

# MEDICAID SERVICES CHART

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February 2024

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## MEDICAID SERVICES

SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
<b>Adult Denture Services</b>	Dentist	<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>	DentaQuest and MCNA Dental administer the dental benefits for eligible Medicaid recipients. Contact your plan to locate a network provider and for questions about covered dental services.	<p><b>DentaQuest</b> 1-800-685-0143 <a href="http://www.DentaQuest.com">www.DentaQuest.com</a></p> <p><b>MCNA Dental</b> 1-855-702-6262 <a href="http://www.MCNALA.net">www.MCNALA.net</a></p> <p><b>Kevin Guillory</b> 225-342-7476</p> <p><b>Tiffany Hayes</b> 225-342-7877</p>
<b>Adult Waiver Dental Services</b>	Dentist	Medicaid recipients 21 years of age and older enrolled in New Opportunities Waiver, Residential Options Waiver or Supports Services Waiver.	The Adult Waiver 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.	DentaQuest and MCNA Dental administer the dental benefits for eligible Medicaid recipients. Contact your plan to locate a network provider and for questions about covered dental services.	<p><b>DentaQuest</b> 1-800-685-0143 <a href="http://www.DentaQuest.com">www.DentaQuest.com</a></p> <p><b>MCNA Dental</b> 1-855-702-6262 <a href="http://www.MCNALA.net">www.MCNALA.net</a></p> <p><b>Kevin Guillory</b> 225-342-7476</p> <p><b>Tiffany Hayes</b> 225-342-7877</p>

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<b>Applied Behavior Analysis (ABA)</b>	Medicaid enrolled ABA provider	<p>Age from birth up to 21 years of age; and</p> <ol style="list-style-type: none"> <li>1. 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, self-injury, elopement, etc.);</li> <li>2. 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;</li> <li>3. have a comprehensive diagnostic evaluation by a qualified health care professional; and</li> <li>4. have a prescription for ABA-based therapy services ordered by a qualified health care professional.</li> </ol>	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.	<p><b>Aetna</b> 1-855-242-0802 <a href="http://www.aetnabetterhealth.com/louisiana">www.aetnabetterhealth.com/louisiana</a></p> <p><b>AmeriHealth Caritas</b> 1-888-756-0004 <a href="http://www.amerihhealthcaritasla.com">www.amerihhealthcaritasla.com</a></p> <p><b>Healthy Blue</b> 1-844-521-6941 <a href="http://www.myhealthybluela.com">www.myhealthybluela.com</a></p> <p><b>Humana Healthy Horizons in Louisiana</b> 1-800-448-3810 <a href="http://www.humana.com/medicaid/louisiana">www.humana.com/medicaid/louisiana</a></p> <p><b>Louisiana Healthcare Connections</b> 1-866-595-8133 <a href="http://www.louisianahealthconnect.com">www.louisianahealthconnect.com</a></p> <p><b>United Healthcare Community Plan</b> 1-844-253-0667 <a href="http://www.uhccommunityplan.com">www.uhccommunityplan.com</a></p> <p><b>Rene Huff</b> 225-342-3935</p>
<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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<b>Behavioral Health Services – Adults</b>	Any Medicaid eligible adult may receive the following behavioral health service if medical necessity is established by a licensed mental health professional (LMHP).	<p>Medicaid eligible adult</p> <p>Adults eligible to receive mental health rehabilitation (MHR) services under Medicaid State Plan include those who meet the following criteria:</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>Members receiving IPS and PCS must be:</p> <ul style="list-style-type: none"> <li>• 21 years and older</li> <li>• Transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program.</li> </ul> <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 (CPST)</li> <li>2. Psychosocial Rehabilitation (PSR)</li> <li>3. Crisis Intervention (CI)</li> <li>4. Assertive Community Treatment (ACT)</li> <li>5. Crisis Responses Services               <ol style="list-style-type: none"> <li>a. Mobile Crisis Response (MCR)</li> <li>b. Behavioral Health Crisis Care (BHCC)</li> <li>c. Community Based Crisis Service (CBCS)</li> </ol> </li> <li>6. Crisis Stabilization (CS)</li> <li>7. Individual Placement and Supports (IPS)</li> <li>8. Personal Care Services (PCS)</li> <li>9. Peer Support Services (PSS)</li> <li>10. Outpatient Therapy with Licensed Practitioners (medication management, individual, family, and group counseling)</li> <li>11. Addiction Services (outpatient, residential, and inpatient)</li> <li>12. Psychiatric Inpatient Hospital 18-21 years and over 65 years of age</li> </ol>	Adult Behavioral Health services are administered by the Healthy Louisiana Plans. CPST, PSR, CI follow-up, ACT, CBCS, CS, IPS, PCS, and PSS must be <b>Prior Authorized</b> .	<p><b>Aetna</b> 1-855-242-0802 <a href="http://www.aetnabetterhealth.com/louisiana">www.aetnabetterhealth.com/louisiana</a></p> <p><b>AmeriHealth Caritas</b> 1-888-756-0004 <a href="http://www.amerihhealthcaritasla.com">www.amerihhealthcaritasla.com</a></p> <p><b>Healthy Blue</b> 1-844-521-6941 <a href="http://www.myhealthybluea.com">www.myhealthybluea.com</a></p> <p><b>Humana Healthy Horizons in Louisiana</b> 1-800-448-3810 <a href="http://www.humana.com/medicaid/louisiana">www.humana.com/medicaid/louisiana</a></p> <p><b>Louisiana Healthcare Connections</b> 1-866-595-8133 <a href="http://www.louisianahealthconnect.com">www.louisianahealthconnect.com</a></p> <p><b>United Healthcare Community Plan</b> 1-844-253-0667 <a href="http://www.uhcommunityplan.com">www.uhcommunityplan.com</a></p>

