

STATE OF LOUISIANA

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

—**IV. Waiver of Payment for Other Services**

Hospice providers must provide services to beneficiaries that are comparable to the Medicaid covered services that could have been received prior to the election of hospice. This requirement refers to all Medicaid-covered services including, but not limited to, durable medical equipment, prescription drugs, and physician-administered drugs. Upon the election of hospice, beneficiaries waive all rights to payment of services related to the treatment of the terminal condition for which hospice services were elected or related conditions.

Beneficiaries under age 21 who are approved for hospice may continue to receive life-prolonging treatments. Life-prolonging treatments are defined as Medicaid-covered services provided to a beneficiary with the purpose of treating, modifying, or curing a medical condition to allow the beneficiary to live as long as possible, even if that medical condition is also the hospice qualifying diagnosis. The hospice provider and other providers must coordinate life-prolonging treatments and incorporate them into the plan of care.

For beneficiaries under the age of 21, the hospice provider ~~is responsible for~~ must make a daily visit, unless specifically declined by the beneficiary or family, to coordinate care and ensure that there is no duplication of services. The daily visit is not required if the beneficiary is not in the home due to hospitalization or inpatient respite or inpatient hospice stays.

In the event of a federal or state declared emergency or disaster, daily visits to beneficiaries under the age of 21 may be waived. As an alternative, the use of telemedicine is permitted. To facilitate continued care while maintaining the safety of staff and beneficiaries, daily visits that are continued during a federal or state declared emergency or disaster, will be based on the clinical needs of the beneficiary and family, and availability of staff.