

MEDICAID SERVICES CHART

June 24, 2004
(updated)

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 or through the Medically Needy Program 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.	Terri Norwood 225/342-9403
Appointment Scheduling Assistance <i>See KIDMED</i>					
Audiological Services <i>See KIDMED-EPSDT Services, Rehabilitation Clinic Services, Physician/Professional Services</i>					
Case Management Services-Elderly and Disabled Adult (EDA) Waiver	<i>Bureau of Community Supports & Services (BCSS) (1-877-456-1146)</i>	Medicaid recipients must be in the Elderly and Disabled Adult (EDA) Waiver. There is a Request for Services Registry (RFSR) for those requesting waiver services. Contact BCSS at 1-877-456-1146 for information and assistance with the Registry.	Coordination of Medicaid and other services. The Case Manager helps to identify needs, access services and coordinate care.	Services must be prior authorized by DHH, Bureau of Community Supports & Services. The provider will submit requests for the Prior Authorization .	Susan Jackson 225/219-0200

MEDICAID SERVICES

Service	How to Access Services	Eligibility	Covered Services	Comments	Contact Person
Case Management Services- EPSDT Targeted Populations	<i>Bureau of Community Supports & Services (BCSS)</i> 1-800-660-0488	All Medicaid recipients, ages 0 to 21. Must be on the NOW waiver Request for Services Registry prior to receipt of case management services. To get on the Request for Services Registry, call BCSS (1-800-660-0488).	Coordination of Medicaid and other services. The Case Manager helps to identify needs, access services and coordinate care.	Services must be prior authorized by DHH, Bureau of Community Supports & Services. The provider will submit requests for the Prior Authorization .	Susan Jackson 225/219-0200
Case Management Services-HIV	<i>Office of Public Health- HIV/Aids and HIV Case Management Agencies</i>	Medicaid recipient must have HIV as determined by a physician.	Coordination of Medicaid and other services. The Case Manager helps to identify needs, access services and coordinate care.	Services must be prior authorized by DHH, Bureau of Community Supports & Services. The provider will submit requests for the Prior Authorization .	Susan Jackson 225/219-0200
Case Management Services- Infants and Toddlers	<i>Child Search Coordinator in the local education agency</i>	Medicaid recipients must be 0 to 3 years of age and have a developmental delay or an established medical condition.	Coordination of Medicaid and other services. The Case Manager helps to identify needs, access services and coordinate care.	Services must be prior authorized by DHH, Bureau of Community Supports & Services. The provider will submit requests for the Prior Authorization .	Susan Jackson 225/219-0200
Case Management Services- New Opportunities Waiver (NOW)	<i>BCSS</i> 1-800-660-0488	Medicaid recipients. Recipient must be in the NOW Waiver. There is a Request for Services Registry (RFSR) for those requesting waiver services. Contact BCSS at 1-800-660-0488 for information and assistance with the Registry.	Coordination of Medicaid and other services. The Case Manager helps to identify needs, access services and coordinate care. Some services available through the Waiver are: Individual Family Support, Day and Night; Shared Supports, Day and Night; Center Based Respite Care; Community Integration Development; Environmental Accessibility Adaptions, Specialized Medical Equipment and Supplies; Substitute Family Care Services; Residential Habilitation/Supported Independent Living; Day Habilitation Supported Employment; Professional Services and Consultation, Transitional Expenses and Support Services and Skilled Nursing, Crisis Support.	Services must be prior authorized by DHH, Bureau of Community Supports & Services. The provider will submit requests for the Prior Authorization .	Susan Jackson 225/219-0200

