

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-A
Item 1, Page 1

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

CITATION MEDICAL AND REMEDIAL
42 CRF 440.10 CARE AND SERVICE
SRS PR 40-4 Item 1
(C-3),
July 2, 1971

INPATIENT HOSPITAL SERVICES
(OTHER THAN THOSE PROVIDED
IN AN INSTITUTION FOR TUBER-
CULOSIS OR MENTAL DISEASES)
are limited to:

A. "Essential medical care requiring hospitalization" in the judgement of the attending physician or by a dentist, and as concurred with by EHSF Prior Authorization Unit, providing the individual is hospitalized in a short term general hospital as defined in Section 1861, Item (e) of the Social Security Act. General hospitals include the following:

1. A private hospital (except one for tuberculosis or mental diseases), either in Louisiana or in another state, which participates in the vendor payment plan, or
2. A Louisiana State General Hospital (except one for tuberculosis or mental diseases) or
3. A public hospital (except one for tuberculosis or mental diseases) in another state which pays public hospitals for hospitalization of recipients in that state.

A	
STATE <u>LA</u>	
DATE REC'D <u>DEC 9 1989</u>	
DATE APVD <u>JAN 26 1990</u>	
DATE FILED <u>1 1990</u>	
HCFR 17 <u>87-39</u>	

TN# 89-39 Approval Date JAN 26 1990 Effective Date DEC 1 1989
Supersedes
TN# 85-35

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATION ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- B. "Essential medical care requiring hospitalization" is defined as care needed for treatment of illness or injury which can be provided safely and adequately only in a hospital and includes basic services the hospital is expected to provide. It does not include: (1) care which can be provided at home, in an intermediate care facility, or in a skilled nursing home; (2) the primary purpose of which is convalescent care, rest, or cosmetic care; or (3) diagnostic or surgical procedures when such diagnostic survey or surgery can be performed on an outpatient basis (See Item 1, E.)

STATE <u>LA</u>	A
DATE RECD <u>DEC 29 1989</u>	
DATE APPEVD <u>JAN 26 1990</u>	
DATE EFF <u>OCT 1 1989</u>	
MCEA 179 <u>89-39</u>	

 TN# 89-39 Approval Date JAN 26 1990 Effective Date OCT 1 1989
 Supersedes
 TN# 85-35

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- C. Each hospital is required to have a Utilization Review Committee.
- D. Effective December 2, 1994, there will be no payment by Medicaid for reservation of a bed for a recipient who is temporarily absent from the facility.

Effective for dates of service January 1, 1995 and after, all admissions to acute care and rehabilitation hospitals require registration and length-of-stay assignment for all admissions; and all admissions to long term hospitals and distinct part psychiatric/substance abuse units in acute care general hospitals require pre-admission certification and length-of-stay assignment. Exception: Inpatient admissions for dual Medicare/Medicaid beneficiaries are not subject to these requirements when Medicare Part A benefits are still in effect.

STATE <u>Louisiana</u>	A
DATE REC'D <u>1-3-95</u>	
DATE APPV'D <u>5-16-01</u>	
DATE EFF <u>11-1-94</u>	
HCFA 179 <u>LA-94-34</u>	

SUPERSEDES: TN - ~~LA-95-31~~

94
(PLANCTA 5/25/01
SMA)

TN# LA 94-34 Approval Date 5/16/01 Effective Date 11/1/94

Supersedes
TN# LA-95-31

94
(see NCTA 5/25/01
SMA)

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

E. Outpatient Surgeries on an Inpatient Basis

Certain surgical procedures, as specified in the *Hospital Services Manual*, which are performable on an outpatient or ambulatory basis, require authorization from BHSF for payment to be made when performance of the procedure occurs on an inpatient basis.

Documentation of the medical circumstances which substantiate the need for performance of the procedure(s) on an inpatient basis must be submitted with the request to BHSF for authorization.

F. Criteria for Reimbursement of Organ Transplants

Services related to organ transplants to be performed at a designated transplant center must be authorized by BHSF. Requests for organ transplants for Title XIX recipients will be reviewed on a case by case basis applying the criteria set forth in the *Medicaid Eligibility Manually* equally to all similarly situated individuals.

Organ transplant units must be in compliance with the requirements for such units as contained in Attachment 4.19-A, Standards for Payment.

G. Those services provided in Distinct Part Psychiatric Units and Hospital-Based Alcohol and Drug Treatment Units must be in compliance with the *Standards for Payment for Distinct Part Psychiatric Units and Hospital-Based Alcohol and Drug Treatment Units* .

