

# NE - Submission Package - NE2023MS0002O - (NE-23-0004) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NE2023MS0002O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NE
<b>SPA ID</b>	NE-23-0004	<b>Region</b>	Kansas City, KS
<b>Version Number</b>	2	<b>Package Status</b>	Approved
<b>Submitted By</b>		<b>Submission Date</b>	3/29/2023
<b>Package Disposition</b>		<b>Approval Date</b>	6/16/2023 10:55 AM EDT

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS0002O | NE-23-0004

## Package Header

<b>Package ID</b>	NE2023MS0002O	<b>SPA ID</b>	NE-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2023
<b>Approval Date</b>	6/16/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | Eligibility | NE2023MS00020 | NE-23-0004

## Package Header

<b>Package ID</b> NE2023MS00020	<b>SPA ID</b> NE-23-0004
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 3/29/2023
<b>Approval Date</b> 6/16/2023	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

## SPA ID and Effective Date

**SPA ID** NE-23-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2023	NE-19-0002
Former Foster Care Children	1/1/2023	NE-13-0027

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00020 | NE-23-0004

## Package Header

<b>Package ID</b>	NE2023MS00020	<b>SPA ID</b>	NE-23-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2023
<b>Approval Date</b>	6/16/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** This state plan amendment seeks to implement section 1002 of The Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

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

### Federal Statute / Regulation Citation

Section 1002 of The Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00020 | NE-23-0004

### Package Header

**Package ID** NE2023MS00020  
**Submission Type** Official  
**Approval Date** 6/16/2023  
**Superseded SPA ID** N/A

**SPA ID** NE-23-0004  
**Initial Submission Date** 3/29/2023  
**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 | Eligibility | NE2023MS00020 | NE-23-0004

CMS-10434 OMB 0938-1188

## The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Mandatory Eligibility Groups	APPROVED

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00020 | NE-23-0004

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<b>Approval Date</b>	6/16/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | Eligibility | NE2023MS00020 | NE-23-0004

## Package Header

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2023
<b>Approval Date</b>	6/16/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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

<b>Date of consultation:</b>	<b>Method of consultation:</b>
2/7/2023	Public Tribal Notice

**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	
<a href="#">NE 23-0004 Tribal Notice 2.7.23</a>	3/27/2023 2:54 PM EDT	

**Indicate the key issues raised (optional)**

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



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 6/16/2023 12:06 PM EDT*