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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 26-0005

This file contains the following documents in the order listed:

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

August 18, 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) – 26-0005

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-26-0005. This amendment proposes to allow certified lactation consultants within the Prenatal Plus Program.

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's Medicaid SPA TN 26-0005 was approved on August 18, 2026, with an effective date of July 1, 2026.

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,

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Dawn Kastens

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0005

2. STATE: NE

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
July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
Title XIX of the Social Security Ac

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 0
b. FFY 2027 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 3.1-A, Item 13c, Page 2a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Att. 3.1-A, Item 13c, Page 2a

9. SUBJECT OF AMENDMENT
Certified Lactation Consultant - Prenatal Plus Program

10. GOVERNOR'S REVIEW *(Check One)*
- ○ GOVERNOR'S OFFICE REPORTED NO COMMENT
- ○ SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- ○ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- ◉ OTHER, AS
  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
July 13, 2026

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
July 13, 2026

17. DATE APPROVED
August 18, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

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)
    c. Certified ~~l~~actation consultant (CLC)

Provider Qualifications: Licensed medical nutritional therapists and international board-certified lactation consultants (IBCLC) 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. Certified lactation consultants must hold a certified lactation counselor certification through the Academy of Lactation Policy and Practice (ALPP).