

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

CATEGORICAL DETERMINATIONS

---

The Nebraska Medical Assistance Program applies the following categorical determinations:

A categorical determination applies when an individual -

1. Is being admitted to a nursing facility for a period of time not to exceed 120 days for convalescent care for an acute physical illness which required hospitalization;
2. Is certified by a physician to be terminally ill;
3. Is documented to have a severe physical illness such as coma, ventilator- dependent, etc., that is so severe that the individual's medical needs are the predominant treatment issue and the individual could not be expected to benefit from or participate in mental health or mental retardation services or specialized services;
4. Is being admitted pending further assessment in emergency situations requiring protective services, for a period not to exceed seven days;
5. Is being admitted to provide respite for in-home caregivers to whom the individual is expected to return, for a period not to exceed 30 days per stay; or
6. Has a diagnosis of mental retardation or a related condition and Alzheimer's, dementia, or a related disorder, and the determination is made that the diagnosis of dementia is primary and predominant and the individual could not be expected to benefit from or participate in mental health or mental retardation services or specialized services.

---

TN #. MS-93-6

Supersedes

Approval Date May 03 1993

Effective Date Jan 29 1993

TN #. (new page)