

State/Territory: Nebraska

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

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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\*       Not Provided:

- 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\*       Not Provided:

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided       No limitations       With limitations\*

Not Provided:

17. Nurse-midwife services

Provided       No limitations       With limitations\*

Not Provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided       No limitations       Provided in accordance with section 2302 of the Affordable Care Act

With limitations\*       Not Provided:

\*Description provided on attachment

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TN No. NE 11-14

Supersedes

Approval Date

DEC 21 2011

Effective Date

JUL 01 2011

TN No. 11-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

STATE OF NEBRASKA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS.

**Certification of Terminal Illness**

The client must be certified as terminally ill with a six-month life expectancy by the Hospice medical director and the attending physician at the beginning of the first benefit period and by the Hospice medical director for all subsequent benefit periods. The hospice provider must obtain written certification of the terminal illness for each certification period even when a single election continues in effect for two or more periods.

**Plan of Care**

A written plan of care must be established and maintained for each client admitted to a hospice program. The care provided to a client must be consistent with the plan and be reasonable and necessary for the palliation or management of the terminal illness as well as related conditions. The plan of care must be established before services are provided.

**Waiver of Payment for Other Services**

A client waives all rights to Medicaid payments for the duration of the election of hospice care for the following services:

Hospice care provided by a hospice other than the hospice designated by the client; and

For adult clients, any Medicaid services that are related to the treatment of the terminal condition for which hospice care elected or a related condition or that are equivalent to hospice care except for services provided:

by the designated hospice; or

the client's attending physician if that physician is not an employee of the designated hospice or receiving compensation from the hospice for those services.

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TN No. NE 11-14

Supersedes

TN No. MS-04-02

Approval Date DEC 21 2011

Effective Date JUL 01 2011

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

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- c. Intermediate care facility services.  
 X  Provided      \_\_\_ No limitations       X  With limitations\*
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- b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.  
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16. Inpatient psychiatric facility services for individuals under 22 years of age.  
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