

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

The following services are provided. *

Item No.

1. Inpatient hospital services other than those provided in an institution for mental diseases.
2.
 - a. Outpatient hospital services.
 - b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
 - c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC.
3. Other laboratory and X-ray services.
4.
 - a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 - b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
 - c. Family Planning services and supplies for individuals of child-bearing age.
5.
 - a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.
 - b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act).
6.
 - a. Podiatrists' services.
 - b. Optometrists' services.
 - d.1. CRNAs services.
 - d.2. Audiologists' services.
 - d.3. Physician Assistants' services.
 - d.4. Clinical Nurse Specialists' services.
 - d.5. Pharmacists-Medication Administration services.

Item No.

7. Home Health Services
 - a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 - b. Home health aide services provided by a home health agency.
 - c. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place
 - d. Physical therapy, occupational therapy, speech pathology and audiology services.
9. Clinic services.
12. Prescribed drugs, dentures and prosthetic devices.
 - a. Prescribed drugs.
 - c. Prosthetic devices.
13. d. Rehabilitative services
15. Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD) services.
17. Nurse-midwife services.
18. Hospice Care
20. Extended services for pregnant women.
 - a. Pregnancy related and postpartum services for a 60-day period after pregnancy ends.
21. Certified pediatric or family nurse practitioners' services.
24.
 - a. Transportation
 - d. Nursing facility services provided for patients under 21 years of age.
26. Personal Care Services
28. Self-Directed

*Description provided on Attachment 3.1-A

State: Louisiana
 Date Received: 3-27-18
 Date Approved: 5-02-18
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TN 18-0003

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Supersedes:

TN 08-25

State/Territory: LOUISIANA

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

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

Provided: No limitations With limitations *

2.a. Outpatient Hospital services.

Provided: No limitations With limitations *

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

Provided: No limitations With limitations *

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 423 I of the State Medicaid Manual (HCF A-Pub. 45-4).

Provided: No limitations With limitations *

3. Other laboratory and x-ray services

Provided: No limitations With limitations *

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

Provided: No limitations With limitations *

b. Early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, and treatment of conditions found. *Description provided on Attachment 3.1-A, Item 4b.

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

Provided: No limitations With limitations *

*Description provided on attachment.

State/Territory: LOUISIANA

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

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

Provided: No limitations With limitations*

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

Provided: No limitations With limitations:

*Description provided on attachment.

STATE	<u>LA</u>	A
DATE RUCED	<u>9-30-97</u>	
DATE APPLD	<u>12-12-97</u>	
DATE EFF	<u>7-1-97</u>	
HCFA #79	<u>97-16</u>	

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TN No. 96-15

State/Territory: LOUISIANA

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

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
 Provided: No limitations With limitations*
- b. Optometrists' Services
 Provided: No limitations With limitations*
- c. Chiropractors' Services
 Provided: No limitations With limitations*
- d. Other Practitioners' Services
 Provided: No limitations With limitations*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 Provided: No limitations With limitations*
- b. Home health aide services provided by a home health agency.
 Provided: No limitations With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
 Provided: No limitations With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
 Provided: No limitations With limitations*

*Description provided on attachment.

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

Approval Date 06-06-01

Effective Date 02-21-00

HCFA ID: 0140P/0102A

A	
STATE	Louisiana
DATE REC'D	03-27-00
DATE APP'VD	06-06-01
DATE EFF	02-21-00
HCFA 179	CA-00-12

State: LOUISIANA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): All Groups Listed Under C, of Attachment 2.2-A

6. Private duty nursing services.

Provided: No limitations With limitations*

7. Clinic services.

Provided: No limitations With limitations*

8. Dental services.

Provided: No limitations With limitations*

9. Physical therapy and related services.

a. Physical therapy

Provided: No limitations With limitations*

b. Occupational therapy.

Provided: No limitations With limitations*

c. Services for individuals with speech, hearing and language disorders provided by or under supervision of a speech pathologist or audiologist.

Provided: No limitations With limitations*

10. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

a. Prescribed drugs.

Provided: No limitations With limitations*

b. Dentures.

Provided: No limitations With limitations*

* Description provided on attachment: 3 . 1 - A

State/Territory: LOUISIANA

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

c. Prosthetic devices.

Provided: No limitations With limitations*

d. Eyeglasses.

Provided: No limitations With limitations*

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

a. Diagnostic services.

Provided: No limitations With limitations*

b. Screening services.

Provided: No limitations With limitations*

c. Preventive services.

Provided: No limitations With limitations*

The State assures coverage for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration, without cost sharing. The State also assures that any changes to ACIP recommendations will be incorporated into coverage and billing codes as necessary.

d. Rehabilitative services.

Provided: No limitations With limitations*

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

a. Inpatient hospital services.

Provided: No limitations With limitations*

b. Nursing facility services.

Provided: No limitations With limitations*

*Description provided on attachment

State/Territory: LOUISIANA

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

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

Provided: No limitations With limitations*

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

Provided: No limitations With limitations*

17. Nurse-midwife services.

Provided: No limitations With limitations*

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

Provided: No limitations With limitations*

STATE <u>Louisiana</u>	A
DATE REC'D <u>07-08-02</u>	
DATE APPROV'D <u>07-12-02</u>	
DATE EFF <u>07-01-02</u>	
HCFA 179 <u>LA-02-08</u>	

* Description provided on attachment.

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Revison: HCFR-PY-R. 7 MB
SEPTEMBER 1997

1997-1998
11

State Territory: LOUISIANA

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

19 Case management services and Tuberculosis related services

a Case management services as defined in Section 1305.1 of the Supplement to the ATTACHMENT 2.2-A of Section 1305.1 of the Act

Provided With limitations
 Not provided

b Special Tuberculosis TB services as defined in Section 1305.2 of the Act

Provided With limitations
 Not provided

20 Extended services for pregnant women

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

Provided Additional coverage

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

Provided Additional coverage Not provided.

21. Certified pediatric or family nurse practitioners' services.

Provided No limitations With limitations*

Not provided.

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

** Attached is a description of categories of covered services, payment limitations, and all groups included (all listed, all except, and, etc.) and additional services provided (if any) for each group.

Number of services provided (if any):

97-17
12-22-97

12-22-97

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

State/Territory LOUISIANA

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

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

Provided: No limitations With limitations*

Not provided.

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

97-16
96-15

12-12-97

7-1-97

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October 1991

ATTACHMENT 3.1-B
Page 9

State/Territory: LOUISIANA

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

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

TW No. 97-16
Supersedes
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LA
9-30-93
12-12-97
7-1-97
97-16

State/Territory: LOUISIANA

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

25. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____ provided not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

- Provided: State Approved (Not Physician) Service Plan Allowed
- Services Outside the Home Also Allowed
- Limitations Described on Attachment

_____ Not Provided.

Louisiana
05-14-03
12-22-03
01-01-04
03-17

SUPERSEDES: FN 97-16

FN No. 03-17 Approval Date 12-22-03 Effective Date 01-01-04
Supersedes
FN No. 97-16

State: LOUISIANA

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

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

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

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

NO. OF REVISIONS
DATE
DATE
DATE
DATE
DATE

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

State of Louisiana

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

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

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

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

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

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

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~~TN#~~ SUPERSEDES: NONE - NEW PAGE

State/Territory: Louisiana

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S)

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: X

II. General Assurances:

Routine Patient Cost – Section 1905(gg)(1)

X Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

Qualifying Clinical Trial – Section 1905(gg)(2)

X A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

Coverage Determination – Section 1905(gg)(3)

X A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 SecurityBoulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.