STATE	<u>Louisiana</u>	A
DATE RECD	<u>10-3-94</u>	
DATE APP	<u>2-1-99</u>	
DATE EFF	<u>7-1-94</u>	
HCPA #	<u>94-032</u>	

TN# 94-032 Approval Date 2-1-99 Effective Date 7-1-94
Supersedes
TN# 94-31

STATE OF LOUISIANA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	<u>MEDICAL AND REMEDIAL CARE AND SERVICES</u>	<u>BLOOD</u>
Item 1. (a)		The cost of all blood not covered by other sources or replaced in the amount used, shall be paid by the Title XIX Program. All efforts to have the blood replaced shall be made.

STATE <u>Louisiana</u>	A
DATE <u>4-23-79</u>	
<u>5-11-79</u>	
<u>79-79</u>	

*Note: This Page is Still
Current in the State Plan.*

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

H. Hospital Intensive Neurological Rehabilitation Care Units

Neurological rehabilitation services may be provided in a specialized neurological rehabilitation unit called a Hospital Intensive Neurological Rehabilitation Care (HINRC) unit located within an acute care general hospital. Establishment of HINRC units is optional and has no effect on other approaches or settings furnishing neurological rehabilitation services. HINRC units shall meet specialized requirements in order to participate, furnish services only to recipients who meet the criteria for necessity, and be enrolled separately from the acute care hospital with which it is associated. HINRC units may enroll at any time during the year.

1. The hospital must meet the following specialized criteria in order to enroll as a HINRC:
 - a. The hospital shall have appropriate rehabilitation services to manage the functional and psychosocial needs of the patients' services and appropriate medical services to evaluate and treat the pathophysiologic process. The staff shall have intensive specialized training and skills in rehabilitation.
 - b. The hospital shall have formalized policies and procedures to govern the comprehensive skilled and rehabilitation nursing care, related medical, and other services provided. An interdisciplinary team approach shall be utilized in patient care. This team shall include, but is not limited to: a physician, a registered nurse (with special training/experience in rehabilitation and brain injury care/treatment), physical therapist, occupational therapist, speech/language therapist, respiratory therapist, psychologist, social worker, recreational therapist, and case manager.
 - c. The hospital shall have formalized policies and procedures to insure that the interdisciplinary health and rehabilitation needs of every hospital intensive neurological rehabilitation care patient shall be under the supervision of a licensed psychiatrist, board certified in physical medicine and rehabilitation.

LA
4-6-93
11-4-97
1-1-93
93-11

TN# 93-11 Approval Date 11-4-97 Effective Date 1-1-93

Supersedes

TN# none

SUPERSEDES: NONE - NEW PAGE

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- d. The hospital shall have formalized policies and procedures to insure a licensed physician visits and assesses each patient's care frequently and no less than required by law, licensure, certifications, and accreditations.
- e. The hospital shall have formalized policies and procedures to furnish necessary medical care.
- f. The hospital shall provide private rooms for patients demonstrating medical and/or behavioral needs. Dedicated treatment space shall be provided for all treating disciplines including the availability of distraction-free individual treatment rooms/areas.
- g. The hospital shall provide 24 hour nursing services to meet the medical and behavioral needs with registered nurse coverage 24 hours per day, seven days per week.
- h. The hospital shall provide appropriate methods and procedures for dispensing and administering medications and biologicals.
- I. The hospital shall have formalized policies and procedures for, and shall provide on a regular basis, ongoing staff education in rehabilitation, respiratory care, specialized medical services and other related clinical and non-clinical issues.
- j. The hospital shall provide dietary services to meet the comprehensive nutritional needs of the patients. These services shall be provided by a registered dietician for a minimum of one hour per week.
- k. The hospital shall provide patients' facilities and significant others the opportunity to participate in the coordination and facilitation of service delivery and personal treatment plan.

STATE	LA	A
APPROVAL DATE	4-6-93	
REVISION DATE	11-4-97	
DATE	1-1-93	
HCFA #	93-11	

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- l. The hospital shall provide initial and ongoing integrated, interdisciplinary assessments to develop treatment plans which should address medical/neurological issues, sensorimotor, cognitive, perceptual, and communicative capacity, affect/mood, interpersonal, social skills, behaviors, ADLs, recreation/leisure skills, education/vocational capacities, sexuality, family, legal competency, adjustment to disability, post-discharge services, environmental modifications, and all other areas deemed relevant for the person.
- m. The hospital shall provide a coordinated, interdisciplinary team which meets in team conference to update the treatment plan for each person at least every 7 days and as often as necessary to meet the changing needs of the patient.
- n. The hospital shall provide appropriate consultation and services to meet the needs of the patients including, but not limited to, audiology, speech, orthotics, prosthetic, or any specialized services.
- o. The hospital shall establish protocol for ongoing contact with vocational rehabilitation, education, mental health, developmental disabilities, social security, social welfare, head injury advocacy groups, and any other relevant public/community agencies.
- p. The hospital shall establish protocol for close working relationships with other acute care hospitals capable of caring for persons with neurological trauma to provide for outpatient follow up, inservice education, and ongoing training to treatment protocols to meet the needs of the traumatic brain injury patients.
- q. The hospital shall document the patient's progress in meeting goals in detail. If appropriate progress is not made or if goals are attained, the patient shall not be eligible for this program and the case manager shall coordinate discharge plans.

