Revision: HCFA-PM-94-7 (MB) Attachment 3.1-A October 2007 Page 8

State/Territory: NEVADA

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

19.	Case management services and Tuberculosis related services	
	a.	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).
		X Provided: X With limitations
		Not provided.
	b.	Special tuberculosis (TB) related services under section $1902(z)(2)(F)$ of the Act.
		Provided: With limitations
		X Not provided.
20.	Extended services to pregnant women.	
	a.	Pregnancy-related and postpartum services for a 12 month60-day period after the pregnancy ends and any remaining days in the month in which the 36560th day falls.
		Additional coverage ++
	b.	Services for any other medical conditions that may complicate pregnancy.
		X Additional coverage ++
		is a description of increases in covered services beyond limitations for all groups this attachment and/or any additional services provided to pregnant women only.

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