



Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: LA - 16 - 0005

OMB Expiration date: 10/31/2014

Benefits Description

ABP5

The state/territory proposes a "Benchmark-Equivalent" benefit package.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

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Date Approved: 4/7/16
Date Effective: 7/1/16
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Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Outpatient Hospital Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

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Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Family Planning Services & Supplies

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services include all approved pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the FDA.

Benefit Provided:

Physician's Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services must be within scope of practice of medicine, optometry, osteopathy as defined by State law or under personal supervision of person licensed under State law to practice medicine or osteopathy.

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Benefit Provided:

Medical & Surgical Services by a Dentist

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

None

Scope Limit:

dental services provided on inpatient basis must be PA'd. Reimbursement limited to those services involving diseases or conditions of the head and neck commonly accepted as being within the scope of the practitioner's training and expertise.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Other Licensed Practitioners - Podiatrists

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

limited to Health Care Procedural Codes they are licensed to perform under State law and covered Medicaid as Physician's services

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Home Health - Intermittent and Part-time Nursing

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

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Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Other Licensed Practitioners - Physician Assistant

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

none

Scope Limit:

Service coverage determined by individual licensure, scope of practice, and delegation by supervising physician.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Other Licensed Practitioner - Clinical Nurse Spec.

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Service coverage determined by individual licensure, scope of practice, and terms of the physician collaboration agreement.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Other Licensed Practitioners - CRNA

Source:

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Remove

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Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services limited to anesthesia services provided in accordance with State law reimbursable to CRNA's.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Clinic Services - Dialysis

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

There are no limits for covered services that meet medical necessity

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Clinic Services: Radiation Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

No limits for covered services that meet medical necessity

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

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Benefit Provided:		Source:	Remove
Clinic Svs: Ambulatory Surgical Center		State Plan 1905(a)	
Authorization:	Provider Qualifications:	State: Louisiana Date Received: 3/31/16 Date Approved: 4/7/16 Date Effective: 7/1/16 Transmittal Number: LA 16-0005	
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:	services must be medically necessary, non-emergent, and not requiring an overnight stay.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			
Benefit Provided:		Source:	Remove
Certified Pediatric or Family Nurse Practitioner		State Plan 1905(a)	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:	Service coverage determined by individual licensure, scope of practice, and terms of physician collaboration agreement.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			
Benefit Provided:		Source:	Remove
Hospice		State Plan 1905(a)	
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
Respite care, continuous home care are limited	none		
Scope Limit:	A prognosis of terminal illness is required. Services are for the palliation or management of terminal illness and related conditions.		
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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Core services include medical social services, counseling services, dietary counseling including training the family/caregivers in preparation and provision of meals, bereavement counseling for the terminally ill patient and family, both pre and post-death up to 1 year, pastoral care including clergy, and any other counseling services as determined by the hospice.

Home health aide and homemaker are available if in the Plan of Care.

Physical therapy, occupational therapy, and speech-language pathology services are available if in the Plan of Care.

Short-term inpatient care in a participating hospice inpatient unit may be provided if services meet the written plan of care.

General inpatient care is provided for procedures necessary for pain control or acute chronic symptom management which cannot be provided in other settings.

Medical appliances, supplies, drugs and biologicals, for the relief of pain and symptom control related to the individual's terminal illness are covered. Appliances include covered DME as well as other self-help and personal comfort items related to the palliation or management of the recipient's terminal illness and related conditions. Equipment is provided by the hospice for use in the home while he or she is under hospice care.

Any other covered item or service that is necessary for the palliation and management of the terminal illness and related conditions and is on the Plan of Care.

Inpatient Respite limited to 5 days per election period (initial 90 day, subsequent 90 day; unlimited 60 day periods). These election periods may be used consecutively or at different times during the recipient's lifespan.

Inpatient care is available to the recipient for the purpose of pain control or acute or chronic symptom management which cannot be managed in other settings.

Routine home care is available for a recipient who is at home and is not receiving continuous home care.

