

## **Table of Contents**

**State/Territory Name: Nebraska**

**State Plan Amendment (SPA) #: 23-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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December 4, 2023

Kevin Bagley  
Director  
Division of Medicaid & Long-Term Care  
Nebraska Department of Health & Human Services  
301 Centennial Mall South  
Lincoln, NE 68509

Re: Nebraska State Plan Amendment (SPA) 23-0015

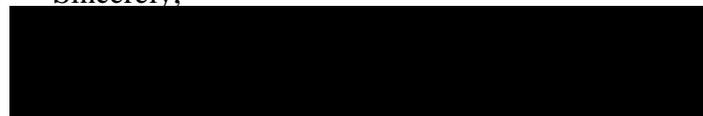
Dear Director Bagley:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-23-0015. This amendment proposes provide coverage of all vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP) to all adult Medicaid beneficiaries as required by the Inflation Reduction Act of 2022.

We conducted our review of your submittal according to statutory requirements in the Inflation Reduction Act, Section 11405. This letter is to inform you that Nebraska Medicaid SPA 23-0015 was approved on December 4, 2023, with an effective date of October 1, 2023.

If you have any questions, please contact Tyson Christensen at 816-426-6440 or via email at [tyson.christensen@cms.hhs.gov](mailto:tyson.christensen@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Dawn Kastens  
Catherine Gekas-Steeby

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	<p>1. TRANSMITTAL NUMBER  <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">2</span> <span style="border: 1px solid black; padding: 2px;">3</span> <span style="border: 1px solid black; padding: 2px;">—</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">0</span> <span style="border: 1px solid black; padding: 2px;">1</span> <span style="border: 1px solid black; padding: 2px;">5</span> </div> </p> <p>2. STATE  <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 2px;">N</span> <span style="border: 1px solid black; padding: 2px;">E</span> </div> </p> <p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  <input checked="" type="checkbox"/> XIX    <input type="checkbox"/> XXI         </p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>4. PROPOSED EFFECTIVE DATE October 1, 2023</p>
<p>5. FEDERAL STATUTE/REGULATION CITATION Inflation Reduction Act Sec. 11405</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a FFY <u>2024</u> \$ <u>188,097</u> b FFY <u>2025</u> \$ <u>189,459</u></p>
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 3.1-A, Item 13c, Pg 2</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-A, Item 13c, Pg 2</p>
<p>9. SUBJECT OF AMENDMENT Adult Vaccine Coverage</p>	

10. GOVERNOR'S REVIEW (Check One)

<p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>	<p><input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review</p>
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<p>11. SIGNATURE OF STATE AGENCY OFFICIAL  <div style="background-color: black; height: 20px; width: 100%;"></div> </p>	<p>15. RETURN TO Dawn Kastens Division of Medicaid &amp; Long-Term Care Nebraska Department of Health and Human Services 301 Centennial Mall South Lincoln, NE 68509</p>
<p>12. TYPED NAME Kevin Bagley</p>	
<p>13. TITLE Director, Division of Medicaid &amp; Long-Term Care</p>	
<p>14. DATE SUBMITTED September 25, 2023</p>	

<b>FOR CMS USE ONLY</b>	
<p>16. DATE RECEIVED September 25, 2023</p>	<p>17. DATE APPROVED December 4, 2023</p>

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023</p>	<div style="background-color: black; height: 20px; width: 100%;"></div>
<p>20. TYPED NAME OF APPROVING OFFICIAL James G. Scott</p>	<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations</p>

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Nebraska

LIMITATIONS – PREVENTATIVE SERVICES

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a. Clients receive individual counseling to develop a plan to address identified nutritional problems based on the health objectives, resources, and capacity of the client.

1. Providers

- a. Be a currently licensed medical nutritional therapist in the State of Nebraska.
- b. Act within their scope of practice.

Provider Qualifications: Providers must be licensed to practice medical nutrition therapy pursuant to the Uniform Credentialing Act and hold a current license issued by the Nebraska Department of Health and Human Services Division of Public Health.

Intervention and counseling provided under Medical Nutrition Services are provided by licensed Medical Nutritional Therapist.

2. Client Eligibility

- a. Be an adult age 21 or over
- b. Have at least one of the following medical conditions and require medical nutritional therapy for that condition:
  - i. Type I or type II diabetes
  - ii. Have kidney disease
  - iii. Have had a kidney transplant in the last 36 months

Vaccinations

Nebraska Medicaid covers vaccines and vaccine administration in compliance with section 1905(a)(13)(B) of the Social Security Act. Nebraska Medicaid staff monitor for changes in recommendations from the Advisory Committee on Immunization Practices (ACIP) to ensure Nebraska Medicaid coverage of vaccines and vaccine administration aligns with current ACIP recommendations.

Vaccinations are a preventative service. Preventive services mean services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to - (1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.

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TN No. NE 23-0015

Supersedes

TN No. NE 17-0001

Approval Date 12/4/2023 Effective Date 10/1/2023