

August 1991

State/Territory: Nevada

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

b. Optometrists' services.

XX Provided: ___ No limitations X With limitations*

___ Not provided.

c. Chiropractors' services.

XX Provided: ___ No limitations X With limitations*

___ Not provided.

d. Other practitioners' services.

XX Provided: Identified on attached sheet with description of limitations, if any.

___ Not provided.

7. Home health services.

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

Provided: ___ No limitations X With limitations*

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

Provided: ___ No limitations X With limitations*

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

___ Provided: ___ No limitations X With limitations*

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

XX Provided: ___ No limitations X With limitations*

___ Not Provided.

8. Private duty nursing services.

XX Provided: ___ No limitations X With limitations*

___ Not Provided.

*Description provided on Attachment 3a.