

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): \_\_\_\_\_

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The following ambulatory services are provided.

Rural health clinic services  
Other laboratory and x-ray services  
Early and Periodic Screening, Diagnosis, and Treatment  
Family planning services  
Physicians' services  
Podiatrists' services  
Optometrists' services  
Chiropractors' services  
Other practitioners' services  
Home health services  
Private duty nursing services  
Clinic services  
Dental services  
Physical therapy and related services  
Prescribed drugs, dentures, and prosthetic devices  
Eyeglasses  
Transportation  
Personal care services  
Nurse Practitioner Services  
Freestanding Birth Center Services

\*Description provided on attachment.

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TN No. NE 11-21

Supersedes

TN No. MS-86-25

Approval Date APR 02 2012

Effective Date FEB 14 2012

HCFA ID: 0140P/0102A

State/Territory: Nebraska

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

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1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided                       No limitations                       With Limitations\*

2. a. Outpatient hospital services.

Provided                       No limitations                       With Limitations\*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan)

Provided                       No limitations                       With Limitations\*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with sec. 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided                       No limitations                       With Limitations\*

3. Other laboratory and x-ray services.

Provided                       No limitations                       With Limitations\*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided                       No limitations                       With Limitations\*

Nursing facility (NF) services are available to eligible individuals in accordance with 42 CFR 440.42 and 440.155.

State/Territory: Nebraska

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

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4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)

Specialized add-on services are available to certain individuals residing in a Medicaid-certified nursing facility. Specialized add-on services are paid as add-on services to the provider of the specialized add-on service in accordance with Attachment 4.19-D, page 33. Services will not be paid as specialized add-on services if the services are included in the nursing facility's per diem rate or covered under other sections of the State Plan.

Specialized add-on services are services which result in a continuous, aggressive individualized plan of care and recommended and monitored by the individual's interdisciplinary team (IDT). Specialized add-on services include habilitative services and are not provided by the nursing facility. Habilitative services are medically necessary services intended to assist the individual in obtaining, maintaining, or improving developmental-age appropriate skills not fully acquired as a result of congenital, genetic, or early acquired health condition.

Specialized add-on services are provided only when prior authorized, recommended by the individual's IDT and are included in the individual's plan of care. The IDT includes but is not limited to the attending physician, a RN and nurse aide with responsibility for the individual, a member of the food and nutrition services staff, to the extent possible the individual and the individual's representative(s), and other appropriate staff or professionals in disciplines as determined by the individual's needs or as requested by the individual.

Specialized add-on services must meet professional standards of quality and be provided by qualified persons in accordance with each individual's written plan of care.

Specialized add-on services, limitations, and the providers who may furnish the services are as follows:

I. Habilitative Skills

- A. Habilitative Skills supports individuals to acquire new skills and/or increase skills in the areas of hygiene, self-advocacy, activities of daily living and communication. Habilitative skills can occur on-site (at the nursing facility) but may be expanded to also occur in the community such as grocery stores, financial institutions, movie theatres, recreational centers/events, and social activities so the individual learns these skills in a variety of settings. Services are expected to include both formal training (goal oriented and measureable) and opportunities to practice the skills in various settings.

State/Territory: Nebraska

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

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4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)

Habilitative Skills services consist of:

1. Identification of skill needs requiring training with regard to individual rights and due process, advocating for their own needs, desires, future life goals and participation in the development of their plan of care, communication skills, personal hygiene skills, dressing skills, laundry skills, bathing skills, and toileting skills;
2. Development and implementation of formal training goals related to identified skill needs; and
3. Monitor and revise goals according to the individual's response to training.

This service is provided with a staff to individual ratio of 1:1.

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

B. Limitations

1. Transportation is not included in the reimbursement rates. Transportation services can be billed separately for off-site habilitative skills only and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
2. This service can be authorized in combination with but cannot be provided during the same time period as Habilitative Community Inclusion.
3. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.

State/Territory: Nebraska

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

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4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)
- C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:
1. Be legally authorized to work in the United States;
  2. Not be a family member or legal guardian of the individual;
  3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
  4. Be at least 19 years of age;
  5. Meet the following educational and/or work experience requirements:
    - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and
    - b. At least one year of direct care experience with intellectually disabled individuals;  
OR
    - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals;
  6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

II. Employment Assistance

- A. Employment Assistance supports the individual through habilitative training to obtain gainful employment in their community. The goal is to provide the skills, tools, and supports to enable the individual to seek and obtain employment.

Employment Assistance services consist of:

1. Identification of the individual's job preferences and skill needs;
2. Identification of available employment opportunities in their community;
3. Development and implementation of formal training goals related to the individual's employment needs including application for employment, job readiness and preparation skills and appropriate work behavior;
4. Monitor and revise goals according to the individual's response to training.

