

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

The Department of Health currently verifies whether an individual meets the requirements. Effective 1-2-92, there will also be a summary attachment regarding substantiated abuse.

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TN #. MS-91-30

Supersedes

TN #. (new page)

Approval Date Jan 15 1992

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

HCFA ID: