

STATE	<u>Louisiana</u>
DATE REC'D.	<u>12-31-08</u>
DATE APP'VD.	<u>4-16-10</u>
DATE EFF.	<u>7-1-09</u>
HCFA 179	<u>08-25</u>

A

STATE OF LOUISIANA

ATTACHMENT 3.1-B,
Page 1

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(S): All Groups Listed Under C, of Attachment 2.2-A

The following services are provided.*

- | <u>Item No.</u> | <u>Item No.</u> |
|---|--|
| 1. Inpatient hospital services other than those provided in an institution for mental diseases. | 7. Home Health Services |
| 2. a. Outpatient hospital services. | a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area. |
| b. Rural health clinic services and other ambulatory services furnished by a rural health clinic. | b. Home health aide services provided by a home health agency. |
| c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC. | c. Medical supplies, equipment and appliances suitable for use in the home. |
| 3. Other laboratory and X-ray services. | 9. Clinic services. |
| 4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older. | 12. Prescribed drugs, dentures and prosthetic devices. |
| b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found. | a. Prescribed drugs. |
| c. Family Planning services and supplies for individuals of child-bearing age. | c. Prosthetic devices. |
| 5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere. | 13. d. Rehabilitative services |
| b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act). | 15. Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) services. |
| 6. a. Podiatrists' services. | 17. Nurse-midwife services. |
| b. Optometrists' services. | 18. Hospice Care |
| d.1. CRNAs services. | 20. Extended services for pregnant women. |
| d.2. Audiologists' services. | a. Pregnancy related and postpartum services for a 60-day period after pregnancy ends. |
| d.3. Physician Assistants' services. | 21. Certified pediatric or family nurse practitioners' services. |
| d.4. Clinical Nurse Specialists' services. | 24. a. Transportation |
| d.5. Pharmacists-Medication Administration services. | d. Nursing facility services provided for patients under 21 years of age. |
| | 26. Personal Care Services |
| | 28. Self-Directed Personal Assistance Services |

*Description provided on Attachment 3.1-A

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09

Supersedes:

TN# 03-45

SUPERSEDES: TN- 03-45

State/ Territory: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All groups Listed Under C of Attachment 2.2-A

1. Inpatient hospital services other than those provided in an institution for medical diseases.

Provided: No limitations With limitations*

2.a. Outpatient Hospital services.

Provided: No limitations With limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.

Provided: No limitations With limitations*

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: No limitations With limitations*

3. Other laboratory and x-ray services

Provided: No limitations With limitations*

4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: No limitations With limitations*

b. Early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, and treatment of conditions found.

c. Family planning services and supplies for individuals of childbearing age.

Provided: No limitations With limitations*

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>12-21-09</u>	
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DATE EFF	<u>12-21-09</u>	
HCFA 179	<u>09-53</u>	

* Description provided on attachment.

TN# 09-53 Approval Date 3-19-10 Effective Date 12-21-09
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State/Territory: LOUISIANA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(s): All Groups Listed Under C of Attachment 2.2-A

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: No limitations With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations With limitations:

*Description provided on attachment.

STATE	<u>LA</u>	A
DATE RUCED	<u>9-30-97</u>	
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HCFA #79	<u>97-16</u>	

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TN No. 96-15

State/Territory: LOUISIANA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups Listed Under C
of Attachment 2.2-A

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Provided: No limitations With limitations*

b. Optometrists' Services

Provided: No limitations With limitations*

c. Chiropractors' Services

Provided: No limitations With limitations*

d. Other Practitioners' Services

Provided: No limitations With limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: No limitations With limitations*

b. Home health aide services provided by a home health agency.

Provided: No limitations With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

Provided: No limitations With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 00-12
Supersedes
TN No. 97-23

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STATE	Louisiana
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HCFA 179	CA-00-12

State/Territory: LOUISIANA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups Listed Under C
of Attachment 2.2-A

8. Private duty nursing services.

Provided: No limitations 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 diseases 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. 97-17

Supersedes

TN No. 97-16

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WA 9-30-97
ACTD 12-22-97
DATE APPLD 8-1-97
DATE EFF 97-17
HCFA 179

State/Territory: LOUISIANA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups Listed Under C
of Attachment 2.2-A

c. Prosthetic devices.