MEDICAID SERVICES

Service	How to Access Services	Eligibility	Covered Services	Comments	Contact Person
Chemotherapy Services -See <i>Hospital-Outpatient Services; Physician/Professional Services</i>	<i>Hospital Physician's office or clinic</i>	All Medicaid Recipients.	Chemotherapy administration and treatment drugs, as prescribed by physician.		
Chiropractic Services	<i>KIDMED Medical Screening Provider</i>	Medicaid recipients 0 to 21 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.	Brian Bagdan 225/342-1461
CommunityCARE	<i>Recipient Toll Free: 1-800-359-2122 Provider Toll Free: 1-800-473-2783</i>	Most low-income families with children, disabled adults and children who are Medicaid recipients 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. Providers and CommunityCARE enrollees need to be familiar with the policies specific to CommunityCARE such as the referral/ authorization process and appropriate use of the emergency room which may determine the service being deemed "covered".	Each CommunityCARE enrollee is linked to a PCP which creates a medical home. The PCP is responsible for coordinating primary care services to enrollees, either through direct service or appropriate referral/authorization to specialist and/or ancillary providers. The medical home is the first place enrollees should turn to for their health care needs. Most Medicaid covered services must be provided by the PCP. Many covered services that are not provided by the PCP must be authorized by the PCP prior to the service being provided.	Leah Schwartzman 225/342-9520 Angela Mastainich 225/342-4810
Dental Care Services ^B See <i>Adult Denture Services; EPSDT Dental Services; and Expanded Dental Services for Pregnant Women</i>					
Durable Medical Equipment (DME)	<i>Physician</i>	All Medicaid recipients.	Medical equipment and appliances such as wheelchairs, leg braces, etc. Medical supplies such as ostomy supplies, etc.	All services must be prescribed by a physician and must be Prior Authorized . DME providers will arrange for the Prior Authorization request.	James Phillips 225/342-3935 Jackie Jackson 225/342-4839

MEDICAID SERVICES					
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EarlySteps (Infant & Toddler Early Intervention Services)	Contact the local System Point of Entry (SPOE) or call 1-866-327-5978	Child must be age birth to three with a diagnosed medical condition associated with developmental disability or developmental delay OR have a developmental delay in at least one of the following areas of development: cognitive, social/emotional, communication, adaptive, or physical (including vision and hearing).	<u>Covered Services (Medicaid Covered)</u> -Family Service Coordination -Occupational Therapy -Physical Therapy -Speech/Language Therapy -Psychology -Audiology EarlySteps also provides the following services, not covered by Medicaid: -Nursing Services -Health Services -Medical Services for evaluation purposes only. -Special Instruction -Vision Services -Assistive Technology devices and services -Social Work -Counseling Services -Transportation -Nutrition	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.	Nichole Dupree, Program Manager 504/599-1072
Expanded Dental Services For Pregnant Women (EDSPW)	Medical professional providing pregnancy care and Dentist. (See Comment section.)	Medicaid recipients if: pregnant and have an original BHSF Form 9-M completed by the medical professional providing pregnancy care; Medicaid eligible; and age 21-59. (Adults, 21 and over, certified as Qualified Medicare Beneficiary (QMB) only, or through the Medically Needy Program are not eligible for dental services.) The recipient must be pregnant on each date of service to be eligible. Eligibility for the EDSPW Program ends at the conclusion of the pregnancy.	Periodontal Exam; Radiographs (x-rays); Prophylaxis (cleaning); certain restorative services; certain periodontal services; and certain oral and maxillofacial surgery services. (Specific policy guidelines apply.)	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. Participating medical professionals and dental providers should have blank copies of the referral form. Some services must be Prior Authorized by the dental provider.	Terri Norwood 225/342-9403

