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LOUISIANA DEPARTMENT OF HEALTH

# MEDICAID SERVICES CHART

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September 2020

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| <b>MEDICAID SERVICES</b>      |                               |   |  |  |   |
|-------------------------------|-------------------------------|---|--|--|---|
| <b>SERVICE</b>                | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>  | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>  | <b>CONTACT PERSON</b>   |
| <b>Adult Denture Services</b> | <i>Dentist</i>                | <p>Medicaid recipients 21 years of age and older.</p> <p><b>(Adults, 21 and over, certified as Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB) only, PACE, Take Charge Plus or other programs with limited benefits are not eligible for dental services.)</b></p> | <p>Examination, x-rays (are only covered if in conjunction with the construction of a Medicaid-authorized denture) dentures, denture relines, and denture repairs.</p> <p>Only one complete or partial denture per arch is allowed in an eight-year period. The partial denture must oppose a full denture. Two partials are not covered in the same oral cavity (mouth). Additional guidelines apply.</p> | <p>MCNA Dental administers the dental benefits for eligible Medicaid recipients. Contact MCNA Dental to locate a network provider and for questions about covered dental services.</p> <p>Recipients that reside in an Intermediate Care Facility for Developmental Disabilities (ICF/DD) will continue to receive adult denture services through the Fee-For-Service Dental Services Program.</p> | <p><i>MCNA Dental</i><br/>1-855-702-6262</p> <p><i>Visit online at</i><br/><a href="http://www.MCNALA.net">www.MCNALA.net</a></p> <p>Kevin Guillory<br/>225/342-7476</p> <p>Andrea Perry<br/>225/342-7877</p> |

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| <b>Applied Behavior Analysis (ABA)</b> | <i>Medicaid enrolled ABA provider</i> | 1. be from birth up to 21 years of age;<br>2. exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (examples include, but are not limited to aggression,<br>3. self-injury, elopement, etc.);<br>4. be medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID);<br>5. be diagnosed by a qualified health care professional with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder;<br>6. have a comprehensive diagnostic evaluation by a qualified health care professional; and have a prescription for ABA-based therapy services ordered by a qualified health care professional. | ABA-based therapy services shall be rendered in accordance with the individual's treatment plan. | All medically necessary services must be prescribed and <b>Prior Authorized</b> . The provider of services will submit requests for Prior Authorization. | Aetna<br><a href="http://www.aetnabetterhealth.com/louisiana">www.aetnabetterhealth.com/louisiana</a><br><br>AmeriHealth Caritas<br><a href="http://www.amerihalthcaritasla.com">www.amerihalthcaritasla.com</a><br><br>Healthy Blue<br><a href="http://www.myhealthyblue.com">www.myhealthyblue.com</a><br><br>Louisiana Healthcare Connections<br><a href="http://www.louisianahealthconnect.com">www.louisianahealthconnect.com</a><br><br>United Healthcare Community Plan<br><a href="http://www.uhccommunityplan.com">www.uhccommunityplan.com</a><br><br>Rene Huff<br>225/342-3935 |

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| <b>Audiological Services</b> – <i>See EarlySteps; EPSDT Screening Services; Hospital-Outpatient services; Physician/ Professional Services; Rehabilitation Clinic Services; Therapy Services</i> |                               |                    |                         |                 |                       |

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| <p><b>Behavioral Health Services – Adults</b></p> | <p>Any Medicaid eligible adult may receive the following behavioral health service if medical necessity is established by a licensed mental health professional (LMHP).</p> | <p>Medicaid eligible adult</p> <p>Adults eligible to receive mental health rehabilitation services under Medicaid State Plan include those who meet the following criteria and is 21 years and older:</p> <ul style="list-style-type: none"> <li>• Must have a mental health diagnosis and</li> <li>• Must be assessed by an LMHP</li> </ul> <p>Members receiving CPST and/or PSR:</p> <ul style="list-style-type: none"> <li>• Must have at least a level of care of three on the LOCUS.</li> <li>• Must have a rating of three or greater on the functional status domain on the level of care utilization system (LOCUS).</li> </ul> <p>LOCUS score are not required to receive LMHP services.</p> <p>For more information, please refer to the BHS Provider Manual.</p> | <ol style="list-style-type: none"> <li>1. Community Psychiatric Support &amp; Treatment</li> <li>2. Psychosocial Rehabilitation</li> <li>3. Crisis Intervention</li> <li>4. Assertive Community Treatment</li> <li>5. Outpatient Therapy with Licensed Practitioners (medication management, individual, family, and group counseling)</li> <li>6. Addiction Services (outpatient, residential, and inpatient)</li> <li>7. Psychiatric Inpatient Hospital 18-21 years and over 65 years of age</li> </ol> | <p>Adult Behavioral Health services are administered by the Healthy Louisiana Plans. CPST, PSR and ACT must be <b>Prior Authorized.</b></p> | <p>Aetna<br/> <a href="http://www.aetnabetterhealth.com/louisiana">www.aetnabetterhealth.com/louisiana</a><br/>         1-855-242-0802</p> <p>AmeriHealth Caritas<br/> <a href="http://www.amerhealthcaritasla.com">www.amerhealthcaritasla.com</a><br/>         1-888-756-0004</p> <p>Healthy Blue<br/> <a href="http://www.myhealthyblue.com">www.myhealthyblue.com</a><br/>         1-844-521-6941</p> <p>Louisiana Healthcare Connections<br/> <a href="http://www.louisianahealthconnect.com">www.louisianahealthconnect.com</a><br/>         1-866-595-8133</p> <p>United Healthcare Community Plan<br/> <a href="http://www.uhcommunityplan.com">www.uhcommunityplan.com</a><br/>         1-844-253-0667</p> |
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| <b>Chemotherapy Services-See Hospital-Outpatient Services; Physician/ Professional Services</b> | <i>Hospital<br/>Physician's office<br/>or clinic</i> | All Medicaid Recipients.                       | Chemotherapy administration and treatment drugs, as prescribed by physician. |   | Brandon Bueche<br>225/384-0460 |
| <b>Chiropractic Services</b>  | <i>EPSDT Medical Screening<br/>Provider/PCP</i>      | Medicaid recipients 0 through 20 years of age. | Spinal manipulations.  | Medically necessary manual manipulations of the spine when the service is provided as a result of a referral from an EPSDT medical screening provider or Primary Care Provider (PCP). | Brandon Bueche<br>225/384-0460 |

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| <p><b>Coordinated System of Care (CSoC) Program</b></p> | <p>To make a referral, contact the child/youth's Healthy Louisiana Plan. Note that the parent/caregiver must participate in the referral. The Healthy Louisiana Plan information is as follows:</p> <p>Aetna Better Health: 1-855-242-0802</p> <p>AmeriHealth Caritas: 1-888-756-0004</p> <p>Healthy Blue: 1-844-521-6941</p> <p>Louisiana Healthcare Connections: 1-866-595-8133</p> <p>United Health Care: 1-866-675-1607</p> <p>**The Healthy Louisiana Plan will connect you with Magellan to complete the referral**</p> | <p>Children, youth and families eligible for CSOC include Medicaid members between the ages of 5 and 20 years of age, who have a severe emotional disturbance (SED) or a serious mental illness (SMI) and who are in or at risk of out of home placement. A recipient meet the level of care or level of need through a Child and Adolescent Needs and Strengths (CANS) comprehensive assessment.</p> <p>For more information, please refer to the BHS Provider Manual.</p> | <ol style="list-style-type: none"> <li>1. Parent Support &amp; Training</li> <li>2. Youth Support &amp; Training</li> <li>3. Independent Living/Skills Building</li> <li>4. Short Term Respite Care</li> <li>5. Case Conference</li> </ol> | <p>CSoC services are administered by Magellan Health Services of Louisiana.</p> | <p>Magellan Health Services of Louisiana<br/>1-800-424-4489</p> |
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|  |                               |                          |  |  |                               |
| <b>Dental Care Services</b><br>- See Adult Denture Services; and EPSDT Dental Services |                               |                          |  |  |                               |
| <b>Durable Medical Equipment (DME)</b>   | <i>Physician</i>              | All Medicaid recipients. | Medical equipment and appliances such as wheelchairs, leg braces, etc.<br><br>Medical supplies such as ostomy supplies, etc.<br><br>Diapers and blue pads are -only reimbursable as durable medical equipment items for Medicaid recipients 0 through 20 years of age. | All services must be prescribed by a physician and must be <b>Prior Authorized</b> .<br><br>DME providers will arrange for the <b>Prior Authorization</b> request. | Irma Gauthier<br>225/342-5691 |