Continuous home nursing care is furnished during brief periods of medical crisis to maintain the recipient at home. This service is primarily nursing care to achieve palliation or management of acute medical symptoms. Services are provided by a Registered Nurse or licensed practical nurse for more than half of the period of care.

Children are included in the hospice benefit and must receive curative care concurrently for the terminal condition at the same time as receiving hospice. Recipients under the age of 21 must receive daily visits when in the home and must have all care coordinated.

During the time of hospice election, the recipient must be provided services comparable to other services s/he received through Medicaid prior to electing hospice, including pharmaceutical and biological services and durable medical equipment.

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Benefit Provided:

OLP - Audiologist

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

diagnostic, preventive or corrective services for persons with speech, hearing and language disorders

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

PA is required only when this service is delivered as an outpatient hospital service.

Benefit Provided:

Non-Emergency Medical Transportation

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

To and from medical provider for covered service

Duration Limit:

None

Scope Limit:

Least expensive transportation suitable to meet beneficiary's medical needs

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Transportation generally requires a two (2) day notice in order to arrange transportation; however, Louisiana Medicaid will attempt to arrange NEMT even if two days' notice is not given.

All other avenues of providing transportation appropriate to meet the beneficiary's needs have been explored and have been found unavailable - this includes family, friends, community resources, transportation by the parish Medicaid office or other State or Federally funded transportation resources.

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2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided: Outpatient Hospital services - emergency care	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		
Benefit Provided: Ambulance	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: Services are available for unforeseen circumstances which apparently demand immediate attention at hospital to prevent serious impairment or loss of life.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Prior Authorization is required only for air ambulance		

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3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided: Inpatient Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Excludes care which can be provided at home, an ICF/DD or Skilled Nursing facility; or which the primary purpose is for convalescent care, rest or cosmetic care; or diagnostic/ surgical procedures when such can be performed on outpatient basis.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Some services require prior authorization such as Outpatient surgery performed Inpatient, Organ Transplants, Cochlear Implants (under age 21), Intrathecal Baclofen Therapy, and Out-of-State Non-Emergency Hospitalization. Services include any essential medical care that in the judgment of the attending physician or by a dentist is needed for the treatment of illness or injury which can be provided safely and adequately only in a hospital and includes basic services the hospital is expected to provide.		

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Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided: Inpatient Hospital (Maternity)	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	State: Louisiana Date Received: 3/31/16 Date Approved: 4/7/16 Date Effective: 7/1/16 Transmittal Number: LA 16-0005
Amount Limit: None	Duration Limit: None	
Scope Limit: Elective deliveries under 39 weeks are not covered		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Physician Services (Maternity)	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Elective deliveries under 39 weeks are not covered		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

Benefit Provided: Nurse Midwife Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Limited by individual licensure, scope of practice, and terms of the physician collaborative agreement.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Service coverage determined by individual licensure, scope of practice and terms of physician collaborative agreement.

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5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

Collapse All

Benefit Provided:	Source:	Remove
Inpatient Hospital Service - MH-SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
Services cannot be delivered in an IMD		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
Outpatient Hospital Services - MH/SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services which require prior authorization include psych testing, and electroconvulsive treatment.		

Benefit Provided:	Source:	Remove
Physician Services - MH/SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		

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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

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Benefit Provided:

Rehabilitation Services - SU Addiction

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

requires annual redetermination of trmt plan

Scope Limit:

Services cannot be delivered in an IMD

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services include individual or group therapy, may include outpatient and residential services . Only Intensive Outpatient and Residential services require Prior Authorization.

Benefit Provided:

Other Licensed Practitioners - LMHP svcs. MH/SUD

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Rehabilitation Services - Mental Health

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

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Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services are Prior Authorized except Crisis Intervention.

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6. Essential Health Benefit: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:

Limit on days supply

Yes

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

The State of Louisiana's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for Prescribed Drugs.

