

ATTACHMENT 3.1-A
Item 2a, Page 1
Applies to both
Categorically and Medically
Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – OUTPATIENT HOSPITAL

All psychiatric testing and evaluations must be performed by a licensed psychologist or under the supervision of a licensed psychologist.

TN No. NE 11-23

Supersedes

TN No. MS-00-06

Approval Date MAR 06 2012

Effective Date JUL 01 2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – OUTPATIENT HOSPITAL

Drugs, medical supplies and services not utilized in the emergency or outpatient facility are not a covered outpatient or emergency service.

TN No. MS-00-06

Supersedes

TN No. MS-79-13

Approval Date Mar 16 2001

Effective Date Jul 1 2000

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – OUTPATIENT HOSPITAL SERVICES

Abortions are covered when a physician or licensed nurse practitioner certifies that the pregnancy was a result of rape or incest, or the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would place the woman in danger of death unless an abortion is performed.

TN No. NE 16-0006

Supersedes

TN No. NE 11-23

Approval Date SEP 16 2016

Effective Date JUL 01 2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – OUTPATIENT HOSPITAL

Telehealth:

Outpatient hospital services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

TN No. MS-00-06

Supersedes

TN No. (new page)

Approval Date Mar 16 2001

Effective Date Jul 1 2000

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – OUTPATIENT HOSPITAL

PSYCHIATRIC PARTIAL HOSPITALIZATION SERVICES

Psychiatric Partial Hospitalization services are diagnostic, therapeutic, treatment and rehabilitation services provided in a outpatient hospital setting under the direction of a licensed physician, preferably a psychiatrist, enrolled with Nebraska Medicaid.

Services are provided in a facility licensed as a hospital by Health and Human Services, Division of Public Health or if the service is provided in another state, the state agency assigned this responsibility. The facility must have achieved and maintained national accreditation by the Joint Commission on Accreditation of healthcare Organizations or by the American Osteopathic Association. The provider must be enrolled as a hospital with Nebraska Medicaid. Services are provided at a level of intensity that meets the client's mental health/substance abuse treatment needs but less than a 24-hour period. Services are available a minimum of three hours per day and may be provided a full day of 6 or more treatment hours. Services must be available a minimum of 5 days per week but may be available 7 days per week.

TN No. NE 10-15

Supersedes

Approval Date FEB 02 2011

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TN No. New Page