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

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CMS-10434 OMB 0938-1188

Package Information

Package ID	NE2023MS00050	Submission Type	Official
Program Name	N/A	State	NE
SPA ID	NE-23-0016	Region	Kansas City, KS
Version Number	1	Package Status	Submitted
Submitted By	Crystal Georgiana	Submission Date	12/26/2023
		Regulatory Clock	89 days remain
		Review Status	Review 1

Submission - Summary

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

Package Header

Package ID	NE2023MS00050	SPA ID	NE-23-0016
Submission Type	Official	Initial Submission Date	12/26/2023
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

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

Package Header

Package ID NE2023MS00050

SPA ID NE-23-0016

Submission Type Official

Initial Submission Date 12/26/2023

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

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Reviewable Unit	Proposed Effective Date	Superseded SPA ID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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Reviewable Unit Instructions

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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SPA ID NE-23-0016
Initial Submission Date 12/26/2023
Effective Date N/A

Reviewable Unit Instructions

Governor's Office Review

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

Describe Governor has waived review

Submission - Medicaid State Plan

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

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Eligibility Process

Application

Reviewable Unit Name	Included in Another Submission Package	Source Type
Application	(CONVERTED

Presumptive Eligibility

Continuous Eligibility for Children

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Benefits and Payments

Submission - Public Comment

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

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

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

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Reviewable Unit Instructions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
- No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations: This SPA does not have impact on Indians and/or Indian health programs because though the design of the application is changing, the process for submitting the application will remain the same.

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

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

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Superseded SPA ID	NE-13-0028		
	System-Derived		

Reviewable Unit Instructions

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		

Reviewable Unit Instructions

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	
iServeNebraska Application Section 5	12/18/2023 12:56 PM EST	
iServeNebraska Application Section 4	12/18/2023 12:56 PM EST	
iServeNebraska Application Section 3	12/18/2023 12:51 PM EST	
iServeNebraska Application Section 2	12/18/2023 12:46 PM EST	
iServeNebraska Application Section 1	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	
iServeNebraska Application Section 5	12/18/2023 12:58 PM EST	
iServeNebraska Application Section 4	12/18/2023 12:58 PM EST	
iServeNebraska Application Section 3	12/18/2023 12:58 PM EST	
iServeNebraska Application Section 1	12/18/2023 12:58 PM EST	
iServeNebraska Application Section 2	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

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Reviewable Unit Instructions

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		

Reviewable Unit Instructions

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
iServeNebraska Application Non MAGI Path	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

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Reviewable Unit Instructions

E. Additional Information (optional)

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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