

LOUISIANA DEPARTMENT OF HEALTH & HOSPITALS

MEDICAID SERVICES CHART

July 2009

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Adult Denture Services	<i>Dentist</i>	Medicaid recipients 21 years of age and older. (Adults, 21 and over, certified as Qualified Medicare Beneficiary (QMB) only, Medically Needy Program, or other programs with limited benefits are not eligible for dental services.)	Dentures, denture relines, and denture repairs. Examination and X-rays are covered if in conjunction with the construction of a Medicaid-authorized denture.	All services other than repairs require Prior Authorization . The provider will submit requests for the Prior Authorization . Only one complete or partial denture per arch is allowed in a seven-year period. The partial denture must oppose a full denture. Two partials are not covered in the same oral cavity (mouth). Additional guidelines apply.	Cordelia Clay 225/342-4182
Appointment Scheduling Assistance – <i>See KIDMED</i>					
Audiological Services –See <i>EarlySteps; KIDMED-EPSDT Services; Hospital-Outpatient services; Physician/ Professional Services; Rehabilitation Clinic Services; Therapy Services</i>					
Chemotherapy Services-See <i>Hospital-Outpatient Services; Physician/ Professional Services</i>	<i>Hospital</i> <i>Physician's office or clinic</i>	All Medicaid Recipients.	Chemotherapy administration and treatment drugs, as prescribed by physician.		

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Chiropractic Services	<i>KIDMED Medical Screening Provider/PCP</i>	Medicaid recipients 0 through 20 years of age.	Spinal manipulations.	Medically necessary manual manipulations of the spine when the service is provided as a result of a referral from a KIDMED medical screening provider or Primary Care Provider (PCP).	Brian Bagdan 225/342-1461
CommunityCARE	<i>Recipient Toll Free: 1-800-259-4444</i>	Most Medicaid eligibles are required to participate in CommunityCARE. For exceptions to this requirement, contact the CommunityCARE Program.	CommunityCARE enrollees are entitled to the same Medicaid covered services as those eligibles not in CommunityCARE. Most Medicaid covered services must be provided by the PCP or must be authorized by the PCP prior to the service being rendered. Services provided in the emergency room, equivalent to the two low level CPT codes, must be post-authorized by the PCP in order for the service to be deemed "covered."	CommunityCARE is a Medicaid program designed to provide Medicaid recipients with a medical home. Each enrollee is linked to a PCP who is responsible for coordinating primary health care services, either through direct service or appropriate referral authorization to a specialist and /or ancillary providers.	Veronica Dent 225/342-0327
Dental Care Services - See Adult Denture Services; EPSDT Dental Services; and Expanded Dental Services for Pregnant Women					

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Durable Medical Equipment (DME)	<i>Physician</i>	All Medicaid recipients.	<p>Medical equipment and appliances such as wheelchairs, leg braces, etc.</p> <p>Medical supplies such as ostomy supplies, etc.</p> <p>Diapers and blue pads are not reimbursable as durable medical equipment items. EPSDT RECIPIENTS ARE EXCLUDED FROM THIS LIMITATION.</p>	<p>All services must be prescribed by a physician and must be Prior Authorized.</p> <p>DME providers will arrange for the Prior Authorization request.</p>	<p>Stephanie Young 225/342-3935</p> <p>Sylvia Green 225/342-1247</p> <p>Rhonda Habisreitering 225/342-4839</p>
EarlySteps <i>(Infant & Toddler Early Intervention Services)</i>	<i>Office of Citizens with Developmental Disabilities</i> <i>1-866-783-5553</i> <i>or</i> <i>1-866-earlystep</i> <i>For families</i>	<ol style="list-style-type: none"> 1. Children ages birth to three who have a developmental delay of at least 1.5 SD (standard deviations) below the mean in one area of development listed below or in one sub-area in communication or physical development: <ol style="list-style-type: none"> a. cognitive development b. physical development (vision & hearing) <ul style="list-style-type: none"> --fine motor --gross motor c. communication development <ul style="list-style-type: none"> --receptive language --expressive language d. social or emotional development e. adaptive skills development (also known as self-help or daily living skills) 2. Children with a diagnosed medical condition with a high probability of resulting in developmental delay. 	<p><u>Covered Services (Medicaid Covered)</u></p> <ul style="list-style-type: none"> -Family Support Coordination (Service Coordination) -Occupational Therapy -Physical Therapy -Speech/Language Therapy -Psychology -Audiology <p>EarlySteps also provides the following services, not covered by Medicaid:</p> <ul style="list-style-type: none"> -Nursing Services/Health Services (Only to enable an eligible child/family to benefit from the other EarlySteps services). -Medical Services for diagnostic and evaluation purposes only. -Special Instruction -Vision Services -Assistive Technology devices and services -Social Work -Counseling Services/Family Training -Transportation -Nutrition -Sign language and cued language services. 	<p>All services are provided through a plan of care called the Individualized Family Service Plan. Early Intervention is provided through EarlySteps in conformance with Part C of the Individuals with Disabilities Act.</p>	<p>Brenda Sharp 225/342-8853</p>

