

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*

* Description provided on attachment.

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

TN# 09-53 Approval Date 3-19-10 Effective Date 12-21-09
Supersedes

TN# 00-12

SUPERSEDES: TN- 00-12

State/Territory: LOUISIANA

**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.*Description provided on Attachment 3.1-A, Item 4b.

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 I 905(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 limitations*

State/Territory: LOUISIANA

**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 any setting in which normal life activities take place.

 Provided: No limitations With limitations*

d. Physical therapy, occupational therapy, speech pathology and audiology services.

 Provided: No limitations With limitations*

*Description provided on attachment.

State: Louisiana
Date Received: 3-27-18
Date Approved: 5-02-18
Date Effective: 1-20-18
Transmittal Number: 18-0003

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 3.1-A
Page 3a
OMB No.: 0938-

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.

Provided: No limitations With limitations*
 Not provided.

e. Private duty nursing services.

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

TN No. 91-24
Supersedes 89-11, p.3 Approval Date MAY 20 1992 Effective Date OCT 01 1991
TN No. 89-11, p.3 HCFA ID: 7986E

STATE	<u>LOUISIANA</u>
DATE REC'D	<u>DEC 05 1991</u>
DATE APPVD	<u>MAY 26 1992</u>
DATE EFF	<u>OCT 01 1991</u>
HCFA 179	<u>91-24</u>
A	

State: LOUISIANA

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

9. Clinic services.

X Provided: No limitations With limitations*

10. Dental services.

X Provided: No limitations With limitations*

11. 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*

Revisions: HCFA-PM-85-3
MAY 1985

(BERC)

ATTACHMENT 3.1-A

Page 5

OMB NO.: 0938-0193

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.

Provided: _____ No limitations With limitation*
_____ Not provided

b. Dentures.

Provided: _____ No limitations With limitation*
_____ Not provided

c. Prosthetic devices.

Provided: _____ No limitations With limitation*
_____ Not provided

d. Eyeglasses.

_____ Provided: _____ No limitations _____ With limitation*
 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*
 Not provided

APPROVED BY DHHS/HCFA/DPO
DATE: FEB 10 1987

TRANSMITTAL NO: 86-29

*Description provided on attachment.

TN No. 86-29 Approval Date 12-1-86 Effective Date NOV 20 1986
Supersedes 85-33
TN 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*
 Not provided.

c. Preventive services.

Provided: No limitations With limitations*
 Not provided.

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 the ACIP recommendations will be incorporated into coverage and billing codes as necessary.

d. Rehabilitative services

Provided: No limitations With limitations*
 Not provided.

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

Provided: No limitations With limitations*
 Not provided.

a. Nursing Facility services.

Provided: No limitations With limitations*
 Not provided.

*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.

* Description provided on attachment.

A			
STATE	DATE RECD	DATE APPVD	DATE EFF
Louisiana	7-5-02	7-12-02	7-1-02
HCFA 179			LA-02-08

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

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.

SUPERSEDES TN- 95-23

STATE	<u>Louisiana</u>
DATE REC'D	<u>5 Dec 03</u>
DATE APP'D	<u>6 Feb 04</u>
DATE EFF	<u>1 Nov 03</u>
HCFA 179	<u>03-45</u>
A	

TN No. 03-45 Approval Date 6 Feb 04 Effective Date 1 Nov 03
Supersedes
TN No. 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).

Provided: 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.
 Not provided.

23. Pediatric or family nurse practitioners' services.

Provided: No limitations With limitations.

*Description provided on attachment.

TM No. 71-84 Approval Date MAY 20 1992 Effective Date OCT 01 1991
Superseded 87-31 TM No. 87-31 HCFA ID: 7986E
ATT 3.1-A, p 95 (90-26)

STATE	LOUISIANA
DATE REC'D.	DEC 05 1991
DATE APPROV'D.	MAY 20 1992
DATE EFF.	OCT 01 1991
HCFA 179	91-261
A	

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

State/Territory: LOUISIANA

ATTACHMENT 3.1-A
Page 9
OMB No.: 0938-

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.

Provided: No limitations With limitations*

Not provided.

b. Services of Christian Science nurses.

Provided: No limitations With limitations*

Not provided.

c. Care and services provided in Christian Science sanatoria.

Provided: No limitations With limitations*

Not provided.

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

Provided: No limitations With limitations*

Not provided.

e. Emergency hospital services.

Provided: No limitations With limitations*

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*

Not provided.

*Description provided on attachment.

TN No. 91-26 Approval Date MAY 21 1992 Effective Date OCT 01 1991
Supersedes 90-82 TN No. 91-26 HCFA ID: 7986E

STATE	<i>Louisiana</i>	A
DATE REC'D	<u>DEC 05 1991</u>	
DATE APP'D	<u>OCT 01 1991</u>	
DATE EFF	<u>MAY 21 1992</u>	
HCFA 179	<i>91-26</i>	

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.

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

Not Provided.

STATE	Louisiana
DATE REC'D	05-14-03
DATE APPVD	12-22-03
DATE EFF	01-01-04
MOFA	179 03-17

SUPERSEDES: TN- 92-24

TN No. 03-17 Approval Date 12-22-03 Effective Date 01-01-04
Supersedes
TN No. 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.

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.

SUPERSEDES: NONE . NEW PAGE

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

TN# 04-06 Approval Date 11-1-04 Effective Date 2-21-04
Supersedes
TN# 04-06 Approval Date 11-1-04 Effective Date 2-21-04

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.

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 Not licensed or approved

Please describe any limitations:

Stays for delivery at the free-standing birthing centers (FSBC) are typically less than 24 hours and the services rendered for labor and delivery are very limited in comparison to delivery services rendered during inpatient hospital stays. Services shall be provided by the attending practitioner from the time of the pregnant woman's admission through the birth and the immediate postpartum period.

The FSBC shall be located within a ground travel time distance from a general acute care hospital with which the FSBC shall maintain a contractual relationship, including a transfer agreement, that allows for an emergency caesarian delivery to begin within 30 minutes of the decision a caesarian delivery is necessary.

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:

Free-standing birthing center staff shall not administer general or epidural anesthesia services.

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:

Licensed midwives and doulas.

State/Territory: Louisiana**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED****CATEGORICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

*The state needs to check each assurance below.

Provided: X

I. 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 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.