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<p><b>Chemotherapy Services</b></p> <p><i>See also: Hospital- Outpatient Services; Physician/ Professional Services</i></p>	<p>Hospital</p> <p>Physician's office or clinic</p>	<p>All Medicaid Recipients.</p>	<p>Chemotherapy administration and treatment drugs, as prescribed by physician.</p>	<p><b>NOTE:</b> The contact person and number provided should not be utilized for making appointments. Members that are enrolled with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below:</p> <p><b>Web</b>  <a href="https://www.myplan.healthy.la.gov/en">https://www.myplan.healthy.la.gov/en</a></p> <p><b>Phone</b>                      1-855-229-6848                      Monday through Friday from 8:00 a.m. to 5:00 p.m.                      For hearing impaired (TTY) please call 1-855-526-3346.</p> <p><b>Mail</b>                      Healthy Louisiana                      P.O. Box 1097                      Atlanta, GA 30301-9913</p> <p><b>Fax</b>                      1-888-858-3875</p>	<p><b>Crystal Faison</b>                      225-342-8233</p> <p>(Please utilize the above contact for questions related to Fee For Service coverage.)</p>

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<b>Chiropractic Services</b>	<i>EPSDT Medical Screening Provider/PCP</i>	Medicaid recipients 0 through 20 years of age.	Spinal manipulations.	<p><b>NOTE:</b> The contact person and number provided should not be utilized for making appointments. Members that are enrolled with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below:</p> <p><b>Web</b>  <a href="https://www.myplan.healthy.la.gov/en">https://www.myplan.healthy.la.gov/en</a></p> <p><b>Phone</b>            1-855-229-6848            Monday through Friday from 8:00 a.m. to 5:00 p.m.            For hearing impaired (TTY) please call 1-855-526-3346.</p> <p><b>Mail</b>            Healthy Louisiana            P.O. Box 1097            Atlanta, GA 30301-9913</p> <p><b>Fax</b>            1-888-858-3875</p>	<p><b>Crystal Faison</b>            225-342-8233</p> <p>(Please utilize the above contact for questions related to Fee For Service coverage.)</p>

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<b>Coordinated System of Care (CSoC) Program</b>	To make a referral, contact Magellan directly or the child/youth's Healthy Louisiana Plan. Note that the parent/caregiver must participate in the referral.	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.  For more information, please refer to the BHS Provider Manual.	1. Parent Support & Training 2. Youth Support & Training 3. Independent Living/Skills Building 4. Short Term Respite Care 5. Case Conference	CSoC services are administered by Magellan Health Services of Louisiana.  <b>NOTE:</b> The Healthy Louisiana Plan will connect you with Magellan to complete the referral.	<p><b>Magellan Health Services of Louisiana</b> 1-800-424-4489</p> <p><b>Aetna</b> 1-855-242-0802 <a href="http://www.aetnabetterhealth.com/louisiana">www.aetnabetterhealth.com/louisiana</a></p> <p><b>AmeriHealth Caritas</b> 1-888-756-0004 <a href="http://www.amerithealthcaritasla.com">www.amerithealthcaritasla.com</a></p> <p><b>Healthy Blue</b> 1-844-521-6941 <a href="http://www.myhealthybluea.com">www.myhealthybluea.com</a></p> <p><b>Humana Healthy Horizons in Louisiana</b> 1-800-448-3810 <a href="http://www.humana.com/medicaid/louisiana">www.humana.com/medicaid/louisiana</a></p> <p><b>Louisiana Healthcare Connections</b> 1-866-595-8133 <a href="http://www.louisianahealthconnect.com">www.louisianahealthconnect.com</a></p> <p><b>United Healthcare Community Plan</b> 1-844-253-0667 <a href="http://www.uhccommunityplan.com">www.uhccommunityplan.com</a></p>
<b>Dental Care Services</b>	<i>See: Adult Denture Services; Adult Waiver Dental Services; and EPSDT Dental Services</i>				

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<b>Durable Medical Equipment (DME)</b>	Physician	All Medicaid recipients.	Medical equipment and appliances such as wheelchairs, leg braces, etc.  Medical supplies such as ostomy supplies, etc.  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> .  DME providers will arrange for the <b>Prior Authorization</b> request.	<b>Irma Gauthier</b> 225-342-5691
<b>EarlySteps (Infant &amp; Toddler Early Intervention Services)</b>		1. 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: a. cognitive development b. physical development ( <b>vision &amp; hearing</b> ) - communication development c. social or emotional development d. adaptive skills development (also known as self-help or daily living skills) 2. Children with a <b>diagnosed medical condition</b> with a high probability of resulting in developmental delay.	<b>Covered Services (Medicaid Covered)</b> - Family Support Coordination (Service Coordination) - Occupational Therapy - Physical Therapy - Speech/Language Therapy - Psychology - Audiology  <b>EarlySteps also provides the following services, not covered by Medicaid:</b> - Nursing Services/Health Services (Only to enable an eligible child/family to benefit from the other EarlySteps services). - Medical Services for diagnostic and evaluation purposes only. - Special Instruction - Vision Services - Assistive Technology devices and services - Social Work - Counseling Services/Family Training - Transportation - Nutrition - 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).	<b>Office for Citizens with Developmental Disabilities (OCDD)</b> 1-866-783-5553 or 1-866-EARLYSTEP for families  <b>Brenda Sharp</b> 225-342-8853

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<b>EPSDT Behavioral Health Services</b>	Medicaid eligible youth who meets the medical necessity criteria for behavioral health services as determined by a licensed mental health professional (LMHP).	<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. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</li> <li>18. Eye Movement Desensitization and Reprocessing (EMDR) Therapy</li> <li>19. Coordinated System of Care (CSoC) (<b>NOTE:</b> Please see the CSoC section)</li> </ol>	<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><b>Aetna</b> 1-855-242-0802 <a href="http://www.aetnabetterhealth.com/louisiana">www.aetnabetterhealth.com/louisiana</a></p> <p><b>AmeriHealth Caritas</b> 1-888-756-0004 <a href="http://www.amerhealthcaritasla.com">www.amerhealthcaritasla.com</a></p> <p><b>Healthy Blue</b> 1-844-521-6941 <a href="http://www.myhealthybluea.com">www.myhealthybluea.com</a></p> <p><b>Humana Healthy Horizons in Louisiana</b> 1-800-448-3810 <a href="http://www.humana.com/medicaid/louisiana">www.humana.com/medicaid/louisiana</a></p> <p><b>Louisiana Healthcare Connections</b> 1-866-595-8133 <a href="http://www.louisianahealthconnect.com">www.louisianahealthconnect.com</a></p> <p><b>United Healthcare Community Plan</b> 1-844-253-0667 <a href="http://www.uhccommunityplan.com">www.uhccommunityplan.com</a></p> <p>For CSoC Services: <b>Magellan Health Services of Louisiana</b> 1-800-424-4489 <a href="http://www.magellanoflouisiana.com">www.magellanoflouisiana.com</a></p>

