

Nebraska

Type*	Provision(s)	Description
EIS	Neb. Rev. Stat. §§ 43-2502.03, 43-2503(1), 43-2507(1)	For infants with disabilities, the Early Intervention Act is to promote the development of and planning for a statewide system of comprehensive, coordinated, family-centered, community-based, and culturally competent services and which include recognizing that outcomes for children in the early years are strengthened when programs and services display indicators of quality culturally responsive approaches.
INS	Neb. Rev. Stat. § 44-7105(2)(d)	A health carrier shall maintain an access plan for each managed care plan that describes the carrier's efforts to address the needs of LEP persons.
AGY, HIV	Neb. Rev. Stat. § 71-501.02(6)	The Department of Health and Human Services may operate a statewide AIDS program including, to the extent funds are available, services that are culturally and language specific upon request.
CRD, MFA, LTC	Neb. Rev. Stat. §§ 71-6039(1)(b), 71-6039.01(2), 175 Neb. Admin. Code §§ 12-006.04C7a(3), 12-002.08C, 17-006.03B2(3)	Nursing assistants, nursing aides, medication assistants, and paid dining assistants in nursing homes, hospice and intermediate care facilities for the mentally retarded must speak and understand the English language or a language understood by a substantial portion of the nursing home residents.
CRD, HHC	Neb. Rev. Stat. § 71-6603(4), 175 Neb. Admin. Code §§ 14-006.04G5(4), 16-006.09B5f(4)	Home health aides must be able to speak and understand the English language or the language of the home health agency patient and the home health agency staff member who acts as the home health aide's supervisor.
OAA	Neb. Rev. Stat. § 81-2211.02, 15 Neb. Admin. Code § 1-001.01R	Under the Community Aging Services Act, greatest social need shall mean the need caused by non-economic factors, including language barriers, and cultural isolation including that caused by racial or ethnic status, which restricts an individual's ability to perform normal daily tasks, which threatens such individual's capacity to live independently, or which interferes with the exercise of rights and privileges.
MFA, RGT	202 Neb. Admin. Code § 6-004.02A	Efforts must be made to have residents' rights and responsibilities translated into the appropriate language for LEP residents of facilities for the mentally retarded.
MEN, MFA	204 Neb. Admin. Code §§ 5-004.05E2, 004.07A2, 004.08A(3)-(4)	To certify mental health programs, the risks and benefits of every service for which consent is sought, and the right to refuse the service, must be explained in the consumer's native language, as is individually appropriate. An orientation to the program must be communicated in the person's native language, as is individually appropriate. The program shall have policies and procedures which expedite entry into services by all members of the population to be served and cultural and language issues.
XXX	402 Neb. Admin. Code §§ 2-003(2)(d), 2-007(1)(a), (6)	Health Service System Improvements grants are available for projects that focus on improving access to high quality health care services, such as racial and ethnic minorities. The goals of these projects are to improve patient outcomes by reducing access barriers, such as language and cultural, including developing innovative cultural competency programs and reducing language barriers. Grant criteria include the cultural barriers including that exist and whether persons from diverse cultures were involved in developing the proposal.

* Codes are available at the end of the document.

