STATE OF LOUISIANA

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

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

CITATION	MEDICAL AND REMEDIAL CARE AND SERVICES	
42 CFR 42 CFR 440.150	Item 15.a.	Intermediate Care Facility (ICF) Services other than such services in an institution for mental diseases) for persons determined, in accordance with Section 1902 (a)(31)(A) of the Act, to be in need of such care are limited as follow:

ICF I and II facilities which admit or retain a patient in need of rehabilitative services (physical therapy, speech, language and hearing therapy or occupational therapy) are responsible for arranging for the necessary rehabilitative services. Such services do not include:

- Vocational or developmental evaluations
- Voice evaluations or voice therapy. This includes instructions in use and hygience of the voice as treatment of vocal cord nodules or hoarseness and related conditions, unless it is serious enough to interfere with normal speech.

EPSDT recipients are excluded from service limits.

The treatment plan for recipients in ICFs must specify services and be prior authorized by the Prior Authorization Unit, Medical Assistance Program in the Bureau of Health Services Financing. The facility must have in effect a written agreement for provision of the required services. Rehabilitative services in an ICF I or II may be provided by Title XVIII certified:

1) Rehabilitation centers;
2) Hospital outpatient rehabilitation units; or
3) Home Health Agencies

STATE Louisiana
DATE REC'D JUL - 2 1990
DATE APPV'D AUG - 1 1991
DATE EFF APR - 1 1990
HCFA 179 90-19
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OF LOUISIANA

MOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
ROVIDED

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

CITATION	MEDICAL AND REMEDIAL CARE AND SERVICES	
42 CFR 442.343 440.150	Item 12.a.cont.	There is no limit on the number of Rehabilitation Services that may be provided a recipient in the ICf I or II facility if such services are included in the treatment plan approved by the Prior Authorization Unit, Medical Assistance Program, Bureau of Health Services Financing. Coverage is limited to services provided in Title XIX certified ICF facilities. Providers must comply with Federal regulations and with any Standards for Payment and licensure and certification standards promulgated by the State.

STATE LA
DATE REC'D DEC 29 1999
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TN# 89-39 Approval Date JAN 26 1989 Effective Date OCT 1 1989
Supersedes
TN# 87-18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 15.b.

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

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

Citation	MEDICAL AND REMEDIAL CARE AND SERVICES	
42 CFR 440.150	Item 15.b.	Intermediate Care Facility Services for the mentally retarded or persons with related conditions (ICF/H) are limited as follows: Coverage is limited to services provided in Title XIX certified facilities. Providers must comply with Federal Regulations and with any Standards for Payment and licensure and certification standards promulgated by the State.

STATE LA
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No. NEW

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