

State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

Provided: No limitations With limitations*

- c. Family planning services and supplies for individuals of child-bearing age.

Provided: No limitations With limitations*

- d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)
*describe if there are any limits on who can provide these counseling services.

- 2) Face-to-Face Tobacco Cessation counseling Services Benefit Package for Pregnant Women

Provided: No limitations With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

TN No. NE-11-32
Supersedes
TN No. MS-00-06

Approval Date MAR 19 2012

Effective Date: OCT 01 2011

HCFA ID: 7986E

Revision: HCFA-PM-93-5 (MB)
May 1993

Attachment 3.1-A
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State: Nebraska

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
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5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: No limitations With limitations*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the act).

Provided: No limitations With limitations*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by state law.

- a. Podiatrists' services.

Provided: No limitations With limitations*

* Description provided on attachment

TN No. NE-11-32
Supersedes
TN No. New Page

Approval Date MAR 19 2012

Effective Date OCT 01 2011

HCFA ID: 7986E

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided No limitations With Limitations*

2. a. Outpatient hospital services.

Provided No limitations With Limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan)

Provided No limitations With Limitations*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with sec. 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided No limitations With Limitations*

3. Other laboratory and x-ray services.

Provided No limitations With Limitations*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided No limitations With Limitations*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

Provided No limitations With Limitations*

c. Family planning services and supplies for individuals of child-bearing age.

Provided No limitations With Limitations*

*Description provided on attachment

TN No. NE-11-32

Supersedes

TN No. MS-00-06

Approval Date MAR 19 2012

Effective Date OCT 01 2011

HCFA ID: 7988E

State/Territory: Nebraska

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

d. 1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)
*describe if there are any limits on who can provide these counseling services.

2) Face-to-Face Tobacco Cessation counseling Services Benefit Package for Pregnant Women

Provided: No limitations With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided No limitations With Limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the act).

Provided No limitations With Limitations*

* Description provided on attachment.

TN No. NE-11-32

Supersedes

TN No. MS-00-06

Approval Date MAR 19 2012

Effective Date OCT 01 2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – PRESCRIBED DRUGS

- 6. Agents when used to promote smoking cessation. (Restricted to the prescription drugs, bupropion and varenicline, and over-the-counter nicotine patches and nicotine gum. Prescription drugs are covered for Medicaid recipients who are not full-benefit dual eligible individuals. Over-the-counter drugs are covered for all populations. Coverage of all prescription and over-the-counter agents is available to only those Medicaid recipients that are enrolled with and actively participating in the Nebraska Tobacco-Free Quitline.)
- The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) tobacco/smoking cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence: 2008 Update: Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.
- 7. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- 8. Nonprescription drugs (All drugs in this category are potential benefits, subject to medical necessity). Covered over the counter (OTC) classes include analgesics, anesthetics, anti-inflammatory products, anti-asthmatics, antihistamines, anti-infectives, cough and cold preparations, eye, ear and nose preparations, gastrointestinal products, hypoglycemic, smoking deterrents, and topicals.
- 9. Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.
- 10. Drugs described in section 107(c)(3) of the Drug Amendments of 1962 and identical, similar, or related drugs (within the meaning of Section 310.6(b)(1) of title 21 of the Code of Federal Regulations (DESI drugs)
- 11. Barbiturates
- 12. Benzodiazepines (generic only)

Telehealth: Pharmacy services for prescribed drugs are not covered when provided via telehealth technologies.

TN No. NE 11-32
Supersedes
TN No. MS-08-15

Approval Date MAR 19 2012

Effective Date OCT 01 2011