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**State/Territory Name: Nebraska**

**State Plan Amendment (SPA) #: 23-0016**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

# NE - Submission Package - NE2023MS00050 - (NE-23-0016) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St.  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

September 17, 2024

Matthew Ahern  
Interim Director of Medicaid and Long Term Care  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
Lincoln  
Nebraska, NE 68509

Re: Approval of State Plan Amendment NE-23-0016

Dear Matthew Ahern,

On December 26, 2023, the Centers for Medicare and Medicaid Services (CMS) received Nebraska State Plan Amendment (SPA) NE-23-0016 for the newly implemented iServe electronic application.

We approve Nebraska State Plan Amendment (SPA) NE-23-0016 with an effective date(s) of October 01, 2023.

We understand that NE will evaluate the feasibility of removing a question regarding the date of marriage from the health coverage application as part of other system enhancements.

If you have any questions regarding this amendment, please contact Tyson Christensen at [tyson.christensen@cms.hhs.gov](mailto:tyson.christensen@cms.hhs.gov) or at (816) 426-6440.

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

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[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00050 | NE-23-0016

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	NE2023MS00050	<b>SPA ID</b>	NE-23-0016
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/26/2023
<b>Approval Date</b>	09/17/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

**State/Territory Name:** Nebraska

**Medicaid Agency Name:** Nebraska Department of Health and Human Services

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00050 | NE-23-0016

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<b>Superseded SPA ID</b> N/A	

## SPA ID and Effective Date

**SPA ID** NE-23-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	10/1/2023	NE-13-0028

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00050 | NE-23-0016

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<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Nebraska seeks approval for the newly implemented iServe electronic application.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

#### Federal Statute / Regulation Citation

42 CFR 435.907(b)(2)

**Supporting documentation of budget impact is uploaded (optional).**

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00050 | NE-23-0016

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### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** Governor has waived review

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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# NE - Submission Package - NE2023MS00050 - (NE-23-0016) - Eligibility

## Medicaid State Plan Eligibility

### General Eligibility Requirements

#### Application

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00050 | NE-23-0016

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	NE-13-0028		
	System-Derived		

#### A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary
- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

# Application

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00050 | NE-23-0016

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	System-Derived		

## B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

### Name

iServe Nebraska Application

**Screenshots or other documentation of the online application(s) has been uploaded.**

Document Name	Date Created	
<a href="#">iServeNebraska Application Section 5</a>	12/18/2023 12:56 PM EST	
<a href="#">iServeNebraska Application Section 4</a>	12/18/2023 12:56 PM EST	
<a href="#">iServeNebraska Application Section 3</a>	12/18/2023 12:51 PM EST	
<a href="#">iServeNebraska Application Section 2</a>	12/18/2023 12:46 PM EST	
<a href="#">iServeNebraska Application Section 1</a>	12/18/2023 12:41 PM EST	

5 items

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs

### Name

iServe Application

**Screenshots or other documentation of the multi-program online application(s) have been uploaded.**

Document Name	Date Created	
<a href="#">iServeNebraska Application Section 5</a>	12/18/2023 12:58 PM EST	
<a href="#">iServeNebraska Application Section 4</a>	12/18/2023 12:58 PM EST	
<a href="#">iServeNebraska Application Section 3</a>	12/18/2023 12:58 PM EST	
<a href="#">iServeNebraska Application Section 1</a>	12/18/2023 12:58 PM EST	
<a href="#">iServeNebraska Application Section 2</a>	12/18/2023 12:57 PM EST	

5 items

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs



# Application

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00050 | NE-23-0016

## Package Header

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## C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
APPLICATION FOR NEBRASKA MEDICAID FOR AGED AND DISABLED	12/18/2023 1:10 PM EST	

- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more applications used to apply for multiple human service programs
- 4. Other alternative applications

# Application

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00050 | NE-23-0016

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	System-Derived		

## D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

### Name

iServe Application: Non MAGI

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created
<a href="#">iServeNebraska Application Non MAGI Path</a>	12/19/2023 10:18 AM EST

- 3. One or more application used to apply for multiple human service programs

### Name

iServe Application: Non MAGI

This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.

- Yes
- No

- 4. Other alternative applications

## Application

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00050 | NE-23-0016

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### E. Additional Information (optional)

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