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EPSDT Dental Services	<i>Dentist</i>	<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>Annual dental screening consisting of an examination, radiographs, prophylaxis, topical fluoride application and oral hygiene instruction.</p> <p>Certain preventive procedures.</p> <p>Certain surgical and restorative services (extractions, fillings, etc.)</p> <p>Certain dental prosthetics (dentures, partial dentures, etc.).</p> <p>Orthodontics 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.</p>	<p>Some services must be Prior Authorized and the dental provider will arrange for the request of Prior Authorization in those situations.</p> <p>Specific policy guidelines apply.</p>	Terri Norwood 225/342-9403
EPSDT Personal Care Services	<i>Physician and Personal Care Attendant Agencies</i>	<p>All Medicaid recipients 0 to 21 not receiving Personal Care Attendant waiver services. However, once a recipient receiving Personal Care Attendant waiver services has exhausted those services they are then eligible for EPSDT Personal Care Services.</p> <p>Recipients of Children=s Choice can receive both PCS and PCA 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 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 physician=s prescription and meet medical criteria.</p> <p>Does not include medical tasks.</p> <p>Provided by providers enrolled in Medicaid to provide Personal Care Attendant waiver services.</p>	Lynda Wascom 225/342-9485

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EPSDT Psychological and Behavioral Services (PBS) Interim Program only	<i>PBS enrolled Psychologist (For a list of providers in your area, contact the Referral Assistance Hotline at 1-877-455-9955)</i>	Medicaid recipients, under the age of 21, on the Request for Services registry as of October 20, 1997 who meet the criteria for Pervasive Developmental Disorder (PDD), or other diagnoses. This includes all current and future recipients of Medicaid under the age of 21 who are now (10/20/97) or will in the future be placed on the Request for Services Registry. Ex. If someone was on the registry on 10/20/97 and became waiver eligible on 10/21/97 (or thereafter), they are part of the class.	Psychological and Behavioral Services. This includes necessary evaluations, family education and training, clinical intervention, periodic follow up, linkages to emergency mental health services in crisis situations, as well as those services routinely performed by psychologists in the practice of psychology.		Dawn Matte 225/342-1247
Eyeglass Services <i>See Optical Services</i>					
Family Planning Clinic Services	<i>Family Planning Clinics 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.	Terri Norwood 225/342-9403
Federally Qualified Health Centers (FQHC)	<i>Nearest FQHC</i>	All Medicaid recipients.	Physician services, nurse practitioner, physician assistant, nurse midwife, clinical social work services, and clinical psychologist services.	FQHC's cover all services that are usual and customary for a physician visit. Some preventive services are also covered such as nutritional assessment and referral, preventative health education, children's eye and ear examinations, perinatal services, well child services and voluntary family planning.	Carolyn Jones 225/342-2495

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Hearing Aids <i>See Durable Medical Equipment</i>	<i>Durable Medical Equipment Provider</i>	Medicaid recipients 0 to 21 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 .	James Phillips 225/342-3935
Hemodialysis Services <i>See Hospital-Outpatient Services</i>	<i>Dialysis Centers Hospitals</i>	All Medicaid recipients.	Dialysis treatment (including routine laboratory services); medically necessary non-routine lab services; and medically necessary injections.		Janet Womack 225/342-1417 LaShawn Junius 225/342-3930
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.	Intermittent/part-time nursing services including skilled nurse visits. Aide Visits Physical Therapy Services Occupational Therapy Speech/Language Therapy	Recipients receiving Home Health must have physician=s prescription and signed plan of care. PT, OT, and Speech/Language Therapy require Prior Authorization .	Jackie Jackson 225/342-4839
Home HealthC Extended	<i>Physician</i>	Medicaid recipients 0 to 21 years of age.	Multiple hours of skilled nurse services. Medical tasks not covered in PCS may be covered such as tube feeding, catheter maintenance, and medication administration.	Recipients receiving extended nursing services must have a letter of medical necessity and physician=s prescription. Extended Skilled nursing services require Prior Authorization .	Jackie Jackson 225/342-4839
Hospice Services	<i>Hospice Provider/ Physician</i>	All Medicaid recipients.	Medicare allowable services.		Janet Womack 225/342-1417 Stephanie Young 225/342-2604 LaShawn Junius 225/342-3930