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Expanded Dental Services for Pregnant Women (EDSPW)	<i>Medical professional providing pregnancy care and Dentist. (See Comments Section)</i>	<p>The individual must be:</p> <ol style="list-style-type: none"> 1. Medicaid eligible for full benefits* 2. Age 21 through 59 3. <u>Pregnant</u> and provide to the dentist an original or physician faxed BHSF Form 9-M completed by the medical professional providing pregnancy care. <p><u>Eligibility for the EDSPW Program ends at the conclusion of the pregnancy. The recipient must be pregnant on each date of service to be eligible for EDSPW Program services.</u></p> <p>*(Medicaid eligibles, age 21 and over, certified as Qualified Medicare Beneficiary (QMB) only, Medically Needy Program or other programs with limited benefits are not eligible for dental services.)</p>	Periodontal Exam; Radiographs (x-rays); Prophylaxis (cleaning); certain restorative services when the location of the cavity to be restored is in an area that impacts the gum tissue and affects the periodontal health of the woman; certain periodontal services; and certain oral and maxillofacial surgery services. (Specific policy guidelines apply.)	<p>Recipients must obtain a referral from the medical professional providing pregnancy care using the BHSF Form 9-M. The recipient must provide the original completed form to a participating dentist prior to receiving any dental services covered by Medicaid. Physician faxed forms are also acceptable. Participating medical professionals and dental providers should have blank copies of the referral form; however, the printable form is located online at the following website: www.lamedicaid.com</p> <p>Some EDSPW Program services must be Prior Authorized by Medicaid. The dental provider is responsible for submitting the prior authorization request for these services to Medicaid on behalf of the patient. A prior authorization approval does not guarantee patient eligibility.</p>	Cordelia Clay 225/342-4182

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<p>EPSDT Dental Services</p>	<p><i>Dentist</i></p>	<p>Medicaid recipients 0 to 21 years of age.</p> <p>Presumptive Eligible (Type case 12) recipients are not eligible for dental care services.</p>	<p>Bi-annual dental screening consisting of an examination, radiographs (x-rays) as appropriate, prophylaxis (cleaning), topical fluoride application and oral hygiene instruction.</p> <p>The EPSDT Dental Program provides coverage of certain diagnostic; preventive; restorative; endodontic; periodontic; removable prosthodontic; maxillofacial prosthetic; oral and maxillofacial surgery; orthodontic; and adjunctive general services. Specific policy guidelines apply.</p> <p><u>Comprehensive Orthodontic Treatment (braces) require Prior Authorization and are paid only when there is a cranio-facial deformity, such as cleft palate, cleft lip, or other medical conditions which possibly results in a handicapping malocclusion. If such a condition exists, the recipient should see a Medicaid-enrolled orthodontist. Patients having only crowded or crooked teeth, spacing problems or under/overbite are not covered for braces, unless identified as medically necessary.</u></p>	<p>Some EPSDT Dental Program services must be Prior Authorized by Medicaid. The dental provider will submit the request for Prior Authorization of these services to Medicaid on behalf of the patient. A prior authorization approval does not guarantee patient eligibility</p>	<p>Cordelia Clay 225/342-4182</p>

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<p>EPSDT Personal Care Services</p> <p><i>(See Long Term – Personal Care Services (LT-PCS) for Medicaid recipients ages 65 or older, or age 21 or older with disabilities)</i></p>	<p><i>Physician and Personal Care Attendant Agencies</i></p>	<p>All Medicaid recipients 0 to 21 not receiving Individual Family Support waiver services. However, once a recipient receiving Individual Family Support waiver services has exhausted those services they are then eligible for EPSDT Personal Care Services.</p> <p>Recipients of Children’s Choice Waiver can receive both PCS and Family Support Services on the same day; however, the services may not be rendered at the same time.</p>	<p>Basic personal care-toileting & grooming activities.</p> <p>Assistance with bladder and/or bowel requirements or problems.</p> <p>Assistance with eating and food preparation.</p> <p>Performance of incidental household chores, only for the recipient.</p> <p>Accompanying, not transporting, recipient to medical appointments.</p> <p>Does NOT cover any medical tasks such as medication administration, tube feedings.</p>	<p>The Personal Care Agency must submit the Prior Authorization request.</p> <p>Recipients receiving Support Coordination (Case Management Services) must also have their PCS Prior Authorized by Unisys.</p> <p>PCS is <i>not subject to service limits</i>. Units approved will be based on medical necessity and the need for covered services.</p> <p>Recipients receiving Personal Care Services must have a physician’s prescription and meet medical criteria.</p> <p>Does not include medical tasks.</p> <p>Provided by licensed providers enrolled in Medicaid to provide Personal Care Attendant services.</p>	<p>Irma Gauthier 225-342-9485</p>
<p>EPSDT Psychological and Behavioral Services (PBS)</p>	<p><i>PBS enrolled Psychologist</i></p> <p><i>(For a list of providers in your area, contact the Specialty Care Resource Line at 1-877-455-9955)</i></p>	<p>Medicaid recipients, under the age of 21, who meet the criteria for Pervasive Developmental Disorder (PDD), or other specific criteria.</p>	<p>Psychological and Behavioral Services include necessary assessments, evaluations, individual therapy and family therapy.</p>		<p>Toni Bennett 225-342-9403</p> <p>Wendy McGraw 225/342-4423</p>
<p>Eyeglass Services - See Optical Services</p>					

