

# NE - Submission Package - NE2023MS00050 - (NE-23-0016) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NE2023MS00050	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NE
<b>SPA ID</b>	NE-23-0016	<b>Region</b>	Kansas City, KS
<b>Version Number</b>	3	<b>Package Status</b>	Approved
<b>Submitted By</b>	Crystal Georgiana	<b>Submission Date</b>	12/26/2023
<b>Package Disposition</b>		<b>Approval Date</b>	9/17/2024 2:13 PM EDT

**RAI**

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97-35). This request has the effect of stopping the 90-day time period for CMS to act on the material. A new 90 day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

**Submission Package** NE2023MS00050

**Authority** Eligibility

**State** NE

**Agency Name** Nebraska Department of Health and Human Services

**Submission Date** Dec 26, 2023

**All Questions**

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
1	42 CFR 430.10	CMS issued questions to the state on February 16, 2024. The state provided written responses on March 12, 2024. The 90th day is March 25, 2024. CMS needs additional time to review the written responses.	CMS needs additional information to process the SPA.	Nebraska met with CMS regarding NE 23-0016 on 7-1-24 to discuss questions regarding application questions. Email response to CMS questions was provided on 7-12-24.

**Submission Package was updated by the State in accordance with the response above**

- Yes
- No

# Submission - Summary

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<b>Package ID</b>	NE2023MS0005O	<b>SPA ID</b>	NE-23-0016
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<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

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<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** NE-23-0016

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	10/1/2023	NE-13-0028

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2023MS00050 | NE-23-0016

#### Package Header

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<b>Superseded SPA ID</b>	N/A		

#### Executive Summary

**Summary Description Including Goals and Objectives** Nebraska seeks approval for the newly implemented iServe electronic application.

#### Federal Budget Impact and Statute/Regulation Citation

##### Federal Budget Impact

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

##### Federal Statute / Regulation Citation

42 CFR 435.907(b)(2)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

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**Submission Type** Official  
**Approval Date** 09/17/2024  
**Superseded SPA ID** N/A

**SPA ID** NE-23-0016  
**Initial Submission Date** 12/26/2023  
**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

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### The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Eligibility Process

Application

Reviewable Unit Name	Included in Another Submission Package	Source Type
Application	(	APPROVED

Presumptive Eligibility

Continuous Eligibility for Children

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Benefits and Payments

# Submission - Public Comment

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<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

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<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

**Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:** This SPA does not have impact on Indians and/or Indian health programs because though the design of the application is changing, the process for submitting the application will remain the same.

# Medicaid State Plan Eligibility

## General Eligibility Requirements

### Application

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<b>Superseded SPA ID</b>	NE-13-0028		
	System-Derived		

### A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary
- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

# Application

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	System-Derived		

## B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

**Name**

iServe Nebraska Application

**Screenshots or other documentation of the online application(s) has been uploaded.**

Document Name	Date Created	
<a href="#">iServeNebraska Application Section 5</a>	12/18/2023 12:56 PM EST	
<a href="#">iServeNebraska Application Section 4</a>	12/18/2023 12:56 PM EST	
<a href="#">iServeNebraska Application Section 3</a>	12/18/2023 12:51 PM EST	
<a href="#">iServeNebraska Application Section 2</a>	12/18/2023 12:46 PM EST	
<a href="#">iServeNebraska Application Section 1</a>	12/18/2023 12:41 PM EST	
<b>5 items</b>		

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs

**Name**

iServe Application

**Screenshots or other documentation of the multi-program online application(s) have been uploaded.**

Document Name	Date Created	
<a href="#">iServeNebraska Application Section 5</a>	12/18/2023 12:58 PM EST	
<a href="#">iServeNebraska Application Section 4</a>	12/18/2023 12:58 PM EST	
<a href="#">iServeNebraska Application Section 3</a>	12/18/2023 12:58 PM EST	
<a href="#">iServeNebraska Application Section 1</a>	12/18/2023 12:58 PM EST	
<a href="#">iServeNebraska Application Section 2</a>	12/18/2023 12:57 PM EST	
<b>5 items</b>		

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

# Application

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	System-Derived		

## C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
APPLICATION FOR NEBRASKA MEDICAID FOR AGED AND DISABLED	12/18/2023 1:10 PM EST	

- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more applications used to apply for multiple human service programs
- 4. Other alternative applications

# Application

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## D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

### Name

iServe Application: Non MAGI

**Screenshots or other documentation of the online application(s) has been uploaded.**

Document Name	Date Created
<a href="#">iServeNebraska Application Non MAGI Path</a>	12/19/2023 10:18 AM EST

- 3. One or more application used to apply for multiple human service programs

### Name

iServe Application: Non MAGI

**This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.**

- Yes
- No

- 4. Other alternative applications

## Application

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### E. 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 9/18/2024 11:38 AM EDT*