Revision: HCFA-PM-87-9 (BERC) August 1987

Attachment 3.1-B Page 7 OMB No. 0938-0193

State: Nevada

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): $\underline{\text{N/A}}$

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 12 months 60 days after the pregnancy ends.		
		+	++	
		Provided:	Additional coverage	
	b.	Services for any other medical conditions that may complicate pregnancy.		
			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, physic etc) and limitations on them, if any, that are available as pregnancy-related services for any other medical condition that may complicate pregnancy.		
	++ Attached is a description of increases in covered services beyon groups described in this attachment and/or any additional se pregnant women only.			•
Descri	ption pro	ovided on attachment		
TN N	Vo.: <u>23-0</u>	032 Approva	l Date: Effe	ective Date: January 1, 2024

Supersedes TN No.: <u>NEW</u>