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| <b>EarlySteps</b><br><i>(Infant &amp; Toddler Early Intervention Services)</i> |                               | Children ages birth to three who have a <b>developmental delay</b> of at least 1.5 SD (standard deviations) below the mean in two areas of development listed below: <ol style="list-style-type: none"> <li>a. cognitive development</li> <li>b. physical development (<b>vision &amp; hearing</b>)</li> <li>c. -- communication development social or emotional development</li> <li>d. adaptive skills development (also known as self-help or daily living skills)</li> </ol> <ol style="list-style-type: none"> <li>1. Children with a <b>diagnosed medical condition</b> with a high probability of resulting in developmental delay.</li> </ol> | <b>Covered Services (Medicaid Covered)</b><br>-Family Support Coordination (Service Coordination)<br>-Occupational Therapy<br>-Physical Therapy<br>-Speech/Language Therapy<br>-Psychology<br>-Audiology<br><b>EarlySteps also provides the following services, not covered by Medicaid:</b><br>-Nursing Services/Health Services (Only to enable an eligible child/family to benefit from the other EarlySteps services).<br>-Medical Services for diagnostic and evaluation purposes only.<br>-Special Instruction<br>-Vision Services<br>-Assistive Technology devices and services<br>-Social Work<br>-Counseling Services/Family Training<br>-Transportation<br>-Nutrition<br>-Sign language and cued language services. | All services are provided through a plan of care called the Individualized Family Service Plan. Early Intervention is provided through EarlySteps in conformance with Part C of the Individuals with Disabilities Education Act. (IDEA). | Office for Citizens with Developmental Disabilities<br><br>1-866-783-5553<br>or<br>1-866-earlystep<br>For families<br><br>Brenda Sharp<br>225/342-8853 |

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| <p><b>EPSDT Behavioral Health Services</b></p> | <p>Medicaid eligible youth who meets the medical necessity criteria for behavioral health services as determined by a licensed mental health professional (LMHP).</p> | <p>Meets medical necessity criteria for rehabilitation services for children under the age of 21.</p> <p>Children and youth eligible to receive mental health rehabilitation (MHR) services under Medicaid State Plan include those who meet one of the following criteria and is 21 years and older:</p> <ul style="list-style-type: none"> <li>• Must be assessed by a licensed mental health professional.</li> </ul> <p>Members receiving CPST and/or PSR, ages 6 through 18 years of age, must be assessed using the CALOCUS.</p> <p>Members receiving CPST and/or PSR, ages 19 through 20 years of age, must be assessed using the LOCUS.</p> <p>Members who receive Multi-Systemic Therapy, Homebuilders, Functional Family Therapy and Functional Family Therapy-Child Welfare are not required to be assessed using the CALOCUS.</p> | <ol style="list-style-type: none"> <li>1. Community Psychiatric Support &amp; Treatment (CPST)</li> <li>2. Psychosocial Rehabilitation (PSR)</li> <li>3. Crisis Intervention</li> <li>4. Crisis Stabilization</li> <li>5. Outpatient Therapy with Licensed Practitioners (medication management, individual, family, and group counseling)</li> <li>6. Therapeutic Group Home</li> <li>7. Psychiatric Residential Treatment Facility (PRTF)</li> <li>8. Psychiatric Inpatient Hospital</li> <li>9. Addiction Services (outpatient, residential, and inpatient)</li> <li>10. Multi-systemic Therapy (MST)</li> <li>11. Functional Family Therapy (FFT)</li> <li>12. Homebuilders (HB)</li> <li>13. Assertive Community Treatment (ACT)</li> <li>14. Child Parent Psychotherapy (CPP)</li> <li>15. Parent-child interaction therapy (PCIT)</li> <li>16. Preschool PTSD Treatment (PPT) and Youth PTSD Treatment (YPT)</li> <li>17. Coordinated System of Care (CSoC)**</li> </ol> <p>**Please see the CSoC section. .</p> | <p>EPSDT Behavioral Health services are administered by the Healthy Louisiana Plans.</p> <p>CPST, PSR, MST, FFT, HB, and ACT must be <b>Prior Authorized</b>.</p> | <p>Aetna<br/> <a href="http://www.aetnabetterhealth.com/louisiana">www.aetnabetterhealth.com/louisiana</a><br/>         1-855-242-0802</p> <p>AmeriHealth Caritas<br/> <a href="http://www.amerhealthcaritasla.com">www.amerhealthcaritasla.com</a><br/>         1-888-756-0004</p> <p>Healthy Blue<br/> <a href="http://www.myhealthyblue.com">www.myhealthyblue.com</a><br/>         1-844-521-6941</p> <p>Louisiana Healthcare Connections<br/> <a href="http://www.louisianahealthconnect.com">www.louisianahealthconnect.com</a><br/>         1-866-595-8133</p> <p>United Healthcare<br/> <a href="http://www.uhcommunityplan.com">www.uhcommunityplan.com</a></p> <p>For CSoC services: Magellan Health Services of Louisiana<br/>         1-800-424-4399</p> <p>Visit online at <a href="http://www.MagellanofLouisiana.com">www.MagellanofLouisiana.com</a> (**For CSoC services ONLY)</p> |
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| <b>EPSDT Dental Services</b> | <i>Dentist</i>                | Medicaid recipients 0 through 20 years of age. | <p>The EPSDT Dental Program provides coverage of certain diagnostic; preventive; restorative; endodontic; periodontic; removable prosthodontic; maxillofacial prosthetic; oral and maxillofacial surgery; orthodontic; and adjunctive general services. Specific policy guidelines apply.</p> <p>Comprehensive Orthodontic Treatment (braces) are paid only when there is a cranio-facial deformity, such as cleft palate, cleft lip, or other medical conditions which possibly results in a handicapping malocclusion. If such a condition exists, the recipient should see a Medicaid-enrolled orthodontist. Patients having only crowded or crooked teeth, spacing problems or under/overbite are not covered for braces, unless identified as medically necessary.</p> | <p>MCNA Dental administers the dental benefits for eligible Medicaid recipients. Contact MCNA Dental to locate a network provider and for questions about covered dental services.</p> <p>Recipients that reside in an Intermediate Care Facility for Developmental Disabilities (ICF/DD) will continue to receive dental services through the Fee-For-Service Dental Services Program.</p> | <p><i>MCNA Dental</i><br/>1-855-702-6262</p> <p><i>Visit online at</i><br/><a href="http://www.MCNALA.net">www.MCNALA.net</a></p> <p>Kevin Guillory 225/342-7476</p> <p>Andrea Perry 225/342-7877</p> |