Provided: No limitations With limitations*

d. Eyeglasses.

Provided: No limitations With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

Provided: No limitations With limitations*

b. Screening services.

Provided: No limitations With limitations*

c. Preventive services.

Provided: No limitations With limitations*

d. Rehabilitative services.

Provided: No limitations With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

Provided: No limitations With limitations*

b. Nursing facility services.

Provided: No limitations With limitations*

*Description provided on attachment.

TN No. 9776

Supersedes

TN No. 96-15

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A					
DATE REC'D	9-30-97	DATE APPL'D	12-12-97	DATE EFF	7-1-97
HCFA I/Y	9776				

State/Territory: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups Listed Under C of Attachment 2.2-A

15. Services in an intermediate care facility for the mentally retarded, as defined in Section 1905(d), (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a) (31) (A), to be in need of such care.

Provided: No limitations With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided: No limitations With limitations*

17. Nurse-midwife services.

Provided: No limitations With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided: No limitations With limitations*

STATE <u>Louisiana</u>	A
DATE REC'D <u>07-09-02</u>	
DATE APPROV'D <u>07-12-02</u>	
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* Description provided on attachment.

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TN No. 07-06

Revision: HIFA-PY-97-01 MP
SEPTEMBER 1997

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State/Territory: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP S All Groups Listed Under C
of Attachment 2.2-A

19. Case management services and Tuberculosis related services

a. Case management services as defined in the Louisiana Code of Supplement 1 to ATTACHMENT 2.2-A of Section 1205.2 of the ACA

Provided With limitations
 Not provided

b. Special Tuberculosis TB services as defined in Section 1205.2 of the ACA

Provided With limitations
 Not provided

20. Extended services for pregnant women

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60-day falls

Provided Additional coverage

b. Services for any other medical conditions that may complicate pregnancy.

Provided Additional coverage Not provided.

21. Certified pediatric or family nurse practitioners' services.

Provided No limitations With limitations*

Not provided.

* Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy related services or services for any other medical condition that may complicate pregnancy

** Attached is a description of categories of covered services, report limitations for all groups, and types of additional services provided.

Number of services provided: _____

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12-22-97

12-22-97

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9-30-97
12-22-97
8-1-97
97-17
8-1-97

State/Territory LOUISIANA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups Listed Under C
of Attachment 2.2-A

22. **Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).**

Provided: No limitations With limitations*
 Not provided.

LA
9-30-97
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AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups Listed Under C
of Attachment 2.2-A

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation.
 Provided: No limitations With limitations*
- b. Services of Christian Science nurses.
 Provided: No limitations With limitations*
- c. Care and services provided in Christian Science sanatoria.
 Provided: No limitations With limitations*
- d. Nursing facility services provided for patients under 21 years of age.
 Provided: No limitations With limitations*
- e. Emergency hospital services.
 Provided: No limitations With limitations*
- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.
 Provided: No limitations With limitations*

TW No. 97-16
Supersedes
TW No. 76-15

Approval Date 12-12-97 Effective Date 7-1-97

LA
9-30-93
12-12-97
7-1-97
97-16

State: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES TO THE MEDICALLY NEEDY

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

Election of PACE: by virtue of this submittal, the State elects PACE as an optional State Plan service.

No election of PACE: by virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

NO. OF REVISIONS
DATE

IN# 09-06 Approval Date 11-1-09 Effective Date 2-21-09
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IN#

State of Louisiana

1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print

Amount, Duration, and Scope of Medical and Remedial Care Services Provided To the Medically
Needy

28. Self-Directed Personal Assistance Services, as described in Supplement 2 to Attachment
3.1-A.

Election of Self-Directed Personal Assistance Services: By virtue of this submittal,
the State elects Self-Directed Personal Assistance Services as a State plan service
delivery option.

No election of Self-Directed Personal Assistance Services: By virtue of this submittal,
the State elects not to add Self-Directed Personal Assistance Services as a State plan
service delivery option.

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-31-08</u>	
DATE APP'D <u>4-16-10</u>	
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