| Revision: | HCFA-PM-94-5 | (MB) |
|-----------|--------------|------|
| | April 1994 | |

SECTION 3 – SERVICES: GENERAL PROVISIONS

Citation

3.1 <u>Amount, Duration, and Scope of Services</u>

- 42 CFR Part 440, Subpart B 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act
- Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) <u>Categorically needy.</u>

Services for the categorically needy are described below and in <u>ATTACHMENT 3.1-A.</u> These services include:

- Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.
 - Not applicable. Nurse-midwives are not authorized to practice in this State.

TN No. <u>MS-94-07</u> Supersedes

Approval Date <u>Jul 13 1994</u>

Effective Date Apr 1 1994

TN No. MS-91-24

| | | | 19a | |
|--|---------------------------|----------------------------------|--|---|
| Revision: | HCFA-PM-91 August 1991 | -4 | (BPD) | OMB No. 0938- |
| State/Territory: N | <u>lebraska</u> | | | |
| <u>Citation</u> | | | | |
| | 3.1(a)(1) | <u>Amount, Du</u> (Continued) | uration, and Scope of Services | Categorically Needy |
| 1902(e)(5) of the Act | | (iii) | Pregnancy-related, including f services, and postpartum services, and postpartum services period (beginning on the day p any remaining days in the mo day falls are provided to worm were eligible for, applied for, a assistance on the day the pre | vices for a 60-day pregnancy ends)and nth in which the 60th en who, while pregnant, nd received medical |
| | | 🖂 (iv) | Services for medical condition the pregnancy (other than pre postpartum services) are prov women. | gnancy-related or |
| 1902(a)(10), Clause (VII) of the matter following (F) of the Act | | (v) | Services related to pregnance prenatal, delivery, postpartum planning services) and to othe may complicate pregnancy a provided to poverty level preg under the provision of sect and 1902(a)(10)(A)(ii)(IX) of | n, and family er conditions that re the same services nant women eligible ions 1902(a)(10)(A)(i)(IV) |

TN No. <u>MS-91-24</u> Supersedes

Approval Date Jan 20 1992

Effective Date Nov 1 1991

TN No. <u>MS-90-13</u>

HCFA ID: 7982E

| | | | 19b |
|---------------------------------------|----------------------------|--|---|
| Revision: | HCFA-AT-92 October 1992 | | (MB) |
| State/Territory: | <u>Nebraska</u> | | |
| <u>Citation</u> | | | |
| | 3.1(a)(1) | <u>Amount, D</u> (Continued | uration, and Scope of Services: Categorically Needy |
| 1902(a)(10)(D) of the Act | | (vi) | Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan. |
| 1902(e)(7) of the Act | | (vii) | Inpatient services that are being furnished to infants and children described in section 1902(1)(1)(B) -through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished. |
| 1902(e)(9) of the Act | | (viii) | Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan. |
| 1902(a)(52) and 1925 of the Act | | (ix) | Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan. |
| 1905(a)(23) and 1929 | | (x) | 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. |
| | | services p limitations and lists t establishe | MENT 3.1-A identifies the medical and remedial rovided to the categorically needy, specifies all on the amount, duration and scope of those services, he additional coverage (that is in excess of d service limits) for pregnancy-related services and for conditions that may complicate the pregnancy. |

TN No. <u>MS-92-22</u> Supersedes

Approval Date Mar 1 1993

Effective Date Oct 1 1992

TN No. <u>MS-92-1</u>

| | | | | 20 |
|---|-------------------|-------------|----------------|---|
| Revision: | HCFA-PM-9 1991 | 1- | | (BPD) OMB No. 0938- |
| State/Territory: | Nebrask | <u>a</u> | | |
| Citation | | | | |
| | 3.1 | <u>Amou</u> | int. Duratio | on. and Scope of Services (continued) |
| 42 CFR Part 44 | 40, | (a) | (2) <u>Mec</u> | dically needy. |
| Subpart B | | | | This State plan covers the medically needy. The services described below and in <u>ATTACHMENT 3.1-B</u> are provided. |
| | | | | Services for the medically needy include: |
| 1902(a)(10)(C) of the Act 42 CFR 440.22 | . , | | (i) | If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1)through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act. |
| | | | | Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State. |
| 1902(e)(5) of the Act | | | (ii) | Prenatal care and delivery services for pregnant women. |