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| <p><b>EPSDT Personal Care Services</b></p> <p><i>(See Long Term – Personal Care Services (LT-PCS) for Medicaid recipients ages 65 or older, or age 21 or older with disabilities)</i></p> | <p><i>Physician and Personal Care Attendant Agencies</i></p> | <p>All Medicaid recipients 0 through 20 <b>not</b> receiving Individual Family Support waiver services. However, once a recipient receiving Individual Family Support waiver services has exhausted those services they are then eligible for EPSDT Personal Care Services.</p> <p>Recipients of Children’s Choice Waiver can receive both PCS and Family Support Services on the same day; however, the services may not be rendered at the same time.</p> | <p>Basic personal care-toileting &amp; grooming activities.</p> <p>Assistance with bladder and/or bowel requirements or problems.</p> <p>Assistance with eating and food preparation.</p> <p>Performance of incidental household chores, only for the recipient.</p> <p>Accompanying, not transporting, recipient to medical appointments.</p> <p>Does <b>NOT</b> cover any medical tasks such as medication administration, tube feedings, urinary catheters, ostomy or tracheostomy care.</p> | <p>The Personal Care Agency must submit the <b>Prior Authorization</b> request.</p> <p>Recipients receiving Support Coordination (Case Management Services) must also have their PCS <b>Prior Authorized</b> by DXC Technology.</p> <p>PCS is <i>not subject to service limits</i>. Units approved will be based on medical necessity and the need for covered services.</p> <p>Recipients receiving Personal Care Services must have a physician’s prescription and meet medical criteria.</p> <p>Does <b>not</b> include medical tasks.</p> <p>Provided by licensed providers enrolled in Medicaid to provide Personal Care Attendant services.</p> | <p>Norma Seguin<br/>225/342-7513</p>   |
| <p><b>EPSDT Screening Services</b></p> <p><i>(Child Health - preventive services)</i></p>   | <p>Physician</p>   | <p>All Medicaid recipients 0 through 20 years of age.</p>   | <p>Medical Screenings (including immunizations and certain lab services).</p> <p>Vision Screenings</p> <p>Hearing Screenings</p> <p>Dental Screenings</p>   | <p>Recipients receive their screening services from the primary care provider (PCP) or - appropriate health care provider..</p>   | <p>Norma Seguin<br/>225/342-7513</p> <p><i>Specialty Care Resource Line<br/>(877) 455-9955</i></p> |

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| <b>Eyewear –</b><br><i>See Vision Services</i>   |  |  |   |   |                              |
| <b>Family Planning Services – Take Charge Plus</b>   | <i>Any Medicaid provider who offers family planning services.</i><br><br><i>For assistance with locating a provider, call 1-877-455-9955</i> | All Louisiana residents of child bearing age regardless of gender with an income at or below 138% of the Federal Poverty level. Pregnant women are excluded from this program. | Family planning related services and care related to:<br><ul style="list-style-type: none"> <li>• Birth control (pills, implants, injections, condoms, and IUDs)</li> <li>• Cervical cancer screening and treatment for most abnormal results</li> <li>• Contraceptive counseling and education</li> <li>• Prescriptions, and follow-up visits to treat STIs</li> <li>• Treatment of major complications from certain family planning procedures</li> <li>• Voluntary sterilization for males and females (over age 21)</li> <li>• Vaccines for both males and females for the prevention of HPV</li> <li>• Transportation to family planning appointments</li> </ul> | Take Charge Plus is limited to family planning services and family planning related services. There are no enrollment fees, no premiums, co-payments or deductibles. All Medicaid providers including American Indian “638” Clinics, RHCs and FQHCs are reimbursed at established fee-for-service rates published in the Take Charge Plus fee schedule. | Becky Mouton<br>225/342-4722 |
| <b>Family Planning Services in Physician’s Office –</b><br><i>See Physician/ Professional Services</i> |  |  |   |   |                              |

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| <b>Federally Qualified Health Centers (FQHC)</b>                | <i>Nearest FQHC</i><br><br><i>The American Indian Clinic</i> | All Medicaid recipients.                       | Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists<br><br>Covered benefits include medical, behavioral health, and dental. | There are 3 components that may be provided: 1) Encounter visits; 2) EPSDT Screening Services; and 3) EPDST Dental, and Adult Denture Services.   | Irma Gauthier<br>225/342-5691 |
| <b>Free Standing Birthing Centers</b>                           | <i>Certified Nurse Midwife or Licensed Midwife</i>           | All Medicaid eligible pregnant women           | Vaginal delivery services for females who have had a low risk, normal pregnancy, prenatal care and that are expected to have an uncomplicated labor and normal vaginal delivery.  | A Free Standing Birthing Center is a free standing facility, separate from a hospital.<br><br>Stays for delivery are usually less than 24 hours.<br><br>Epidural anesthesia is not provided for deliveries at Free Standing Birthing Centers. | Becky Mouton<br>225/342-4722  |
| <b>Hearing Aids - See Durable Medical Equipment</b>             | <i>Durable Medical Equipment Provider</i>                    | Medicaid recipients 0 through 20 years of age. | Hearing Aids and any related ancillary equipment such as earpieces, batteries, etc. Repairs are covered if the Hearing Aid was paid for by Medicaid.  | All services must be <b>Prior Authorized</b> and the DME provider will arrange for the request of <b>Prior Authorization</b> .  | Irma Gauthier<br>225/342-5691 |
| <b>Hemodialysis Services - See Hospital-Outpatient Services</b> | <i>Dialysis Centers</i><br><br><i>Hospitals</i>              | All Medicaid recipients.                       | Dialysis treatment (including routine laboratory services); medically necessary non-routine lab services; and medically necessary injections.   |   | Helen Carter<br>225/342-6888  |

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| <b>MEDICAID SERVICES</b>      |                                    |  |   |   |   |
|-------------------------------|------------------------------------|--|---|---|---|
| <b>SERVICE</b>                | <b>HOW TO ACCESS SERVICES</b>      | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>   | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>   |
| <b>Home Health</b>            | <i>Physician</i>                   | All Medicaid recipients.<br><br>Medically Needy (Type Case 20 & 21) recipients are not eligible for Aide Visits, Physical Therapy, Occupational Therapy, Speech/Language Therapy.<br><br>EPSDT Home Health is provided to the medically needy if the recipient is under the age of 21. | <ul style="list-style-type: none"> <li>• Intermittent/part-time nursing services including skilled nurse visits.</li> <li>• Aide Visits</li> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Speech/Language Therapy</li> </ul> | <p>Recipients receiving Home Health must have physician's prescription and signed plan of care.</p> <p>PT, OT, and Speech/Language Therapy require <b>Prior Authorization</b>.</p> <p>Crisis Response Team – for Medicaid recipients 0 through 20 AND under a waiver program (Supports, ROW, NOW, Children's Choice) AND not receiving prescribed medically necessary intermittent nursing services for 2 consecutive weeks</p>                               | <p>Helen Carter<br/>225/342-6888</p> <p>Crisis Response Team 1-866-729-0017</p> |
| <b>Home Health - Extended</b> | <i>Physician</i>                   | Medicaid recipients 0 through 20 years of age.   | <p>Multiple hours of skilled nurse services.</p> <p>All medically necessary medical tasks that are part of the plan of care can be administered in the home.</p>  | <p>Recipients receiving extended nursing services must have a letter of medical necessity and physician's prescription.</p> <p>Extended Skilled nursing services require <b>Prior Authorization</b>.</p> <p>Crisis Response Team – for Medicaid recipients 0 through 20 AND under a waiver program (Supports, ROW, NOW, Children's Choice) AND not receiving prescribed medically necessary Extended Home Health nursing services for 2 consecutive weeks</p> | <p>Helen Carter<br/>225/342-6888</p> <p>Crisis Response Team 1-866-729-0017</p> |
| <b>Hospice Services</b>       | <i>Hospice Provider/ Physician</i> | All Medicaid recipients.<br>Hospice eligibility information:<br>1-800-877-0666 Option 2  | Medicare allowable services.  |   | <p>Helen Carter<br/>225/342-6888</p>  |

