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

[Summary](#) [Reviewable Units](#) [Approval Letter](#) [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	Approved
Submitted By	Dawn Kastens	Submission Date	12/30/2024
Package Disposition		Approval Date	2/27/2025 1:06 PM EST

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	12/30/2024
Approval Date	02/27/2025	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Superseded SPA ID	N/A		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
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

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	12/30/2024
Approval Date	02/27/2025	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Superseded SPA ID	N/A		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Reviewable Unit	Proposed Effective Date	Superseded SPA ID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Page Number of the Superseded Plan Section or Attachment (If Applicable):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	12/30/2024
Approval Date	02/27/2025	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Superseded SPA ID	N/A		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 | NE2024MS0002O | NE-24-0025

Package Header

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Governor's Office Review

- ☐ No comment

☐ Comments received

☐ No response within 45 days

☒ Other
- Describe

Governor has waived review.

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