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Family Planning Clinic Services	<i>Family Planning Clinics</i> <i>Office of Public Health-Family Planning Clinics</i>	Female Medicaid recipients between the ages of 10 and 60.	Doctor visits to assess the patient's physical status and contraceptive practices; nurse visits; physician counseling regarding sterilization; nutrition counseling; social services counseling regarding the medical/family planning needs of the patient; contraceptives; and certain lab services.	Medicaid will reimburse the family planning clinic for routine family planning services for family planning purposes only and not treatment of other medical conditions. Referrals should be made for other medical problems as indicated. Family Planning Clinics do not provide services to pregnant women.	Cordelia Clay 225/342-4182
Family Planning Waiver Services – <i>See Waiver Services</i>					
Family Planning Services in Physician's Office <i>– See Physician/ Professional Services</i>					
Federally Qualified Health Centers (FQHC)	<i>Nearest FQHC</i>	All Medicaid recipients.	Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists. Immunizations are covered for recipients under age 21.	There are 3 components that may be provided: 1) Encounter visits; 2) KIDMED Screening Services; and 3) EPDST Dental, Adult Denture Services, and Expanded Dental services for Pregnant Women.	Kimberly Cezar 225/342-6253 Shelton Evans 225/342-9490
Hearing Aids - See Durable Medical Equipment	<i>Durable Medical Equipment Provider</i>	Medicaid recipients 0 through 20 years of age.	Hearing Aids and any related ancillary equipment such as earpieces, batteries, etc. Repairs are covered if the Hearing Aid was paid for by Medicaid.	All services must be Prior Authorized and the DME provider will arrange for the request of Prior Authorization .	Stephanie Young 225/342-3935 Sylvia Green 225/342-1247

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Hemodialysis Services - See Hospital-Outpatient Services	<i>Dialysis Centers Hospitals</i>	All Medicaid recipients.	Dialysis treatment (including routine laboratory services); medically necessary non-routine lab services; and medically necessary injections.		Melissa Jacobs 225/342-3870
Home Health	<i>Physician</i>	All Medicaid recipients. Medically Needy (Type Case 20 & 21) recipients are not eligible for Aide Visits, Physical Therapy, Occupational Therapy, Speech/Language Therapy.	<ul style="list-style-type: none"> • Intermittent/part-time nursing services including skilled nurse visits. • Aide Visits • Physical Therapy Services • Occupational Therapy • Speech/Language Therapy 	<p>Recipients receiving Home Health must have physician's prescription and signed plan of care.</p> <p>PT, OT, and Speech/Language Therapy require Prior Authorization.</p>	Rhonda Habisreitinger 225/342-4839
Home Health - Extended	<i>Physician</i>	Medicaid recipients 0 through 20 years of age.	<p>Multiple hours of skilled nurse services.</p> <p>All medically necessary medical tasks that are part of the plan of care can be administered in the home.</p>	<p>Recipients receiving extended nursing services must have a letter of medical necessity and physician's prescription.</p> <p>Extended Skilled nursing services require Prior Authorization.</p>	Rhonda Habisreitinger 225/342-4839
Hospice Services	<i>Hospice Provider/ Physician</i>	All Medicaid recipients.	Medicare allowable services.	Rate & Audit Unit	Deloris Young 225/342-1417

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Hospital Claim Questions - Inpatient and Outpatient Services, including Emergency Room Services	<i>Physician/ Hospital</i>	All Medicaid recipients. Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient <i>Psychiatric</i> Services.	Inpatient and Outpatient Hospital Services, including Emergency Room Services	All Questions Regarding Denied Claims and/or Bills for Inpatient and Outpatient Hospital Services, including Emergency Room Services	Recipients should first contact the provider, then may contact an MMIS Staff Member at 225/342-3855 if the issue cannot be resolved Providers should contact Provider Relations at 1-800-473-2783
Hospital - Inpatient Services	<i>Physician/ Hospital</i>	All Medicaid recipients. Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient <i>Psychiatric</i> Services.	Inpatient hospital care needed for the treatment of an illness or injury which can only be provided safely & adequately in a hospital setting. Includes those basic services that a hospital is expected to provide.	Inpatient hospitalization requires Pre-certification and Length of Stay assignment. Hospitals are aware of this and will submit the request to the Prior Certification Unit.	Kellea Lacroix 225/342-7882 Barton Johnson 225/342-9475
Hospital - Outpatient Services	<i>Physician/ Hospital</i>	All Medicaid recipients.	Diagnostic & therapeutic outpatient services, including outpatient surgery and rehabilitation services. Therapeutic and diagnostic radiology services. Chemotherapy Hemodialysis	Outpatient rehabilitation services require Prior Authorization . Provider will submit request for Prior Authorization .	Kellea Lacroix 225/342-7882 Barton Johnson 225/342-9475