Nebraska continued

Type	Provision(s)	Description
EPS	469 Neb. Admin. Code § 5-002.01(3), 471 Neb. Admin. Code §§ 5-002.01, 5-003.01	Under EPSDT, special emphasis is to be placed on informing for first time eligibles, mothers and families with infants or adolescents, or those not participating for over two years, or other eligible children considered 'at risk' for health care and must be adapted to meet the needs of persons who are who cannot understand the English language.
LTC	471 Neb. Admin. Code § 12-004.09G	In conducting an evaluation of nursing home residents to determine whether an individual has mental illness and/or mental retardation/related condition, the evaluation must be adapted to the cultural background, language, ethnic origin, and means of communication used by the individual being evaluated.
MED, HHC	471 Neb. Admin. Code § 15-004.02A	In determining eligibility for Medicaid personal care services, the agency shall ask the client for certain information which may include determining if there is a need for language interpretation.
MED, STA, CON	471 Neb. Admin. Code § 18-004.06B(3)	Medicaid will only cover sterilization for clients whose primary language is other than English if they are provided with the required elements for informed consent in their primary language.
EIS	471 Neb. Admin. Code § 10-001, 10-003(J)	Early Intervention Act requires a culturally competent approach to early intervention for families with eligible infants and toddlers with disabilities. The meeting to develop the service plan must be conducted with accommodation for the native language or primary mode of communication of the family. The services coordinator should also ask the family if a cultural representative would be desired as part of the team by the family if the family is not of the dominant culture.
MED, MCO, EPS	482 Neb. Admin. Code §§ 3-001, 3-002(1), (3), 3-003(k)(5), 3-003.01, 3-005	Enrollment brokers for Medicaid managed care shall provide access to translation and interpreter services throughout the enrollment process and including outreach. All materials must be developed in a manner that ensures a thorough understanding by the client and that language barriers and cultural are appropriately addressed. The enrollment broker must explain the availability of interpreter services. and assist in the resolution of problems relating to the accessibility of health care delivery, including identifying language barriers. The broker's Helpline to explain EPSDT services must include language services.
MED, MCO, MEN	482 Neb. Admin. Code §§ 4-002.04(g), 4-003.01(4), (11), 5-002.05A(12), (18), (41)	A Medicaid medical/surgical plan and prepaid health plan providing mental health/substance abuse services must maintain a sufficient number, mix, and geographic distribution of providers that are skilled in areas such a cultural diversity and sensitivity and languages. It must also ensure primary care providers and specialists are equipped in appropriate technologies, e.g., language services, or are skilled in various languages and areas of cultural diversity/sensitivity, and/or the network is appropriately staffed to ensure an adequate selection for those clients who have special cultural requests. A primary care provider must ensure that appropriate technologies are utilized in the daily operations of the physician's office, including language services, to accommodate the client's special needs. The prepaid health plan must provide interpreter services (as specified in its contract).
EPS	482 Neb. Admin. Code § 7-001(12), (13)	Clients participating in the EPSDT program or receiving services from a medical/surgical plan or mental health/substance abuse plan have the right to have materials interpreted and have interpreters, if necessary, during medical appointments and in all discussions.

Using the State Charts

The Charts present information for each state along three columns. The first column provides a three-letter code that signifies the subject matter of the law being cited. The second column gives the citation to the provision, and the last column offers a brief summary of the provision. The first column coding is as follows:

Code Subject Matter

AGY	Government agency requirements (excluding hearings/legal proceedings)
CHC	Community health centers
CHI	Children's health (excluding EPSDT and early intervention)
CON	Consent (e.g. informed consent)
CRD	Credentialing or profiles for health professionals (e.g. nurses' aides testing)
EIS	Early Intervention Services for children and newborn screening
EPS	Medicaid Early and Periodic Screening, Diagnostic and Treatment Services
FAM	Use of family members, friends, children as interpreters
HEA	Hearings/legal proceedings
HHC	Home health agencies, personal care services, and adult day health centers (not related to mental illness/developmental disabilities)
HIV	HIV/AIDS
HOS	Hospitals
INS	Insurance carriers (may include health maintenance organizations)
INT	Interpreter standards/certification/qualifications
LTC	Long-term care, including nursing homes, assisted living (not related to mental illness/developmental disabilities)
MED	Medicaid

Code Subject Matter

MEN	Services for people with mental health issues or developmental disabilities, including behavioral health services, habilitation services and Independent Living services (not facilities)
MCE	Medicare
MCO	Managed care organization/Prepaid in-patient/ambulatory health plan
MFA	Facilities for mental illness, ICF/MRs, and other facilities for the provision of psychiatric or mental health services
OAA	Services for the elderly or services under the Older Americans Act
PAY	Reimbursement/payments
PRO	Health professions standards/requirements
PUB	Public health
PWD	People with disabilities
RGT	Patient/client rights
STA	Sterilization/abortion
TRA	Translation
UNI	Universal
WOM	Services related to women's health but not abortion/sterilization
XXX	Other