State/Territory: Nebraska

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

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4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)

This service is provided with a staff to individual ratio of 1:1 and may be provided at the nursing facility or in the community.

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

B. Limitations

1. The individual's service hours are determined by the assistance needed to reach employment goals.
2. This service can be authorized in combination with but cannot be provided during the same time period as Employment Support.
3. Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
4. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.
5. No employment assistance or support services are available to a resident of a nursing facility through a program funded by the Rehabilitation Act of 1973 in Nebraska.

C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:

1. Be legally authorized to work in the United States;
2. Not be a family member or legal guardian of the individual;
3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
4. Be at least 19 years of age;

State/Territory: Nebraska

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

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4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)
5. Meet the following educational and/or work experience requirements:
  - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and
  - b. At least one year of direct care experience with intellectually disabled individuals;  
OR
  - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals;
6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

III. Employment Support

- A. Employment Support supports the individual through habilitative training to maintain integrated and gainful employment after the individual has secured employment. The goal is to provide the skills, tools, and supports necessary for the individual to maintain employment.

Employment Support services consist of:

1. Teaching appropriate work behavior related to punctuality, attendance and co-worker relationships;
2. Providing training and support for the individual to develop time management skills;
3. Providing training and monitoring in order for the individual to learn the job tasks necessary to maintain employment;
4. Providing social skills training in relation to the work environment; and
5. Monitoring and revising goals according to the individual's response to training.

This service is provided with a staff to individual ratio of up to 1:4 and must be provided in the community.

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

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State/Territory: Nebraska

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

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4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)

B. Limitations

1. Payment for Employment Support excludes the supervisory activities rendered as a normal part of the business setting.
2. This service can be authorized in combination with but cannot be provided during the same time period as Employment Assistance.
3. Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
4. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.
5. No employment assistance/support services are available to a resident of a nursing facility through a program funded by the Rehabilitation Act of 1973 in Nebraska.

C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:

1. Be legally authorized to work in the United States;
2. Not be a family member or legal guardian of the individual;
3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
4. Be at least 19 years of age;
5. Meet the following educational and/or work experience requirements:
  - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and
  - b. At least one year of direct care experience with intellectually disabled individuals;OR



State/Territory: Nebraska

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

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4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)
  - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals (must include one year of experience specific to employment support for individuals with developmental/intellectual disabilities);
6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

IV. Habilitative Community Inclusion

- A. Habilitative Community Inclusion supports individuals to increase independence and inclusion in their community. Habilitative Community Inclusion must occur in the community in a nonresidential setting, separate from the individual's residential living arrangement. Making connections with community members is a strong component of this service provision. Habilitative Community Inclusion must be furnished consistent with the individual's care plan and include options and opportunities for community integration, relationship-building, and an increased presence in one's community.

Habilitative Community Inclusion consists of:

1. Identification of needed skills with regard to access and use of community supports, services and activities;
2. Development and implementation of formal training goals related to:
  - a. Community transportation and emergency systems (such as police and fire);
  - b. Accessing and participation in community groups, volunteer organizations, and social settings; and
  - c. Opportunities to pursue social and cultural interests and building and maintaining interpersonal relationships; and
3. Monitor and revise goals according to the individual's response to training.

This service is provided with a staff to individual ratio of 1:1.

State/Territory: Nebraska

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

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4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)

This service is provided to individuals in order to meet the goals and outcome measurements as outlined in the individual's plan of care per 42 CFR §483.120 and 42 CFR §483.21.

B. Limitations

1. Habilitative Community Inclusion can supplement, but cannot replace, activities that would otherwise be available as part of the NF activities program.
2. Transportation is not included in the reimbursement rate and must be billed separately and is limited to travel to and from the habilitative service. The individual must be present in the vehicle.
3. This service shall exclude any services available through public education programs funded under the Individuals with Disabilities Education Act (IDEA). This includes services not otherwise available through public education programs in the individual's local school district, including after school supervision and daytime services when school is not in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Services cannot be provided during the school hours set by the local school district for the individual. Regular school hours and days apply for a child who receives home schooling.

- A. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:

1. Be legally authorized to work in the United States;
2. Not be a family member or legal guardian of the individual;
3. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
4. Be at least 19 years of age;
5. Meet the following educational and/or work experience requirements:
  - a. Have a bachelor's or advanced degree from an accredited college or university in one of the following areas: social, behavioral, or human services, such as psychology, sociology, social work, medicine, nursing, rehabilitation, counseling, human development, gerontology, educational psychology, education, or criminal justice; and

State/Territory: Nebraska

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

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4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)
  - b. At least one year of direct care experience with intellectually disabled individuals;  
OR
  - c. In lieu of a bachelor's/advanced degree, a minimum of three years direct care experience with intellectually disabled individuals;
6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

IV. Non-Medical Transportation

A. Non-medical transportation is provided in order for the individual to participate in specialized add-on services in a community setting.