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Hospital - Emergency Room Services	<i>Physician/ Hospital</i>	All Medicaid recipients.	Emergency Room services.	Recipients 0 to 21 years - No service limits. Recipients 21 and older - Limited to 3 emergency room visits per calendar year (January 1 - December 31). CommunityCARE Recipients have no limit.	Kellea Lacroix 225/342-7882 Barton Johnson 225/342-9475
Immunizations <i>See FQHC; KIDMED; Physician/Professional Services; Rural Health Clinics</i>					
KIDMED Child Health Screenings/Checkups (EPSDT Screening Services)	<i>Louisiana KIDMED (ACS) (800) 259-4444 <i>Specialty Care Resource Line:</i> (877) 455-9955</i>	All Medicaid recipients 0 through 20 years of age.	Medical Screenings (including immunizations and certain lab services). Vision Screenings Hearing Screenings Dental Screenings Periodic and Interperiodic Screenings	Recipients are linked to KIDMED providers for screening services. The provider is usually the primary care physician (PCP) or someone designated by the PCP. KIDMED providers identify suspected conditions and make necessary referrals for treatment. ACS will link recipients to providers.	Brian Bagdan 225/342-1461

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Laboratory Tests and X-Ray Services	<i>Physician</i>	All Medicaid recipients.	<p>Most diagnostic testing and radiological services ordered by the attending or consulting physician.</p> <p>Portable (mobile) x-rays are covered only for recipients who are unable to leave their place of residence without special transportation or assistance to obtain physician ordered x-rays.</p>		Jode Burkett 225/342-3932
<p>Long Term - Personal Care Services</p> <p>(LT-PCS)</p> <p>(See EPSDT Personal Care Services for Medicaid recipients ages 0 to 21)</p>	<p><i>Office of Aging and Adult Services (OAAS)</i></p> <p><i>Contact: Affiliated Computer Services (ACS) 1-877-456-1146</i></p>	<p>All Medicaid recipients age 65 or older, or age 21 or older with disabilities (meets Social Security Administration disability criteria), meet the medical standards for admission to a nursing facility and imminent risk criteria, and be able to participate in his/her care and direct the services provided by the worker independently or through a responsible representative. Applicant must require at least limited assistance with at least one Activity of Daily Living.</p>	<p>-Basic personal care-toileting & grooming activities.</p> <p>-Assistance with bladder and/or bowel requirements or problems.</p> <p>-Assistance with eating and food preparation.</p> <p>-Performance of incidental household chores, only for the recipient.</p> <p>-Accompanying, not transporting, recipient to medical appointments.</p> <p>-Grocery shopping, including personal hygiene items.</p> <p>Does NOT cover any medical tasks such as medication administration, tube feedings.</p> <p>Does NOT provide supervision for an individual who cannot be left at home alone or provide respite for a primary caregiver.</p>	<p>Recipients or the responsible representative must request the service. This program is NOT a substitute for existing family and/or community supports, but is designed to supplement available supports to maintain the recipient in the community.</p> <p>Once approved for services, the selected PCS Agency must obtain Prior Authorization.</p> <p>Units approved will be based on medical necessity and the need for covered services.</p> <p>Provided by PCS agencies enrolled in Medicaid.</p>	Carol Vining 225/342-8487

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Medical Transportation (Emergency)	<i>Emergency ambulance providers</i>	All Medicaid recipients.	Emergency ambulance services may be reimbursed if circumstances exist that make the use of any conveyance other than an ambulance medically inadvisable for transport of the patient.		Ronald W. Johnson 225/342-2604
Medical Transportation (Non-Emergency)	<i>Regional Dispatch Offices</i> Dispatch Office Phone Numbers: Alexandria 800-446-3490 Baton Rouge 800-259-1944 Lafayette/ Lake Charles 800-864-6034 Monroe 800-259-1835 New Orleans 800-836-9587 Shreveport 800-259-7235	All Medicaid recipients except some who have Medicaid and Medicare.	Transportation to and from medical appointments. The medical provider the recipient is being transported to, does not have to be a Medicaid enrolled provider but the services must be Medicaid covered services. The dispatch office will make this determination. Recipients under 16 years old must be accompanied by an attendant.	Recipients should call dispatch offices 48 hours before the appointment. Transportation to out-of-state appointments can be arranged but requires Prior Authorization . Same day transportation can be scheduled when absolutely necessary.	Ronald W. Johnson 225/342-2604

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Mental Health Clinics	<i>Contact the local Office of Mental Health</i>	All Medicaid recipients.	Clinic services including evaluations and assessments, treatment, and counseling services. Medication management and injections are also covered.		Amanda Joyner 225/342-3628 Wendy McGraw 225/342-4423 Pamela Brown 225/342-6255
Mental Health Rehabilitation Services	<i>Contact a MHR provider. (For a list of providers in your area, contact the Specialty Care Resource Line at 1-877-455-9955)</i>	Medicaid recipients who meet the eligibility requirements for the program.	<ul style="list-style-type: none"> • Assessment • Service Planning • Community Support • Medication Management • Individual Intervention/Supportive Counseling • Group Counseling • Parent/Family Intervention-Counseling • Psychosocial Skills Group Training • Parent Family Intervention - Intensive 	All services must be Prior Authorized.	Amanda Joyner 225/342-3628 Wendy McGraw 225/342-4423 Pamela Brown 225/342-6255
Midwife Services (Certified Nurse Midwife) - See FQHC; Physician/Professional Services; Rural Health Clinics					Midwife Services (Certified Nurse Midwife) - See FQHC; Physician/Professional Services; Rural Health Clinics