TN No. <u>MS-92-1</u> Supersedes

Approval Date Apr 10 1992

Effective Date Nov 1 1991

TN No. <u>MS-91-24</u>

HCFA ID: 7982E

20

20a

Revision: HCFA-PM-91 1991 (BPD)

OMB No. 0938-

State/Territory: Nebraska

Citation

| | 3.1(a)(2) | Amount, Duration, and Scope of Services: Medically Needy (Continued) | | |
|--|-----------|---|--------|---|
| | | | (iii) | Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends. |
| | | | (iv) | Services for any other medical condition that may complicate the pregnancy (other than pregnancy related and postpartum services) are provided to pregnant women. |
| | | | (v) | Ambulatory services, as defined in <u>ATTACHMENT 3.1-B,</u> for recipients under age 18 and recipients entitled to institutional services. |
| | | | | Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy. |
| 1902(a)(10)(c) | | | (vi) | Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan. |
| | | \boxtimes | (vii) | Services in an institution for mental diseases for individuals over age 65. |
| 42 CFR 440.140, 440.150, 440.160, | | \boxtimes | (viii) | Services in an intermediate care facility for the mentally retarded. |
| Subpart B 442.441 Subpart C 1902(a)(20) and (21) of the Act | , | | (ix) | Inpatient psychiatric services for individuals under age 21. |

TN No. <u>MS-92-1</u> Supersedes

Approval Date Apr 10 1992

Effective Date Nov 1 1991

TN No. <u>MS-91-24</u>

HCFA ID: 7982E

20b

(MB)

| Revision: | HCFA-PM-93-5 |
|-----------|--------------|
| | May 1993 |

State/Territory: <u>Nebraska</u>

Citation

3.1(a)(2) <u>Amount, Duration, and Scope of Services: Medically Needy</u> (Continued)

1902(e)(9) of Act

1905(a)(23) and 1929 of the Act

- (x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.
- (xi) 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.

<u>ATTACHMENT 3.1-B</u> identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

TN No. <u>MS-93-11</u> Supersedes

Approval Date <u>Jul 12 1993</u>

Effective Date Apr 1 1993

TN No. <u>MS-92-22</u>

(CMSO)

State/Territory: Nebraska

Citation

3.1 Amount, Duration, and Scope of Services (continued)

(a)(3) Other Required Special Groups: Qualified Medicare Beneficiaries 1902(a)(10)(E)(i) and Medicare cost sharing for qualified Medicare beneficiaries described in section1905(p) clause (VIII) of the matter following (F), of the Act is provided only as indicated in item and 1905(p)(3) 3.2 of this plan. of the Act 1902(a)(10)(E)(ii) and (a)(4)(i)Other Required Special Groups: Qualified 1905(s) of the Act Disabled and Working Individuals Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E) (ii) of the Act are provided as indicated in item 3.2 of this plan. 1902(a)(10)(E)(iii) and (ii) Other Required Special Groups: Specified 1905(p)(3)(A)(ii) Low-Income Medicare Beneficiaries of the Act Medicare Part B premiums for specified low- income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan. 1902(a)(10)(E)(iv)(I), (iii) Other Required Special Groups: Qualifying Individuals -1 1905(p)(3)(A)(ii), and 1933 of the Act Medicare Part B premiums for gualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

TN No. <u>MS-98-1</u> Supersedes

Approval Date <u>May 8 1998</u>

Effective Date Jan 1 1998

TN No. <u>MS-93-4</u>

| 21 (continued |) |
|---------------|---|
|---------------|---|

| Revision: | HCFA-PM-98-1 | (CMSO) |
|-----------|--------------|--------|
| | April 1998 | |

Citation

| 1902(a)(10)(E)(iv)(II), 1905(p)(3)(A)(iv)(II), 1905(p)(3) of the Act | (iv) | <u>Other Required Special Groups: Qualifying</u> Individuals -2 |
|--|--------|---|
| | | The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in $1902(A)(10)(E)(iv)(II)$ and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan. |
| 1925 of the Act | (a)(5) | Other Required Special Groups: Families Receiving Extended Medicaid Benefits |
| | | Extended Medicaid benefits for families described in section 1925 of the Act are |

provided as indicated in item 3.5 of this plan.