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| <b>MEDICAID SERVICES</b>   |                                |  |   |   |  |
|--|--------------------------------|--|---|---|--|
| <b>SERVICE</b>   | <b>HOW TO ACCESS SERVICES</b>  | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>   | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>  |
| <b>Hospital Claim Questions - Inpatient and Outpatient Services, including Emergency Room Services</b> | <i>Physician/<br/>Hospital</i> | All Medicaid recipients.<br><br>Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient <i>Psychiatric</i> Services. | Inpatient and Outpatient Hospital Services, including Emergency Room Services   | All Questions Regarding Denied Claims and/or Bills for Inpatient and Outpatient Hospital Services, including Emergency Room Services  | Recipients should first contact the provider, then may contact an MMIS Staff Member at 225/342-3855 if the issue cannot be resolved<br><br>Providers should contact Provider Relations at 1-800-473-2783 |
| <b>Hospital - Inpatient Services</b>   | <i>Physician/<br/>Hospital</i> | All Medicaid recipients.<br><br>Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient <i>Psychiatric</i> Services. | Inpatient hospital care needed for the treatment of an illness or injury which can only be provided safely & adequately in a hospital setting.<br><br>Includes those basic services that a hospital is expected to provide. |   | Providers:<br><a href="mailto:ProviderRelations@la.gov">ProviderRelations@la.gov</a><br><br>Members:<br><a href="mailto:Healthy@la.gov">Healthy@la.gov</a>   |
| <b>Hospital - Outpatient Services</b>  | <i>Physician/<br/>Hospital</i> | All Medicaid recipients.   | Diagnostic & therapeutic outpatient services, including outpatient surgery and rehabilitation services.<br><br>Therapeutic and diagnostic radiology services.<br>Chemotherapy<br>Hemodialysis                               | Outpatient rehabilitation (physical therapy, occupational therapy, and speech therapy) require <b>Prior Authorization</b> . Provider will submit request for <b>Prior Authorization</b> . | Providers:<br><a href="mailto:ProviderRelations@la.gov">ProviderRelations@la.gov</a><br><br>Members:<br><a href="mailto:Healthy@la.gov">Healthy@la.gov</a>   |

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| <b>MEDICAID SERVICES</b>   |                                |                          |   |   |  |
|--|--------------------------------|--------------------------|---|---|--|
| <b>SERVICE</b>   | <b>HOW TO ACCESS SERVICES</b>  | <b>ELIGIBILITY</b>       | <b>COVERED SERVICES</b>   | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>  |
| <b>Hospital - Emergency Room Services</b>  | <i>Physician/<br/>Hospital</i> | All Medicaid recipients. | Emergency Room services.  | No service limits.  | Providers:<br><a href="mailto:ProviderRelations@la.gov">ProviderRelations@la.gov</a><br><br>Members:<br><a href="mailto:Healthy@la.gov">Healthy@la.gov</a> |
| <b>Immunizations</b><br><i>See FQHC; EPSDT Screening Services; Physician/Professional Services; Rural Health Clinics</i> |                                |                          |   |   |  |
| <b>Laboratory Tests and Radiology Services</b>   | <i>Physician</i>               | All Medicaid recipients. | Most diagnostic testing and radiological services ordered by the attending or consulting physician.<br><br>Portable (mobile) x-rays are covered only for recipients who are unable to leave their place of residence without special transportation or assistance to obtain physician ordered x-rays. | All requests for any radiology services requiring prior approval are initiated by the ordering physician. Recipients may follow up with the ordering physician for the status of any ordered radiology service. | Becky Mouton<br>225/342-4722   |

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| <b>MEDICAID SERVICES</b>   |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>SERVICE</b>   | <b>HOW TO ACCESS SERVICES</b>   | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>   | <b>COMMENTS</b>  | <b>CONTACT PERSON</b>  |
| <p><b>Long Term - Personal Care Services (LT-PCS)</b></p> <p><i>(See EPSDT Personal Care Services for Medicaid recipients ages 0 through 20)</i></p> | <p>Contact: Louisiana Options in Long Term Care (Conduent) 1-877-456-1146</p> <p>For information, eligibility information, assessments and service requirements</p> | <p>All Medicaid recipients age 65 or older, or age 21 or older with disabilities (meets Social Security Administration disability criteria), meet the medical standards for admission to a nursing facility and additional targeting criteria, and be able to participate in his/her care and direct the services provided by the worker independently or through a responsible representative. Applicant must require at least limited assistance with at least one Activity of Daily Living.</p> | <p>-Basic personal care-toileting &amp; grooming activities.<br/>                     -Assistance with bladder and/or bowel requirements or problems.<br/>                     -Assistance with eating and food preparation.<br/>                     -Performance of incidental household chores, only for the recipient.<br/>                     -Accompanying, not transporting, recipient to medical appointments.<br/>                     -Grocery shopping, including personal hygiene items.</p> | <p>Recipients or the responsible representative must request the service. This program is <b>NOT</b> a substitute for existing family and/or community supports, but is designed to supplement available supports to maintain the recipient in the community. Once approved for services, the selected PCS Agency must obtain <b>Prior Authorization</b>. Amount of services approved will be based on assessment of assistance needed to perform daily living. Provided by PCS agencies enrolled in Medicaid.</p> | <p>Office of Aging and Adult Services (OAAS)</p> <p>Contact: Louisiana Options in Long Term Care (Conduent) 1-877-456-1146</p> <p>OAAS Helpline 1-866-758-5035<br/>                     Anne Deitch 225/342-0222</p> |
| <p><b>Medical Transportation (Emergency)</b></p>   | <p><i>Emergency ambulance providers</i></p>   | <p>All Medicaid recipients.</p>  | <p>Emergency ambulance service may be reimbursed if circumstances exist that make the use of any conveyance other than an ambulance medically inadvisable for transport of the patient.</p>   |  | <p>Melanie Doucet 225/614-3222</p> <p>Justin Owens 225/342-9566</p>  |

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|  |   |  |   |  |   |
|--|---|--|---|--|---|
| <p><b>Medical Transportation (Non-Emergency)</b></p> | <p><i>Medicaid recipients who ARE covered under a Healthy Louisiana managed care plan should contact the call centers as follows:</i></p> <p><i>Aetna Better Health<br/>1-877-917-4150</i></p> <p><i>Healthy Blue<br/>1-866-430-1101</i></p> <p><i>AmeriHealth Caritas<br/>1-888-913-0364</i></p> <p><i>Louisiana Healthcare Connections<br/>1-855-369-3723</i></p> <p><i>United Healthcare Community Plan<br/>1-866-726-1472</i></p> | <p>All Medicaid recipients with full benefits, except some who have Medicaid and Medicare.</p> | <p>Transportation to and from medical appointments.</p> <p>The medical provider the recipient is being transported to, does not have to be a Medicaid enrolled provider but the services must be Medicaid covered services. The dispatch office will make this determination.</p> <p>Recipients under 17 years old must be accompanied by an attendant.</p> | <p>Recipients should call dispatch offices <b>48 hours</b> before the appointment.</p> <p>Transportation to out-of-state appointments can be arranged but requires <b>Prior Authorization</b>.</p> <p><b>Same day transportation can be scheduled when absolutely necessary.</b></p> | <p>Melanie Doucet<br/>225/614-3222</p> <p>Justin Owens<br/>225/342-9566</p> |
|--|---|--|---|--|---|

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| <b>MEDICAID SERVICES</b>   |                               |  |  |                 |   |
|--|-------------------------------|--|--|-----------------|---|
| <b>SERVICE</b>   | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>  | <b>COMMENTS</b> | <b>CONTACT PERSON</b>   |
| <b>Midwife Services (Certified Nurse Midwife) - See FQHC; Physician/ Professional Services; Rural Health Clinics (Licensed Midwife) – See Freestanding Birthing Center</b> |                               |  |  |                 |   |
| <b>Nurse Practitioners/ Clinical Nurse Specialists - See FQHC; Physician/ Professional Services; Rural Health Clinics</b>  |                               |  |  |                 |   |
| <b>Nursing Facility</b>  |                               | Medicaid recipients and persons who would meet Medicaid Long Term Care financial eligibility requirements and who meet nursing facility level of care as determined by OAAS. | Skilled Nursing or medical care and related services; rehabilitation needed due to injury, disability, or illness; health-related care and services (above the level of room and board) not available in the community, needed regularly due to a mental or physical; condition. |                 | Office of Aging and Adult Services (OAAS)<br><br>Contact:<br>Louisiana Options in Long Term Care (Conduent)<br>1-877-456-1146 |

