ATTACHMENT 3.1-A Item 7a, Page 1 Applies to Both Categorically and Medically Needy

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## State Nebraska

## LIMITATIONS - HOME HEALTH NURSING SERVICES

- 1. Home health agency services must be prior authorized by Nebraska Medicaid.
- 2. Coverage for all home health agency services is based on medical necessity, and must be:
  - a. necessary to continuing a medical treatment plan;
  - b. prescribed by a licensed physician, nurse practitioner, physician assistant, or clinical nurse specialist;
  - c. recertified by a licensed physician, nurse practitioner, physician assistant, or clinical nurse specialist at least every 60 days in accordance with licensure; and
- 3. Nebraska Medicaid does not cover skilled nursing visits provided by student nurses who are enrolled in a school of nursing and are not employed by the home health agency unless the student is accompanied by a registered nurse who is an employee of the home health agency.
- 4. Nebraska Medicaid limits skilled nursing visits for teaching and training on an individual basis, based on medical necessity and the ability of the client, parent or caregiver to perform the task independently. The client must have a medical condition which has been diagnosed and treated by a physician. There must be a physician's order for the specific teaching and training.

TN No. <u>NE 23-0001</u>

Supersedes TN No. <u>NE 14-011</u> Approval Date <u>5/4/2023</u>

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ATTACHMENT 3.1-A Item 7a, Page 2 Applies to both Categorically and Medically Needy

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State <u>Nebraska</u>	ì
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- 5. Medicaid recognizes enterostomal therapy visits as a skilled nursing service.
- II. <u>Telehealth</u>: Home health nursing services are covered via telehealth technologies subject to the limitations as set forth in state regulations, as amended. "Hands on" professional services are excluded.

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TN No. <u>MS-00-06</u>

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