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HospitalC 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.	Darlene White 225/342-2119 Wendy Reardon 225/342-9475
HospitalC 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 .	Darlene White 225/342-2119 Wendy Reardon 225/342-9475
HospitalC Emergency Room Services	<i>Physician/ Hospital</i>	All Medicaid recipients.	Emergency Room services.	Recipients 0 to 21 years CNo service limits. Recipients 21 and older CLimited to 3 emergency room visits per calendar year (January 1 - December 31). CommunityCARE Recipients have no limit.	Darlene White 225/342-2119 Wendy Reardon 225/342-9475
Immunizations <i>See KIDMED/ Physicians/ Rural Health Clinics</i>					
KIDMEDC EPSDT Services	<i>Louisiana KIDMED (ACS)</i>	All Medicaid recipients 0 to 21 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.	KIDMED (ACS) Recipient line (800) 259-4444 Referral Assistance Hotline (877) 455-9955 Brian Bagdan 225/342-1461

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Laboratory Tests and X-Ray Services	<i>Physician</i>	All Medicaid recipients.	Diagnostic testing and X-Ray services ordered by the attending or consulting physician.	Portable x-rays are covered only for recipients who are unable to go to an x-ray facility.	Cindy Caroon 225/342-3870
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.		Janet Womack 225/342-1417
Medical Transportation (Non-Emergency)	<i>Regional Dispatch Offices</i> Dispatch Office Phone Numbers: <i>Alexandria</i> 800-446-3490 <i>Baton Rouge</i> 800-259-1944 <i>Lafayette/ Lake Charles</i> 800-864-6034 <i>Monroe</i> 800-259-1835 <i>New Orleans</i> 800-836-9587 <i>Shreveport</i> 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 do have to be Medicaid covered services. 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.	Janet Womack 225/342-1417 Stephanie Young 225/342-2604

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Service	How to Access Services	Eligibility	Covered Services	Comments	Contact Person
Mental Health Clinics	<i>Office of Mental Health Local Office</i>	All Medicaid recipients.	Clinic services including evaluations and assessments, treatment, and counseling services. Medication management and injections are also covered.		Dawn Matte 225/342-1247
Mental Health Rehabilitation Services	<i>MHR Agencies</i>	Medicaid recipients who meet the eligibility requirements for the program.	Clinical Management Individual and Parent/Family Intervention Supportive and Group Counseling Individual & Group Psycho-social Skills Training Behavior Intervention Plan Development Service Integration	All services must be Prior Authorized .	Dawn Matte 225/342-1247
Midwife Services (Certified Nurse Midwife) See Physician/ Professional Services; FQHC; Rural Health Clinics					
Occupational Therapy Services See Therapy Services; Rehabilitation Clinic Services; Hospital-Outpatient Services; Home Health					

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Optical Services	<i>Optometrist, Ophthalmologist or Optical Supplier</i>	All Medicaid recipients.	<p><u>Recipients 0 to 21</u> Examinations and treatment of eye conditions, including examinations for vision correction, refraction error.</p> <p>Regular eyeglasses. Medically necessary specialty eyewear and contact lenses if prior approved.</p> <p>Other related services, if necessary.</p>	<p><u>Recipients 0 to 21</u> Specialty eyewear and contact lenses, if medically necessary for EPSDT eligibles requires Prior Authorization. The provider will submit requests for the Prior Authorization.</p> <p>Prescriptions are required for all glasses/contacts. After a prescription is obtained, the recipient may see an optical supplier to receive the glasses/contacts.</p>	<p>Terri Norwood (eyeglasses) 225/342-9403</p> <p>Deloris Young (eye exams) 225/342-9319</p>
			<p><u>Recipients 21 and over</u></p> <p>Examinations and treatment of eye conditions, such as infections, cataracts, etc.</p> <p>If the recipient has both Medicare and Medicaid, some vision related services may be covered. The recipient should contact Medicare for more information since Medicare would be the primary payer.</p>	<p><u>Recipient 21 and over</u></p> <p>Routine eye examinations for vision correction, refraction error, are NOT covered.</p> <p>Eyeglasses are not covered. (Refer to A Covered Services@ for information regarding Medicare/Medicaid recipients.</p>	
Orthodontic Services See Dental Care Services					
Nurse Practitioners See Physician/ Professional Services; FQHC; Rural Health Clinics					