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| <b>MEDICAID SERVICES</b>   |                               |                          |  |   |  |
|--|-------------------------------|--------------------------|--|---|--|
| <b>SERVICE</b>   | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>       | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>  |
| <b>Occupational Therapy Services</b> See EarlySteps; Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services |                               |                          |  |   |  |
| <b>Optical Services –</b> (See Vision Services for Eyewear)  | Ophthalmologist               | All Medicaid recipients. | <p><b><u>Recipients 0 through 20</u></b></p> <p>Examinations and treatment of eye conditions, including examinations for vision correction, refraction error.</p> <p>Other related services, if medically necessary.</p> <hr/> <p><b><u>Recipients 21 and over</u></b></p> <p>Examinations and treatment of eye conditions, such as infections, cataracts, etc.</p> <p>If the recipient has both Medicare and Medicaid, some vision related services may be covered. The recipient should contact Medicare for more information since Medicare would be the primary payer.</p> | <p><b><u>Recipients 21 and over</u></b></p> <p><b>NON-COVERED SERVICES:</b></p> <ul style="list-style-type: none"> <li>- routine eye examinations for vision correction</li> <li>- routine eye examinations for refraction error</li> </ul> | <p>Ophthalmology:<br/>Brandon Bueche<br/>225/384-0460</p> <p>Eyewear:<br/>Irma Gauthier<br/>225/342-5691</p> |
| <b>Orthodontic Services</b> - See Dental Care Services   |                               |                          |  |   |  |

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| <b>MEDICAID SERVICES</b>                |                               |  |  |  |                              |
|---|-------------------------------|--|--|--|------------------------------|
| <b>SERVICE</b>                          | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>  | <b>CONTACT PERSON</b>        |
| <b>Pediatric Day Health Care (PDHC)</b> | Physician or PDHC Agencies    | Medicaid recipient 0 through 20 who have a medically fragile condition and who require nursing supervision and possibly therapeutic interventions all or part of the day due to a medically complex condition. | Nursing care, Respiratory care, Physical Therapy, Speech-language therapy, occupational, personal care services and transportation to and from PDHC facility | <p>The PDHC facility must submit the Prior Authorization request.</p> <p>In order to receive PDHC, the recipient must have a prescription from their prescribing physician and meet the medical criteria.</p> <p>PDHC may be provided up to seven days per week and up to 12 hours per day for Medicaid recipients as documented by the recipient's Plan of Care.</p> <p>Services are provided by licensed providers enrolled in Medicaid to provide PDHC services.</p> <p>The following services are not covered—before and after school care; medical equipment, supplies and appliances; parenteral or enteral nutrition; infant food or formula.</p> <p>Prescribed medications are to be provided each day by recipient's parent/guardian.</p> <p>PDHC services require Prior Authorization. Provider will submit request for Prior Authorization.</p> | Norma Seguin<br>225/342-7513 |

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| <b>MEDICAID SERVICES</b>  |                               |   |  |   |   |
|---|-------------------------------|---|--|---|---|
| <b>SERVICE</b>  | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>  | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>   |
| <p><b>Program of All-Inclusive Care for the Elderly (PACE)*</b></p> <p><i>*Program available in New Orleans, Baton Rouge, and Lafayette area.</i></p> |                               | <p>Participants are persons age 55 years or older, live in the PACE provider service area, are certified to meet nursing facility level of care and financially eligible for Medicaid long term care. Participation is voluntary and enrollees may disenroll at any time.</p> | <p>ALL Medicaid and Medicare services, both acute and long-term care</p> | <ul style="list-style-type: none"> <li>- Emphasis is on enabling participants to remain in community and enhance quality of life.</li> <li>- Interdisciplinary team performs assessment and develops individualized plan of care.</li> <li>- Each PACE program serves a specific geographic region.</li> <li>- PACE programs bear financial risk for all medical support services required for enrollees.</li> <li>- PACE programs receive a monthly capitated payment for Medicaid and Medicare eligible enrollees.</li> </ul> | <p>Office of Aging and Adult Services (OAAS)</p> <p>Contact:<br/>PACE GNO at<br/>(504) 945-1531</p> <p>Franciscan PACE<br/>Baton Rouge:<br/>(225)490-0640</p> <p>Franciscan PACE<br/>Lafayette<br/>(337) 470-4500</p> |

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|                                 |                   |  |   |   |   |
|---------------------------------|-------------------|--|---|---|---|
| <p><b>Pharmacy Services</b></p> | <p>Pharmacies</p> | <p>All Medicaid recipients except some who are Medicare/Medicaid eligible.</p> <p>Recipients who are full benefit dual eligible (Medicare/Medicaid) receive their pharmacy benefits through Medicare Part D.</p> <p>Recipients enrolled in an MCO with only behavioral health services receive prescription benefits through the fee-for-service Medicaid program.</p> | <p>Covers prescription drugs</p> <p>EXCEPTIONS:</p> <ul style="list-style-type: none"> <li>• Cosmetic drugs (Except Accutane);</li> <li>• Cough &amp; cold preparations;</li> <li>• Anorexics (Except for Xenical);</li> <li>• Fertility drugs when used for fertility treatment;</li> <li>• Experimental drugs;</li> <li>• Compounded prescriptions;</li> <li>• Drug Efficacy Study Implementation (DESI) drugs;</li> <li>• Erectile Dysfunction (ED) Medications</li> <li>• Over the counter (OTC) drugs with some exceptions;</li> </ul> | <p>Co-payments (\$0.50-\$3.00) are required except for some recipient categories.</p> <p>NO co-payments for the following:</p> <ul style="list-style-type: none"> <li>• Under age 21</li> <li>• Pregnant women</li> <li>• Long Term Care recipients</li> <li>• American Indians/Alaska Natives</li> <li>• Home and Community Based Waiver</li> <li>• Emergency Services</li> <li>• Family planning services</li> <li>• Preventive medications as designated by the US Preventive Services Task Force A and B Recommendations</li> <li>• Individuals receiving hospice care</li> <li>• Women whose basis of Medicaid eligibility is breast or cervical cancer</li> </ul> <p>Prescription limits: 4 per calendar month (The physician can override this limit when medically necessary.) <i>Limits do not apply to recipients under age 21, pregnant women, or those in Long Term Care.</i></p> <p><b>Prior Authorization</b> is required for <i>some</i> drug categories if the medication is not on the Preferred Drug List (PDL). <b>Children are not exempt from this process.</b> The PDL can be accessed at <a href="http://www.lamedicaid.com">www.lamedicaid.com</a>.</p> | <p>Sharon Beckwith<br/>225/342-9859</p> <p>Sue Fontenot<br/>225/342-2768</p> <p>For general pharmacy questions:<br/><br/>1-800-437-9101</p> |
|                                 |                   |  |   |   |   |

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| <b>MEDICAID SERVICES</b>  |   |                          |  |   |  |
|---|---|--------------------------|--|---|--|
| <b>SERVICE</b>  | <b>HOW TO ACCESS SERVICES</b>               | <b>ELIGIBILITY</b>       | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>  |
| <b>Physical Therapy -</b><br><i>See EarlySteps; Home Health; Hospital-Outpatient Services;</i><br><br><i>Rehabilitation Clinic Services; Therapy Services</i> |   |                          |  |   |  |
| <b>Physician Assistants</b><br><i>- See FQHC; Physician/ Professional Services; Rural Health Clinics</i>  |   |                          |  |   |  |
| <b>Physician/ Professional Services</b>   | <i>Physician or Healthcare Professional</i> | All Medicaid recipients. | Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialists, physician assistant.<br><br>Certain family planning services when provided in a physician's office. | Some services require <b>Prior Authorization</b> . Providers will submit requests for <b>Prior Authorization to DXC Technology</b> .<br><br>Services are subject to limitations and exclusions. Your physician or healthcare professional can help with this. | Immunizations:<br>Norma Seguin<br>225/342-7513<br><br>Professional Services:<br>Brandon Bueche<br>225/384-0460<br>Family Planning:<br>Becky Mouton<br>225/342-4722 |
| <b>Podiatry Services</b>  | <i>Podiatrist</i>                           | All Medicaid recipients. | Office visits.<br><br>Certain radiology & lab procedures and other diagnostic procedures.  | Some <b>Prior Authorization</b> , exclusions, and restrictions apply. Providers will submit request for <b>Prior Authorization to DXC Technology</b> .  | Brandon Bueche<br>225/384-0460   |

