

Children's Health Insurance Program Eligibility

Children's Health Insurance Program Eligibility: General Information

State/Territory name: **Nebraska**
 Transmittal Number: **NE-24-0007**

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

NE CHIP: Continuous Eligibility

Children's Health Insurance Program Eligibility: File Management Summary

State/Territory name: **Nebraska**
 Transmittal Number: **NE-24-0007**

Type of SPA	Form Code	Form Name	Uploaded?
MAGI Eligibility & Methods	CS7	Eligibility - Targeted Low-Income Children	no
MAGI Eligibility & Methods	CS8	Eligibility - Targeted Low-Income Pregnant Women	no
MAGI Eligibility & Methods	CS9	Eligibility - Coverage From Conception to Birth	no
MAGI Eligibility & Methods	CS10	Eligibility - Children Who Have Access to Public Employee Coverage	no
MAGI Eligibility & Methods	CS11	Eligibility - Pregnant Women Who Have Access to Public Employee Coverage	no
MAGI Eligibility & Methods	CS12	Eligibility - Dental Only Supplemental Coverage	no
MAGI Eligibility & Methods	CS13	Eligibility - Deemed Newborns	no
MAGI Eligibility & Methods	CS15	MAGI-Based Income Methodologies	no
MAGI Eligibility & Methods	CS16	Other Eligibility Criteria - Spenddowns	no
XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	no
Establish 2101(f) Group	CS14	Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	no
Eligibility Processing	CS24	General Eligibility - Eligibility Processing	no
Non-Financial Eligibility	CS17	Non-Financial Eligibility - Residency	no
Non-Financial Eligibility	CS18	Non-Financial Eligibility - Citizenship	no
Non-Financial Eligibility	CS19	Non-Financial Eligibility - Social Security Number	no
Non-Financial Eligibility	CS20	Non-Financial Eligibility - Substitution of Coverage	no

Type of SPA	Form Code	Form Name	Uploaded?
Non-Financial Eligibility	CS21	Non-Financial Eligibility - Non-Payment of Premiums	no
Non-Financial Eligibility	CS23	Non-Financial Requirements - Other Eligibility Standards	no
Non-Financial Eligibility	CS27	General Eligibility - Continuous Eligibility	yes
Non-Financial Eligibility	CS28	General Eligibility - Presumptive Eligibility for Children	no
Non-Financial Eligibility	CS29	General Eligibility - Presumptive Eligibility for Pregnant Women	no
Marriage Policy	CS15a	CHIP Eligibility Marriage Policy	no

Children's Health Insurance Program Eligibility: File Management Detail

Form CS7: Eligibility - Targeted Low-Income Children

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS8: Eligibility - Targeted Low-Income Pregnant Women

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS9: Eligibility - Coverage From Conception to Birth

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS10: Eligibility - Children Who Have Access to Public Employee Coverage

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Form CS11: Eligibility - Pregnant Women Who Have Access to Public Employee Coverage

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Form CS12: Eligibility - Dental Only Supplemental Coverage

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Form CS13: Eligibility - Deemed Newborns

Form Description:

Uploaded Form: Date Uploaded:

Support Documents

Form CS15: MAGI-Based Income Methodologies

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS16: Other Eligibility Criteria - Spenddowns

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS3: Eligibility for Medicaid Expansion Program

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS14: Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS24: General Eligibility - Eligibility Processing

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS17: Non-Financial Eligibility - Residency

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS18: Non-Financial Eligibility - Citizenship

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS19: Non-Financial Eligibility - Social Security Number

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS20: Non-Financial Eligibility - Substitution of Coverage

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS21: Non-Financial Eligibility - Non-Payment of Premiums

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS23: Non-Financial Requirements - Other Eligibility Standards

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS27: General Eligibility - Continuous Eligibility

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS28: General Eligibility - Presumptive Eligibility for Children

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS29: General Eligibility - Presumptive Eligibility for Pregnant Women

Form Description:

Uploaded Form:

Date Uploaded:

Support Documents

Document

Form CS15a: CHIP Eligibility Marriage Policy

Form Description:

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Uploaded Form:

Date Uploaded:

[Empty text box]

Support Documents

Document

Children's Health Insurance Program Eligibility: Tribal Input

State/Territory name: Nebraska

Transmittal Number: NE-24-0007

- One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.
 - This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
 - The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission: Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