The State has procedures in place that allow an enrollee to gain access to clinically appropriate drugs in excess of the four (4) prescription limit per month, when the prescriber attests that the prescription is medically necessary and provides a diagnosis code.

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Alternative Benefit Plan

7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:

PT, OT, ST, Audiology - Outpatient hospital

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

This benefit is provided for rehabilitative and habilitative services.

Benefit Provided:

Home Health - PT, OT, Speech and Audiology

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Physical therapy: treatment of patient's illness or injury, or restoration and maintenance of function

Occupational Therapy: treatment to improve or restore a function which has been impaired by illness or injury or improve the individual's ability to perform the tasks required for independent functioning when the functioning has been permanently lost or reduced by illness or injury.

speech and audiology - services necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities, and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of a communication disability.

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Benefit Provided:

Prosthetic Devices

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

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Amount Limit:

None

Duration Limit:

None

Scope Limit:

least costly most effective treatment

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prosthetic supplies and equipment are not rented or purchased for an individual in a hospital; upon discharge, if the item is included in the plan, the items are provided in the outpatient setting. Prosthetic equipment and appliances are considered for rental, purchase or repair when the item is medically necessary by a recipient who has a serious impairment to enhance well-being, prevent further impairment, or increase self-care or reduce care provided by others, the item is not available through another agency at no cost, is covered by Medicaid, and is primarily medical in nature and not a convenience item.

Benefit Provided:

Home Health: Med Supplies, Equipment & Appliances

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

least costly most effective treatment; suitable for use in the home which does not include a hospital or nursing facility

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Includes purchase, rental and repair. Supplies and equipment are not rented or purchased in a hospital; upon discharge, if included in the plan they will be provided in the outpatient setting. Medical supplies, equipment and appliances are considered for rental, purchase or repair when the item is medically necessary by a recipient who has a serious impairment to enhance well-being, prevent further impairment, or increase self-care or reduce care provided by others, the item is not available through another agency at no cost, is covered by Medicaid, and is primarily medical in nature and not a convenience item.

Benefit Provided:

Home Health Aide

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services cannot be provided in a hospital or nursing facility.

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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

These are direct care services provided under the supervision of a registered nurse in compliance with the standards of nursing practice governing delegation, which include assistance with the activities of daily living such as mobility, transferring, walking, grooming, bathing, dressing or undressing, eating, or toileting.

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Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided:

Other Lab and X-Ray Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

none

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

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9. Essential Health Benefit: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:	Source:	<input type="button" value="Remove"/>
Preventive Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes a broad range of preventive services including "A" and "B" services recommended by the US Preventive Services Task Force, Advisory Committee for Immunization Practices (ACIP) recommended vaccines, preventive care and screening for infants, children and adolescents recommended by HRSA's Bright Futures program/project and additional preventive services for women recommended by the Institute of Medicine (IOM).		

Benefit Provided:	Source:	<input type="button" value="Remove"/>
Tobacco cessation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
none		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
services include over-the-counter and prescription medications for which the individual has a prescription, and toll-free referral assistance		

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10. Essential Health Benefit: Pediatric services including oral and vision care

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

up to age 21

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Authorization may be required for services in excess of limits and for services not available to adults. 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.

Add

State: Louisiana

Date Received: 3/31/16

Date Approved: 4/7/16

Date Effective: 7/1/16

Transmittal Number: LA 16-0005

Transmittal Number: 16-0005

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Alternative Benefit Plan

11. Other Covered Benefits from Base Benchmark

Collapse All

State: Louisiana
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Alternative Benefit Plan

State: Louisiana
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12. Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Allergy Care"/>	<input type="text" value="Base Benchmark"/>	

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Louisiana Medicaid State Plan as Physician's services in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Anesthesia"/>	<input type="text" value="Base Benchmark"/>	

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Louisiana Medicaid State Plan as Physician Services, and Other Licensed Practitioners: CRNA in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Diagnostic and Treatment Services"/>	<input type="text" value="Base Benchmark"/>	

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Physicians' Services, Physicians' Assistants, and Certified Pediatric or Family Nurse Practitioner Services in EHB 1: Ambulatory Patient Services

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Educational Classes and Programs-Tobacco Cessation"/>	<input type="text" value="Base Benchmark"/>	

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Tobacco cessation covered under the La. Medicaid State Plan in EHB 9: Preventive and wellness services and chronic disease management; and EHB 6: Pharmacy.

