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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 25-0022

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 4, 2026

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) – 25-0022

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-25-022. This amendment proposes to extend pregnancy-related and postpartum services from 60 days to 12 months after a pregnancy ends for Medicaid beneficiaries.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.300. This letter informs you that Nebraska's Medicaid SPA TN 25-0022 was approved on May 4, 2026, with an effective date of October 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,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Dawn Kastens

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	<p>1. TRANSMITTAL NUMBER <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> 2 5 — 0 0 2 2 </div> </p> <p>2. STATE <div style="display: flex; justify-content: space-around; border: 1px solid black; padding: 2px;"> N E </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 & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>4. PROPOSED EFFECTIVE DATE October 1, 2025</p>
<p>5. FEDERAL STATUTE/REGULATION CITATION Section 1937 of the Social Security Act, 42 CFR 440.300</p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY <u>2026</u> \$ <u>0</u> b. FFY <u>2027</u> \$ <u>0</u></p>
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 3, Pg 19a; Att. 3.1-A, Pg 8; Att. 3.1-A, Item 20a; Att. 3.1-B, Pg 7; Att. to Pg 7 of Att. 3.1-B</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 3, Pg 19a; Att. 3.1-A, Pg 8; Att. 3.1-A, Item 20a; Att. 3.1-B, Pg 7; Att. to Pg 7 of Att. 3.1-B</p>
<p>9. SUBJECT OF AMENDMENT Extended Services for Pregnant Women</p>	

<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <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>
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p>	<p>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</p>
<p>12. TYPED NAME Drew Gonshorowski</p>	
<p>13. TITLE Director, Division of Medicaid & Long-Term Care</p>	
<p>14. DATE SUBMITTED November 5, 2025</p>	

FOR CMS USE ONLY	
<p>16. DATE RECEIVED November 5, 2025</p>	<p>17. DATE APPROVED May 4, 2026</p>

PLAN APPROVED - ONE COPY ATTACHED	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2025</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p>
<p>20. TYPED NAME OF APPROVING OFFICIAL</p>	<p>21. TITLE OF APPROVING OFFICIAL</p>

<p>22. REMARKS</p>

Revision: HCFA-PM-91-4
August 1991

(BPD)

OMB No. 0938-

State/Territory: Nebraska

Citation

3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1902(e)(5) of
the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 12 month period (beginning on the day pregnancy ends) and any remaining days in the month in which 12 month falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

(iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10),
Clause (VII)
of the matter
following (F)
of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, all supplements to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act.)

Provided: With limitations*
 Not Provided

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided: With limitations*
 Not Provided

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 12-month period after the pregnancy ends and any remaining days in the month in which the 12th month falls.

Provided Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

Provided Additional coverage ++ Not provided

Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment

TN No. NE 25-0022

Supersedes

TN No. MS-00-06

Approval Date: May 4, 2026

Effective Date: October 1, 2025

ATTACHMENT 3.1-A
Item 20a
Applies to both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – PREGNANCY-RELATED AND POSTPARTUM SERVICES FOR 12 MONTHS
AFTER THE PREGNANCY ENDS

Nebraska Medicaid covers pregnancy-related and postpartum services for 12 months after the pregnancy ends or at the end of the month in which the 12th month falls, based on medical necessity.

Telehealth:

Pregnancy-related and postpartum services provided via telehealth technologies are subject to the limitations set forth in state regulations, as amended.

TN No. NE 25-0022

Supersedes

TN No. MS-00-06

Approval Date: May 4, 2026

Effective Date: October 1, 2025

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All covered groups

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, all supplements to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided With Limitations*
 Not Provided

- b. Special tuberculosis (TB) related services under section 1902 (z) (2) (F) of the Act.

Provided With Limitations*
 Not Provided

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 12 month period after the pregnancy ends and any remaining days in the month in which the 12th month falls.

Provided Additional coverage ++

- b. Services for any other medical conditions that may complicate pregnancy.

Provided Additional coverage ++ Not provided

Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

Provided No limitations With Limitations*
 Not Provided

*Description provided on attachment.

TN No. NE 25-0022

Supersedes

TN No. MS-00-06

Approval Date: May 4, 2026

Effective Date: October 1, 2025

State/Territory: Nebraska

Major Categories of Services That Are Available As
Pregnancy-Related services or Services For Any
Other Condition That May Complicate Pregnancy

Nebraska Medicaid covers the following major categories of services as pregnancy-related services or services for a condition that may complicate pregnancy:

1. All services covered under the Title XIX Plan are available when pregnancy-related or for a condition that may complicate pregnancy; and
2. The same limitations listed in Attachment 3.1-A are applied to pregnancy-related services or services for a condition that may complicate pregnancy.

TN No. NE 25-0022

Supersedes

TN No. MS-00-06

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