

Table of Contents

State/Territory Name: NE

State Plan Amendment (SPA) #: 24-0024

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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

April 29, 2025

Drew Gonshorowski, Director
Division of Medicaid and Long-Term Care
Nebraska Department of Health and Human Services
301 Centennial Mall South
Lincoln, NE 68509

Re: Nebraska State Plan Amendment (SPA) – 24-0024

Dear Mr. Gronshorowski:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-24-0024. This amendment proposes to implement a new prenatal plus program for eligible Medicaid and Children's Health Insurance Plan (CHIP) mothers determined by a health care provider to be at risk of having negative maternal or infant health outcomes.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Nebraska Medicaid SPA TN 24-0024 was approved on April 29, 2025, with an effective January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Nebraska State Plan.

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

Sincerely,

KATH A. HUGHES
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Dawn Kastens

**TRANSMITTAL AND NOTICE OF
APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID
SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 2 4

2. STATE

N E

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXITO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN
SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION *

Title XIX of the Social Security Act; ~~4435 of the Social Security Act~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 1,673,832

b. FFY 2026 \$ 2,276,412

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 3.1-A, Item 13c, Pgs 2 and 2a (new); Supplement 3 to Att. 3.1-A,
Pgs 6-9 (new); Att. 4.19-B, Item 13c, Pg 1; Att. 4.19-B, Item 19, Pg 18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If Applicable)
Att. 3.1-A, Item 13c, Pg 2; Att. 4.19-B, Item 13c, Pg 1; Att. 4.19-B, Item
19, Pg 1

9. SUBJECT OF AMENDMENT

Implements a new prenatal plus program for eligible Medicaid and CHIP mothers determined by a health care provider to be at risk of having
negative maternal or infant health outcomes.

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

Governor has waived review

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Matthew Ahern

13. TITLE

Interim Director, Division of Medicaid & Long-Term Care

14. DATE SUBMITTED

October 16, 2024

15. RETURN TO

Dawn Kastens

Division of Medicaid & Long-Term Care

Nebraska Department of Health and Human Services

301 Centennial Mall South

Lincoln, NE 68509

FOR CMS USE ONLY

16. DATE RECEIVED

October 16, 2024

17. DATE APPROVED

April 29, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

on behalf of Courtney Miller, MCOG Director

22. REMARKS

*Pen and Ink change approved by the state on 04/28/2025.

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

LIMITATIONS – PREVENTATIVE SERVICES

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

4. 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.

5. Client Eligibility

- a. Be an adult age 21 or over

Nutrition Counseling

Nebraska Medicaid covers nutrition counseling for pregnant women who are assessed to be at risk of having negative maternal or infant health outcomes. Nutrition counseling is education and guidance by a licensed medical nutrition therapist or a prenatal care provider. Nutrition counseling is offered for the purpose of educating pregnant individuals who are at risk of having negative maternal or infant health outcomes.

Up to 6 nutrition counseling sessions per pregnancy are allowed. Additional sessions will be allowed if deemed medically necessary.

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.

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

LIMITATIONS – PREVENTATIVE SERVICES

Breast-Feeding Support

Nebraska Medicaid covers breastfeeding support for pregnant women who are assessed to be at risk of having negative maternal or infant health outcomes. Breast-feeding support is education, guidance, and instruction by a medical nutrition practitioner or international board-certified lactation consultant. Breast-feeding support is offered for the purpose of educating pregnant individuals who are at risk of having negative maternal or infant health outcomes.

One 60 minute breastfeeding instruction class will be reimbursed. Additional sessions will be allowed if deemed medically necessary.

1. Providers

- a. Licensed Medical Nutritional Therapist
- b. International board-certified lactation consultant (IBCLC)

Provider Qualifications: Providers must be licensed to practice medical nutrition therapy or lactation counseling 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.

State Plan under Title XIX of the Social Security Act
State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

The target group consists of pregnant individuals who have been determined by their prenatal health care provider to be at high risk of having negative maternal or infant health outcomes. TCM services are available to the individual throughout the duration of their pregnancy.

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- ☒ Entire State
 ___ Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- ___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - A comprehensive assessment is conducted initially, and the care coordinator periodically assesses, at minimum once a month, the mother's needs throughout the pregnancy.
- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;

**State Plan under Title XIX of the Social Security Act
State/Territory: Nebraska**

**TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program**

- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual;

At a minimum, care plans must be comprehensive, individualized and reflect the beneficiary's preferences.

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring and follow-up activities shall occur at least monthly, and more often as needed to ensure the individual's needs are met. Monitoring and follow-up activities include in-person encounters, telephone, or via audiovisual telehealth.

x Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

State Plan under Title XIX of the Social Security Act
State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program

Targeted Case Management can be provided by Care Coordinators who are employed by a Physician, Physician Assistant (PA), Nurse Practitioner (NP), or Certified Nurse-Midwife (CNM).

A designated Care Coordinator (CC) will provide TCM to the PPP patient and must have one of the following licenses/certifications:

- Licensed Practical Nurse (LPN)
- Registered Nurse (RN)
- Clinical Medical Assistant (CMA)
- Licensed Clinical Social Worker (LCSW)
- Certified Health Coach (CHC)

The Care Coordinator

- Is employed by the provider/clinic
- Can provide patient encounters in-person, by audiovisual telehealth, or via telephone
- Can connect with the patient as many times as needed each month

If a beneficiary wanted to change case managers, they would not have to change their practitioner.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

State Plan under Title XIX of the Social Security Act
State/Territory: Nebraska

TARGETED CASE MANAGEMENT SERVICES
Prenatal Plus Program

-
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

PREVENTIVE SERVICES

MEDICAL NUTRITION THERAPY/LACTATION COUNSELING SERVICES

Nebraska Medicaid pays for Medical Nutrition Therapy/Lactation Counseling services at the lower of:

1. The provider's submitted charge; or
2. The maximum allowable fee established by the Department.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical Nutrition Therapy/Lactation Counseling Services. The agency's fee schedule rate for nutritional services was set as of January 1, 2025 and is effective for services provided on or after that date. All rates are published on the Physician Services Fee Schedule at <https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

Payment for Telehealth Services: Payment for telehealth services is set at the Medicaid rate for the comparable in-person service.

Payment for Telehealth Transmission Costs: Payment for telehealth transmission costs is set at the lower of: (1) the provider's submitted charge; or (2) the maximum allowable amount.

The Department reimburses transmission costs for line charges when directly related to a covered telehealth service. The transmission must be in compliance with the quality standards for real time, two way interactive audiovisual transmission as set forth in state regulations, as amended.

TN #. NE 24-0024

Supersedes

TN #. NE 17-0001

Approval Date 4/29/2025

Effective Date 1/1/2025

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

CASE MANAGEMENT SERVICES

The Department pays for case management services at the lower of:

1. The provider's submitted charge; or
2. The maximum allowable fee established by the Department.

All claims for reimbursement of case management services shall contain the name of the client served, the provider name and identification number, the type of service, date of service and cost.

When services which are reimbursed per a fee schedule, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of January 1, 2025, and is effective for services provided on or after that date. All rates are published on the Physician Services Fee Schedule at: <https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

TN #. NE 24-0024

Supersedes

TN #. MS-00-06

Approval Date 4/29/2025

Effective 1/1/2025