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<b>EPSDT Dental Services</b>	Dentist	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>	DentaQuest and MCNA Dental administer the dental benefits for eligible Medicaid recipients. Contact your plan to locate a network provider and for questions about covered dental services.	<p><b>DentaQuest</b> 1-800-685-0143 <a href="http://www.DentaQuest.com">www.DentaQuest.com</a></p> <p><b>MCNA Dental</b> 1-855-702-6262 <a href="http://www.MCNALA.net">www.MCNALA.net</a></p> <p><b>Kevin Guillory</b> 225-342-7476</p> <p><b>Tiffany Hayes</b> 225-342-7877</p>

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<p><b>EPSDT Personal Care Services</b></p> <p><i>For Medicaid recipients ages 65 or older, or age 21 or older with disabilities, see: Long Term – Personal Care Services (LT-PCS)</i></p>	Physician and Personal Care Attendant Agencies	<p>All Medicaid recipients 0 through 20 years of age and have been prescribed medically necessary, age appropriate EPSDT-PCS by a practitioner (physician, advance practice nurse, or physician assistant). The practitioner shall specify the health/medical condition that necessitates EPSDT-PCS. Medical necessity criteria shall be based on functional and medical eligibility and impairment in at least two activities of daily living. To establish medical necessity, the EPSDT eligible recipient must be of an age at which the tasks to be performed by the PCS provider would ordinarily be performed by the individual, if not for being disabled due to illness or injury.</p> <p>Children’s Choice waiver services and PCS may be performed on the same date, but not at the same time. If the recipient is receiving home health, respite, and/or any other related service, the PCS provider cannot provide service at the same time as the other Medicaid covered service provider.</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 Gainwell 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 practitioner’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><b>Norma Seguin</b> 225-342-7513</p>
<p><b>EPSDT Screening Services</b> (Child Health – Preventive Services)</p>	Physician	All Medicaid recipients 0 through 20 years of age.	<p>Medical Screenings (including immunizations and certain lab services).</p> <p>Vision Screenings</p> <p>Hearing Screenings</p> <p>Dental Screenings</p>	Recipients receive their screening services from the primary care provider (PCP) or appropriate health care provider.	<p><b>Norma Seguin</b> 225-342-7513</p> <p><b>Specialty Care Resource Line</b> 1-877-455-9955</p>
<b>Eyewear</b>	<i>See: Vision Services</i>				

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SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
<p><b>Family Planning Services</b> (Take Charge Plus)</p>	<p>Any Medicaid provider who offers family planning services.</p> <p>For assistance with locating a provider, call 1-877-455-9955</p>	<p>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.</p>	<p>Family planning related services and care related to:</p> <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>	<p>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.</p> <p><b>NOTE:</b> The contact person and number provided should not be utilized for making appointments. Members that are enrolled with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below:</p> <p><b>Web</b> <a href="https://www.myplan.healthy.la.gov/en">https://www.myplan.healthy.la.gov/en</a></p> <p><b>Phone</b> 1-855-229-6848 Monday through Friday from 8:00 a.m. to 5:00 p.m. For hearing impaired (TTY) please call 1-855-526-3346.</p> <p><b>Mail</b> Healthy Louisiana P.O. Box 1097 Atlanta, GA 30301-9913</p> <p><b>Fax</b> 1-888-858-3875</p>	<p><b>Crystal Faison</b> 225-342-8233</p> <p>(Please utilize the above contact for questions related to Fee For Service coverage.)</p>

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<b>MEDICAID SERVICES</b>					
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<b>Family Planning Services in Physician's Office</b>	<i>See: Physician/Professional Services</i>				
<b>Federally Qualified Health Centers (FQHC)</b>	Nearest FQHC  The American Indian Clinic	All Medicaid recipients.	Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists  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.	<b>Irma Gauthier</b> 225-342-5691

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<b>Free Standing Birthing Centers</b>	Certified Nurse Midwife or Licensed Midwife	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.	<p>A Free Standing Birthing Center is a free standing facility, separate from a hospital.</p> <p>Stays for delivery are usually less than 24 hours.</p> <p>Epidural anesthesia is not provided for deliveries at Free Standing Birthing Centers.</p> <p><b>NOTE:</b> The contact person and number provided should not be utilized for making appointments. Members that are enrolled with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below:</p> <p><b>Web</b> <a href="https://www.myplan.healthy.la.gov/en">https://www.myplan.healthy.la.gov/en</a></p> <p><b>Phone</b> 1-855-229-6848 Monday through Friday from 8:00 a.m. to 5:00 p.m. For hearing impaired (TTY) please call 1-855-526-3346.</p> <p><b>Mail</b> Healthy Louisiana P.O. Box 1097 Atlanta, GA 30301-9913</p> <p><b>Fax</b> 1-888-858-3875</p>	<b>Crystal Faison</b> 225-342-8233

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<b>Hearing Aids</b>  <i>See also: Durable Medical Equipment</i>	Durable Medical Equipment Provider	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> .	<b>Irma Gauthier</b> 225-342-5691
<b>Hemodialysis Services</b>  <i>See also: Hospital – Outpatient Services</i>	Dialysis Centers  Hospitals	All Medicaid recipients.	Dialysis treatment (including routine laboratory services); medically necessary non-routine lab services; and medically necessary injections.		<b>Justin Owens</b> 225-342-6888
<b>Home Health</b>	Physician	All Medicaid recipients.  Medically Needy (Type Case 20 & 21) recipients are not eligible for Aide Visits, Physical Therapy, Occupational Therapy, Speech/Language Therapy.  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>	Recipients receiving Home Health must have an authorized healthcare provider's prescription and signed plan of care.  PT, OT, and Speech/Language Therapy require <b>Prior Authorization</b> .  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	<b>Justin Owens</b> 225-342-6888  <b>Crisis Response Team</b> 1-866-729-0017  <a href="mailto:crisisresponseteam@la.gov">crisisresponseteam@la.gov</a>

