

State: Nevada

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): N/A

8. Private duty nursing services.

X Provided: \_\_\_\_\_ No limitations ~~\_\_\_~~ X With limitations\*

9. Clinic services.

\_\_\_ Provided: \_\_\_\_\_ No limitations \_\_\_ With limitations\*

10. Dental services.

\_\_\_ Provided: \_\_\_\_\_ No limitations \_\_\_ With limitations\*

11. Physical therapy and related services.

a. Physical therapy

\_\_\_ Provided: \_\_\_\_\_ No limitations \_\_\_ With limitations\*

b. Occupational therapy.

\_\_\_ Provided: \_\_\_\_\_ No limitations \_\_\_ With limitations\*

c. Services for individuals with speech, hearing and language disorders provided by or under supervision of a speech pathologist or audiologist.

\_\_\_ Provided: \_\_\_\_\_ No limitations \_\_\_ With limitations\*

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

a. Prescribed drugs.

\_\_\_ Provided: \_\_\_\_\_ No limitations \_\_\_ With limitations\*

b. Dentures.

\_\_\_ Provided: \_\_\_\_\_ No limitations \_\_\_ With limitations\*

\* Description provided on attachment

TN No.: \_\_\_\_\_

Approval Date: N/A

Effective Date: October 1, 1986

Supersedes

TN No.: N/A/NEW