

## **Table of Contents**

**State/Territory Name: Nebraska**

**State Plan Amendment (SPA) #: 24-0016**

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 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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July 5, 2024

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

Re: Nebraska State Plan Amendment (SPA) – 24-0016

Dear Director Matthew Ahern:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-24-0016. This amendment proposes to make changes to the Nebraska State Plan regarding cost-sharing provisions for certain Medicaid beneficiaries enrolled in the Medicaid Insurance for Workers with Disabilities (MIWD) program.

We conducted our review of your submittal according to statutory requirements in Section 1916 of the Social Security Act, and 42 CFR 447.55. This letter informs you that Nebraska Medicaid SPA TN 24-0016 was approved on July 5, 2024, with an effective date of May 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Nebraska State Plan.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at [Tyson.Christensen@cms.hhs.gov](mailto:Tyson.Christensen@cms.hhs.gov).

Sincerely,

Falecia M. Smith -S

Digitally signed by Falecia M.  
Smith -S  
Date: 2024.07.05 11:34:37 -04'00'

Falecia M. Smith, Acting Director  
Division of Program Operations

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">4</td> <td style="width: 20px;">—</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> </tr> </table>	2	4	—	0	0	1	6	2. STATE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">N</td> <td style="width: 20px;">E</td> </tr> </table>	N	E
	2	4	—	0	0	1	6				
N	E										
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI											

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE May 1, 2024
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5. FEDERAL STATUTE/REGULATION CITATION <del>Social Security Act 1916(d)</del> <b>*Section 1916 of Social Security Act and 42 CFR 447.55</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  a. FFY 2024 \$ 0 b. FFY 2025 \$ 0
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 2.6-A, Pg 12d	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 2.6-A, Pg 12d
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9. SUBJECT OF AMENDMENT  
Medicaid Insurance Workers with Disabilities (MIWD) Premiums

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Dawn Kastens Division of Medicaid & Long-Term Care Nebraska Department of Health and Human Services 301 Centennial Mall South Lincoln, NE 68509
12. TYPED NAME Matthew Ahern	
13. TITLE Interim Director, Division of Medicaid & Long-Term Care	
14. DATE SUBMITTED April 16, 2024	

FOR CMS USE ONLY	
16. DATE RECEIVED April 16, 2024	17. DATE APPROVED July 5, 2024

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL May 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL Falecia M. Smith -S <small>Digitally signed by Falecia M. Smith -S Date: 2024.07.05 11:35:16 -04'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Falecia M. Smith	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS  
**\*Pen and Ink change approved by the state on 6/10/24.**

State/Territory: Nebraska

STATE PLAN UNDER TITLE XIS OF THE SOCIAL SECURITY ACT  
ESTABLISHMENT AND APPLICATION OF A PREMIUM OR OTHER  
COST SHARING CHARGES

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Section 1902(f) State                       Non-Section 1902(f) State

1. A working disabled individual who receives Medicaid benefits may be subject to cost sharing. The following premium or cost sharing procedures are utilized:

- (a) The amount of the individual's cost share shall be based on a progressive rate dependent on adjusted income (any unearned income plus any earned income less any allowable disregards) in excess of 200 percent of the Federal Poverty Level. The minimum rate is 1.5 percent and the maximum rate is 7.5 percent.

Premium amounts are based on the Federal Poverty Level and dollar amounts are adjusted annually to account for Federal Poverty Level changes. The premium schedule is available on the agency's website at <https://dhhs.ne.gov/Documents/FPL%20Eligibility.pdf>.

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TN No. NE 24-0016  
Supersedes  
TN No. MS-99-6

Approval Date: July 5, 2024

Effective Date: May 1, 2024