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<b>Home Health – Extended</b>	Physician	Medicaid recipients 0 through 20 years of age.	Multiple hours of skilled nurse services.  All medically necessary medical tasks that are part of the plan of care can be administered in the home.	Recipients receiving extended nursing services must have a letter of medical necessity and an authorized healthcare provider’s prescription.  Extended Skilled nursing services require <b>Prior Authorization</b> .  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.	<b>Justin Owens</b> 225-342-6888  <b>Crisis Response Team</b> 1-866-729-0017  <a href="mailto:crisisresponseteam@la.gov">crisisresponseteam@la.gov</a>
<b>Hospice Services</b>	Hospice Provider/ Physician	All Medicaid recipients.  Hospice eligibility information: 1-800-877-0666 Option 2	Medicare allowable services.		<b>Justin Owens</b> 225-342-6888
<b>Hospital Claim Questions – Inpatient and Outpatient Services, including Emergency Room Services</b>	Physician/ Hospital	All Medicaid recipients.  Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient Psychiatric 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  Providers should contact Provider Relations at 1-800-473-2783

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<b>Hospital – Inpatient Services</b>	Physician/ Hospital	All Medicaid recipients.  Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient Psychiatric Services.	Inpatient hospital care needed for the treatment of an illness or injury which can only be provided safely & adequately in a hospital setting.  Includes those basic services that a hospital is expected to provide.		For providers: <a href="mailto:ProviderRelations@la.gov">ProviderRelations@la.gov</a>  For members: <a href="mailto:Healthy@la.gov">Healthy@la.gov</a>
<b>Hospital – Outpatient Services</b>	Physician/ Hospital	All Medicaid recipients.	Diagnostic & therapeutic outpatient services, including outpatient surgery and rehabilitation services.  Therapeutic and diagnostic radiology services.  Chemotherapy  Hemodialysis	Outpatient rehabilitation (physical therapy, occupational therapy, and speech therapy) require <b>Prior Authorization</b> . Provider will submit request for <b>Prior Authorization</b> .	For providers: <a href="mailto:ProviderRelations@la.gov">ProviderRelations@la.gov</a>  For members: <a href="mailto:Healthy@la.gov">Healthy@la.gov</a>
<b>Hospital – Emergency Room Services</b>	Physician/ Hospital	All Medicaid recipients.	Emergency Room services.	No service limits.	For providers: <a href="mailto:ProviderRelations@la.gov">ProviderRelations@la.gov</a>  For members: <a href="mailto:Healthy@la.gov">Healthy@la.gov</a>
<b>Immunizations</b>	<i>See: FQHC; EPSDT Screening Services; Physician/Professional Services; Rural Health Clinics</i>				

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## MEDICAID SERVICES

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<b>Laboratory Tests and Radiology Services</b>	Physician	All Medicaid recipients.	<p>Most diagnostic testing and radiological services ordered by the attending or consulting physician.</p> <p>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.</p>	<p>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.</p> <p><b>NOTE:</b> The contact person and number provided should not be utilized for making appointments. Members that are enrolled with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below:</p> <p><b>Web</b>  <a href="https://www.myplan.healthy.la.gov/en">https://www.myplan.healthy.la.gov/en</a></p> <p><b>Phone</b>                      1-855-229-6848                      Monday through Friday from 8:00 a.m. to 5:00 p.m.                      For hearing impaired (TTY) please call 1-855-526-3346.</p> <p><b>Mail</b>                      Healthy Louisiana                      P.O. Box 1097                      Atlanta, GA 30301-9913</p> <p><b>Fax</b>                      1-888-858-3875</p>	<b>Crystal Faison</b> 225-342-8233

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## MEDICAID SERVICES

SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
<p><b>Long Term – Personal Care Services (LT-PCS)</b></p> <p><i>For Medicaid recipients ages 0 through 20, see: EPSDT Personal Care Services</i></p>	<p>Contact Louisiana Options in Long Term Care (Conduent) 1-877-456-1146 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>	<ul style="list-style-type: none"> <li>- Basic personal care-toileting &amp; grooming activities.</li> <li>- Assistance with bladder and/or bowel requirements or problems.</li> <li>- Assistance with eating and food preparation.</li> <li>- Performance of incidental household chores, only for the recipient.</li> <li>- Accompanying, not transporting, recipient to medical appointments.</li> <li>- Grocery shopping, including personal hygiene items.</li> </ul>	<p>Recipients or the responsible representative must request the service.</p> <p>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.</p> <p>Once approved for services, the selected PCS Agency must obtain <b>Prior Authorization</b>.</p> <p>Amount of services approved will be based on assessment of assistance needed to perform daily living.</p> <p>Provided by PCS agencies enrolled in Medicaid.</p>	<p><b>Louisiana Options in Long Term Care (Conduent)</b> 1-877-456-1146</p> <p><b>Office of Aging and Adult Services (OAAS)</b> 1-866-758-5035</p> <p><b>Anne Deitch</b> 225-342-0222</p>

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<b>Medical Transportation (Emergency)</b>	Emergency ambulance providers	All Medicaid beneficiaries, who are eligible for emergency medical treatment (EMT) services.	<p>Emergency ambulance transportation is provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:</p> <ul style="list-style-type: none"> <li>- Placing the health of the enrollee (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy</li> <li>- Serious impairment to bodily function</li> <li>- Serious dysfunction of any bodily organ or part.</li> </ul> <p>An enrollee may also require emergency ambulance transportation if he or she is psychiatrically unmanageable or needs restraint.</p> <p>Beginning January 1, 2023, Medicaid will only reimburse for a beneficiary's transportation services to a FFS provider and/or managed care provider if that provider has enrolled through the Medicaid Provider Enrollment Portal. A subset of EMT is Physician directed treatment-in-place service, which facilitates a telehealth visit by an ambulance provider. If an enrollee being treated-in-place has a real-time deterioration in their clinical condition, the ambulance provider, telehealth provider or enrollee may determine that immediate transport to an emergency department is required.</p>		<p><b>Medicaid Transportation Division</b> 225-342-9566</p> <p><a href="mailto:MedicaidTransportation@la.gov">MedicaidTransportation@la.gov</a></p>

