

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

ATTACHMENT 3.1-A
Item 16

STATE OF LOUISIANA

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:

CITATION Medical and Remedial Care and Services
42 CFR Item 16
440.160
42 CFR 441
Subpart D
42 CFR 483
(Subpart G)

Inpatient Psychiatric Facility Services for individuals under 21 years of age are limited as follows:

Coverage is limited to services provided in Title XVIII certified psychiatric hospitals enrolled in Title XIX and psychiatric residential treatment facilities (PRTFs) which are accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Council on Accreditation of Services for Families and Children, the Commission on Accreditation of Rehabilitation Facilities, or by any other accrediting organization, with comparable standards, that is recognized by the State. Providers must comply with Federal regulations and policies and any Standards for Payment and licensure and certification standards promulgated by the State.

For psychiatric hospitals providing this service:

- Effective November 1, 1994, providers of these services will be subject to the uniform admission criteria and exclusionary criteria.
- Effective for services December 2, 1994 and after providers must comply with pre-admission process, length of stay assignment, extension –of-stay, and discharge criteria in order to be reimbursed by the Medicaid program.
- Effective for services December 2, 1994 and after, there will be no Medicaid payment for reservation of a bed for a recipient who is temporarily absent from the facility.

For PRTFs providing this service:

- All services will be certified consistent with federal requirements through a prior authorization process
- Must comply with all active treatment requirements including developing a plan of care based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the recipient's situation and reflects the need for inpatient psychiatric care
- Must continue to meet Medicaid certification requirements for continuation of stay
- The PRTF service is equal in amount, duration & scope regardless of setting. All facilities are required to provide all activities on the active treatment plan. Beneficiaries may choose among providers.

TN# 11-12 Approval Date 10-17-11 Effective Date _____
Supersedes _____ 3-1-12
TN# 94-34

SUPERSEDES: TN- 94-34

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-10-11</u>	
DATE APP'VD <u>10-17-11</u>	
DATE EFF <u>3-1-12</u>	
HCFA 179 <u>11-12</u>	