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|---|--|--|--|---|---|
| <b>SERVICE</b>  | <b>HOW TO ACCESS SERVICES</b>                                  | <b>ELIGIBILITY</b>                               | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>   |
| <b>Pre-Natal Care Services</b>  | <i>Physicians or Healthcare Professional</i>                   | Female Medicaid recipients of child bearing age. | Office visits.<br>Lab and radiology services.  |   | Becky Mouton<br>225/342-4722  |
| <b>Psychiatric Hospital Care Services - See Hospital-Inpatient Services</b> |  |  |  |   |   |
| <b>Rehabilitation Clinic Services</b>                                       | <i>Physician</i>   | Medicaid recipients 0 through 20 years of age.   | Occupational Therapy<br>Physical Therapy<br>Speech, Language and Hearing Therapy   | All services must be <b>Prior Authorized</b> .<br><br>The provider of services will submit the request for <b>Prior Authorization</b> .         | Helen Carter<br>225/342-6888  |
| <b>Rural Health Clinics</b>   | <i>Rural Health Clinic<br/><br/>The American Indian Clinic</i> | All Medicaid recipients                          | Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists.<br><br>Covered benefits include medical, behavioral health, and dental. | There are 3 components that may be provided: 1) Encounter visits; 2) EPSDT Screening Services; and 3) EPDST Dental, and Adult Denture Services. | Irma Gauthier<br>225/342-5691   |
| <b>Sexually Transmitted Disease Clinics (STD)</b>                           | <i>OPH Public Health Units</i>                                 | All Medicaid recipients.                         | Testing, counseling, and treatment of all sexually transmitted diseases (STD). Confidential HIV testing.   |   | Public Health Unit directory located at:<br><a href="http://ldh.la.gov/index.cfm/directory/category/192">http://ldh.la.gov/index.cfm/directory/category/192</a> |

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|---|-------------------------------|--|---|---|--|
| <b>SERVICE</b>  | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>   | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>  |
| <b>Speech and Language Evaluation and Therapy</b> – See <i>EarlySteps; Home Health; Hospital- Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i> |                               |  |   |   |  |
| <b>Support Coordination Services</b> (Case Management) - <b>Children’s Choice Waiver</b>  |                               | <p><b>Medicaid recipients must be in the Children’s Choice Waiver.</b></p> <p>There is a Request for Services Registry (RFSR) for those requesting waiver services. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office contact information is located at:<br/> <a href="http://ldh.la.gov/index.cfm/page/134/n/137">http://ldh.la.gov/index.cfm/page/134/n/137</a></p> | <p>Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document.</p> | <p>Services must be <b>prior authorized</b> by LDH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the <b>Prior Authorization.</b></p> | <p>Office for Citizens with Developmental Disabilities, Waiver Supports and Services<br/>           1-866-783-5553</p> |

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| <b>MEDICAID SERVICES</b>   |                               |  |   |   |   |
|--|-------------------------------|--|---|---|---|
| <b>SERVICE</b>   | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>   | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>   |
| <b>Support Coordination Services</b> (Case Management) - <b>Community Choices Waiver</b>   |                               | <p><b>Medicaid recipients must be in the Community Choices Waiver (CCW).</b></p> <p>There is a Request for Services Registry (RFSR) for those requesting CCW Waiver services. Contact Louisiana Options in Long Term Care at 1-877-456-1146.</p>   | Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. | Services must be <b>prior authorized</b> by LDH, <i>Office of Aging and Adult Services (OAAS)</i> . The provider will submit requests for the <b>Prior Authorization</b> .  | <p>Office of Aging and Adult Services (OAAS)<br/>1-866-758-5035</p> <p>Participants call 1-866-758-5035 or 225-219-0643</p>   |
| <b>Support Coordination Services</b> (Case Management) - <b>EPSDT Targeted Populations</b> |                               | <p><b>Must be Medicaid eligible and on the DD Request for Services Registry prior to receipt of case management services; or any Medicaid recipient 3 through 20 years of age for whom support coordination is medically necessary (Call SRI at 1-800-364-7828).</b></p> <p>To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office</p> | Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. | Support Coordination Services must be prior authorized by LDH, BHSF, and Waiver Compliance Section. The Support Coordination Agency will submit requests for the Prior Authorization to SRI. For other EPSDT services, see that portion of the chart. | <p>SRI<br/>1-800-364-7828</p> <p>Must be on the DD Request for Services Registry. However, if the child is no longer eligible to remain on the registry, the family can appeal the notice that is sent out. LDH will evaluate the recipient's eligibility to receive "special needs" case management.</p> |

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| <b>MEDICAID SERVICES</b>  |                               |   |  |  |   |
|---|-------------------------------|---|--|--|---|
| <b>SERVICE</b>  | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>  | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>  | <b>CONTACT PERSON</b>   |
| <b>Support Coordination Services (Case Management) - Infants and Toddlers</b>           |                               | Medicaid recipients must be 0 to 3 years of age and have a developmental delay or an established medical condition and eligible for the EarlySteps system. Contact information is located at: <a href="http://ldh.la.gov/index.cfm/page/139/n/139">http://ldh.la.gov/index.cfm/page/139/n/139</a>   | Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care in EarlySteps.  | Services must be <b>authorized</b> by EarlySteps. Authorizations are approved through the Individualized Family Service Plan (IFSP) process.   | Office for Citizens with Developmental Disabilities (OCDD)<br><br>1-866-783-5553<br><br>Brenda Sharp<br>225/342-8853                          |
| <b>Support Coordination Services (Case Management) - New Opportunities Waiver (NOW)</b> |                               | <b>Medicaid recipients must be receiving the NOW.</b><br><br>There is a <b>Request for Services Registry (RFSR)</b> for those requesting waiver services. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office contact information is located at: <a href="http://ldh.la.gov/index.cfm/page/134/n/137">http://ldh.la.gov/index.cfm/page/134/n/137</a> | Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document. | Services must be <b>prior authorized</b> by LDH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the <b>Prior Authorization.</b> | Office for Citizens with Developmental Disabilities, Waiver Supports and Services<br>1-866-783-5553<br><br>Complaints Line:<br>1-800-660-0488 |