TN No. <u>MS-98-1</u> Supersedes

Approval Date May 8 1998

Effective Date Jan 1 1998

TN No. <u>MS-93-4</u>

21(a)

| Revision: | HCFA-PM-98-1 | (CMSO) |
|-----------|--------------|--------|
| | April 1998 | |

State/Territory: Nebraska

Citation

Sec. 245A(h) of the Immigration and Nationality Act

Limited Coverage for Certain Aliens

- (i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they -
 - (A) Are aged, blind or disabled individuals as defined in section 1614(a)(1) of the Act;
 - (B) Are children under 18 years of age; or
 - (C) Are Cuban or Haitian entrants as defined in section 501(e)(1)and (2)(A) of P.L. 96422 in effect on April 1, 1983.
- (ii) Except for emergency services and pregnancy- related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

| TN No. <u>MS-98-1</u> | | | |
|-----------------------|---------------|-------------------|---------------------------|
| Supersedes | Approval Date | <u>May 8 1998</u> | Effective Date Jan 1 1998 |
| TN No. <u>MS-93-4</u> | | | |

(a)(6)

Citation

| 1905(a)(9) of the Act | (a)(7) | Homeless Individuals |
|---|----------|---|
| | | Clinic services furnished to eligible individuals who do reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished. |
| 1902(a)(47) of the Act | 🛛 (a)(8) | Presumptively Eligible Pregnant Women |
| | | Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan. |
| 42 CFR 441.55 50 FR 43654 | (a)(9) | EPSDT Services |
| 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act | | The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) or the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services. |

TN No. <u>MS-97-11</u> Supersedes

Approval Date Feb 9 1998

Effective Date

TN No. <u>MS-92-1</u>

| | | ~~~~ | | | |
|---|---------------------|---------------------|---|--|--|
| Revision: | HCFA-AT-91- 1991 | (B | PD) OMB No. 0938- | | |
| State/Territory: | Nebraska | | | | |
| <u>Citation</u> | | | | | |
| | 3.1 (a)(9) | | ount, Duration, and Scope of Services: SDT Services (continued) | | |
| 42 CFR 441.60 | | cont met | Medicaid agency has in effect agreements with tinuing care providers. <u>Described</u> below are the hods employed to assure the providers' upliance with their agreements. | | |
| | (a)(10) | Con | nparability of Services | | |
| 42 CFR 440.240 and 440.250 1902(a) and 1902 | | sect and sect | Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFR 440.250 and section245A of the Immigration and Nationality Act, permit exceptions: | | |
| (a)(10), 1902(a)(52 1903(v), 1915(g), 1925(b)(4) and 193 of the Act. | | (i) | Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person. | | |
| | | (ii) | The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy. | | |
| | | (iii) | Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group. | | |
| | | 🛛 (iv) | Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy. | | |
| **Describe her | | ICO subr | nits monthly encounter data. | | |

22

TN No. <u>MS-03-12</u> Supersedes TN No. <u>MS-92-1</u>

Approval Date <u>Nov 6 2003</u>

Effective Date Aug 13 2003

| Revision: | HCFA-AT-80-38 | (BPP) |
|-----------|---------------|-------|
| | May 22, 1980 | |

3.1(b)

State/Territory: Nebraska

Citation

42 CFR Part 440, Subpart B 42 CPR 441.15 AT -78-90 AT-80-34 Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.
 - 🛛 Yes
 - Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.
- (3) Home health services are provided to the medically needy:
 - Yes, to all

Yes, to individuals age 21 or over; SNF services are provided

- Yes, to individuals under age 21; SNF services are provided
- No; SNF services are not provided
- Not applicable; the medically needy are not included under this plan

| TN No. <u>MS-80-1</u> | | | |
|-----------------------|---------------|--------------------|---------------------------|
| Supersedes | Approval Date | <u>Apr 17 1980</u> | Effective Date Jan 1 1980 |
| TN No | | | |

| Revision: | HCFA-PM-93-8 | (BPD) |
|-----------|---------------|-------|
| | December 1993 | |

Citation

3.1 Amount, Duration, and Scope of Services (continued)

| 42 CFR 431.53 | (c)(1) | Assurance of Transportation |
|---------------|--------|---|
| | | Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in <u>ATTACHMENT 3.1-D.</u> |
| 42 CFR 483.10 | (c)(2) | Payment for Nursing Facility Services |
| | | The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i). |

| TN No. | <u>MS-93-17</u> |
|---------|-----------------|
| Superse | edes |

Approval Date Jan 12 1994

Effective Date Oct 1 1993

TN No. <u>MS-91-24</u>

| Revision: | HCFA-AT-80-38 | (BPP) |
|-----------|---------------|-------|
| | May 22, 1980 | |

Citation

3.1(d) <u>Methods and Standards to Assure Quality of Services</u>

42 CFR 440.260The standards established and the methods used to
assure high quality care are described in
ATTACHMENTS 3.1-C.

