



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

September 29, 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 25-0021

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska Medicaid State Plan regarding targeted case management services for the Postpartum Home Program.

The Division of Medicaid and Long-Term Care sent notice on August 29, 2025 (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 Matthew Ahern at matthew.ahern@nebraska.gov or 402-430-7621. For submittal questions, please contact Dawn Kastens at dawn.kastens@nebraska.gov or 531-893-3379.

Sincerely,

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

cc: Tyson Christensen

Enclosures

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <div>25 — 0021</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 July 1, 2026 | |
| 5. FEDERAL STATUTE/REGULATION CITATION 42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9) | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) <div>a. FFY 2026 \$ 20,923</div> <div>b. FFY 2027 \$ 83,691</div> | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 8 to Att. 3.1-A, Pgs 1-6 (New) | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Click or tap here to enter text. | |
| 9. SUBJECT OF AMENDMENT Targeted Case Management for Postpartum Home Program | | |
| 10. GOVERNOR'S REVIEW (Check One) <div><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</div> <div><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</div> <div><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 September 29, 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 | | |

State/Territory: Nebraska**TARGETED CASE MANAGEMENT SERVICES**

Postpartum Home Program

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

The target group consists of Medicaid enrolled postpartum women and Medicaid enrolled children up to 12 months old.

___ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to _____ consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):☒ Entire State☐ Only in the following geographic areas:Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))☒ Services are provided in accordance with §1902(a)(10)(B) of the Act.☐ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. ~~Targeted Case-Management~~ includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; ~~and~~
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
 - Postpartum Home Program (PHP) assessments completed by a registered nurse, who assesses family needs, provides supportive guidance, and refers families to community resources, as needed and desired;
 - assessment of the social, emotional and health status of the mother and child;
 - the initial TCM visit which must occur within the first 6 months after birth; and
 - subsequent visits which are scheduled based on the client's preference but must be completed within 12 months after birth.

❖ Development (and periodic revision) of a specific care plan that is based on the

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information collected through the assessment that

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and

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- identifies a course of action to respond to the assessed needs of the eligible individual;
- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.
 - Follow up TCM visits are offered to the clients to provide assessment of the social, emotional, and health status of the mother and child. The registered nurse provides supportive guidance, and refers clients to community resources, as needed and desired.
 - Follow up TCM visits must be completed within 12 months after birth.

x Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Case Management can be provided by registered nurses (RNs) who are employed by one of the following entities:

- Hospitals
- Clinics
- Federally qualified health centers (FQHC)
- Obstetrician-gynecologist (OB-GYN) clinics
- Family physician clinics
- Pediatrician clinics
- Rural health clinics
- Indian Health Service (IHS) facilities

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- Local health departments (LHD)
- Home health agencies (HHA)

All entities must have a medical director.

A physician's order and prior authorization are not required for the Postpartum Home Program (PHP).

The registered nurse

- Must hold a current, unencumbered registered nurse license issued by Nebraska DHHS Regulation and Licensure
- Is employed by one of the entities listed above
- Must provide the first TCM in person. Follow-up visits may be provided in-person or by audiovisual telehealth

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

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Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other

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services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

[Specify any additional limitations.]