

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR 441.57,
Section 1905 of the
Act, Section 6403 of
OBRA 1989

Medical and Remedial
Care and Services
Item 4.b.

**Early and Periodic Screening, ~~and Diagnosis~~ Diagnostic and Treatment of
Individuals Under 21 Years of Age ~~and Treatment of Conditions Found~~**

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects as well as physical and mental illnesses and conditions discovered by the screening service even when such health care is not otherwise covered under the State Plan.

Eye Glass Service

Early and Periodic Screening, ~~Diagnosis~~ Diagnostic and Treatment (EPSDT) eyeglasses are limited to three pair per year with provision for extending if medically necessary.

Personal Care Services

Personal Care Services (PCS) – EPSDT Personal Care Services are medically necessary services ~~defined as tasks which provided medically necessary when physical or cognitive as they pertain to an EPSDT eligible's physical requirements when~~ limitations, due to illness or injury, necessitate assistance with eating, toileting, bathing, bed mobility, transferring, dressing, locomotion, personal hygiene, and bladder or bowel requirements. ~~eating, bathing, dressing, personal hygiene, bladder or bowel requirements.~~

1. General Requirements:

Conditions for provision of EPSDT Personal Care Services (PCS) are as follows:

- a. The beneficiary/recipient must be a categorically eligible Medicaid beneficiary/recipient aged birth through twenty years (EPSDT eligible) and have EPSDT personal care services prescribed by a practitioner

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~~(physician, advanced practice registered nurse, or physician assistant)
hysician.~~

- b. An EPSDT eligible beneficiary must meet medical necessity criteria as determined by the Bureau of Health Services Financing (BHSF).

~~2. General Requirements~~

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- ca. EPSDT Personal Care Services shall be prior authorized by the BHSF or its designee.
- db. EPSDT Personal Care Services shall be provided in the ~~recipientbeneficiary~~'s home (defined as the ~~recipientbeneficiary~~'s own dwelling such as an apartment, a custodial relative's home, a boarding home, or a foster home, ~~a substitute family home~~) or, if medically necessary, in another location outside of the ~~recipientbeneficiary~~'s home such as a supervised living facility; ~~these services are provided in a school setting only to the extent they do not duplicate services that must be provided by or are provided by the Department of Education.~~
- ee. Personal Care Services shall be authorized only when provided by a licensed Personal Care Service (PCS) agency which is duly enrolled as a Louisiana Medical provider or a provider enrolled in the trade areas of Arkansas, Mississippi, and Texas. Staff assigned to provide personal care services to a ~~recipientbeneficiary~~ shall not be a member of the ~~recipientbeneficiary~~'s immediate family. Immediate family includes father, mother, sister/brother, spouse, child, grandparent, in-law or any individual acting as parent or guardian of the ~~recipientbeneficiary~~. Personal Care Services may be provided by a person of a degree of relationship to the ~~recipientbeneficiary~~ other than immediate family if the relative is not living in the ~~recipientbeneficiary~~'s home or if he/she is living in the ~~recipientbeneficiary~~'s home solely because his/her presence in the home is necessitated by the amount of care required by the ~~recipientbeneficiary~~. EPSDT PCS shall not be authorized as a substitute for child care arrangements.
- f.- EPSDT personal care services are not subject to service limits. The current procedure code must be used to identify services. Time units shall be those defined by the current procedure code, not including travel time. The entire time submitted must be spent providing services to the beneficiary. Units of service approved shall be based on the physical or cognitive limitations of theof the recipient beneficiary and medical necessity for the covered services in the EPSDT-PCS program.

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2. Services:

~~13.~~ EPSDT Personal Care Services (PCS) include the following:

- a. ~~Basic personal care, including toileting, and grooming activities, including bathing, and care of the hair and~~ assistance with dressings/clothing.
- b. Assistance with bladder and/or bowel requirements or problems, including helping ~~the~~ the beneficiary to and from the bathroom or assisting the beneficiary/recipient with bedpan routines, but excluding catheterization.
- c. Assistance with eating and food, nutrition, and diet activities, including preparation of meals for the beneficiary/recipient only.
- d. Performance of incidental household services essential to the beneficiary/recipient's health and comfort in his/her home. This does not include routine household chores such as regular laundry, ironing, mopping, dusting, etc., but instead arises as the result of provided assistance with personal care to the beneficiary. Examples of such activities are changing and washing bed linens used by the beneficiary/recipient and rearranging furniture to enable the beneficiary/recipient to move about more easily in his/her own home.
- e. Accompanying, not transporting, the beneficiary/recipient to and from his/her physician and/or medical facility for ~~necessary~~ necessary medical ~~al~~ services.

3.

~~24.~~ Non-Covered Services: Non-Covered Elements

EPSDT Personal Care Services (PCS) do not include the following:
~~Under EPSDT Personal Care Services include, but are not limited to:~~

- a. ~~Basic personal care, including toileting, and grooming activities, including bathing, and care of the hair and~~ assistance with dressings/clothing.

