

EFFECTIVE
05-17-2022

NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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TITLE 467 MEDICALLY HANDICAPPED CHILDREN'S PROGRAM

CHAPTER 4 DIAGNOSES AND SERVICES FOR THE GENETICALLY HANDICAPPED
PERSONS PROGRAM

001. SPECIALIZED MEDICAL CARE. Specialized medical care is covered, according to the diagnosis of each service component, for eligible recipients age 21 years and older. The medical care must be outlined in the individual medical treatment plan that is developed and signed by a health care professional. The specialized medical care must be directly related to the medically eligible diagnosis. Routine, general health care is not a covered service.

001.01 LOCATION OF SERVICES. Recipients are encouraged to use medical providers and facilities closest to their place of residence. If a medical provider or facility is available closer to the residence and the recipient chooses one further away, the Department is not obligated to pay for services.

001.02 SERVICES PROVIDED OUTSIDE NEBRASKA. Specialized medical care received from Nebraska medical providers is covered by the Program. The recipient, parent, or legal guardian must obtain prior approval from the Department for all non-emergency services outside of Nebraska. In the following situations, the Department may approve specialized medical care to be provided outside Nebraska:

- (A) A medical service is not available in Nebraska but is available in another state. Written documentation must be provided by the medical provider to explain the medical service requested and that the service is not available in Nebraska;
- (B) Emergency situations that arise while the recipient is visiting in another state and the recipient's health would be jeopardized if care was postponed until the recipient returned to Nebraska. Medical services are covered as if it were provided in Nebraska. Emergency services may be reviewed by the medical consultant. Emergency services will be covered up to five days; or
- (C) The medical service is more accessible in another state.

001.03 NON COVERED SERVICES. Services and care of recipients residing in an institution setting are not covered. Funds are not used to cover fees for long term care facilities, including skilled nursing facilities, and intermediate care facilities.

002. CYSTIC FIBROSIS DIAGNOSIS AND SERVICES. This service provides treatment for cystic fibrosis which is commonly associated with pancreas, respiratory system and sweat glands.

002.01 MEDICAL ELIGIBILITY CONSIDERATIONS. The only eligible diagnosis is cystic fibrosis fibrocystic disease. Cystic fibrosis is an inherited disease of the exocrine glands.

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002.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for cystic fibrosis.

002.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

002.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

003. HEMOPHILIA DIAGNOSIS AND SERVICES. This service provides treatment for hemophilia and certain bleeding disorders.

003.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Hemophilia is a genetically transmitted disease caused by deficiency of an antihemophilic globulin, Factor VIII. Bleeding episodes may occur due to minor injuries, surgeries, dental work, and other procedures and may require extensive treatment. Medically eligible diagnoses are congenital Factor VII and severe Factor IX disorders, such as hemophilia and Christmas disease.

003.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for hemophilia diagnosis.

003.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

003.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

004. SICKLE CELL DISEASE DIAGNOSIS AND SERVICES. These services provide treatment for sickle cell disease – sickle cell anemia.

004.01 MEDICAL ELIGIBILITY CONSIDERATIONS. The only eligible diagnosis is sickle cell disease.

004.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for sickle cell disease.

004.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

004.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.