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## MEDICAID SERVICES

SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
<b>Medical Transportation (Non-Emergency)</b>	<p>Healthy Louisiana managed care plan recipients should contact:</p> <p><b>Aetna</b> 1-877-917-4150</p> <p><b>AmeriHealth Caritas</b> 1-888-913-0364</p> <p><b>Healthy Blue</b> 1-866-430-1101</p> <p><b>Humana Healthy Horizons in Louisiana</b> 1-844-613-1638</p> <p><b>Louisiana Healthcare Connections</b> 1-855-369-3723</p> <p><b>United Healthcare Community Plan</b> 1-866-726-1472</p> <p>Legacy Medicaid or FFS recipients should contact:</p> <p><b>Verida</b> 1-855-325-7626</p>	<p>All Medicaid beneficiaries who are eligible for non-emergency medical transportation (NEMT) services.</p>	<p>Transportation provided to and/or from a Medicaid covered service, including carved out services, or value added benefits (VAB) when no other means of transportation is available.</p> <p>Beginning January 1, 2023, Medicaid will only reimburse for a beneficiary's transportation services to an FFS provider and/or managed care provider if that provider has enrolled through the Medicaid Provider Enrollment</p> <p>Eligible expenses include the following when necessary to ensure the delivery of medically necessary services:</p> <ul style="list-style-type: none"> <li>- Transportation for the enrollee and one attendant; and</li> <li>- Meals, lodging, and other related travel expenses for the enrollee and one attendant when long distance travel is required. Long distance is defined as when the total travel time, including the duration of the appointment plus the travel to and from the appointment, exceeds 12 hours. Medicaid covers meals and lodging for trips that are not otherwise covered in the inpatient per diem, primary insurance, or other payer source.</li> </ul>	<p>With the exception of urgent transportation requests and discharges from inpatient facilities, when requesting transportation services the enrollees and healthcare providers should schedule all services a minimum of 48 hours prior to the requested appointment. The 48-hour minimum does not include non-business days. However, the MCO and/or transportation broker must make a reasonable attempt to schedule the trip with less than 48 hour notice.</p> <p>Urgent transportation refers to a request for transportation made by a healthcare provider for a medical service, which does not warrant emergency transport but cannot be postponed.</p> <p>All non-emergency out-of-state transportation must be prior approved by the MCO or transportation broker. The MCO may approve transportation to out-of-state medical care only if the enrollee has been granted approval to receive medical treatment out of state.</p> <p>An attendant shall be required when the enrollee is under the age of 17. The attendant must be a parent, legal guardian, or responsible person designated by the parent/legal guardian, and be able to authorize medical treatment and care for the enrollee.</p> <p>Attendants may not be under the age of 17 or be a Medicaid provider or employee of a Medicaid provider that is providing services to the enrollee being transported, except for employees of a mental health facility in the event an enrollee has been identified as being a danger to themselves or others or at risk for elopement. They also may not be a transportation provider or an employee of a transportation provider. <b>Exception:</b> All females, regardless of their age, seeking prenatal and/or postpartum care shall not be required to have an attendant.</p>	<p><b>Medicaid Transportation Division</b> 225-342-9566 or 225-333-7473</p> <p><a href="mailto:MedicaidTransportation@la.gov">MedicaidTransportation@la.gov</a></p>

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## MEDICAID SERVICES

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<b>Medical Transportation (Non-Emergency Ambulance)</b>	<p>Healthy Louisiana managed care plan recipients should contact:</p> <p><b>Aetna</b> 1-877-917-4150</p> <p><b>AmeriHealth Caritas</b> 1-225-726-2800</p> <p><b>Healthy Blue</b> 1-844-349-4324</p> <p><b>Humana Healthy Horizons in Louisiana</b> 1-844-613-1638</p> <p><b>Louisiana Healthcare Connections</b> 1-866-595-8133</p> <p><b>United Healthcare Community Plan</b> 1-866-886-4081</p> <p>Legacy Medicaid or FFS recipients should contact:</p> <p><b>Verida</b> 1-855-325-7626</p>	<p>All Medicaid beneficiaries who are eligible for non-emergency ambulance transportation (NEAT) services.</p>	<p>Transportation provided to an enrollee by ground/air ambulance to and/or from a Medicaid covered service, including carved out services and VABs when: No other means of transportation is available; the enrollee's condition is such that use of any other method of transportation is contraindicated or would make the enrollee susceptible to injury; and the nature of the trip is not an emergency, but the enrollee requires the use of an ambulance</p> <p>Beginning January 1, 2023, Medicaid will only reimburse for a beneficiary's transportation services to a FFS provider and/or managed care provider if that provider has enrolled through the Medicaid Provider Enrollment</p> <p>An attendant shall be required when the enrollee is under the age of 17. The attendant must be a parent, legal guardian, or responsible person designated by the parent/legal guardian; and be able to authorize medical treatment and care for the enrollee.</p> <p>Attendants may not be under the age of 17 or be a Medicaid provider or employee of a Medicaid provider that is providing services to the enrollee being transported, except for employees of a mental health facility in the event an enrollee has been identified as being a danger to themselves or others or at risk for elopement. <b>Exception:</b> All females, regardless of their age, seeking prenatal and/or postpartum care shall not be required to have an attendant.</p>	<p>An enrollee or a medical facility may schedule NEAT services through an ambulance provider or the transportation broker.</p> <p>The enrollee's treating physician, a registered nurse, the director of nursing at a nursing facility, a nurse practitioner, a physician assistant, or a clinical nurse specialist must certify on the Certification of Ambulance Transportation (CAT) that the transport is medically necessary and describe the medical condition, which necessitates ambulance services.</p> <p>Enrollees may seek medically necessary services in another state when it is the nearest option available. All out-of-state NEAT transportation to facilities that are not the nearest available option, must be prior approved by the MCO and/or transportation broker.</p> <p>Enrollees should schedule NEAT services at a minimum of 48 hours prior to the requested transportation services. The 48-hour minimum does not include non-business days. However, the MCO and/or transportation broker must make a reasonable attempt to schedule the trip with less than 48 hours' notice.</p> <p>Urgent transportation may be scheduled by the enrollee's physician's office or healthcare facility.</p>	<p><b>Medicaid Transportation Division</b> 225-342-9566 or 225-333-7473</p> <p><a href="mailto:MedicaidTransportation@la.gov">MedicaidTransportation@la.gov</a></p>