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Multi Systemic Therapy	<i>Contact a MST provider. For a list of providers, contact the Specialty Care Resource Line at 1-877-455-9955</i>	Medicaid recipients who meet the eligibility requirements for the program.	<ul style="list-style-type: none"> • Assessment • Individual & Family Therapy • Peer Intervention • Crisis Stabilization 		Toni Bennett 225/342/9403 Wendy McGraw 225/342/4423
Occupational Therapy Services <i>See EarlySteps; Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i>					Occupational Therapy Services <i>See EarlySteps; Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i>

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<p>Nurse Practitioners/ Clinical Nurse Specialists - <i>See FQHC; Physician/ Professional Services; Rural Health Clinics</i></p>					
<p>Program of All-Inclusive Care for the Elderly (PACE)*</p> <p><i>*Program available in Greater New Orleans area and Baton Rouge</i></p>	<p><i>Office of Aging and Adult Services (OAAS)</i></p> <p><i>Contact: PACE GNO at (504)945-1531</i></p> <p><i>Franciscan PACE Baton Rouge: (225)490-0640</i></p>	<p>Participants are persons age 55 years or older, live in the PACE provider service area and are certified to need nursing facility level of care. Participation is voluntary and enrollees may disenroll at any time.</p>	<p>ALL Medicaid and Medicare services, both acute and long-term care</p>	<ul style="list-style-type: none"> - Emphasis is on enabling participants to remain in community and enhance quality of life. - Interdisciplinary team performs assessment and develops individualized plan of care. - Each PACE program serves a specific geographic region. - PACE programs bear financial risk for all medical support services required for enrollees. - PACE programs receive a monthly capitated payment for Medicaid and Medicare eligible enrollees. 	<p>Allison Vuljoin 225/219-0229</p>

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Pharmacy Services	Pharmacies	<p>All Medicaid recipients except some who are Medicare/Medicaid eligible.</p> <p>Recipients who are full benefit dual eligible (Medicare/Medicaid) received their pharmacy benefits through Medicare Part D.</p>	<p>Covers prescription drugs except:</p> <ul style="list-style-type: none"> Cosmetic drugs (Except Accutane); Cough & cold preparations; Anorexics (Except for Xenical); Fertility drugs when used for fertility treatment; Experimental drugs; Compounded prescriptions; Vaccines covered in other programs; Drug Efficacy Study Implementation (DESI) drugs; Over the counter (OTC) drugs with some exceptions; Narcotics prescribed only for narcotic addiction 	<p>Co-payments (\$0.50-\$3.00) are required except for some recipient categories.</p> <p>NO co-payments for recipients under age 21, pregnant women, or those in Long Term Care.</p> <p>Prescription limits: 5 per month (The physician can override this limit when medically necessary.) <i>Limits do not apply to recipients under age 21, pregnant women, or those in Long Term Care.</i></p> <p>Prior Authorization is required for <i>some</i> drug categories if the medication is not on the Preferred Drug List (PDL). Children are not exempt from this process. The PDL can be accessed at www.lamedicaid.com.</p>	<p>M.J. Terrebonne 225/342-9768</p> <p>For general pharmacy questions: 1-800-437-9101</p>
Physical Therapy - <i>See EarlySteps; Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i>					

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Physician Assistants - See FQHC; Physician/ Professional Services; Rural Health Clinics					
Physician/ Professional Services	<i>Physician or Healthcare Professional</i>	All Medicaid recipients.	<p>Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialists, physician assistant, audiologist.</p> <p>Immunizations are covered for recipients under age 21.</p> <p>Certain family planning services when provided in a physician's office.</p>	<p>Some services require Prior Authorization. Providers will submit requests for Prior Authorization.</p> <p>Services are subject to limitations and exclusions. Your physician or healthcare professional can help you with this.</p> <p><u>Recipients 21 and over</u> are limited to 12 outpatient visits per calendar year unless an extension is granted. Your physician or healthcare professional must request an extension if deemed necessary.</p> <p><u>Recipients under 21</u> are not limited to the number of outpatient visits.</p>	<p>Jode Burkett 225/342-3932</p> <p>Kenyatta Esters 225/342-9319</p>
Podiatry Services	<i>Podiatrist</i>	All Medicaid recipients.	<p>Office visits.</p> <p>Certain radiology & lab procedures and other diagnostic procedures.</p>	Some Prior Authorization , exclusions, and restrictions apply. Providers will submit request for Prior Authorization .	Kenyatta Esters 225/342-9319
Pre-Natal Care Services	<i>Physicians or Healthcare Professional</i>	Female Medicaid recipients of child bearing age.	<p>Office visits.</p> <p>Other pre- & post-natal care and delivery.</p> <p>Lab and radiology services.</p>	Some limitations apply.	Jode Burkett 225/342-3932

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Psychiatric Hospital Care Services - See Hospital-Inpatient Services					
Psychological Evaluation and Therapy Services - See Earlysteps; EPSDT Psychological and Behavioral Services; FQHC; Rural Health Clinics; Therapy Services-School Boards					
Rehabilitation Clinic Services	<i>Physician</i>	All Medicaid recipients	Occupational Therapy Physical Therapy Speech, Language and Hearing Therapy	All services must be Prior Authorized . The provider of services will submit the request for Prior Authorization .	Rhonda Habisreitinger 225/342-4839
Rural Health Clinics	<i>Rural Health Clinic</i>	All Medicaid recipients	Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists. Immunizations are covered for recipients under age 21.	There are 3 components that may be provided: 1) Encounter visits; 2) KIDMED Screening Services; and 3) EPDST Dental, Adult Denture Services, and Expanded Dental services for Pregnant Women.	Kimberly Cezar 225/342-6253 Shelton Evans 225/342-9490
Sexually Transmitted Disease Clinics (STD)	<i>Local Health Unit</i>	All Medicaid recipients.	Testing, counseling, and treatment of all sexually transmitted diseases (STD). Confidential HIV testing.		Sylvia Green 225/342-1247

