

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

April 1, 2019



Pete Ricketts, Governor

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

RE: Nebraska SPA 19-0003 methodology for identification of applicable FMAP rates

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding methodology for identification of applicable FMAP rates.

The Division of Medicaid and Long-Term Care sent notice on January 31, 2019, (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 Rocky Thompson at Rocky.Thompson@Nebraska.gov, or for submittal questions, Nancy Keller at Nancy.Keller@Nebraska.gov, or 402-471-6975.

Sincerely,

A handwritten signature in blue ink, appearing to read "MVP", with a long horizontal flourish extending to the right.

Matthew A. Van Patton, DHA, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

Enclosures

cc: Barbara Cotterman
Rocky Thompson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: NE 19-0003	2. STATE Nebraska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2020
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5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.119, 42 CFR 433.10(c)(6), 42 CFR 433.204(a), 42 CFR 433.206	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$0.00 b. FFY 2020 \$0.00
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 18 to Attachment 2.6-A (new page) Attachment A and E	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Not Applicable
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10. SUBJECT OF AMENDMENT:
Methodology for identification of applicable FMAP rates

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor has waived review
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
13. TYPED NAME: Matthew A. Van Patton, DHA	
14. TITLE: Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: April 1, 2019	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

23. REMARKS:

State Plan Under Title XIX of the Social Security Act

State: Nebraska

METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435.119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1 – Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income-based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1, 2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 02/28/2014. In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

Table 1: Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group		Applicable Population Adjustment			
Population Group	Relevant Population Group Income Standard For each population group, indicate the lower of: <ul style="list-style-type: none"> The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or 133% FPL. If a population group was not covered as of 12/1/09, enter "Not covered".	Resource Proxy	Enrollment Cap	Special Circumstances	Other Adjustments
A	B	C	D	E	F
Parents/Caretaker Relatives	Attachment A, Column C, Line 1 of Part 2 of t	No	No	No	No
Disabled Persons, non-institutionalized	Attachment A, Column C, Line 2 of Part 2 of t	No	No	No	No
Disabled Persons, institutionalized	Attachment A, Column C, Line 3 of Part 2 of t	No	No	No	No
Children Age 19 or 20	Attachment A, Column C, Line 4 of Part 2 of t	No	No	No	No
Childless Adults	Not Covered	No	No	No	No

Part 2 – Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))

1. The state:

- Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.
- Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

- Applies existing state data from periods before January 1, 2014.
- Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource Proxy Methodology: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. Enrollment Cap Adjustment (42 CFR 433.206(e))

1. An enrollment cap adjustment is applied by the state (complete items 2 through 4).
- An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

2. Attachment C describes any enrollment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are as specified in the applicable section 1115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorized cap or caps as confirmed by CMS. Attach CMS correspondence confirming the applicable enrollment cap(s).
3. The state applies a combined enrollment cap adjustment for purposes of claiming FMAP in the adult group:
 - Yes. The combined enrollment cap adjustment is described in Attachment C
 - No.
4. Enrollment Cap Methodology: Attachment C describes the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology

1. The state:
 - Applies a special circumstances adjustment(s).
 - Does not apply a special circumstances adjustment.
2. The state:
 - Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).
 - Does not apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).
3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculating the adjustments.

Part 3 – One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

- Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.
- The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

- Does NOT meet the definition of expansion state in 42 CFR 433.204(b). (Skip section B and go to Part 5)
- Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated _____.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

- Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).
- Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated _____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(6).

Part 5 - State Attestations

The State attests to the following:

- A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.
- B. The application of the adult group FMAP methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those of the following attachments which are included with this SPA:

- Attachment A – Conversion Plan Standards Referenced in Table 1
- Attachment B – Resource Criteria Proxy Methodology
- Attachment C – Enrollment Cap Methodology
- Attachment D – Special Circumstances Adjustment and Other Adjustments to the Adult Group FMAP Methodology
- Attachment E – Transition Methodologies

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 4 hours per response, 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.