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<b>Midwife Services</b>	<i>For Certified Nurse Midwife, see: FQHC; Physician/Professional Services; Rural Health Clinics</i> <i>For Licensed Midwife, see: Freestanding Birthing Center</i>				
<b>Nurse Practitioners/ Clinical Nurse Specialists</b>	<i>See FQHC; Physician/Professional Services; Rural Health Clinics</i>				
<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.		<b>Louisiana Options in Long Term Care (Conduent)</b> 1-877-456-1146  <b>Office of Aging and Adult Services (OAAS)</b> 1-866-758-5035
<b>Occupational Therapy Services</b>	<i>See: EarlySteps; Home Health; Hospital – Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i>				

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## MEDICAID SERVICES

SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
<p><b>Optical Services</b></p> <p><i>For eyewear, see: Vision Services</i></p>	Ophthalmologist	All Medicaid recipients.	<p><u>Recipients 0 through 20</u> Examinations and treatment of eye conditions, including examinations for vision correction, refraction error.</p> <p>Other related services, if medically necessary.</p> <p><u>Recipients 21 and over</u> 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>NON-COVERED SERVICES:</b></p> <p><u>Recipients 21 and over</u></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><b>NOTE:</b> The contact person and number provided should not be utilized for making appointments. Members that are enrolled with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below:</p> <p><b>Web</b> <a href="https://www.myplan.healthy.la.gov/en">https://www.myplan.healthy.la.gov/en</a></p> <p><b>Phone</b> 1-855-229-6848 Monday through Friday from 8:00 a.m. to 5:00 p.m. For hearing impaired (TTY) please call 1-855-526-3346.</p> <p><b>Mail</b> Healthy Louisiana P.O. Box 1097 Atlanta, GA 30301-9913</p> <p><b>Fax</b> 1-888-858-3875</p>	<p>For ophthalmology: <b>Crystal Faison</b> 225-342-8233</p> <p>For eyewear: <b>Irma Gauthier</b> 225-342-5691</p>
<b>Orthodontic Services</b>	<i>See Dental Care Services</i>				

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## MEDICAID SERVICES

SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
<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>	<b>Norma Seguin</b> 225-342-7513

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<b>MEDICAID SERVICES</b>					
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<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.</p> <p>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><b>Office of Aging and Adult Services (OAAS)</b> 1-866-758-5035</p> <p><b>PACE Greater New Orleans</b> 504-945-1531</p> <p><b>Franciscan PACE Baton Rouge</b> 225-490-0640</p> <p><b>Franciscan PACE Lafayette</b> 337- 470-4500</p>

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<b>Pharmacy Services</b>	Pharmacies	<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><b>NO</b> 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.)</p> <p>Limits do not apply to recipients under age 21, pregnant women, or those in Long Term Care.</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><b>Gabriell Johnson-Stewart</b> 225-219-4151</p> <p><b>Sue Fontenot</b> 225-342-2768</p> <p><b>General pharmacy questions</b> 1-800-437-9101</p>

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<b>Physical Therapy</b>	<i>See: EarlySteps; Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i>				
<b>Physician Assistants</b>	<i>See FQHC; Physician/Professional Services; Rural Health Clinics</i>				

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<b>Physician/ Professional Services</b>	Physician or Healthcare Professional	All Medicaid recipients.	<p>Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialists, physician assistant.</p> <p>Certain family planning services when provided in a physician's office.</p>	<p>Some services require <b>Prior Authorization</b>. Providers will submit requests for <b>Prior Authorization to Gainwell Technology</b>.</p> <p>Services are subject to limitations and exclusions. Your physician or healthcare professional can help with this.</p> <p><b>NOTE:</b> The contact person and number provided should not be utilized for making appointments. Members that are enrolled with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below:</p> <p><b>Web</b>  <a href="https://www.myplan.healthy.la.gov/en">https://www.myplan.healthy.la.gov/en</a></p> <p><b>Phone</b>            1-855-229-6848            Monday through Friday from 8:00 a.m. to 5:00 p.m.            For hearing impaired (TTY) please call 1-855-526-3346.</p> <p><b>Mail</b>            Healthy Louisiana            P.O. Box 1097            Atlanta, GA 30301-9913</p> <p><b>Fax</b>            1-888-858-3875</p>	<p>For immunizations:  <b>Norma Seguin</b>            225-342-7513</p> <p>For professional services:  <b>Crystal Faison</b>            225-342-8233</p>

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<b>Podiatry Services</b>	Podiatrist	All Medicaid recipients.	Office visits.  Certain radiology & lab procedures and other diagnostic procedures.	<p>Some <b>Prior Authorization</b>, exclusions, and restrictions apply. Providers will submit request for <b>Prior Authorization to Gainwell Technology</b>.</p> <p><b>NOTE:</b> The contact person and number provided should not be utilized for making appointments. Members that are enrolled with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below:</p> <p><b>Web</b> <a href="https://www.myplan.healthy.la.gov/en">https://www.myplan.healthy.la.gov/en</a></p> <p><b>Phone</b> 1-855-229-6848 Monday through Friday from 8:00 a.m. to 5:00 p.m. For hearing impaired (TTY) please call 1-855-526-3346.</p> <p><b>Mail</b> Healthy Louisiana P.O. Box 1097 Atlanta, GA 30301-9913</p> <p><b>Fax</b> 1-888-858-3875</p>	<b>Crystal Faison</b> 225-342-8233

