State/ Territory: LOUISIANA

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

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*

☐ Not Provided.

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 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services

Provided: ☐ No limitations ☒ With limitations*

STATE Louisiana
DATE REC'D. 12-21-09
DATE APPV'D 3-19-10
DATE EFF 12-21-09
HCFA 179 09-53
A

* Description provided on attachment.

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

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 ____X___ With limitations *

4. b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

4. c. Family planning services and supplies for individuals of child-bearing age.

Provided: __X__No limitations _____ With limitations*

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

Provided: _____ No limitations ___X___ With limitations*

Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services."

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

Provided: _____. No limitations ___X___ With limitations

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 ____X___ With limitaXtions*

State: Louisiana
Date Received: 30 November, 2012
Date Approved: 23 September, 2013
Date Effective: 1 October, 2012
Transmittal Number: 12-61

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

b. Optometrists' services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Chiropractors' services.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

d. Other practitioners' services.

☒ Provided: **Identified on attached sheet with description of limitations, if any.** Description is provided on Attachment 3.1-A, Item 6, Pages 3, 4, and 5.

☐ Not provided.

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.

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*

State: Louisiana
Date Received: 30 November, 2012
Date Approved: 23 September, 2013
Date Effective: 1 October, 2012
Transmittal Number: 12-61

*Description provided on attachment.

State/Territory: LOUISIANA

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

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

/X/ Provided: /_/ No limitations /X/ With limitations*

/_/ Not provided.

e. Private duty nursing services.

/_/ Provided: /_/ No limitations /_/ With limitations*

/X/ Not provided.

*Description provided on attachment.

STATE LOUISIANA
DATE RECD DEC 05 1991
DATE APPVD MAY 20 1992
DATE EFF OCT 01 1991
HCFA 179 91-24
A

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

9. Clinic services.

/X/ Provided: / / No limitations /X/ With limitations*

/ / Not provided.

10. Dental services.

/ / Provided: / / No limitations / / With limitations*

/X/ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

/ / Provided: / / No limitations / / With limitations*

/X/ Not provided.

b. Occupational therapy.

/ / Provided: / / No limitations / / With limitations*

/X/ Not provided.

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

/ / Provided: / / No limitations / / With limitations*

/X/ Not provided.

*Description provided on attachment.

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

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

a. Prescribed drugs.

__X__ Provided: _____ No limitations __X__ With limitation*

_____ Not provided

b. Dentures.

__X__ Provided: _____ No limitations __X__ With limitation*

_____ Not provided

c. Prosthetic devices.

__X__ Provided: _____ No limitations __X__ With limitation*

_____ Not provided

d. Eyeglasses.

_____ Provided: _____ No limitations _____ With limitation*

__X__ Not provided

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

a. Diagnostic services.

_____ Provided: _____ No limitations _____ With limitations*

__X__ Not provided

*Description provided on attachment.

APPROVED BY DHHS/HCFA/DRO
DATE: FEB 10 1987
TRANSMITTAL NO: 86-29

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

b. Screening services.

[ ] Provided: [ ] No limitations [ ] With limitations*

[X] Not provided.

c. Preventive services.

[ ] Provided: [ ] No limitations [ ] With limitations*

[X] Not provided.

d. Rehabilitative services.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

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

a. Inpatient hospital services.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided.

b. Nursing facility services.

[ ] Provided: [ ] No limitations [ ] With limitations*

[X] Not provided.

STATE Louisiana
DATE REC'D DEC 28 1990
DATE APPV'D MAY 20 1992
DATE EFF OCT 01 1990
HCFA 179 90-32

A

*Description provided on attachment.

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

15. Services in an intermediate care facility for the mentally retarded (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***

☐ **Not provided.**

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

☒ **Provided:** ☐ **No limitations** ☒ **With limitations***

☐ **Not provided.**

17. Nurse-midwife services.

☒ **Provided:** ☐ **No limitations** ☒ **With limitations***

☐ **Not provided.**

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

☒ **Provided:** ☐ **No limitations** ☒ **With limitations***

☐ **Not provided.**

A

STATE Louisiana
DATE REC'D 7-5-02
DATE APPV'D 7-12-02
DATE EFF 7-1-02
HCFA 179 LA-02-08

*** Description provided on attachment.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

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

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19. Case management services and Tuberculosis related services

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

___ Not provided.

b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

X Provided: X 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 any remaining days in the month in which the 60th day falls.

X Additional coverage ++

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

X Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

STATE Louisiana
DATE REC'D 5 Dec 03
DATE APPV'D 6 Feb 04
DATE EFF 1 Nov 03
HCFA 179 03-45

A

SUPERSEDES TN- 95-23

State/Territory: LOUISIANA

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

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act).

[X] Provided: [X] No limitations [ ] With limitations*

[ ] Not provided.

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

[ ] Provided: [ ] No limitations [ ] With limitations*

[X] Not provided.

23. Pediatric or family nurse practitioners' services.

Provided: [ ] No limitations [X] With limitations*

*Description provided on attachment.

STATE Louisiana
DATE REC'D DEC 05 1991
DATE APPV'D MAY 20 1992
DATE EFF OCT 01 1991
HCFA 179 91-24
A

State/Territory: LOUISIANA

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

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

/X/ Provided: /_/ No limitations /X/With limitations*

/_/ Not provided.

b. Services of Christian Science nurses.

/_/ Provided: /_/ No limitations /_/With limitations*

/X/ Not provided.

c. Care and services provided in Christian Science sanitoria.

/_/ Provided: /_/ No limitations /_/With limitations*

/X/ Not provided.

d. Nursing facility services for patients under 21 years of age.

/X/ Provided: /_/ No limitations /_/With limitations*

/_/ Not provided.

e. Emergency hospital services.

/_/ Provided: /_/ No limitations /_/With limitations*

/X/ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

/_/ Provided: /_/ No limitations /_/With limitations*

/X/ Not provided.

*Description provided on attachment.

STATE Louisiana
DATE REC'D DEC 05 1991
DATE APPV'D OCT 01 1991
DATE EFF MAY 21 1992
HCFA 179 91-26

A

State: LOUISIANA

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

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 X 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.

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

____ Not Provided.

STATE Louisiana
DATE REC'D 05-14-03
DATE APPV'D 12-22-03
DATE EFF 01-01-04
HCFA 179 03-17
A

SUPERSEDES: TN- 92-24

State: **LOUISIANA**

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

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

__X__ 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.

STATE Louisiana
DATE REC'D 3-31-04
DATE APPV'D 11-1-04
DATE EFF 2-21-04
HCFA 179 04-06
A

SUPERSEDES: NONE - NEW PAGE

TN# 04-06 Approval Date 11-1-04 Effective Date 2-21-04
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE

OMB Approved 0938-1024

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 Categorically Needy

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

X 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 Louisiana
DATE REC'D 12-31-08
DATE APPV'D 4-16-10
DATE EFF 7-1-09
HCFA 179 08-25
A

TN# 08-25 Approval Date 4-16-10 Effective Date 7-1-09
Supersedes:
TN# SUPERSEDES: NONE - NEW PAGE

Attachment 3.1A: Freestanding Birth Center Services

28. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: ☐ No limitations ☐ With limitations ☒ None licensed or approved

Please describe any limitations:

28. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: ☐ No limitations ☐ with limitations (please describe below)

☒ Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations:

STATE Louisiana
DATE REC'D 6-7-12
DATE APPV'D 6-26-12
DATE EFF 4-1-12
HCFA 179 12-09
A

Please check all that apply:

☐ (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

☐ (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

☐ (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: