

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

April 16, 2024

James G. Scott, Director
Centers for Medicare & Medicaid Services
Kansas City Regional Operations Group
Division of Medicaid Field Operations-North
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898

RE: Nebraska State Plan Amendment NE 24-0017

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding the suspension of premiums for individuals in the Transitional Medical Assistance program.

The Division of Medicaid and Long-Term Care sent notice on March 14, 2024 (attached) to the federally recognized Native American Tribes and Indian Health Programs within the State of Nebraska to discuss the impact the proposed state plan amendment might have, if any, on the Tribes. No comments were received.

If you have content questions, please feel free to contact Matthew Ahern at Matthew.Ahern@nebraska.gov or 402-430-7621. For submittal questions, please contact Dawn Kastens at dawn.kastens@nebraska.gov or 531-893-3379.

Sincerely,

A handwritten signature in black ink that reads "Matthew Ahern".

Matthew Ahern, Interim Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

cc: Tyson Christensen

Enclosures

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">2</td> <td style="border: 1px solid black; width: 20px;">4</td> <td style="border: 1px solid black; width: 20px;">—</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">0</td> <td style="border: 1px solid black; width: 20px;">1</td> <td style="border: 1px solid black; width: 20px;">7</td> </tr> </table>	2	4	—	0	0	1	7	<p>2. STATE</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">N</td> <td style="border: 1px solid black; width: 20px;">E</td> </tr> </table>	N	E
	2	4	—	0	0	1	7				
N	E										
<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</p> <p style="text-align: right;"> <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI </p>											
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>4. PROPOSED EFFECTIVE DATE</p> <p style="text-align: center;">May 1, 2024</p>										
<p>5. FEDERAL STATUTE/REGULATION CITATION</p> <p>Sections 201 and 301 of the National Emergencies Act</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2024</u> \$ <u>185,639</u></p> <p>b. FFY <u>2025</u> \$ <u>0</u></p>										
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</p> <p>Section 7.4.C. page 1 (new)</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</p> <p>Click or tap here to enter text.</p>										

9. SUBJECT OF AMENDMENT

Temporary Extension to Disaster Relief Policies for the COVID-19 National Emergency – Suspension of Premiums for Individuals in the Transitional Medical Assistance Program

10. GOVERNOR'S REVIEW (Check One)

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

FOR CMS USE ONLY

16. DATE RECEIVED	17. DATE APPROVED
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Section 7.4.C., Temporary Policies in Effect Following the COVID-19 National Emergency

Effective the day after the end of the PHE until September 20, 2024, the agency temporarily extends the following election(s) of section 7.4 (approved on June 18, 2020 in SPA Number NE 20-0011, and June 30, 2023 in SPA Number NE 23-0005) of the state plan, with modifications.

Section C - Premiums and Cost Sharing

The agency suspends enrollment fees, premiums, and similar charges for:

The following eligibility groups or categorical populations:

Premiums are suspended for the following eligibility groups: Transitional Medical Assistance: 1902(a)(52)
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