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Family Planning"/>	<input type="text" value="Base Benchmark"/>	

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Family Planning Services and Supplies in EHB 1: Ambulatory patient services. The La. Medicaid State Plan coverage for Family Planning is at least as rich as the base benchmark.

Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Foot care"/>	<input type="text" value="Base Benchmark"/>	

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Other Licensed Practitioners - Podiatrists' services and Physician Services in EHB 1: Ambulatory patient services. The base benchmark benefit for Foot care is routine foot care only when an individual is under active treatment for a metabolic or peripheral vascular disease, such as diabetes. The La. Medicaid State Plan coverage for OLP Podiatrists services is at least as rich as the base benchmark coverage for Foot Care.

Base Benchmark Benefit that was Substituted:

Home Health Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Home Health - Intermittent and Part-Time Nursing Services (7.a) in EHB 1: Ambulatory patient services. The La. Medicaid State Medicaid plan is more generous than the base benchmark which only covers home nursing for 2 hours per day up to 25 visits per calendar year. The La. Medicaid State Plan for Home Health services is at least as rich, or richer than the base benchmark.

Base Benchmark Benefit that was Substituted:

Oral and Maxillofacial Surgery

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Medical and Surgical Services by a Dentist in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital or Ambulatory Surgical Center

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Outpatient Hospital Services and Clinic Services: Ambulatory Surgery Centers in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Surgical Procedures

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Physicians' Services in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Treatment Therapies

Source:

Base Benchmark

Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Outpatient Hospital Services, Clinic Services: Dialysis and Clinic Services: Radiation in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Alternative Treatments - Acupuncture

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Non-Emergency Medical Transportation under La. Medicaid State Plan covered under the La. Medicaid State Plan and found in EHB 1.

Base Benchmark Benefit that was Substituted:

Chiropractic

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Non-Emergency Medical Transportation covered under the La. Medicaid State Plan and found in EHB 1. (The base benchmark covers only 1 office visit per calendar year and one set of X-rays per calendar year.)

Base Benchmark Benefit that was Substituted:

Infertility Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan under multiple benefits as Physician Services in EHB 1: Ambulatory patient services; Prescribed drugs in EHB 6: Pharmacy services; and EHB 3: Inpatient Hospital Services. Base benchmark coverage is limited to diagnosis and coverage of non-ART treatment of infertility. The La. Medicaid State Plan for Infertility Services is at least as rich as the base benchmark.

Base Benchmark Benefit that was Substituted:

Manipulative Treatment

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Non-Emergency Medical Transportation services covered under the La. Medicaid State Plan and found in EHB 1. (Base benchmark is limited to 20 visits per year.)

Base Benchmark Benefit that was Substituted:

Accidental Injury

Source:

Base Benchmark

Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Outpatient Hospital Services - Emergency in EHB 2 and Inpatient Hospital Services in EHB 3.

Base Benchmark Benefit that was Substituted:

Medical Emergency

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan Outpatient Hospital Services - Emergency in EHB 2.