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<b>Pre-Natal Care Services</b>	Physicians or Healthcare Professional	Female Medicaid recipients of child bearing age.	Office visits.  Lab and radiology services.	<p><b>NOTE:</b> The contact person and number provided should not be utilized for making appointments. Members that are enrolled with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below:</p> <p><b>Web</b> <a href="https://www.myplan.healthy.la.gov/en">https://www.myplan.healthy.la.gov/en</a></p> <p><b>Phone</b> 1-855-229-6848 Monday through Friday from 8:00 a.m. to 5:00 p.m. For hearing impaired (TTY) please call 1-855-526-3346.</p> <p><b>Mail</b> Healthy Louisiana P.O. Box 1097 Atlanta, GA 30301-9913</p> <p><b>Fax</b> 1-888-858-3875</p>	<b>Crystal Faison</b> 225-342-8233
<b>Psychiatric Hospital Care Services</b>	<i>See Hospital – Inpatient Services</i>				
<b>Rehabilitation Clinic Services</b>	Physician	Medicaid recipients 0 through 20 years of age.	Occupational Therapy  Physical Therapy  Speech, Language and Hearing Therapy	All services must be <b>Prior Authorized</b> .  The provider of services will submit the request for <b>Prior Authorization</b> .	<b>Justin Owens</b> 225-342-6888

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<b>Rural Health Clinics</b>	Rural Health Clinic  The American Indian Clinic	All Medicaid recipients	Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists.  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.	<b>Irma Gauthier</b> 225-342-5691
<b>Sexually Transmitted Disease Clinics (STD)</b>	OPH Public Health Units	All Medicaid recipients.	Testing, counseling, and treatment of all sexually transmitted diseases (STD). Confidential HIV testing.		<b>Public Health Unit Directory</b> <a href="http://ldh.la.gov/index.cfm/directory/category/192">http://ldh.la.gov/index.cfm/directory/category/192</a>
<b>Speech and Language Evaluation and Therapy</b>	<i>See: EarlySteps; Home Health; Hospital – Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i>				
<b>Support Coordination Services (Case Management) – Children’s Choice Waiver</b>		<b>Medicaid recipients must be in the Children’s Choice Waiver.</b>  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: <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> .	<b>Office for Citizens with Developmental Disabilities (OCDD), Waiver Supports and Services</b> 1-866-783-5553

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<b>Support Coordination Services (Case Management) – 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, Office of Aging and Adult Services (OAAS). The provider will submit requests for the <b>Prior Authorization</b> .	<p><b>Office of Aging and Adult Services (OAAS)</b> 1-866-758-5035</p> <p>Participants should call 1-866-758-5035 or 225-219-0643</p>
<b>Support Coordination Services (Case Management) – 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.</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><b>SRI</b> 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>
<b>Support Coordination Services (Case Management) – Infants and Toddlers</b>		<p>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></p>	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.	<p><b>Office for Citizens with Developmental Disabilities (OCDD)</b> 1-866-783-5553</p> <p><b>Brenda Sharp</b> 225/342-8853</p>

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## MEDICAID SERVICES

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<b>Support Coordination Services (Case Management) – New Opportunities Waiver</b>		<p><b>Medicaid recipients must be receiving the New Opportunities Waiver.</b></p> <p>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></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><b>Office for Citizens with Developmental Disabilities (OCDD), Waiver Supports and Services</b> 1-866-783-5553</p> <p>Complaints Line: 1-800-660-0488</p>
<b>Support Coordination Services (Case Management) – Residential Options Waiver</b>		<p><b>Medicaid recipients must be 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. 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><b>Office for Citizens with Developmental Disabilities (OCDD), Waiver Supports and Services</b> 1-866-783-5553</p> <p>Complaints Line: 1-800-660-0488</p>

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<b>Support Coordination Services (Case Management) – 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.</p> <p>Some services available through this 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><b>Office for Citizens with Developmental Disabilities (OCDD), Waiver Supports and Services</b> 1-866-783-5553</p> <p>Complaints Line: 1-800-660-0488</p>
<b>Therapy Services</b>	<p>Recipients have the choice of services from the following provider types: Home Health; Hospital – Outpatient Services; Rehabilitation Clinic Services</p>	<p>Medicaid recipients 0 through 20 years of age.</p>	<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><b>Justin Owens</b> 225-342-6888</p> <p><b>NOTE:</b> For details on services provided in Home Health, Rehabilitation Clinic, or Hospital – Outpatient settings, please refer to those sections of this Medicaid Services Chart.</p>

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## MEDICAID SERVICES

SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
<b>Therapy Services</b> <i>(continued)</i>	EPSDT Health Services – Early Intervention Centers (EIC) or EarlySteps Program	Medicaid recipients under 3 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>	All EPSDT Health Services through EICs and EarlySteps must be included in the infant/toddler’s Individualized Family Services Plan (IFSP). If services are provided by an EIC or EarlySteps, Prior Authorization requirements are met through inclusion of services on the IFSP.	<b>Brenda Sharp</b> 225-342-8932
	EPSDT Health Services – Local Education Agencies (LEA) e.g. School Boards	Medicaid recipients 3 through 20 years of age.	<ul style="list-style-type: none"> <li>• Audiology Services</li> <li>• Behavioral Health Services</li> <li>• Applied Behavioral Analyst Therapy (ABA)</li> <li>• Occupational, Physical, Speech and Respiratory Therapy</li> <li>• Optometry Services</li> <li>• Personal Care Services</li> <li>• Physician/Nursing Services</li> <li>• Transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Services are performed within schools by Local Education Agencies (LEAs).</li> <li>• EPSDT health services on the Medicaid approved Periodicity Table may be reimbursed when provided by a licensed practitioner within the scope of their practice. All other health services must be included in a completed authorizing document pursuant to 34 C.F.R. § 104.36:                             <ul style="list-style-type: none"> <li>- Individualized Education Plan (IEP);</li> <li>- Section 504 Accommodation Plan;</li> <li>- Individualized Health Care Plan; or</li> <li>- Any other medically necessary written plan of care.</li> </ul> </li> </ul>	<b>Anissa Young-Ned</b> 225-342-6885  <b>Andrea Perry</b> 225-219-7827

