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NE - Submission Package - NE2024MS0002O - (NE-24-0025) - Administration

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

| | | | |
|-----------------------|---------------|------------------------|-----------------|
| Package ID | NE2024MS0002O | Submission Type | Official |
| Program Name | N/A | State | NE |
| SPA ID | NE-24-0025 | Region | Kansas City, KS |
| Version Number | 1 | Package Status | Pending |

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NE2024MS0002O | NE-24-0025

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | NE2024MS0002O | SPA ID | NE-24-0025 |
| Submission Type | Official | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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 | Administration | NE2024MS00020 | NE-24-0025

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | NE2024MS00020 | SPA ID | NE-24-0025 |
| Submission Type | Official | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

SPA ID and Effective Date

SPA ID NE-24-0025

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|-----------------|-------------------------|-------------------|
| Reporting | 12/31/2024 | NA |

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NE2024MS00020 | NE-24-0025

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | NE2024MS00020 | SPA ID | NE-24-0025 |
| Submission Type | Official | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

Executive Summary

Summary Description Including Goals and Objectives Reporting Child Core Set and Behavioral Health Measures

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First | 2023 | \$0 |
| Second | 2024 | \$0 |

Federal Statute / Regulation Citation

XX

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created |
|--------------------|--------------|
| No items available | |

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | NE2024MS00020 | NE-24-0025

Package Header

Package ID NE2024MS00020
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID NE-24-0025
Initial Submission Date N/A
Effective Date N/A

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 | Administration | NE2024MS0002O | NE-24-0025

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Organization

General Administration

Reporting

| Reviewable Unit Name | Included in Another Submission Package |
|----------------------|----------------------------------------|
| Reporting | NEW |

Eligibility

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | NE2024MS0002O | NE-24-0025

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
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| Superseded SPA ID | N/A | | |

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 | Administration | NE2024MS0002O | NE-24-0025

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
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| Submission Type | Official | Initial Submission Date | N/A |
| Approval Date | N/A | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

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

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:


- All Indian Health Programs
- All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

| | |
|------------------------------|---------------------------------------------------|
| Date of consultation: | Method of consultation: |
| 12/16/2024 | Electronic correspondence was sent to the Tribes. |

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Name | Date Created | |
|---------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------|
| NE 24-0025 Tribal Notice 12.16.24 | 12/18/2024 10:48 AM EST |  |

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Administration

General Administration

Reporting

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
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| Approval Date | N/A | Effective Date | 12/31/2024 |
| Superseded SPA ID | NA | | |
| | User-Entered | | |

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. 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.

This view was generated on 12/18/2024 4:50 PM EST