Base Benchmark Benefit that was Substituted:

Ambulance

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as ambulance in EHB 2: Emergency Services

Base Benchmark Benefit that was Substituted:

Reconstructive Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Inpatient Hospital services in EHB 3: Hospitalization. (Neither base benchmark nor La. Medicaid cover cosmetic surgery)

Base Benchmark Benefit that was Substituted:

Organ/Tissue Transplants

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the La. Medicaid State Plan as Inpatient Hospital Services in EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Inpatient Hospital Services in EHB 3: Hospitalization

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Base Benchmark Benefit that was Substituted:

Maternity Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the La. Medicaid State Plan as Inpatient Hospital Services (Maternity); Physician Services- Maternity, Other Licensed Practitioners - Nurse Midwife, Nurse Midwife Services, all in EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Professional Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Outpatient Hospital Services -MH/SUD, Physicians' Services - MH/SUD, Other Licensed Practitioners - LMHP, and rehabilitation services - addiction SUD, all in EHB 5: Mental Health/Substance Use. The La. Medicaid State Plan is at least as rich as the base benchmark.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital or Other Covered Facility

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under La. Medicaid State Plan as Inpatient Hospital Services EHB 5: Mental Health/ Substance Use.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital or Other Covered Facility

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Outpatient Hospital Services in EHB 5: MH/SUD.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Home Health Services Medical Supplies, Equipment and Appliances in EHB 7: Rehabilitative and Habilitative Services and Devices. The La. Medicaid State Plan is at least as rich as, if not richer than the base benchmark.

Base Benchmark Benefit that was Substituted:

Medical Supplies

Source:

Base Benchmark

Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Home Health Services Medical Supplies, Equipment and Appliances in EHB 7: Rehabilitative and Habilitative Services and Devices. The La. Medicaid State Plan is at least as rich as, if not richer than the base benchmark.

Base Benchmark Benefit that was Substituted:

Orthopedic and Prosthetic Devices

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Prosthetic Devices EHB 7: Rehabilitative and Habilitative Services and Devices. The La. Medicaid State Plan is at least as rich as, if not richer than the base benchmark.

Base Benchmark Benefit that was Substituted:

Physical, Occupational, Speech, Cognitive Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Physical Therapy, Occupational Therapy, Speech Pathology and Audiology services provided under Outpatient hospital services in EHB 7: Rehabilitative and habilitative services. Audiology also provided under Physician services in EHB 1. Services in La. Medicaid have no limits on amount or scope. Coverage under Louisiana Medicaid is richer than the base benchmark benefit which has a combined limit of 50 visits per person per calendar year.

Base Benchmark Benefit that was Substituted:

Lab, X-Ray, and Other Diagnostic Tests

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Other Laboratory and X-ray Services in EHB 8: Laboratory Services.

Base Benchmark Benefit that was Substituted:

Preventive Care Services for Children and Adults

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Preventive Services in EHB 9: Preventive and Wellness Services and Chronic Disease Management; and EPSDT in EHB 10: Pediatric Services including Oral and Vision Care

Base Benchmark Benefit that was Substituted:

Covered Medication and Supplies

Source:

Base Benchmark

Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Prescribed Drugs in EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Hearing Services (Testing, Treatment, Supplies)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Outpatient Hospital Services and Audiology services in EHB 1: Ambulatory Patient Services; and Home Health - Audiology in EHB 7: Rehabilitative and Habilitative Services. Base benchmark only covers tests related to illness and injury but not for routine hearing tests for adults. The La. Medicaid State Plan coverage for hearing services is at least as rich as the base benefit.

Base Benchmark Benefit that was Substituted:

Cardiac rehabilitation

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Home Health Aide Services from Louisiana Medicaid State Plan in EHB 7: Rehabilitative and Habilitative Services and Devices. There are no limitations to home health aide visits.

Base Benchmark Benefit that was Substituted:

Pulmonary Rehabilitation

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Home Health Aide Services from Louisiana Medicaid State Plan in EHB 7: Rehabilitative and Habilitative Services and Devices. There are no limitations to home health aide visits.

Base Benchmark Benefit that was Substituted:

Wigs due to chemotherapy hair loss

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Home Health Aide Services from Louisiana Medicaid State Plan in EHB 7: Rehabilitative and Habilitative Services and Devices. There are no limitations to home health aide visits.

