

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

ATTACHMENT 3.1-B
Page 1
OMB No. 0938-0193

State/Territory: NEVADA

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

The following ambulatory services are provided.

N/A

TN No.
Supersedes
TN No. N/A

Approval Date N/A Effective Date 10/1/86

State/Territory: NEVADA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDED GROUP(S): N/A

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.
 Provided: No limitations With limitations*

3. Other laboratory and X-ray services.
 Provided: No limitations With limitations*

- 4.a. Skilled 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 and diagnosis of individuals under 21 years of age, and treatment of conditions found.
 Provided: Limited to Federal requirements In excess of Federal requirements

- c. Family planning services and supplies for individuals of childbearing age.
 Provided: No limitations With limitations*

5. Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.
 Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 90-13

Supersedes

TN No. 87-5

Approval Date 5/20/91

Effective Date 4/1/90

State/Territory: NEVADA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): N/A

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*

b. Optometrists' Services

Provided: No limitations With limitations*

c. Chiropractors' Services

Provided: No limitations With limitations*

d. Other Practitioners' Services

Provided: No limitations With limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations With limitations*

*Description provided on attachment

TN No. _____
Supersedes _____ Approval Date N/A Effective Date 10/1/86
TN No. N/A

State/Territory: NEVADA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): N/A

8. Private duty nursing services.
 Provided: No limitations With limitations*
9. Clinic services.
 Provided: No limitations With limitations*
10. Dental services.
 Provided: No limitations With limitations*
11. Physical therapy and related services.
a. Physical therapy.
 Provided: No limitations With limitations*
- b. Occupational therapy.
 Provided: No limitations With limitations*
- c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.
 Provided: No limitations With limitations*
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
a. Prescribed drugs.
 Provided: No limitations With limitations*
- b. Dentures.
 Provided: No limitations With limitations*

*Description provided on attachment

TN No. _____
Supersedes Approval Date N/A Effective Date 10/1/86
TN No. N/A

State/Territory: NEVADA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): N/A

- c. Prosthetic devices.
 Provided: No limitations With limitations*
- d. Eyeglasses.
 Provided: No limitations With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
 Provided: No limitations With limitations*
- b. Screening services.
 Provided: No limitations With limitations*
- c. Preventive services.
 Provided: No limitations With limitations*
- d. Rehabilitative services.
 Provided: No limitations With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
 Provided: No limitations With limitations*
- b. Skilled nursing facility services.
 Provided: No limitations With limitations*

*Description provided on attachment

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MEDICALLY NEEDED GROUP(S): N/A

- c. Intermediate care facility services.
 Provided: No limitations With limitations*
15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.
 Provided: No limitations With limitations*
- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
 Provided: No limitations With limitations*
16. Inpatient psychiatric facility services for individuals under 22 years of age.
 Provided: No limitations With limitations*
17. Nurse-midwife services.
 Provided: No limitations With limitations*
18. Hospice care (in accordance with section 1905(o) of the Act).
 Provided: No limitations With limitations*

*Description provided on attachment

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19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

Provided: With limitations Not provided.

20. Extended services for pregnant women.

a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

⁺ Provided: ⁺⁺ Additional coverage

b. Services for any other medical conditions that may complicate pregnancy.

⁺ Provided: ⁺⁺ Additional coverage Not provided.

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

Provided: No limitations With limitations*

Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment

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MEDICALLY NEEDY GROUP (S): _____

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
____ Provided: ____ No limitations ____ With limitations*
____ Not provided.
23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
____ Provided: ____ No limitations ____ With limitations*
- b. Services provided in religious Non-Medical Health Care Institutions.
____ Provided: ____ No limitations ____ With limitations*
- c. Reserved
- d. Skilled nursing facility services for patients under 21 years of age.
____ Provided: ____ No limitations ____ With limitations*
- e. Emergency hospital services.
____ Provided: ____ No limitations ____ With limitations*
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.
____ Provided: ____ No limitations ____ With limitations*

* Description provided on attachment