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| <b>MEDICAID SERVICES</b>   |                               |  |  |   |  |
|--|-------------------------------|--|--|---|--|
| <b>SERVICE</b>   | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>  |
| <b>Support Coordination Services</b> (Case Management) – <b>Residential Options Waiver</b> ) |                               | <p><b>Medicaid recipients must be in the Residential Options Waiver.</b></p> <p>To access the Residential Options Waiver contact the Office for Citizens with Developmental Disabilities District/Authority Local Regional Office or the Office for Citizens with Developmental Disabilities Central Office Residential Options Program Manager.</p> <p>Contact information is located at: <a href="http://ldh.la.gov/index.cfm/page/134/n/137">http://ldh.la.gov/index.cfm/page/134/n/137</a></p> | <p>Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care.</p> <p>Services available through the Waiver are identified in the waiver section of this document.</p> | <p>Services must be <b>prior authorized</b> by LDH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the <b>Prior Authorization.</b></p> | <p>Office for Citizens with Developmental Disabilities, Waiver Supports and Services<br/>1-866-783-5553</p> <p>Complaints Line:<br/>1-800-660-0488</p> |
| <b>Support Coordination Services</b> (Case Management) – <b>Supports Waiver</b>              |                               | <p><b>Medicaid recipients must be in the Supports Waiver.</b></p> <p>There is a <b>Request for Services Registry (RFSR)</b> for those requesting this waiver. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office contact information is located at: <a href="http://ldh.la.gov/index.cfm/page/134/n/137">http://ldh.la.gov/index.cfm/page/134/n/137</a></p>  | <p>Coordination of Medicaid and other services. The Support Coordination (Case Manager) helps to identify needs, access services and coordinate care. Some services available through this waiver are identified in the waiver section</p>                   | <p>Services must be <b>prior authorized</b> by LDH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the <b>Prior Authorization.</b></p> | <p>Office for Citizens with Developmental Disabilities, Waiver Supports and Services<br/>1-866-783-5553</p>  |

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| <b>MEDICAID SERVICES</b>             |  |   |  |   |   |
|--------------------------------------|--|---|--|---|---|
| <b>SERVICE</b>                       | <b>HOW TO ACCESS SERVICES</b>  | <b>ELIGIBILITY</b>                                    | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>   |
| <b>Therapy Services</b>              | <i>Recipients have the choice of services from the following provider types:<br/>Home Health;<br/>Hospital-Outpatient Services;<br/>Rehabilitation Clinic Services</i> | Medicaid recipients <b>0 through 20</b> years of age. | <ul style="list-style-type: none"> <li>• Audiological Services (Available in Rehabilitation Clinic and Hospital-Outpatient settings only.)</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Speech &amp; Language Therapy</li> </ul> | <p>Covered services can be provided in the home through Home Health and Rehabilitation Clinics. Services provided by Rehabilitation Clinics can also be provided at the clinic. Services provided through Hospital-Outpatient Services must be provided at the facility/clinic. Covered services may be provided in addition to services provided by EarlySteps/EICs or School Boards if prescribed by a physician and Prior Authorized.</p> <p>All medically necessary services must be prescribed by a physician and <b>Prior Authorization</b> is required. The provider of services will submit requests for Prior Authorization.</p> | <p>Helen Carter<br/>225/342-6888</p> <p>NOTE:<br/><i>For details on services provided in Home Health, Rehabilitation Clinic, or Hospital-Outpatient settings, please refer to those sections of this Medicaid Services Chart.</i></p> |
| <b>Therapy Services</b><br>continued | <i>EPSDT Health Services-Early Intervention Centers (EIC) or EarlySteps Program</i>  | Medicaid recipients <b>under 3</b> years of age.      | <ul style="list-style-type: none"> <li>• Audiological Services</li> <li>• Occupational Therapy</li> <li>• Physical Therapy</li> <li>• Speech &amp; Language Therapy</li> <li>• Psychological Therapy</li> </ul>  | <p>All EPSDT Health Services through EICs and EarlySteps must be included in the infant/toddler's Individualized Family Services Plan (IFSP).<br/>If services are provided by an EIC or EarlySteps, Prior Authorization requirements are met through inclusion of services on the IFSP.</p>   | <p>Brenda Sharp<br/>225/342-8932</p>  |

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| <b>MEDICAID SERVICES</b>                                   |   |  |   |  |   |
|--|---|--|---|--|---|
| <b>SERVICE</b>   | <b>HOW TO ACCESS SERVICES</b>   | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>   | <b>COMMENTS</b>  | <b>CONTACT PERSON</b>   |
| <b>Therapy Services</b><br>continued                       | <i>EPSDT Health Services- Local Education Agencies (LEA) e.g. School Boards</i>   | Medicaid recipients <b>3 through 20</b> years of age.  | <ul style="list-style-type: none"> <li>• Audiological Evaluation and Therapy</li> <li>• Occupational Therapy Evaluation and Treatment services</li> <li>• Physical Therapy Evaluation and Treatment services</li> <li>• Speech &amp; Language Evaluation and Therapy</li> <li>• Behavioral Health, Evaluation and Therapy Services</li> <li>• Nursing Services</li> </ul> | Services are performed by the Local Education Agencies (LEA)<br>All EPSDT Health Services must be included in the child's Individualized Education Program (IEP).<br>If services are provided by a, LEA Prior Authorization requirements are met through inclusion of services on the IEP. | Anissa Young-Ned<br>225/342-6885  |
| <b>Therapy Services</b><br>continued                       | <i>Physician<br/>Recipients 21 years of age and older may access Therapy Services through Hospital Outpatient Services or Home Health Services.</i> | Medicaid recipients 21 years of age and older.<br><br>Medically Needy (Type Case 20 & 21) recipients are not eligible<br>Physical Therapy, Occupational Therapy, Speech/Language Therapy in a Home Health setting. | <ul style="list-style-type: none"> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Speech/Language Therapy</li> </ul>   | PT, OT, and Speech/Language Therapy require a physician's prescription.<br><br>PT, OT, and Speech/Language Therapy require <b>Prior Authorization</b> .  | Helen Carter<br>225/342-6888<br><br><i>For details on services provided in Home Health or Hospital-Outpatient settings, please refer to those sections of this Medicaid Services Chart.</i> |
| <b>Transportation</b><br><i>See Medical Transportation</i> |   |  |   |  |   |

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| <b>MEDICAID SERVICES</b>  |   |                         |   |   |  |
|---|---|-------------------------|---|---|--|
| <b>SERVICE</b>  | <b>HOW TO ACCESS SERVICES</b>                           | <b>ELIGIBILITY</b>      | <b>COVERED SERVICES</b>   | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>  |
| <b>Tuberculosis Clinics</b>                                     | <i>Office of Public Health Local Health Unit</i>        | All Medicaid recipients | Treatment and disease management services including physician visits, medications and x-rays.   |   | TB Control Directory found at: <a href="http://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/tuber/TBDirectory2018.pdf">http://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/tuber/TBDirectory2018.pdf</a> |
| <b>Vision Services (Eyewear)</b>                                | <i>Optometrist, Ophthalmologist or Optical Supplier</i> |                         | <p><b><u>Recipients 0 through 20</u></b></p> <p>Regular eyeglasses when they meet a certain minimum strength requirement. <b>Medically necessary</b> specialty eyewear and contact lenses with <b>prior authorization</b>. Contact lenses are covered if they are the <b>only</b> means for restoring vision.</p> <p><b><u>Recipients 21 and over</u></b></p> <p>ONLY if the recipient receives both Medicare and Medicaid and Medicare covers the required eyewear. In this instance, Medicaid may pick up a calculated portion of the payment as a Medicare cross-over claim.</p> | <p><b><u>Recipients 0 through 20</u></b></p> <p>Specialty eyewear and contact lenses, if medically necessary for EPSDT beneficiaries. Requires <b>prior authorization</b>. The provider will submit requests for the <b>prior authorization</b>. A prior authorization approval does not guarantee patient eligibility.</p> <p>Prescriptions are required for all glasses/contacts. After a prescription is obtained, the recipient may see an optical supplier to receive the glasses/contacts.</p> <p><b><u>Recipients 21 and over</u></b></p> <p><b>NON-COVERED SERVICES:</b><br/>eyeglasses</p> | Irma Gauthier<br>225/342-5691  |
| <b>X-Ray Services - See Laboratory Tests and X-Ray Services</b> |   |                         |   |   |  |

