


# NE - Submission Package - NE2024MS0001O - (NE-24-0004) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	NE2024MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	NE
<b>SPA ID</b>	NE-24-0004	<b>Region</b>	Kansas City, KS
<b>Version Number</b>	2	<b>Package Status</b>	Approved
<b>Submitted By</b>	Crystal Georgiana	<b>Submission Date</b>	3/18/2024
<b>Package Disposition</b>		<b>Approval Date</b>	4/30/2024 6:39 PM EDT

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS0001O | NE-24-0004

## Package Header

<b>Package ID</b>	NE2024MS0001O	<b>SPA ID</b>	NE-24-0004
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/18/2024
<b>Approval Date</b>	04/30/2024	<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Superseded SPA ID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 | NE2024MS0001O | NE-24-0004

### Package Header

<b>Package ID</b> NE2024MS0001O	<b>SPA ID</b> NE-24-0004
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 3/18/2024
<b>Approval Date</b> 04/30/2024	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### SPA ID and Effective Date

**SPA ID** NE-24-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	NE-23-0014

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS0001O | NE-24-0004

### Package Header

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<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/18/2024
<b>Approval Date</b>	04/30/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Nebraska submits this state plan amendment to implement Section 5112 of the Consolidated Appropriations Act, 2023. This section extends continuous eligibility for children enrolled in Medicaid to 12 months.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$8190552
Second	2025	\$12493574

#### Federal Statute / Regulation Citation

Section 5112 of the Consolidated Appropriations Act, 2023

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS0001O | NE-24-0004

### Package Header

**Package ID** NE2024MS0001O  
**Submission Type** Official  
**Approval Date** 04/30/2024  
**Superseded SPA ID** N/A

**SPA ID** NE-24-0004  
**Initial Submission Date** 3/18/2024  
**Effective Date** N/A

### Governor's Office Review

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

**Describe** Governor has waived comment.

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS0001O | NE-24-0004

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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

Presumptive Eligibility

Continuous Eligibility for Children

Reviewable Unit Name	Included in Another Submission Package	Source Type
Continuous Eligibility for Children	(	APPROVED

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS0001O | NE-24-0004

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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

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS0001O | NE-24-0004

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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

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>
1/24/2024	Notice of changes was sent vial 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 24-0004 Tribal Cover Letter</a>	2/1/2024 11:17 AM EST	
<a href="#">NE 24-0004 Tribal Summary</a>	2/1/2024 11:17 AM EST	

Indicate the key issues raised (optional)

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



# Medicaid State Plan Eligibility

## Eligibility and Enrollment Processes

### Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | NE2024MS0001O | NE-24-0004

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<b>Superseded SPA ID</b>	NE-23-0014		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

#### B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:
  - a. The month that the child turns 19 years old;
  - b. 12 months.
2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:
  - a. The child dies;
  - b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
  - c. The child ceases to be a resident of the state;
  - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
  - e. The child attains the maximum age specified in B.

#### 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 5/1/2024 4:22 PM EDT*