Base Benchmark Benefit that was Substituted:

Hospice

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Louisiana Medicaid State Plan as Hospice Care in EHB 1: Ambulatory patient



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services. La. Medicaid State Plan coverage for hospice is at least as rich, if not richer than the benchmark. La. Medicaid provides routine home care, continuous home care (nursing) during periods of medical crisis, as necessary. Homemaker and home health aide services are available. Benchmark limits home service to 7 consecutive days and 30 consecutive days in facility. Base benchmark allows for 7 days in inpatient hospice facility to provide caregiver respite. Base benchmark does not provide homemaker services, bereavement care, pre- and post death, or pastoral care.

Base Benchmark Benefit that was Substituted:

Intensive Outpatient Services - Mental Health

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Louisiana Medicaid State Plan as Rehabilitation Services - Mental Health in EHB 5: Mental Health and substance use disorder services including behavior health treatment.

Base Benchmark Benefit that was Substituted:

Partial Hospitalization - Mental Health

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Louisiana Medicaid State Plan as Rehabilitation Services - Mental Health in EHB 5: Mental Health and substance use disorder services including behavior health treatment.

Base Benchmark Benefit that was Substituted:

Educational Classes & Programs-Diabetic Education

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Physician Services, Outpatient Hospital Services in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Hearing Aids

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Home Health Aide Services from Louisiana Medicaid State Plan in EHB 7: Rehabilitative and Habilitative Services and Devices. There are no limitations to home health aide visits. Hearing Aids in the benchmark are limited to \$1250 per ear every 36 months.

Base Benchmark Benefit that was Substituted:

Intensive Outpatient Treatment - SUD

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Rehab Services - Addiction Substance Use Disorder EHB 5.



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Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Partial Hospitalization - SUD"/>	<input type="text" value="Base Benchmark"/>	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under the La. Medicaid State Plan as Rehab Services - Addiction Substance Use Disorder EHB 5."/>		
<input type="button" value="Add"/>		

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13. Other Base Benchmark Benefits Not Covered Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Routine Adult Vision Services"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit: <input type="text" value="Routine, non-pediatric eye exam services are an excepted benefit pursuant to 45 CFR 156.115(d)"/>		
Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Routine Adult Dental Benefit"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit: <input type="text" value="Routine, non-pediatric dental services are an excepted benefit pursuant to 45 CFR 156.115(d)"/>		
<input type="button" value="Add"/>		

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14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided: Telemedicine	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: None	State: Louisiana Date Received: 3/31/16 Date Approved: 4/7/16 Date Effective: 7/1/16 Transmittal Number: LA 16-0005	
Other: Prior Authorization not required.		

Other 1937 Benefit Provided: FQHC/RHC Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Physician, P.A., Nurse Practitioner, Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Dentist and services incidental thereto; and other ambulatory services.		
Other: Prior Authorization not required.		

Other 1937 Benefit Provided: Other Licensed Practitioners - Optometrist	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: Services may be provided to the same extent and according to same standards as physician services who perform eye services		

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Other:

Prior Authorization not required.

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

once per pregnancy or once per 270 days

Duration Limit:

none

Scope Limit:

screening and intervention services limited to pregnant women

Other:

Screening and Intervention services that are medically necessary for pregnant women for the use of alcohol, tobacco, drugs, or domestic violence. If miscarriage or fetal death occurs within 270 days, a screening/intervention will be allowed for subsequent pregnancy.

Other 1937 Benefit Provided:

Skilled Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services cannot be provided in an IMD. Coverage is limited to services provided in facilities certified by under Title XIX.

Other:

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Other 1937 Benefit Provided:

Intermediate Care Facility/IDD Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none



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Scope Limit:

Services cannot be provided in an IMD. Services do not include vocational or developmental evaluations, or voice evaluations or voice therapy unless the recipient is under the age of 21.

Other:

Coverage is limited to services provided in Title XIX certified ICF facilities and with any licensing requirements required by the State.

