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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 25-0005

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

May 6, 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) – 25-0005

Dear Mr. Gronshorowski:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-25-0005. This amendment proposes a change to lactation counseling services. The current limit of five sessions per child will increase to ten.

We conducted our review of your submittal according to statutory requirements in Section 1905(r) of the Social Security Act. This letter informs you that Nebraska Medicaid SPA TN 25-0005 was approved May 6, 2025, with an effective date of 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,

Ruth 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 5 — 0 0 0 5

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
Section 1905(r) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0.00

b. FFY 2026 \$ 0.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 3.1-A, Item 4b, Pg 358. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If Applicable)

Att. 3.1-A, Item 4b, Pg 35

9. SUBJECT OF AMENDMENT
Lactation Counseling

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

Drew Gonshorowski

13. TITLE

Director, Division of Medicaid & Long-Term Care

14. DATE SUBMITTED

February 7, 2025

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

February 7, 2025

17. DATE APPROVED

May 6, 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

ATTACHMENT 3.1-A
Item 4b, Page 35
Applies to both Categorically and
Medically Needy

IAL SECURITY ACT

RIODIC SCREENING AND DIAGNOSTIC AND

of the Medicaid-eligible child. There is a limit of
each session can last up to ninety minutes. In
accordance with Section 1905(r) of the Social Security Act this service limit may be exceeded
based on medical necessity.

3. Providers

- a. The following providers may provide all lactation counseling services: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Midwife (MW), and Registered Nurse (RN)
- b. Qualifications
 - i. Certified as an International Board Certified Lactation Consultant (IBCLC)

TN No. NE 25-0005

Supersedes

TN No. NE 17-0001

Approval Date 5/6/2025

Effective Date 1/1/2025