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Personal Care Services – Long Term <i>(See EPSDT Personal Care Services – for children)</i>	<i>Affiliated Computer Services (ACS)</i> 1-866-229-5222	All Medicaid recipients age 65 or older, or age 21 with disabilities (meets Social Security Administration disability criteria), meet the medical standards for admission to a nursing facility, and be able to participate in his/her care and direct the services provided by the worker independently or through a responsible representative.	<ul style="list-style-type: none"> -Basic personal care-toileting & grooming activities. -Assistance with bladder and/or bowel requirements or problems. -Assistance with eating and food preparation. -Performance of incidental household chores, only for the recipient. -Accompanying, not transporting, recipient to medical appointments. -Grocery shopping, including personal hygiene items. <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.</p> <p>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>An in-home assessment must be conducted. The assessment results along with medical documentation from the recipient's primary physician will be used in determining if the recipient qualifies for this service.</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. LT-PCS is limited to 56 hours a week.</p> <p>Provided by PCS agencies enrolled in Medicaid.</p>	Lynda Wascom 225/342-9485
Pharmacy Services	<i>Pharmacies</i>	All Medicaid recipients except some who are Medicare/Medicaid eligible.	Covers prescription drugs except: Cosmetic drugs Cough & cold preparations Diet Aids Fertility drugs	<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: 8/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. Children are not exempt from this process.</p>	M.J. Terrebonne 225/342-9768

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Physical Therapy See Therapy Services; Rehabilitation Clinic Services; Hospital-Outpatient Services; Home Health					
Physician/ Professional Services	Physician or Healthcare Professional	All Medicaid recipients.	Professional medical services including physician, nurse midwife, nurse practitioner, psychiatrists visits, chiropractic, audiology, chemotherapy and other services. Immunizations are covered for recipients under age 21 through the Physician's program.	Some services require Prior Authorization . Providers will submit requests for Prior Authorization . Services are subject to limitations and exclusions. Your physician or healthcare professional can help you with this. <u>Recipients 21 and over</u> are limited to 12 outpatient visits per state fiscal year (July 1 - June 30) unless an extension is granted. Your physician or healthcare professional must request an extension if deemed necessary. <u>Recipients under 21</u> are not limited to the number of outpatient visits.	Judy Cain 225/342-9490
Podiatry Services	Podiatrist	All Medicaid recipients.	Office visits. Certain radiology & lab procedures and other diagnostic procedures.	Some Prior Authorization , exclusions, and restrictions apply. Providers will submit request for Prior Authorization .	Deloris Young 225/342-9319
Pre-Natal Care Services	Physicians & Certified Registered Nurse Midwives	Female Medicaid recipients of child bearing age.	Office visits. Other pre- & post-natal care and delivery. Lab services.	Some limitations apply.	Judy Cain 225/342-9490

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Psychiatric Hospital Care Services <i>See Hospital-Inpatient Services</i>					
Psychological Evaluation and Therapy Services - <i>See EPSDT Psychological and Behavioral Services; FQHC; Rural Health Clinics</i>					
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 .	Gail Williams 225/342-2542
Rural Health Clinics	<i>Rural Health Clinic</i>	All Medicaid recipients	Professional medical services including physicians, nurse practitioner, physician assistant, nurse midwife, clinical psychologist services. Immunizations are covered for recipients under age 21.	Rural Health Clinics cover all services that are usual and customary under a physician visit.	Carolyn Jones 225/342-2495
Sexually Transmitted Disease Clinics (STD)	<i>Local Health Unit</i>	All Medicaid recipients.	Testing, counseling, and treatment of all sexually transmitted diseases (STD=s). Confidential HIV testing.		Gail Williams 225/342-2542
Speech and Language Evaluation and Therapy <i>See Therapy Services; Rehabilitation Clinic Services; Hospital-Outpatient Services</i>					