B. Limitations

1. Transportation is limited to travel to and from a habilitative service according to the individual's plan of care.
2. The individual must be present in the vehicle.
3. Purchase or lease of vehicles is not covered under this service.
4. Is a separately billable service for off-site Habilitative Skills, off-site Employment Assistance, Employment Support, and Habilitative Community Inclusion.

C. Provider requirements: Any person providing specialized add-on services for the individual (as an independent provider or as an employee of an agency provider) must comply with the following requirements:

1. Be legally authorized to work in the United States;
2. Have a valid State issued driver's license;
3. Not be a family member or legal guardian of the individual;
4. Not be an employee of the Nebraska Department of Health and Human Services (DHHS);
5. Be at least 19 years of age;
6. Willing and qualified habilitation providers who are enrolled in Medicaid may provide this service.

V. Specialized add-on services are paid as payments to the provider of the specialized add-on service as described in Attachment 4.19-D, Part 1.

State/Territory: Nebraska

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

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- 4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older, (Continued)
  - Provided                       No limitations                       With Limitations\*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.
  - Provided                       No limitations                       With Limitations\*
- c. Family planning services and supplies for individuals of child-bearing age.
  - Provided                       No limitations                       With Limitations\*

\*Description provided on attachment

- d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):
  - (i) By or under supervision of a physician;
  - (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other than tobacco cessation services*; or
  - (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)  
\*describe if there are any limits on who can provide these counseling services.

State/Territory: Nebraska

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

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2) Face-to-Face Tobacco Cessation counseling Services Benefit Package for Pregnant Women

Provided:  No limitations  With limitations\*

\*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided  No limitations  With Limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the act).

Provided  No limitations  With Limitations\*

\*Description provided on attachment.

State/Territory: Nebraska

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

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by state law.

a. Podiatrists' services.

Provided  No limitations  With Limitations\*

b. Optometrists' services.

Provided  No limitations  With Limitations\*

c. Chiropractors' services:

Provided  No limitations  With Limitations\*

d. Other practitioners' services.

Provided  No limitations  With Limitations\*

7. Home Health Services

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided  No limitations  With Limitations\*

b. Home health aide services provided by a home health agency.

Provided  No limitations  With Limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided  No limitations  With Limitations\*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided  No limitations  With Limitations\*

"Description provided on attachment.

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TN No. MS-00-06

Supersedes

Approval Date Mar 16 2001

Effective Date Jul 1 2000

TN No. MS-86-25

State/Territory: Nebraska

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

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8. Private duty nursing services  
 Provided       No limitations       With Limitations\*
9. Clinic services  
 Provided       No limitations       With Limitations\*
10. Dental services  
 Provided       No limitations       With Limitations\*
11. Physical therapy and related services.
- a. Physical therapy  
 Provided       No limitations       With Limitations\*
- b. Occupational therapy  
 Provided       No limitations       With Limitations\*
- c. Services for individuals with speech, hearing, and language disorders provided by or under the supervision of a speech pathologist or audiologist.  
 Provided       No limitations       With Limitations\*
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs  
 Provided       No limitations       With Limitations\*
- b. Dentures  
 Provided       No limitations       With Limitations\*

\*Description provided on attachment.

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TN No. MS-00-06

Supersedes

Approval Date Mar 16 2001

Effective Date Jul 1 2000

TN No. MS-93-15

State/Territory: Nebraska

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

- c. Prosthetic devices  
 Provided                       No limitations                       With Limitations\*
- d. Eyeglasses  
 Provided                       No limitations                       With Limitations\*
13. Other diagnostic. Screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.
- a. Diagnostic services.  
 Provided                       No limitations                       With Limitations\*  
 Not Provided
- b. Screening services.  
 Provided                       No limitations                       With Limitations\*
- c. Preventive services.  
 Provided                       No limitations                       With Limitations\*  
 Not Provided
- d. Rehabilitative services.  
 Provided                       No limitations                       With Limitations\*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.  
 Provided                       No limitations                       With Limitations\*
- b. Skilled nursing facility services.  
 Provided                       No limitations                       With Limitations\*

\*Description provided on attachment.