Attachment A: Summary Information for Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan

NEBRASKA

2/28/2014

	Population Group	Net standard as of 12/1/09	Converted standard for FMAP claiming	Same as converted eligibilty standard? (yes, no, or n/a)	Source of information in Column C (New SIPP conversion or Part 1 of approved state MAGI conversion plan)	Data source for Conversion (SIPP or state data)
	A	B	C	D	E	F
Conversions for FMAP Claiming Purposes						
1	Parents/Caretaker Relatives					
	Dollar standards by family size					
	1	\$485	\$583			
	2	\$597	\$728			
	3	\$710	\$875			
	4	\$823	\$1,022			
	5	\$935	\$1,168	no	New SIPP conversion	SIPP
	6	\$1,048	\$1,314			
	7	\$1,162	\$1,462			
	8	\$1,274	\$1,608			
	9	\$1,387	\$1,755			
10	\$1,500	\$1,901				
	add-on	\$113	\$147			
2	Noninstitutionalized Disabled Persons					
	FPL %	100%	102%	n/a	New SIPP conversion	SIPP
3	Institutionalized Disabled Persons					
	SSI FBR%	same as non-institutionalized disabled	same as non-institutionalized disabled	n/a	same as non-institutionalized disabled	same as non-institutionalized disabled
4	Children Age 19-20					
	Dollar standards by family size					
	1	\$392	\$492			
	2	\$392	\$527			
	3	\$492	\$661			
	4	\$584	\$788	yes	Part 1 of State's MAGI Conversion Plan	SIPP
	5	\$675	\$914			
	6	\$775	\$1,048			
7	\$867	\$1,175				
	add-on	\$91	\$126			
5	Childless Adults					
	FPL %	n/a	n/a	n/a	n/a	n/a

n/a: Not applicable.

Attachment E: Transition Methodologies

Under the current Medicaid State Plan, Nebraska covers certain young adults who entered into subsidized guardianship or adoption agreements. Eligible individuals in these groups currently receive full benefits under the State Plan. Enrollees in this category are at least 19 years old and under 21 years old, entered into their subsidized adoption or guardianship agreement after reaching age 16, have income equal to or less than 23% of the Federal Poverty Level (FPL), and meet one of five educational or employment requirements. This group is a reasonable classifications group already subject to eligibility determination using MAGI methodology. Transition of this group will be handled administratively and will be effective with the implementation date of the adult group.

Nebraska also covers former state wards under the current Medicaid State Plan. Due to implementation of the Former Foster Care group, the former state ward group has no enrollees at this time and is not projected to have any enrollees when the new adult group is implemented.

Individuals aged 19 and 20 may be eligible under the Nebraska State Plan if they are receiving inpatient care in an institution for mental disease (IMD) and have income equal to or less than 23% of the FPL. These individuals are inpatient in an IMD when they reach age 21, they may remain eligible for services either until discharge or until they reach age 22, whichever comes first. This group is a reasonable classifications group already subject to eligibility determination using MAGI methodology. Transition of this group will be handled administratively and will be effective with the implementation date of the adult group.

Individuals aged 19 through 64 are also covered in Nebraska under certain Medically Needy groups. Individuals in these categories that meet income and eligibility criteria for the adult group will be transitioned into this group. This transition will be handled administratively, and will require information gathering by eligibility staff to ensure verifications needed for a MAGI determination are obtained. Information gathering will begin within three months of the planned implementation date to allow transition of these individuals effective with this date.

If the enhanced FMAP is available for individuals eligible and enrolled in TMA whose household income is above 58% of the FPL and at or below 133% of the FPL, Nebraska will transition these individuals into the adult group effective with the implementation date of this group. This transition will happen administratively, and will require information gathering by eligibility staff to ensure verifications needed for a MAGI determination are obtained. Information gathering will begin within three months of the planned implementation date to allow transition of these individuals effective with this date.

