

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

September 25, 2023

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

RE: Nebraska State Plan Amendment NE 23-0015

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding adult vaccine coverage.

The Division of Medicaid and Long-Term Care sent notice on August 24, 2023 (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 Carisa Schweitzer Masek at [Carisa.SchweitzerMasek@nebraska.gov](mailto:Carisa.SchweitzerMasek@nebraska.gov) or 402-471-7514. For submittal questions, please contact Dawn Kastens at [Dawn.Kastens@nebraska.gov](mailto:Dawn.Kastens@nebraska.gov) or 402-471-9530.

Sincerely,

Kevin Bagley, Director  
Division of Medicaid and Long-Term Care  
Department of Health and Human Services

KB/dk

cc: Tyson Christensen

Enclosures

**TRANSMITTAL AND NOTICE OF  
APPROVAL OF STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID  
SERVICES**

1. TRANSMITTAL NUMBER 2 3 — 0 0 1 5	2. STATE N E
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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  
October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
Inflation Reduction Act Sec. 11405

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a FFY 2024 \$ 188,097  
b FFY 2025 \$ 189,459

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

9. SUBJECT OF AMENDMENT  
Adult Vaccine Coverage

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

*Kevin Bagley*

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  
Kevin Bagley

13. TITLE  
Director, Division of Medicaid & Long-Term Care

14. DATE SUBMITTED  
September 25, 2023

**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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Nebraska

LIMITATIONS – PREVENTATIVE SERVICES

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a. Clients receive individual counseling to develop a plan to address identified nutritional problems based on the health objectives, resources, and capacity of the client.

1. Providers

- a. Be a currently licensed medical nutritional therapist in the State of Nebraska.
- b. Act within their scope of practice.

Provider Qualifications: Providers must be licensed to practice medical nutrition therapy 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.

Intervention and counseling provided under Medical Nutrition Services are provided by licensed Medical Nutritional Therapist.

2. Client Eligibility

- a. Be an adult age 21 or over
- b. Have at least one of the following medical conditions and require medical nutritional therapy for that condition:
  - i. Type I or type II diabetes
  - ii. Have kidney disease
  - iii. Have had a kidney transplant in the last 36 months

Vaccinations

Nebraska Medicaid covers vaccines and vaccine administration in compliance with section 1905(a)(13)(B) of the Social Security Act. Nebraska Medicaid staff monitor for changes in recommendations from the Advisory Committee on Immunization Practices (ACIP) to ensure Nebraska Medicaid coverage of vaccines and vaccine administration aligns with current ACIP recommendations.

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TN No. NE 23-0015

Supersedes

TN No. NE 17-0001

Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_