Other 1937 Benefit Provided:

Medical and Remedial Care and Svs - Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 complete or partial per 8 year period

Duration Limit:

none

Scope Limit:

Services limited to 1 complete or partial denture per arch in an 8 year period. A combination of 2 complete or partial denture relines per arch or 1 complete or partial denture and 1 reline per arch is allowed in an 8 year period.

Other:

Other 1937 Benefit Provided:

Tuberculosis Control Center Clinic

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

limited to persons infected with Tuberculosis.

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Other:

Prior Authorization not required.

Other 1937 Benefit Provided:

Prenatal Health Care Center Clinics

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

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Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

pregnancy and 1 post-partum visit

Scope Limit:

prenatal care, unlimited once medical establishment of pregnancy established. Includes including risk assessments for high risk pregnancies; 1 post partum visit

Other:

medical establishment of pregnancy required

Other 1937 Benefit Provided:

Sexually Transmitted Disease Control Clinic

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

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Other:

no PA required

Other 1937 Benefit Provided:

OLP - Pharmacists/Medication Administration

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Administration of influenza vaccine

Other:

Prior Authorization is not required.

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Alternative Benefit Plan

Other 1937 Benefit Provided: PACE	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Restricted to persons age 55 and above, meeting Nursing Facility Level of Care and geographically located.		
Other: Requires meeting Nursing Facility level of care and living in certain Zip Codes within State; meeting income and resource restrictions		
Other 1937 Benefit Provided: Out-of-State Non-Emergency Hospitalizations	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None	State: Louisiana Date Received: 3/31/16 Date Approved: 4/7/16 Date Effective: 7/1/16 Transmittal Number: LA 16-0005	
Other: Louisiana Medicaid provides out-of-state non-emergency hospitalization for Medicaid enrollees.		
Other 1937 Benefit Provided: Free Standing Birthing Centers	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: stays less than 24 hrs	
Scope Limit: None		
Other: Prior Authorization is not required. The Free Standing Birthing Center shall be located within a ground		

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Alternative Benefit Plan

travel time distance from a general acute care hospital with which the FSBC has a contractual relationship which includes a transfer agreement which allows for a caesarian delivery to begin within 30 minutes of the decision to that such a delivery is necessary.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

State: Louisiana
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Amount Limit:

cannot exceed 32 hrs. per week

Duration Limit:

none

Scope Limit:

Individual cannot be an inpatient, resident of hospital, nursing facility, ICF/DD or IMD

Other:

Services which enable an individual whose needs would otherwise require placement in an acute or long term care facility to remain safely in his/her home. Services include assistance with activities of daily living and the instrumental activities of daily living.

Other 1937 Benefit Provided:

Directly Observed Therapy-Tuberculosis

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

until disease arrested

Scope Limit:

Direct observation by health care professional to assure medication taken. follows medicinal administration schedule which is typically 1x per day for first 14 days, and then 2 x per week until arrested, typically between 6 mo. and 1 year

Other:

Service is limited to persons who are infected with Tuberculosis meet program requirements. Patient must also be "non-compliant" such that health care professional deems completion of treatment regimen necessary.

Other 1937 Benefit Provided:

Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Other

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Alternative Benefit Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

24 hour care for rehabilitative, restorative and skill nursing care for recipients needing assistance with activities of daily living.

Other:

Only Medicaid-certified nursing facilities may admit recipients

Requires an order from a licensed physician for admission

Pre-admission screenings and resident reviews (Level I and Level II PASRR) are conducted to determine whether the applicant/recipient has a diagnosis of serious mental illness or intellectual disability and to determine whether the applicant/resident requires nursing facility services and/or specialized services for his/her mental condition.

Additionally, a Level of Care determination must be conducted for any recipient seeking admittance to determine if he/she meets the nursing facility Level of Care.

Services include assistance with Activities of Daily Living such as bathing, dressing, transferring, toileting, and eating, specialized services if determined through a Level II PASRR, as well as skilled nursing

Add

State: Louisiana

Date Received: 3/31/16

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Alternative Benefit Plan

<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415

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