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- b. PCS services for the purpose of providing respite care to the primary care giver shall **not** be authorized by Medicaid or billed by the provider;

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~~Non-Covered Services continued:~~

- c. ~~(Reserved)~~ EPSDT Personal Care Services provided in an educational setting shall be authorized by Medicaid only to the extent they do not be reimbursed if these services duplicate services that must be provided by or are must be provided by the Department of Education;
- d. Personal Care Services under the EPSDT PCS program shall **not** be provided in an institutional setting. Services provided in an institution (such as a hospital, institution for mental disease(s), nursing facility, intermediate care facility for individuals with intellectual disabilities, the mentally retarded or residential treatment center) are **not** reimbursable under this section of the Plan;
- e. Dates of care not included in the Plan of Care or provided prior to approval of the Plan of Care or which have not been timely re-authorized by BHSF, are **not** reimbursable;

~~5. The following services are not appropriate for personal care and are not reimbursable as Personal Care Services under EPSDT:~~

- fa. Insertion and sterile irrigation of ~~catheters~~ catheters is not reimbursable (although changing of a catheter bag is allowable);
- gb. Irrigation of any body cavity ~~ties~~ ties which requires sterile procedures ~~is not reimbursable~~;
- he. Application of dressing, involving prescription medication and aseptic techniques, including care of mild, moderate or severe skin problems ~~is not reimbursable~~;
- id. Administration of intradermal, subcutaneous, intramuscular or intravenous ~~injections of fluid into veins, muscles or skin~~ injections ~~not reimbursable~~;
- je. Administration of medicine ~~is not reimbursable~~ (an EPSDT PCS worker may only remind/prompt about self-administered medication to an EPSDT eligible beneficiary who is over the age of 18);

~~(as opposed to assisting with self administered medication for EPSDT eligibles over eighteen years of age).~~

TN# 22-000X Approval Date _____ Effective Date January 1, 2022

Supersedes

TN# 07-06

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Non-Covered Services continued:

- k.f. Domestic chores other than those incidental to the care of the beneficiary~~recipient~~ such as cleaning of floor and furniture in an area not occupied by the beneficiary~~recipient~~, and laundry~~laundry~~ other than that incidental to the care of t—the beneficiary~~recipient~~; are not reimbursable~~recipient~~, and shopping for groceries or household items other than items required specifically for the health and maintenance of the reci
- l.g. Skilled nursing services, as defined in the State Nurse Practices Act, including medical observation, recording of vital signs, teaching of diet and/or administration of medications/injections, or other delegated nursing tasks are not reimbursable;
- m.h. Teaching a family member or friend how to care for a patient who requires frequent changes of clothing or linens due to total or partial incontinence for which no bowel or bladder training program for the patient is possible is not reimbursable;
- n.i. Specialized nursing procedures such as insertion of nasogastric feeding tube, in-dwelling catheter, tracheostomy care, colostomy care, ileostomy care, venipuncture and/or injections are not reimbursable;
- o.j. Rehabilitative services such as those administered by a physical therapist are not reimbursable;
- p.k. Teaching a family member or friend techniques for providing specific care is not reimbursable;
- q.l. Palliative skin care with medicated creams and ointments and/or required routine changes of surgical dressings and/or dressing changes due to chronic conditions is not reimbursable;
- r.m. Teaching of signs and symptoms of disease process, diet and medications of any new or exacerbated disease process is not reimbursable;

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Non-Covered Services continued:

- s~~n~~. Specialized aide procedures such as the following are not reimbursable:
 - i) rehabilitation of the patient (exercise or performance of simple procedures as an extension of physical therapy services);
 - ii) measuring/recording patient vital signs (temperature, pulse, respirations and/or blood pressure, etc.) or intake/output of fluids;
 - iii) specimen collection;
 - iv) special procedures such as non-sterile dressings, special skin care (non-medicated), decubitus ulcers, cast care, assisting with ostomy care, assisting with catheter care, testing urine for sugar and acetone, breathing exercises, weight measurement, and enemas;
- t~~e~~. Home IV therapy is not reimbursable;
- u~~p~~. Custodial care or provision of only instrumental activities of daily living tasks or provision of only one (1) activity of daily living task is not reimbursable;
- v~~q~~. Occupational therapy, speech pathology services, audiology services, and respiratory therapy are not reimbursable;
- w~~r~~. Personal comfort items, durable medical equipment, oxygen, orthotic appliances or prosthetic devices are not reimbursable;
- x~~s~~. Drugs provided through the Louisiana Medicaid Pharmacy Program are not reimbursable;
- y~~t~~. Laboratory services are not reimbursable; and
-and
- z~~h~~. Social Worker visits are not reimbursable.

~~6.~~ Standards for Payment

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- a. ~~EPSDT Personal Care Services shall be authorized only when provided to EPSDT eligibles and only by a staff member of a licensed Personal Care Services agency enrolled as a Medicaid provider. A copy of the current PCS license must accompany the Medicaid application for enrollment as a PCS provider and additional copies of current licenses shall be submitted to Provider Enrollment thereafter as they are issued, for inclusion in the enrollment record. The provider's enrollment record must at all times include a current PCS license. Enrollment is limited to providers in Louisiana and out-of-state providers only in trade areas of states bordering Louisiana (Arkansas, Mississippi, and Texas).~~
- b. ~~The unit of service billed by EPSDT PCS providers shall be one-half hour, exclusive of travel time to arrive at the recipient's home. The majority (25 minutes) of the unit of time shall have been spent providing services in order to bill a unit.~~
- e. ~~EPSDT personal care services are not subject to service limits. The units of service approved shall be based on the physical requirements of the recipient and medical necessity for the covered services in the EPSDT PCS Program.~~

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PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

a. The financial oversight of all LEAs shall include reviewing the costs reported on the Specialized Transportation cost report against the allowable costs, performing desk reviews and conducting limited reviews.

a.b. The Department shall make every effort to audit each LEA at least every four years. These activities shall be performed to ensure that audit and final reimbursement occurs no later than two years from the LEA's fiscal year end for the cost reporting period audited. LEAs may appeal audit findings in accordance with LDH appeal procedures.

State Monitoring

If the Department becomes aware of potential instances of fraud, misuse or abuse of LEA services and Medicaid funds, it will perform timely audits and investigations to identify and take the necessary actions to remedy and resolve the problem.