



February 7, 2025

James G. Scott, Director
Centers for Medicare & Medicaid Services
Kansas City Regional Operations Group
Division of Medicaid Field Operations-North
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898

RE: Nebraska State Plan Amendment NE 25-0005

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding lactation counseling services.

The Division of Medicaid and Long-Term Care sent notice on November 21, 2024 (attached) to the federally recognized Native American Tribes and Indian Health Programs within the State of Nebraska to discuss the impact the proposed state plan amendment might have, if any, on the Tribes. No comments were received.

If you have content questions, please feel free to contact Jeremy Brunssen at Jeremy.Brunssen@nebraska.gov or 402-540-0380.. For submittal questions, please contact Dawn Kastens at Dawn.Kastens@nebraska.gov or 531-893-3779.

Sincerely,

Drew Gonshorowski, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

cc: Tyson Christensen

Enclosures

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

PREVENTATIVE SERVICES - EARLY AND PERIODIC SCREENING AND DIAGNOSTIC AND
TREATMENT OF CONDITIONS FOUND

2. Limitations

Lactation counseling services is primarily intended for children age birth through ninety days postpartum or ninety days corrected for gestational age; however, it may be available to children up to age 21 when medically necessary. There is a limit of ten counseling sessions per child, and 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 _____

Effective Date_____

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <div>25 — 0005</div>	2. STATE <div>NE</div>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div><input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI</div>	
TO: 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) <div>a. FFY 2025 \$ 0.00 b. FFY 2026 \$ 0.00</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 3.1-A, Item 4b, Pg 35	8. 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) <div><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</div> <div><input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review</div>		
11. SIGNATURE OF STATE AGENCY OFFICIAL <div>Drew Gonshorowski</div>	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 Drew Gonshorowski		
13. TITLE Director, Division of Medicaid & Long-Term Care		
14. DATE SUBMITTED February 7, 2025		
FOR CMS USE ONLY		
16. DATE RECEIVED	17. DATE APPROVED	
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	
22. REMARKS		