

Revision: HCFA-PM-85-3
May 1985

(BERC)

SUPPLEMENT 3 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Nebraska

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR
REMEDIAL CARE NOT COVERED UNDER MEDICAID

NOT APPLICABLE

11/08 decision by CMS & DHHS to leave this page in State Plan

TN No. MS- 85-9

Supersedes

Approval Date Mar 6 1986

Effective Date Apr 1 1985

TN No. (new)

HCFA ID: 4093E / 0002P