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TN No. NE 17-0001

Supersedes

Approval Date: June 26, 2017 Effective Date July 1, 2017

TN No. MS-00-06



State/Territory: Nebraska

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

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- c. Intermediate care facility services.  
 Provided     No limitations     With limitations\*
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.  
 Provided     No limitations     With limitations\*
- b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.  
 Provided     No limitations     With limitations\*
16. Inpatient psychiatric facility services for individuals under 22 years of age.  
 Provided     No limitations     With limitations\*
17. Nurse-midwife services.  
 Provided     No limitations     With limitations\*
18. Hospice care (in accordance with section 1905(o) of the Act).  
 Provided     No limitations     Provided in accordance with section 2302 of the Affordable Care Act  
 With limitations\*

\*Description provided on attachment -

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TN No. NE 11-14

Supersedes

Approval Date DEC 21 2011 Effective Date JUL 01 2011

TN No. 11-10

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

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19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 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 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day 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.

State/Territory: Nebraska

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

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The Nebraska Medical Assistance Program 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.

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TN No. MS-00-06

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TN No. MS-91-24

Approval Date Mar 16 2001

Effective Date Jul 1 2000

State/Territory: Nebraska

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

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22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided  No limitations  With Limitations\*  
 Not Provided

23. Certified pediatric or family nurse practitioners' services.

Provided  No limitations  With Limitations\*

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary:

a. Transportation.

Provided  No limitations  With Limitations\*

b. Services of Christian Science nurses.

Provided  No limitations  With Limitations\*  
 Not Provided

c. Care and services provided in Christian Science sanatoria.

Provided  No limitations  With Limitations\*  
 Not Provided

d. Nursing facility services for patient under 21 years of age.

Provided  No limitations  With Limitations\*

e. Emergency hospital services.

Provided  No limitations  With Limitations\*

\*Description provided on attachment.

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TN No. MS-00-06

Supersedes

Approval Date Mar 16 2001

Effective Date Jul 1 2000

TN No. MS-87-11

State/Territory: Nebraska

24. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA'89):

Provided                       No limitations                       With Limitations\*

\* Description provided on attachment.

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TN No. MS-91-2

Supersedes

TN No. new page

Approval Date Feb 26 1991

Effective Date Jan 1 1991

State/Territory: Nebraska

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

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25. Home and Community Care for Functionally Disabled Elderly Individuals. as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

Provided  Not Provided

26. Personal assistance services are those services provided to a Medicaid client who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mental retarded, institution for mental disease, or prison, which are authorized on a written service plan according to individual needs identified in a written assessment.

Personal assistance services are A) authorized by a Social Services Worker or designee, B) provided by qualified providers who are not legally responsible relatives, and C) are furnished inside the home, and outside the home with limitations

Provided  State Approved (Not Physician) Service Plan Allowed  
 Services Outside the Home Also Allowed\*  
 Limitations Described on Attachment  
 Not Provided

27. Reserved

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided:  No Limitations  With Limitations  None licensed or approved  
 Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

Facilities must:

- (a) Be specifically approved by Department of Health and Human Services, Division of Public Health to provide birthing Center Services, and
- (b) Maintain standards of care required by Department of Health and Human Services, Division of Public Health for licensure.

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Centers

Provided:  No Limitations  With Limitations (please describe below)

\* Exception described on attachment

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TN No. NE 11-21

Supersedes

Approval Date APR 02 2012

Effective Date FEB 14 2012

TN No. MS 04-03

Please check all that apply:

- (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).
- (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife).\*
- (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).\*

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TN No. NE 11-21

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TN No. New page

Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located. Asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to and retrieved by a health care practitioner at another site for medical evaluation and telemonitoring.

Telehealth consultation means any contact between a patient and a health care practitioner relating to the health care diagnosis or treatment of such patient through telehealth, but does not include a telephone conversation, electronic mail message, or facsimile transmission between a health care practitioner and a patient or a consultation between two health care practitioners.

Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care practitioner for analysis and storage.

Health care practitioners must:

1. act within their scope of practice;
2. be enrolled with Nebraska Medicaid; and
3. be appropriately licensed, certified, or registered by Nebraska HHS Regulation and Licensure for the service for which they bill Medicaid.



A telehealth service is not covered when the service delivered via telecommunication technology is deemed to be investigational or experimental.

Transmission costs are not covered when the telehealth service provided by the health care practitioner is not a covered state plan service.

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TN No. NE 14-006

Supersedes

TN No. MS-00-06

Approval Date 10/21/2014

Effective Date 07/01/2014

State/Territory: Nebraska

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

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The limitations to services listed in Attachment 3.1-B are the same as the limitations for services listed in Attachment 3.1-A.

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TN No. MS-86-25

Supersedes

TN No. MS-81-11

Approval Date Jan 7 1987

Effective Date Oct 1 1986

**State/Territory:** Nebraska

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**

**CATEGORICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided:

I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**

Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: NE 22-0003  
Supersedes TN: New

Approval Date: June 16, 2022  
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