STATE	LA	
DATE BY	4-6-93	
DATE BY	11-4-97	
DATE BY	1-1-93	A

TN# 93-11 Approval Date HCFA 174 93-11 Effective Date 1-1-93

Supersedes

TN# None

SUPERSEDES: NONE - NEW PAGE

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

- r. The hospital shall have policies and procedures to prevent admitting a patient to this program whose needs the hospital cannot meet.
 - s. The hospital shall not admit a patient to this program whose needs can be met at a lesser level of care.
 - t. The hospital shall make certain all professional and non-professional staff requiring licenses are duly licensed by the appropriate licensing authority.
2. Patients in need of HINRC services shall meet the following requirements:
- a. The patient shall have had an injury or condition that occurred within 48 hours prior to the date of admission for inpatient care. Patients served shall have severe loss of central nervous system functions as a result of a neurological injury or condition.
 - b. The patient shall have been determined, by a physician, to be appropriate for rehabilitation in the hospital setting to recover lost function or appropriate for assessment for determination of functional recovery potential.
 - c. The patient shall require five hours of rehabilitation therapy services per day, as tolerable and appropriate, and a minimum of five hours of nursing care per day by licensed nurses. Rehabilitation therapy services will be available and provided, as tolerable and appropriate, at least five days per week. Examples of patients to be considered include, but are not limited to:
 - 1) traumatic brain injury;
 - 2) cerebral vascular accidents with severe neurological insult;
 - 3) neoplasms of the central nervous system;

TN# 93-11 Approval Date 11-4-97
Supersedes
TN# none

Effective Date

STATE	<u>LA</u>	eff 1-1-97 A
	<u>4-6-93</u>	
	<u>11-4-97</u>	
	<u>1-1-93</u>	
HCM	<u>93-11</u>	

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- 4) neuro behavioral sequelae to the above.
- d. The patient shall have complete neurological/medical/psychosocial assessments completed prior to admission to a Hospital Intensive Neurological Rehabilitation Care unit including:
- 1) history of current condition;
 - 2) presenting problems and current needs;
 - 3) preliminary plan of care including services to be rendered;
 - 4) initial goals and timeframes for goal accomplishment.

These assessments shall clearly demonstrate the beneficiary's need for this care and expected benefits.

- e. The patient shall demonstrate progress toward the reduction of physical, cognitive, and/or behavioral deficits to maintain eligibility for HINRC services funding.
- f. The patient shall have an assigned facility case manager to monitor and measure goal attainment and functional improvement. HINRC services shall be rendered throughout the recovery process not to exceed ninety (90) days unless deemed medically necessary by the Department. The facility case manager will be responsible for cost containment and appropriate utilization of services. The facility case manager will coordinate discharge planning activities if it has been determined that HINRC services are no longer required or appropriate.

SUPERSEDES: NONE - NEW PAGE

STATE	LA	A
DATE EFC	4-6-93	
DATE EFF	11-4-97	
DATE ERF	1-1-93	
HCPA #	93-11	

TN# 93-11 Approval Date 11-4-97 Effective Date 1-1-93
Supersedes
TN# none

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

I. Criteria for Specialized Units

Acute care hospitals that wish to be reimbursed for high-intensity services (neonatal care, pediatric intensive care, or burn care) at a rate commensurate with the greater resource allocation required for such services must meet the criteria for specialized units as described in Attachment 4.19-A, Standards for Payment. Establishment of specialized units is discretionary. Enrollment of a specialized unit can only occur at the beginning of the subsequent state fiscal year (July 1), and a change in level of care of an approved unit shall be effective only at the beginning of the hospital's subsequent cost reporting period, and after a completed attestation form indicating compliance with specialized unit criteria has been received from the provider. Compliance with specialized unit criteria shall be verified via an on-site survey according to established procedures within thirty (30) days after receipt of application.

STATE	<u>Louisiana</u>	
PLAN NO.	<u>10-3-90</u>	
APPROVAL DATE	<u>2-1-99</u>	
EFFECTIVE DATE	<u>7-1-94</u>	
PROGRAM	<u>94-32</u>	A

TN# 94-32 Approval Date 2-1-99 Effective Date 7-1-94
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE

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LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Reimbursement for Elective Deliveries

Induced deliveries and cesarean sections shall not be reimbursed when performed prior to 39 weeks gestation. This shall not apply to deliveries when there is a documented medical condition that would justify delivery prior to 39 weeks gestation.

State: Louisiana
Date Received: August 22, 2014
Date Approved: October 16, 2014
Date Effective: August 20, 2014
Transmittal Number: 14-0030