

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.

X Provided: \_\_\_\_\_ No limitations X 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.

X Provided: \_\_\_\_\_ No limitations X 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.

X Provided: \_\_\_\_\_ No limitations X 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