Indian Tribes

Indian Tribes	
Name of Indian Tribe:	Oglala Sioux Tribe
Date of consultation:	01/24/2024 (mm/dd/yyyy)
Method/Location of consultation:	An email transmission was sent.
Name of Indian Tribe:	Omaha Tribe of Nebraska
Date of consultation:	01/24/2024 (mm/dd/yyyy)
Method/Location of consultation:	An email transmission was sent.
Name of Indian Tribe:	Ponca Tribe of Nebraska
Date of consultation:	01/24/2024 (mm/dd/yyyy)
Method/Location of consultation:	

Indian Tribes
An email transmission was sent.
Name of Indian Tribe: Santee Sioux Nation
Date of consultation: 01/24/2024 (mm/dd/yyyy)
Method/Location of consultation: An email transmission was sent.
Name of Indian Tribe: Winnebago Tribe of Nebraska
Date of consultation: 01/24/2024 (mm/dd/yyyy)
Method/Location of consultation: An email transmission was sent.

Indian Health Programs

Indian Health Programs
Name of Indian Health Programs: Aberdeen Area Indian Health Service
Date of consultation: 01/24/2024 (mm/dd/yyyy)
Method/Location of consultation: An email transmission was sent.
Name of Indian Health Programs: Carl T. Curtis Health Center
Date of consultation: 01/24/2024 (mm/dd/yyyy)
Method/Location of consultation: An email transmission was sent.
Name of Indian Health Programs: Fred LeRoy Health & Wellness Center
Date of consultation: 01/24/2024 (mm/dd/yyyy)
Method/Location of consultation: An email transmission was sent.
Name of Indian Health Programs: Great Plains Tribal Chairmen's Health Board
Date of consultation: 01/24/2024 (mm/dd/yyyy)
Method/Location of consultation: An email transmission was sent.
Name of Indian Health Programs: Oglala Sioux Lakota Nursing Home
Date of consultation:

Indian Health Programs	
01/24/2024	(mm/dd/yyyy)
Method/Location of consultation: An email transmission was sent.	
Name of Indian Health Programs: Santee Sioux Clinic	
Date of consultation: 01/24/2024	
(mm/dd/yyyy)	
Method/Location of consultation: An email transmission was sent.	
Name of Indian Health Programs: Winnebago Comprehensive Healthcare System	
Date of consultation: 01/24/2024	
(mm/dd/yyyy)	
Method/Location of consultation: An email transmission was sent.	

Urban Indian Organization

Urban Indian Organizations	
Name of Urban Indian Organization: Nebraska Urban Indian Health Coalition	
Date of consultation: 01/24/2024	
(mm/dd/yyyy)	
Method/Location of consultation: An email transmission was sent.	

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.

Document	
Please provide a short description of this support document: Tribal Notice	
Uploaded Document Name: NE 24-0007 Tribal Notice 1.24.24.pdf	
Date Uploaded:	
Please provide a short description of this support document: Tribal Summary	
Uploaded Document Name: NE 24-0007 Tribal Summary.pdf	
Date Uploaded:	

Indicate the key issues raised in Indian consultative activities:

Access

Summarize Comments

Summarize Response

Quality

Summarize Comments

Summarize Response

Cost

Summarize Comments

Summarize Response

Payment methodology

Summarize Comments

Summarize Response

Eligibility

Summarize Comments

Summarize Response

Benefits

Summarize Comments

Summarize Response

Service delivery

Summarize Comments

Summarize Response

Other Issue

Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: Nebraska

Transmittal Number:

Enter the Transmittal Number (TN), including dashes, in the format SS-YY-NNNN or SS-YY-NNNN-xxxx (with xxxx being optional to specific SPA types), where SS = 2-character state abbreviation, YY = last 2 digits of submission year, NNNN = 4-digit number with

leading zeros, and xxxx = OPTIONAL, 1- to 4-character alpha/numeric suffix.

NE-24-0007

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

01/01/2024 (mm/dd/yyyy)

Federal Statute/Regulation Citation

2107(e)(1)(K) of the SSA and 42 CFR 457.342 and 435.926; 2107(e)(1)(J) and 1902(e)(16) of the SSA

Federal Budget Impact

- This SPA has a budget impact.

Total budget impact:

State Funds: \$ 2343231.00

Federal Funds: \$ 5742451.00

Please attach a revised CHIP budget.

Document

Subject of Amendment

Please provide a brief summary of SPA changes.

CHIP Continuous Eligibility SPA.

Signature of State Agency Official

Submitted By: Crystal Georgiana
 Last Revision Date: Mar 18, 2024
 Submit Date: Mar 18, 2024