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<b>Therapy Services</b> <i>(continued)</i>	Physician Recipients 21 years of age and older may access Therapy Services through Hospital – Outpatient Services or Home Health Services.	Medicaid recipients 21 years of age and older.  Medically Needy (Type Case 20 & 21) recipients are not eligible for 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.  PT, OT, and Speech/Language Therapy require <b>Prior Authorization</b> .	<b>Justin Owens</b> 225-342-6888  <b>NOTE:</b> For details on services provided in Home Health, Rehabilitation Clinic, or Hospital – Outpatient settings, please refer to those sections of this Medicaid Services Chart.
<b>Transportation</b>	<i>See: Medical Transportation</i>				
<b>Tuberculosis Clinics</b>	Office of Public Health Local Health Unit	All Medicaid recipients	Treatment and disease management services including physician visits, medications and x-rays.		TB Control Directory found at: <a href="#">TBControlDirectory.pdf (la.gov)</a>

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<b>Vision Services (Eyewear)</b>	Optometrist, Ophthalmologist or Optical Supplier		<p><u>Recipients 0 through 20</u> 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><u>Recipients 21 and over</u> <b>ONLY</b> 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><u>Recipients 0 through 20</u> 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>NON-COVERED SERVICES:</b></p> <p><u>Recipients 21 and over</u> Eyeglasses</p>	<b>Irma Gauthier</b> 225-342-5691
<b>X-Ray Services</b>	<i>See: Laboratory Tests and Radiology Services</i>				
<p><b>WAIVER SERVICES</b></p> <p><i>There is a Request for Services Registry (RFSR) for those requesting any of the waiver services below.</i></p>					
<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.	<p><b>Louisiana Options in Long Term Care (Conduent)</b> 1-877-456-1146</p> <p><b>Office of Aging and Adult Services (OAAS)</b> 1-866-758-5035</p> <p>Participants should call 1-866-758-5035 or 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>Children's Choice (CC)</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</li> <li>- 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 \$20,200 limit per individual plan year. (\$1500 for Case Management balance for other services).</p> <p>Call the Office for Citizens with Developmental Disabilities or local Districts/Authorities for status on the Request for Services Registry.</p>	<p><b>Office for Citizens with Developmental Disabilities Districts (OCDD) / Authorities / Local Regional Offices (SYSTEM ENTRY)</b>  <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><b>Tracy Joshua-Guy</b> 225-342-0943</p> <p>Complaints Line: 1-800-660-0488</p>
<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</li> <li>- 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><b>Louisiana Options in Long Term Care (Conduent)</b> 1-877-456-1146</p> <p><b>Office of Aging and Adult Services (OAAS)</b> 1-866-758-5035</p> <p>Participants should call 1-866-758-5035 or 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.	<ul style="list-style-type: none"> <li>- Individual Family Support, Day and Night</li> <li>- Shared Supports</li> <li>- Center Based Respite Care</li> <li>- Community Integration Development</li> <li>- Environmental Accessibility Adaptations, Specialized Medical Equipment and Supplies</li> <li>- Substitute Family Care Services</li> <li>- Supported Living</li> <li>- Day Habilitation</li> <li>- Supported Employment</li> <li>- Prevocational Services</li> <li>- Professional Services</li> <li>- One Time Transitional Expense</li> <li>- Skilled Nursing</li> <li>- Housing Stabilization/Housing Stabilization Transition</li> <li>- Personal Emergency Response System, Adult Companion Care.</li> </ul>	Call the Office for Citizens with Developmental Disabilities or local Districts/Authorities for status on the Request for Services Registry.	<b>Office for Citizens with Developmental Disabilities Districts (OCDD) / Authorities / Local Regional Offices (SYSTEM ENTRY)</b> <a href="http://ldh.la.gov/index.cfm/page/134/n/137">http://ldh.la.gov/index.cfm/page/134/n/137</a>  <b>Ed Harris</b> 225-342-8537  Complaints Line: 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>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.	<ul style="list-style-type: none"> <li>- Support Coordination</li> <li>- Community Living Supports</li> <li>- Host Home Services</li> <li>- Companion Care Services</li> <li>- Shared Living</li> <li>- Respite Care-Out of Home</li> <li>- Personal Emergency Response System</li> <li>- One Time Transition Services</li> <li>- Environmental Accessibility Adaptations</li> <li>- Assistive Technology/Specialized Medical Equipment and Supplies</li> <li>- Transportation – Community Access</li> <li>- Professional Services</li> <li>- Nursing Services</li> <li>- Dental Services</li> <li>- Supported Employment</li> <li>- Prevocational Services</li> <li>- Day Habilitation and Housing Stabilization/Housing Stabilization Transition</li> <li>- Adult Day Health Care</li> <li>- Monitored In Home Caregiving</li> </ul>		<p><b>Office for Citizens with Developmental Disabilities Districts (OCDD) / Authorities / Local Regional Offices (SYSTEM ENTRY)</b>  <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><b>Office for Citizens with Developmental Disabilities (OCDD), Waiver Supports and Services</b>            1-866-783-5553</p> <p><b>Denise Boyd</b>            225-342-0095</p> <p>Complaints Line:            1-800-660-0488</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>Supports Waiver (SW)</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.	<ul style="list-style-type: none"> <li>- Support Coordination</li> <li>- Supported Employment</li> <li>- Day Habilitation</li> <li>- Pre-Vocational Habilitation</li> <li>- Respite</li> <li>- Personal Emergency Response System</li> <li>- Housing Stabilization Transition</li> <li>- Housing Transition</li> <li>- Habilitation</li> </ul>		<p><b>Office for Citizens with Developmental Disabilities Districts (OCDD) / Authorities / Local Regional Offices (SYSTEM ENTRY)</b>  <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><b>Rosemary Morales</b>  225/342-0095</p> <p>Complaints Line:  1-800-660-0488</p>

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