DHHS Medicaid SPA

From: DHHS Medicaid SPA
Sent: Thursday, January 31, 2019 10:48 AM
To: 'Allison DeCora'; 'Audrey Parker'; 'Barbara Cotterman'; 'Crystal Appleton'; 'Darwin Snyder'; 'Donna Polk-Prim'; 'Dori Junker'; 'Frank White'; 'Jan Henderson'; 'Kathaleen Bad Moccasin'; 'Larry Voegele'; 'Larry Wright'; 'LaVonne Jones'; Taylor-Jones, Lisa; 'Lynn Bigeagle'; 'Megan Buck'; 'Michael Wolfe'; 'Mike Henry'; 'Mona Zuffante'; 'Ricky Trobaugh'; 'Roger Trudell'; 'Sebrina M. Vink'; 'Sydney Bird'; 'Taria Wolfe'; 'Tashina Provost'; 'Taylor Housman'; 'Vietta Swalley'
Cc: Thompson, Rocky; Gekas Steeby, Catherine; Van Patton, Matthew; Georgiana, Crystal; DHHS Medicaid SPA
Subject: Ballot Initiative 427 Medicaid Expansion
Attachments: Ballot Initiative 427 Medicaid Expansion Coverletter and Summary.pdf

Attached for your review is a summary of a proposed change regarding ballot initiative 427 (Medicaid expansion). This proposed State Amendment may or may not have any impact on Indians and/or Indian health programs. If you desire to obtain a copy of the actual documents that will be submitted to CMS, please advise and a copy of the same will be provided forthwith.

Thank you,

Rosalind Sipe

Medicaid SPA

Nebraska Department of Health and Human Services
Division of Medicaid and Long-Term Care
301 Centennial Mall south Nebraska State Office Building
P.O. Box 95026 Lincoln, NE 68509
Phone 402.471.6975
DHHS.MedicaidSPA@nebraska.gov

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

January 31, 2019



Pete Ricketts, Governor

To: Omaha Tribe of Nebraska, Ponca Tribe of Nebraska, Santee Sioux Nation, Winnebago Tribe of Nebraska, Carl T. Curtis Health Center, Fred LeRoy Health & Wellness Center, Santee Sioux Clinic, Winnebago Tribal Health Department, Winnebago Indian Hospital, Nebraska Urban Indian Health Coalition, Aberdeen Area Indian Health Service, Great Plains Tribal Chairmen's Health Board

Attached for your review is a summary of a proposed state plan submission to implement ballot initiative 427, Medicaid expansion. These proposed state plan amendments will have an impact on Indians and/or Indian health programs. If you desire to obtain a copy of the actual documents that will be submitted to CMS, please advise and a copy of the same will be provided forthwith. The anticipated effective date is July 1, 2020.

We welcome any comments or suggestions you may have. Please forward any comments or suggestions to Catherine Gekas Steeby, Administrator of Eligibility Policy, Division of Medicaid and Long-Term Care, at Catherine.GekasSteeby@nebraska.gov or

Catherine Gekas Steeby
Administrator II Policy & Regulatory Compliance
Nebraska Department of Health and Human Services
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509

Thank you in advance for your cooperation. **Please respond no later than March 2, 2019.**

Respectfully,

Catherine Gekas Steeby
Administrator II Policy & Regulatory Compliance
Nebraska Department of Health and Human Services

Tribal Summary Medicaid Expansion

The Division of Medicaid and Long-Term Care (MLTC) plans to submit three sets of State Plan Amendments (SPA) to implement ballot initiative 427. Initiative 427 approved the expansion of Medicaid to cover certain adults ages 19 through 64 whose incomes are one hundred thirty-eight percent (138%) of the federal poverty level or below under the provisions of the Patient Protection and Affordable Care Act, and to maximize federal financial participation to fund their care. More information on the initiative is available at <http://dhhs.ne.gov/medicaid/Pages/MedicaidExpansion.aspx>

Three (3) sets of SPAs must be submitted to CMS for Medicaid expansion:

1. Eligibility SPA to add the new adult group as a category of eligibility.
2. Alternative benefit plan (ABP) to select the appropriate benefit plan for this new group.
3. FMAP claiming to determine the federal match.

These SPAs will have an impact on the tribes as additional individuals who currently are not Medicaid eligible may become eligible. Tribal clinics and IHS facilities may see an increase in patients seeking care and reimbursement from Medicaid.