Records / Submission Packages - Your State

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Superseded SPA ID	N/A		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

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Superseded SPA ID N/A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Reviewable Unit	Proposed Effective Date	Superseded SPA ID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Page Number of the Superseded Plan Section or Attachment (If Applicable):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 | 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Superseded SPA ID N/A

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

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Governor's Office Review

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

Describe Governor has waived review.

This view was generated on 3/4/2025 2:55 PM EST