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Speech and Language Evaluation and Therapy – See <i>EarlySteps; Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services; Therapy Services</i>					
Substance Abuse Services	<i>Office of Addictive Disorders 1-800-662-4357 Physician</i>	Medicaid recipient 0 to 21 years of age	<ul style="list-style-type: none"> • Individual, Group and Family Counseling • Medical treatment • Medical injections • Psychosocial, Psychiatric, Medical, and other evaluations 	<ul style="list-style-type: none"> • Services are provided by the <i>Office of Addictive Disorders</i> • Recipients must be diagnosed with an addictive disorder prior to receiving services 	Wendy McGraw 225/342-4423
Support Coordination Services (Case Management) - Children’s Choice Waiver	<i>Office for Citizens with Developmental Disabilities, Waiver Supports and Services (1-866-783-5553)</i>	<p>Medicaid recipients must be in the Children’s Choice Waiver.</p> <p>There is a Request for Services Registry (RFSR) for those requesting waiver services. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office (See Appendix for telephone numbers).</p>	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document.	Services must be prior authorized by DHH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the Prior Authorization .	Teresa Frank 225/342-8762

MEDICAID SERVICES

SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Support Coordination Services (Case Management) - Elderly and Disabled Adult (EDA) Waiver	<i>Office of Aging and Adult Services (OAAS)</i> (1-866-758-5035) <i>Complaints Line:</i> (1-800-660-0488)	Medicaid recipients must be in the Elderly and Disabled Adult (EDA) Waiver. There is a Request for Services Registry (RFSR) for those requesting EDA Waiver services. For information and assistance with the EDA RFSR in region 2, contact Louisiana Answers ADRC at (800) 280-0908 or (225) 925-4777. All other regions should contact Louisiana Options in Long Term Care at 1-877-456-1146.	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care.	Services must be prior authorized by DHH, <i>Office of Aging and Adult Services (OAAS)</i> . The provider will submit requests for the Prior Authorization .	Applicants/ Participants call 1-866-758-5035 Providers call Susan Robinson at 225/342-2778
Support Coordination Services (Case Management) - EPSDT Targeted Populations	<i>SRI</i> (1-800-364-7828) <i>Must be on the DD Request for Services Registry</i>	Must be Medicaid eligible and on the DD Request for Services Registry prior to receipt of case management services; or any Medicaid recipient 3 through 20 years of age for whom support coordination is medically necessary (Call SRI at 1-800-364-7828). To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office (See Appendix for telephone numbers).	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care.	Support Coordination Services must be prior authorized by DHH, BHSF, Waiver Compliance Section. The Support Coordination Agency will submit requests for the Prior Authorization to SRI. For other EPSDT services, see that portion of the chart.	Lou Ann Owen 225/342-6248

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Support Coordination Services (Case Management) - HIV	<i>Office of Public Health-HIV/Aids and HIV Support Coordination Agencies</i> <i>Office of Public Health</i> <i>(504)568-7474</i>	Medicaid recipient must have HIV as determined by a physician.	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care.	Services must be prior authorized by DHH, Office of Aging and Adult Services (OAAS). The provider will submit requests for the Prior Authorization .	Applicants/ Participants call 1-866-758-5035 Providers call Susan Robinson at 225/342-2778
Support Coordination Services (Case Management) - Infants and Toddlers	<i>Office for Citizens with Developmental Disabilities (OCDD)</i> <i>1-866-783-5553</i>	Medicaid recipients must be 0 to 3 years of age and have a developmental delay or an established medical condition and eligible for the EarlySteps system .	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care in EarlySteps.	Services must be authorized by EarlySteps . Authorizations are approved through the Individualized Family Service Plan (IFSP) process.	Brenda Sharp 225/342-8853
Support Coordination Services (Case Management) - New Opportunities Waiver (NOW)	<i>Office for Citizens with Developmental Disabilities, Waiver Supports and Services</i> <i>(1-866-783-5553)</i> <i>Complaints Line:</i> <i>(1-800-660-0488)</i>	Medicaid recipients must be receiving the NOW. There is a Request for Services Registry (RFSR) for those requesting waiver services. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office (See Appendix for telephone numbers).	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document.	Services must be prior authorized by DHH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the Prior Authorization .	Teresa Frank 225/342-8762

