

State/Territory Name: Nebraska

State Plan Amendment (SPA) NE-25-0020

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn Street
Chicago, Illinois 60604



Financial Management Group

August 6, 2026

Drew Gonshorowski
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) Transmittal Number 25-0020

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Nebraska state plan amendment (SPA) to Attachment 4.19-B NE-25-0020, which was submitted to CMS on July 31, 2025. The purpose of this plan amendment is to update Nebraska's applied behavioral analysis (ABA) fee schedule rates.

We reviewed this SPA in accordance with section 1902(a)(30)(A) of the Social Security Act and implementing regulations at 42 CFR § 447.203(c). If the state decides to include these services in their Medicaid managed care contracts, then they will need to ensure compliance with all requirements at 42 CFR § 438.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

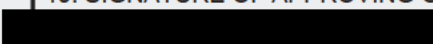
Based upon the information provided by the state, we have approved the amendment with an effective date of August 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or further assistance, please contact Jerica Bennett at 410-786-1167 or via email at jerica.bennett@cms.hhs.gov.

Todd McMillion



Director
Division of Reimbursement Review

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 5 — 0 0 2 0		2. STATE N E	
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT ☒ XIX ☐ XXI			
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE August 1, 2025			
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 4.19-B, Item 13d, Pg 1c (new)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Click or tap here to enter text.			
9. SUBJECT OF AMENDMENT Nebraska Medicaid's Rates for Applied Behavior Analysis Services					
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 		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			
12. TYPED NAME [REDACTED]					
13. TITLE Director, Division of Medicaid & Long-Term Care					
14. DATE SUBMITTED July 31, 2025					
FOR CMS USE ONLY					
16. DATE RECEIVED 07/31/2025		17. DATE APPROVED			
PLAN APPROVED - ONE COPY ATTACHED					
18. EFFECTIVE DATE OF APPROVED MATERIAL 08/01/2025		19. SIGNATURE OF APPROVING OFFICIAL 			
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review			
22. REMARKS					

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

APPLIED BEHAVIORAL ANALYSIS

Effective August 1, 2025, Nebraska Medicaid's applied behavioral analysis (ABA) rates were adjusted in alignment with ABA rates from Medicaid agencies located in states with geographic proximity to Nebraska. Nebraska Medicaid's adjusted rates reflect a blended average of these nearby states' Medicaid rates for ABA services.

Nebraska Medicaid's rates are published on the agency's website 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.

These rates will be the same for governmental and private providers of applied behavioral analysis.

TN # NE 25-0020

Supersedes

Approval Date August 6, 2026

Effective Date 08/01/2025

TN # New