Revision: HCFA-PM-93-5TC (MB) Attachment 3.1-A May 1993 Page 2 OMB NO:

State/Territory: Nevada

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.				
	P	rovided:	_ No limita	ations X With limitations*	
4.b.	•	Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*			
4.c.	Family	amily planning services and supplies for individuals of child-bearing age.			
	P	rovided:	No limit	ations <u>X</u> With limitations*	
4.d.1 4.d.2	e				
	1. Provided:		(i) <u>X</u>	By or under supervision of a physician;	
			(ii) <u>X</u>	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 <i>and</i> who is specifically <i>designated</i> by the Secretary in regulations. (none are designated at this time)	
	2. Provided: _ No limitations X With limitations*		ns <u>X</u> With limitations*		
		Please describe any limitations			
		Benefits allow for 24 counseling sessions per 12-month period. These limitations can be exceeded if determined medically necessary by the state.			
5.	a.	Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.			
		Provided	l: <u>X-</u> No limita	tions _X_With limitations*	

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