TN No. <u>MS-76-14</u> Supersedes

Approval Date <u>Dec 3 1976</u>

Effective Date Dec 1 1976

TN No. <u>MS-74-10</u>

Revision: HCFA-AT-80-38 (BPP) May 22, 1980

State/Territory: Nebraska

Citation

3.1(e) Family Planning Services

42 CFR 441.20The requirements of 42 CFR 441.20 are met regarding freedomAT-78-90from coercion or pressure of mind and conscience, and freedom of
choice of method to be used for family planning.

TN No. <u>MS-76-14</u> Supersedes

Approval Date Dec 3 1976

Effective Date Dec 1 1976

TN No. <u>MS-74-10</u>

| Revision: | HCFA-PM-87-5 April 1987 | 1 | (BERC) | OMB No.: 0938-0193 | |
|--|----------------------------|--|--|---|--|
| State/Territory: <u>N</u> | lebraska | | | | |
| <u>Citation</u> | | | | | |
| | 3.1(f)(1) | <u>Optom</u> | etric Services | | |
| 42 CFR 441.30 AT-78-90 | | Optometric services (other than those provided under §435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist. | | | |
| | | | Yes. | | |
| | | | No. The conditions of sentence apply but to services" does not so services of the type legally authorized to | he term "physicians' pecifically include an optometrist is | |
| | | | Not applicable. The sentence do not app | conditions in the first | |
| | (2) | <u>Organ</u> | Transplant Procedur | es | |
| 1903(i)(1) | | Organ | transplant procedure | s are provided. | |
| of the Act, P.L. 99-272 (Section 9507) | 2 | | No | | |
| | | | any restriction on the who may, provide th the accessibility of h eligible for the proce | ed individuals are treated alike and e facilities that may, or practitioners ose procedures is consistent with igh quality care to individuals edures under this plan. Standards organ transplant procedures are <u>HMENT 3.1-E</u> . | |

| TN No. <u>MS-87-12</u> | | | |
|------------------------|---------------|--------------------|---------------------------|
| Supersedes | Approval Date | <u>Jul 24 1987</u> | Effective Date Jul 1 1987 |
| TN No. <u>MS-84-7</u> | | | HCFA ID: 1008P/0011P |

| Revision: | HCFA-PM-87-4 March 1987 | | (BERC) | OMB No. 0938-0193 |
|---------------------------------------|----------------------------|------|---|---|
| State/Territory: | <u>Nebraska</u> | | | |
| <u>Citation</u> | | | | |
| | 3.1 (g) | Part | icipation by Indian H | ealth Service Facilities |
| 42 CFR 431.110(b) AT-78-90 | | prov | cilities are accepted as with 42 CFR 431.110(b), on the lified providers. | |
| | (h) | Res | piratory Care Service | es for Ventilator-Dependent Individuals |
| 1902(e)(9) of the Act, P.L. 99-509 | | | | s, as defined in section 1902(e)(9)(C) under the plan to individuals who |
| (Section 9408) | | (1) | Are medically depe least six hours per | endent on a ventilator for life support at day; |
| | | (2) | | endent as inpatients during a single stay ay in one or more hospitals, SNFs or ICFs |
| | | | 30 consecutive | e days; |
| | | | • · | maximum number of inpatient Inder the State plan); |
| | | (3) | care on an inpatier | espiratory care, would require respiratory nt basis in a hospital, SNF, or ICF for syments would be made; |
| | | (4) | Have adequate so home; and | cial support services to be cared for at |
| | | (5) | Wish to be cared for | or at home. |
| | | Yes | . The requirements c | of section 1902(e)(9) of the Act are met. |
| | \boxtimes | Not | applicable. These se | ervices are not included in the plan. |
| | | | | |

| TN No. <u>MS-87-11</u> | | | |
|------------------------|---------------|-------------------|---------------------------|
| Supersedes | Approval Date | <u>Aug 6 1987</u> | Effective Date Apr 1 1987 |
| TN No. <u>MS-78-5</u> | | | HCFA ID: 1008P/0011P |