Covered.	No	No	No	No
<b>Childless Adults</b>	Not Covered.	No	No	No	No

MAR 10 2020<sup>2</sup>

## Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

### A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

Applies existing state data from periods before January 1, 2014.

Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

### B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1.  An enrollment cap adjustment is applied by the state (complete items 2 through 4).

An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
  - Yes. The combined enrollment cap adjustment is described in Attachment C
  - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

**C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology**

1. The state:
  - Applies a special circumstances adjustment(s).
  - Does not apply a special circumstances adjustment.
2. The state:
  - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
  - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

### Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

#### A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

### Part 4 - Applicability of Special FMAP Rates

#### A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated \_\_\_\_\_.

#### B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated \_\_\_\_\_. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).



## Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

### ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

#### 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 4 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.

TN – NE 19-0003

6  
MAR 10 2020  
Approval Date – \_\_\_\_\_

Effective Date – 10/01/2020

**Most Recent Updated Summary Information for Part 2 of the Modified Adjusted Gross Income (MAGI) Conversion Plan\*\***

**Table 1**

**Part 2 of MAGI Conversion Plan Using State Data**

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
<b>Conversions for FMAP Claiming</b>							
1	Parents/Caretaker Relatives  (Expand number of rows for family size as needed for larger family size standards defined by the state)	<u>No</u>	<u>2009-2010</u>	<u>No</u>	% FPL  _____ <b>or</b> _____ Fixed dollar standards Family size 1_ \$485 2_ 597 3_ 710 4_ 823 5_ 935 6_ 1,048 7_ 1,162 Add-on for additional family members if relevant_ \$113_	% FPL  _____ <b>or</b> _____ Fixed dollar standards Family size 1_ _____ 2_ _____ 3_ _____ 4_ _____ 5_ _____ 6_ _____ 7_ _____ Add-on for additional family members if relevant_ _____	% FPL  _____ <b>or</b> _____ Fixed dollar standards Family size 1_ \$555 2_ 692 3_ 829 4_ 967 5_ 1,102 6_ 1,240 7_ 1,378 Add-on for additional family members if relevant_ \$137

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
2	Non-institutionalized disabled adults	<u>No</u>	<u>2009 - 2010</u>	<u>No</u>	100% FPL  % SSI FBR  _____  <u>or</u>  Dollar Standards Single _____ Couple _____	76% FPL to 100% FPL  % SSI FBR  _____  <u>or</u>  Dollar Standards Single _____ Couple _____	102% FPL  % SSI FBR  _____  <u>or</u>  Dollar Standards Single _____ Couple _____  Conversion based on:  __ Average disregard __ Median disregard

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
3	Institutionalized disabled adults  (Institutionalized refers to Nursing Home or Nursing Facility services)  (This is a gross income category: fill in column G <b>only</b> )	<u>No</u>					102% FPL  % SSI FBR _____  <u>or</u>  Dollar Standards Single _____ Couple _____

	Population Group	SIPP results used? (Yes/No)	Time Period selected	Sampling (Yes/No)	Net Income Standard	Income band used in conversion*	Converted Standard
	A	B	C	D	E	F	G
4	Children age 19 and/or 20  Specify age limit as of 12/1/09 (19 or 20): _____	N/A			% FPL _____  or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____  or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	% FPL _____  or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____
5	Childless Adults	N/A			% FPL _____  _____	% FPL _____  _____	% FPL _____  _____

\*Alternative method states: only fill out column F if applicable.

\*\*The numbers in this summary chart will be updated automatically in the case of modification in the CMS approved MAGI Conversion Plan.

## **Attachment E: Transition Methodologies**

Under the current Medicaid State Plan, Nebraska covers parents and caretaker relatives whose income is equal to or less than 58% of the Federal Poverty Level (FPL), and who are living with a dependent child. At this time, Nebraska applies the 5% income disregard to determinations for individuals whose income is above 58% of the FPL. Parents and caretaker relatives who currently meet income eligibility due to application of the 5% income disregard, and who are eligible in the adult group, will be transitioned into the adult group. Transition of this group will be handled administratively and will be effective with the implementation of the adult group.

Individuals aged 19 through 64 are also covered in Nebraska under certain Medically Needy groups. Individuals in these categories that meet income and eligibility criteria for the adult group will be transitioned into this group. This transition will be handled administratively, and will require information gathering by eligibility staff to ensure verifications needed for a MAGI determination are obtained. Information gathering will begin within three months of the planned implementation date to allow transition of these individuals effective with this date.