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Support Coordination Services (Case Management) – Supports Waiver	<i>Office for Citizens with Developmental Disabilities, Waiver Supports and Services (1-866-783-5553)</i> <i>Complaints Line: (1-800-660-0488)</i>	Medicaid recipients must be in the Supports Waiver. There is a Request for Services Registry (RFSR) for those requesting this waiver. To get on the Request for Services Registry, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office (See Appendix for telephone numbers).	Coordination of Medicaid and other services. The Support Coordination (Case Manager) helps to identify needs, access services and coordinate care. Some services available through this waiver are identified in the waiver section	Services must be prior authorized by DHH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The support coordinator will submit requests for the Prior Authorization.	Teresa Frank 225/342-8762
Therapy Services	<i>Recipients have the choice of services from the following provider types: Home Health; Hospital-Outpatient Services; Rehabilitation Clinic Services</i>	Medicaid recipients birth through 20 years of age.	<ul style="list-style-type: none"> • Audiological Services (Available in Rehabilitation Clinic and Hospital-Outpatient settings only.) • Occupational Therapy • Physical Therapy • Speech & Language Therapy 	Covered services can be provided in the home through Home Health and Rehabilitation Clinics. Services provided by Rehabilitation Clinics can also be provided at the clinic. Services provided through Hospital-Outpatient Services must be provided at the facility/clinic. Covered services may be provided in addition to services provided by EarlySteps/EICs or School Boards if prescribed by a physician and Prior Authorized. All medically necessary services must be prescribed by a physician and Prior Authorization is required. The provider of services will submit requests for Prior Authorization.	Brian Bagdan 225/342-1461

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Therapy Services continued	<i>EPSDT Health Services-Early Intervention Centers (EIC) or EarlySteps Program</i>	Medicaid recipients under 3 years of age.	<ul style="list-style-type: none"> • Audiological Services • Occupational Therapy • Physical Therapy • Speech & Language Therapy • Psychological Therapy 	All EPSDT Health Services through EICs and EarlySteps must be included in the infant/toddler's Individualized Family Services Plan (IFSP). If services are provided by an EIC or EarlySteps, Prior Authorization requirements are met through inclusion of services on the IFSP.	Brian Bagdan 225/342-1461
Therapy Services continued	<i>EPSDT Health Services-School Board</i>	Medicaid recipients 3 through 20 years of age.	<ul style="list-style-type: none"> • Audiological Evaluation and Therapy • Occupational Therapy Evaluation and Treatment services • Physical Therapy Evaluation and Treatment services • Speech & Language Evaluation and Therapy • Psychological Evaluation including a battery of tests, interviews, and behavioral evaluations that appraise cognitive, emotional, social, and behavioral functioning and self-concept. • Psychological Therapy includes diagnosis and psychological counseling for children and their parents. 	Services are performed by the School Board. All EPSDT Health Services must be included in the child's Individualized Education Program (IEP). If services are provided by a School Board, Prior Authorization requirements are met through inclusion of services on the IEP.	Brian Bagdan 225/342-1461
Transportation <i>See Medical Transportation</i>					
Tuberculosis Clinics	<i>Local Health Unit</i>	All Medicaid recipients	Treatment and disease management services including physician visits, medications, and x-rays.		Sylvia Green 225/342-1247

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
X-Ray Services - <i>See Laboratory Tests and X-Ray Services</i>					
<u>WAIVER SERVICES:</u>		There is a Request for Services Registry (RFSR) for those requesting any of the waiver services below.			See Specific Waiver
Adult Day Health Care (ADHC)	<i>Office of Aging and Adult Services (OAAS)</i> <i>Contact: Louisiana Options in Long Term Care (1-877-456-1146)</i>	Individuals 65 years of age or older, who meet Medicaid financial eligibility, imminent risk criteria and meet the criteria for admission to a nursing facility; or age 22-64 who are disabled according to Medicaid standards or SSI disability criteria, meet Medicaid financial eligibility, imminent risk criteria and meet the criteria for admission to a nursing facility	- Adult Day Health Care services - Transition Services - Support Coordination - Transition Intensive Support Coordination	This is a home and community - based alternative to nursing facility placement.	Applicants/ Participants call 1-866-758-5035 Providers call Susan Robinson at 225/342-2778
Children's Choice	<i>Office for Citizens with Developmental Disabilities Districts/ Local Authorities/Local Regional Offices (SYSTEM ENTRY ONLY)</i> <i>(See Appendix for telephone numbers)</i>	Child must be on the DD Request for Services Registry, less than 19 years old, disabled according to SSI criteria, require ICF/DD level of care, have income less than 3 times SSI amount, resources less than \$2,000 and meet all Medicaid non-financial requirements.	- Center Based Respite -Environmental Accessibility Adaptation -Family Training -Family Support -Crisis Support -Non-Crisis Support -Support Coordination	There is a \$17,000 limit per individual plan year. (\$1500 for Case Management and \$15,500 for other services). *Call 1-866-783-5553 for status on the Request for Services Registry. <i>Complaints Line: 1-800-660-0488</i>	Telsia Porche 225/342-9261

