

# 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 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898

RE: Nebraska State Plan Amendment NE 24-0016

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding cost-sharing provisions for certain Medicaid beneficiaries enrolled in the Medicaid Insurance for Workers with Disabilities (MIWD) 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](mailto:Matthew.Ahern@nebraska.gov) or 402-430-7621. For submittal questions, please contact Dawn Kastens at [dawn.kastens@nebraska.gov](mailto:dawn.kastens@nebraska.gov) or 531-893-3379.

Sincerely,

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

cc: Tyson Christensen

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px 5px;">2</span> <span style="border: 1px solid black; padding: 2px 5px;">4</span> <span style="border: 1px solid black; padding: 2px 5px;">—</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> <span style="border: 1px solid black; padding: 2px 5px;">1</span> <span style="border: 1px solid black; padding: 2px 5px;">6</span> </div>	2. STATE <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px 5px;">N</span> <span style="border: 1px solid black; padding: 2px 5px;">E</span> </div>
	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 Social Security Act 1916(d)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>
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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	

<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED	17. DATE APPROVED

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

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.

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

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_