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Substance Abuse Clinic Services	<i>Office of Addictive Disorders</i> 1-(800)662-4357 <i>Physician</i>	Medicaid recipient 0 to 21 years of age	Individual, Group and Family Counseling Medical treatment Medical injections Psychosocial, Psychiatric, Medical, and other evaluations	Services are provided by the <i>Office of Addictive Disorders</i> Recipients must be diagnosed with an addictive disorder prior to receiving services	Gail Williams 225/342-2542
Therapy Services	<i>Recipients have the choice of services from the following provider types: Rehabilitation Clinic Services, Hospital-Outpatient Services, Home Health, EICs, School Boards or EarlySteps Program</i>			Some services require Prior Authorization . If services are provided by an EIC/School Board or EarlySteps, Prior Authorization requirements are met through inclusion of services on the IFSP/IEP.	Brian Bagdan 225/342-1461
Therapy Services continued	<i>EPSDT Health Services-Early Intervention Centers (EIC) or EarlySteps Program</i>	All Medicaid recipients 0 to 3 years of age.	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/toddlers Individualized Family Services Plan (IFSP).	Brian Bagdan 225/342-1461
Therapy Services continued	<i>EPSDT Health Services-School Board</i>	All Medicaid recipients 3 to 21 years of age.	Audiological Evaluation and Therapy Occupational Evaluation and Therapy Physical Evaluation and Therapy 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).	Brian Bagdan 225/342-1461

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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.		Gail Williams 225/342-2542
X-Ray Services <i>See Laboratory Tests and X-Ray Services</i>					

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<u>WAIVER SERVICES:</u>	<i>Bureau of Community Supports & Services (BCSS)</i>	There is a Request for Services Registry (RFSR) for those requesting any of the waiver services below. Contact BCSS at 1-800-660-0488 for information and assistance with the Registry.		BCSS makes offers in order of application date and time to individuals on the Request for Services Registry (RFSR) when slots are available.	See Specific Waiver
Adult Day Health Care (ADHC)	<i>BCSS (1-877-456-1146)</i>	Individuals are required to meet Nursing Facility Admission criteria 65 years of age and older or 22 years and older who are disabled according to Medicaid standards or who meet SSI Disability criteria.	Services are provided by the ADHC Facility.	This is a home and community based alternative to Nursing Home placement.	Lynn Nicholson 225/219-0210
Children=s Choice	<i>BCSS (1-800-660-0488)</i>	Child must be on the NOW Request for Services Registry, less than 19 years old, disabled according to SSI criteria, require ICF/MR level of care, have income less than 3 times SSI amount, resources less than \$2,000 and meet all Medicaid non-financial requirements.	Diapers for ages 3 years and older Center Based Respite Environmental Accessibility Adaptation Family Training Family Support Crisis Support	There is a \$15,000 limit per individual plan year. (\$1500 for Case Management and \$13,500 for other services).	Stella Leigh 225/219-0211
Elderly and Disabled Adult (EDA)	<i>BCSS (1-877-456-1146)</i>	Individuals age 65 or older and individuals 21 or older who are disabled according to Medicaid standards.	Case Management Services Personal Care Attendant Household Supports Day and Night Supervision Home Environmental Modifications Personal Emergency Response Systems	This is a home and community based alternative to Nursing Home placement.	Lynn Nicholson 225/219-0210
New Opportunities Waiver (NOW)	<i>BCSS (1-800-660-0488)</i>	Individuals disabled during the developmental period (before age 22) who meet both SSI Disability criteria and the level of care determination for an ICF/MR.	An array of services to provide support to maintain persons in the community. An alternative to an ICF/MR either large institution or small group home.		Stella Leigh 225/219-0211

*** 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.**