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
Elderly and Disabled Adult (EDA)	<p><i>Office of Aging and Adult Services (OAAS)</i></p> <p><i>Contact: Louisiana Options in Long Term Care (1-877-456-1146)</i></p>	Individuals 65 years of age or older, who meet Medicaid financial eligibility, imminent risk criteria and meet the criteria for admission to a nursing facility; or age 21-64 who are disabled according to Medicaid standards or SSI disability criteria, meet Medicaid financial eligibility, imminent risk criteria and meet the criteria for admission to a nursing facility	<ul style="list-style-type: none"> - Support Coordination - Companion Service - Environmental Accessibility Adaptation - Personal Emergency Response System (PERS) -Transition Intensive Support Coordination -Transition Service 	This is a home and community-based alternative to nursing facility placement.	<p>Applicants/ Participants call 1-866-758-5035</p> <p>Providers call Susan Robinson at 225/342-2778</p>
Family Planning Waiver-TAKE CHARGE	<p><i>Any Medicaid provider who offers family planning services.</i></p> <p><i>For assistance with locating a provider call 1-877-455-9955</i></p>	Women ages 19-44 who are Louisiana residents, with an income below 200% of the Federal Poverty level, without health insurance that offers family planning services.	Covered services include a yearly physical exam, pap smear, laboratory tests, contraceptive counseling, medications, and supplies (such as birth control pills, patches, injections, IUDs and diaphragms), and voluntary sterilization.	This is a wavier program with benefits being limited to family planning services. There are no enrollment fees, no premiums, co-payments or deductibles. Mammograms and Hysterectomies are not a covered service. American Indian "638" Clinics, RHCs and FQHCs are reimbursed at fee-for-service rates.	Tai Rashadeen 225/342-2612

MEDICAID SERVICES					
SERVICE	HOW TO ACCESS SERVICES	ELIGIBILITY	COVERED SERVICES	COMMENTS	CONTACT PERSON
New Opportunities Waiver (NOW)	<i>Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices (SYSTEM ENTRY ONLY) (See Appendix for telephone numbers)</i>	Individuals three(3) years of age or older, who have a developmental disability which manifested prior to the age of 22, and who meet both SSI Disability criteria and the level of care determination for an ICF/DD.	An array of services to provide support to maintain persons in the community: Individual Family Support, Day and Night ; Shared Supports; Center Based Respite Care; Community Integration Development; Environmental Accessibility Adaptations, Specialized Medical Equipment and Supplies; Substitute Family Care Services; Supported Living; Day Habilitation; Supported Employment; Employment-Related Training; Professional Services; One Time Transitional Expense; Skilled Nursing; and Personal Emergency Response System.	*Call 1-866-783-5553 for status on the Request for Services Registry. <i>Complaints Line:</i> 1-800-660-0488	Candace Ricard 225/342-4464
Supports Waiver	<i>Office for Citizens with Developmental Disabilities Districts/Authorities/Local Regional Offices (System Entry Only)</i>	Individuals age 18 and older who have been diagnosed with a Developmental Disability which manifested prior to age 22. (Must meet the Louisiana definition of DD).	Covered services include: Support Coordination, Supported Employment, Day Habilitation, Pre-Vocational, Habilitation, Respite, and Personal Emergency Response System	Call 1-866-783-5553 for status on the Request for Services Registry Complaints Line: 1-800-660-0488	Rosemary Morales 225/342-8901

*** Exclusion from this list does not necessarily mean that a service is not covered. Please call one of the appropriate contacts for questions regarding coverage of services not listed on this chart.**

APPENDIX

OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES
CSRAs

**METROPOLITAN HUMAN
SERVICES DISTRICT**

Donna Francis, Director
1010 Common Street, Ste 550
New Orleans, LA 70112
Phone: (504) 599-0245
FAX: (504) 568-4660
Toll Free: 1-800-889-2975

CAPITAL AREA HUMAN SERVICES DISTRICT

Jack Johnson, CSRA
7173 Florida Blvd Ste 200-B
Baton Rouge, LA 70806
Phone: (225) 925-1910
FAX: (225) 925-1966
Toll Free: 1-800-768-8824

REGION III

John Hall, CSRA
690 E. First Street
Thibodaux, LA 70301
Phone: (985) 449-5167
FAX: (985) 449-5180
Toll Free: 1-800-861-0241

REGION IV

Richard Landry, CSRA
214 Jefferson Street, Suite 301
Lafayette, LA 70501
Phone: (337) 262-5610
FAX: (337) 262-5233
Toll Free: 1-800-648-1484

REGION V

Connie Mead, CSRA
3501 Fifth Avenue, Suite C2
Lake Charles, LA 70607
Phone: (337) 475-8045
FAX: (337) 475-8055
Toll Free: 1-800-631-8810

REGION VI

Nora H. Dorsey, CSRA
429 Murray Street-Suite B
Alexandria, LA 71301
Phone: (318) 484-2347
FAX: (318) 484-2458
Toll Free: 1-800-640-7494

REGION VII

Rebecca Thomas, CSRA
3018 Old Minden Road
Suite 1211
Bossier City, LA 71112
Phone: (318) 741-7455
FAX: (318) 741-7445
Toll Free: 1-800-862-1409

REGION VIII

Deanne W. Groves, CSRA
122 St. John St.-Rm. 343
Monroe, LA 71201
Phone: (318) 362-3396
FAX: (318) 362-5305
Toll Free: 1-800-637-3113

**FLORIDA PARISHES
HUMAN SERVICES
AUTHORITY**

Marie Gros, CSRA
21454 Koop Drive - Suite 2H
Mandeville, LA 70471
Phone: (985) 871-8300
FAX: (985) 871-8303
Toll Free: 1-800-866-0806

**JEFFERSON PARISH
HUMAN SERVICES
AUTHORITY**

Stephanie Campo, CSRA
3300 W. Esplanade Ave, Ste 213
Metairie, LA 70002
Phone: (504) 838-5357
FAX: (504) 838-5400