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| <b>MEDICAID SERVICES</b>            |                               |  |  |   |   |
|-------------------------------------|-------------------------------|--|--|---|---|
| <b>SERVICE</b>                      | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>   |
| <b><u>WAIVER SERVICES:</u></b>      |                               | There is a Request for Services Registry (RFSR) for those requesting any of the waiver services below.   |  |   | <b>See Specific Waiver</b>  |
| <b>Adult Day Health Care (ADHC)</b> |                               | Individuals 65 years of age or older, who meet Medicaid financial eligibility, imminent risk criteria and meet the criteria for admission to a nursing facility; or age 22-64 who are disabled according to Medicaid standards or SSI disability criteria, meet Medicaid financial eligibility and meet the criteria for admission to a nursing facility | <ul style="list-style-type: none"> <li>- Adult Day Health Care services</li> <li>- Transition Services</li> <li>- Support Coordination</li> <li>- Transition Intensive Support Coordination</li> </ul> | This is a home and community - based alternative to nursing facility placement. | Office of Aging and Adult Services (OAAS)<br><br>To Apply Contact:<br>Louisiana Options in Long Term Care<br>1-877-456-1146<br><br>Participants call<br>1-866-758-5035 or<br>225/219-0643 |

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| <b>MEDICAID SERVICES</b> |                               |  |   |   |  |
|--------------------------|-------------------------------|--|---|---|--|
| <b>SERVICE</b>           | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>   | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>  |
| <b>Children's Choice</b> |                               | Child must be on the DD Request for Services Registry, less than 21 years old, disabled according to SSI criteria, require ICF/DD level of care, have income less than 3 times SSI amount, resources less than \$2,000 and meet all Medicaid non-financial requirements. | <ul style="list-style-type: none"> <li>- Center Based Respite</li> <li>-Environmental Accessibility Adaptation</li> <li>-Specialized Medical Equipment and Supplies</li> <li>-Family Training</li> <li>- Professional Services: Aquatic Therapy, Art Therapy, Music Therapy, Sensory Integration, Hippotherapy/Therapeutic Horseback Riding</li> <li>- Housing Stabilization/ Housing Stabilization Transition -Crisis and Non-Crisis Provisions</li> </ul> | <p>There is a \$17,500 limit per individual plan year. (\$1500 for Case Management balance for other services).</p> <p><b>* Call the Office for Citizens with Developmental Disabilities or local Districts/Authorities for status on the Request for Services Registry. (See Appendix for telephone numbers)</b></p> <p><i>Complaints Line:</i><br/>1-800-660-0488</p> | <p>Office for Citizens with Developmental Disabilities Districts/ Authorities (SYSTEM ENTRY) contact information is located at:<br/><a href="http://ldh.la.gov/ind ex.cfm/page/134/n/137">http://ldh.la.gov/ind ex.cfm/page/134/n/137</a></p> <p>Edward Harris225/342-0095</p> |

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| <b>MEDICAID SERVICES</b>              |                               |   |   |   |  |
|---------------------------------------|-------------------------------|---|---|---|--|
| <b>SERVICE</b>                        | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>  | <b>COVERED SERVICES</b>   | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>  |
| <b>Community Choices Waiver (CCW)</b> |                               | Individuals 65 years of age or older, who meet Medicaid financial eligibility and meet the criteria for admission to a nursing facility; or age 21-64 who are disabled according to Medicaid standards or SSI disability criteria, meet Medicaid financial eligibility, and meet the criteria for admission to a nursing facility | <ul style="list-style-type: none"> <li>- Support Coordination</li> <li>- Environmental Accessibility Adaptation</li> <li>-Transition Intensive Support Coordination</li> <li>-Transition Service</li> <li>- Personal Assistance Services</li> <li>- Adult Day health Care Services</li> <li>- Assistive Devices and Medical - Supplies</li> <li>- Skilled Maintenance Therapy Services</li> <li>- Nursing Services</li> <li>- Home Delivered Meal Services</li> <li>- Caregiver Temporary Support Services</li> </ul> | This is a home and community-based alternative to nursing facility placement. | <p>Office of Aging and Adult Services (OAAS)</p> <p>To Apply Contact:<br/>Louisiana Options in Long Term Care<br/>1-877-456-1146</p> <p>Participants call<br/>1-866-758-5035 or<br/>225/219-0643</p> |

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| <b>MEDICAID SERVICES</b>              |                               |   |  |   |   |
|---------------------------------------|-------------------------------|---|--|---|---|
| <b>SERVICE</b>                        | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>  | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>   | <b>CONTACT PERSON</b>   |
| <b>New Opportunities Waiver (NOW)</b> |                               | Individuals three(3) years of age or older, who have a developmental disability which manifested prior to the age of 22, and who meet both SSI Disability criteria and the level of care determination for an ICF/DD. | An array of services to provide support to maintain persons in the community:<br>Individual Family Support, Day and Night; Shared Supports; Center Based Respite Care; Community Integration Development; Environmental Accessibility Adaptations, Specialized Medical Equipment and Supplies; Substitute Family Care Services; Supported Living; Day Habilitation; Supported Employment; Prevocational Services; Professional Services; One Time Transitional Expense; Skilled Nursing; Housing Stabilization/ Housing Stabilization Transition and Personal Emergency Response System, Adult Companion Care. | <b>*Call the Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices for status on the Request for Services Registry. (See Appendix for telephone numbers)</b><br><br><i>Complaints Line:<br/>1-800-660-0488</i> | Office for Citizens with Developmental Disabilities Districts/Authorities SYSTEM ENTRY contact information is located at:<br><a href="http://ldh.la.gov/index.cfm/page/134/n/137">http://ldh.la.gov/index.cfm/page/134/n/137</a><br><br>Office for Citizens with Developmental Disabilities, Waiver Supports and Services<br>1-866-783-5553 |

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| <b>MEDICAID SERVICES</b>                |                               |   |  |                                 |  |
|---|-------------------------------|---|--|---------------------------------|--|
| <b>SERVICE</b>                          | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>  | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>                 | <b>CONTACT PERSON</b>  |
| <b>Residential Options Waiver (ROW)</b> |                               | Individuals, birth to end of life, who have a developmental disability which manifested prior to the age of 22. (Must meet the Louisiana definition of DD). | Covered services include: Support Coordination, Community Living Supports, Host Home Services, Companion Care Services, Shared Living, Respite Care-Out of Home, Personal Emergency Response System, One Time Transition Services, Environmental Accessibility Adaptations, Assistive Technology/Specialized Medical Equipment and Supplies, Transportation-Community Access, Professional Services, Nursing Services, Dental Services, Supported Employment, Prevocational Services, Day Habilitation and Housing Stabilization/ Housing Stabilization Transition | Complaints Line: 1-800-660-0488 | Office for Citizens with Developmental Disabilities Districts/Authorities /Local Regional offices. System Entry contact information is located at: <a href="http://ldh.la.gov/index.cfm/page/134/n/137">http://ldh.la.gov/index.cfm/page/134/n/137</a><br><br>Office for Citizens with Developmental Disabilities, Waiver Supports and Services<br>1-866-783-5553<br>Denise Boyd<br>225-342-0095 |

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| <b>MEDICAID SERVICES</b> |                               |  |  |                                 |   |
|--------------------------|-------------------------------|--|--|---------------------------------|---|
| <b>SERVICE</b>           | <b>HOW TO ACCESS SERVICES</b> | <b>ELIGIBILITY</b>   | <b>COVERED SERVICES</b>  | <b>COMMENTS</b>                 | <b>CONTACT PERSON</b>   |
| <b>Supports Waiver</b>   |                               | Individuals age 18 and older who have been diagnosed with a Developmental Disability which manifested prior to age 22. (Must meet the Louisiana definition of DD). | Covered services include: Support Coordination, Supported Employment, Day Habilitation, Pre-Vocational Habilitation, Respite, Personal Emergency Response System, Housing Stabilization Transition, Housing Transition, and Habilitation | Complaints Line: 1-800-660-0488 | Office for Citizens with Developmental Disabilities Human Services District or Authority Offices System Entry contact information is located at:<br><a href="http://ldh.la.gov/index.cfm/page/134/n/137">http://ldh.la.gov/index.cfm/page/134/n/137</a><br><br>Rosemary Morales<br>225/342-0095 |

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