Revision: HCFA-PM-94-5 (MB)
APRIL 1994

State/Territory: LOUISIANA

SECTION 3 - SERVICES: GENERAL PROVISIONS

| Citation | 3.1 Amount, Duration, and Scope of Services |
|---|---|
| 42 CFR Part 440, Subpart B 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act | (a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act. |
| | (1) Categorically needy. |
| | Services for the categorically needy are described below and in ATTACHMENT 3.1-A. These services include: |
| 1902(a)(10)(A) and 1905(a) of the Act | (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B. |
| | (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider. |
| | ___ Not applicable. Nurse-midwives are not authorized to practice in this State. |

STATE Louisiana
DATE REC'D 7-5-94
DATE APPV'D 8-3-94
DATE EFF 4-1-94
HCFA 179 94-15
A

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: LOUISIANA

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1902(e)(5) of the Act

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

/X/ (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10), clause (VII) of the matter following (E) of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

TN No. 91-26
Supersedes Approval Date MAY 21 1992 Effective Date OCT 01 1991
TN No. Page 19, Item 3.1(a)(1)(iii) & (iv) (87-24); Page 19a, Item 3.1(a)(1)(v) (90-~~25~~ 32)
per 6/29/92 HCFA call

HCFA ID: 7982E

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

Revision: HCFA Region VI (MB)
November 1992

State/Territory: LOUISIANA

| Citation | 3.1(a)(1) | Amount, Duration, and Scope of Services: Categorically Needy (Continued) |
|---|---|---|
| 1902(a)(10)(D) 1901(a)(10)(D) (PP 92-4) | (vi) | Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan. |
| 1902(e)(7) of the Act | (vii) | Inpatient services that are being furnished to infants and children described in section 1902(l)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will continue until the end of the stay for which the inpatient services are furnished. |
| 1902(e)(9) of the Act | ____ (viii) | Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan. |
| 1902(a)(52) and 1925 of the Act | (ix) | Services are provided to families eligible under section 1925 of the Act as indicated in item 3.5 of this plan. |
| 1905(a)(23) and 1929 | ____ (x) | Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A. |

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

STATE Louisiana
DATE REC'D DEC 24 1992
DATE APPV'D JAN 27 1993
DATE EFF OCT 01 1992
HCFA 179 92-24
A

TN No. 92-24
Supersedes
TN No. 91-24
Approval Date JAN 27 1993 Effective Date OCT 01 1992

Revision:

State: **LOUISIANA**

Citation

3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(26) and 1934

X Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. AS PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage –that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

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

SUPERSEDES: NONE - NEW PAGE

TN# 04-06 Approval Date 11-1-04 Effective Date 2-21-04
Supersedes
TN# SUPERSEDES: NONE - NEW PAGE

**State of Louisiana**

**1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print**

Citation 1915(j)

3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

__X__ Self-Directed Personal Assistance Services, as described and limited in Supplement _2_ to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

STATE Louisiana
DATE REC'D 12-31-08
DATE APPV'D 4-16-10
DATE EFF 7-1-09
HCFA 179 08-25
A

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

OMB No.: 0938-

State/Territory: LOUISIANA

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, Subpart B (a)(2) Medically needy.

/X/ This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv) of the Act
42 CFR 440.220

(i) If services in an institution for mental diseases or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1)through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

/_/ Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of the Act

(ii) Prenatal care and delivery services for pregnant women.

(42 CFR 440.140 and 440.160)

TN No. 97-16
Supersedes Approval Date 12-12-97 Effective Date 7-1-97
TN No. 96-15

HCFA ID: 7982E

STATE LA
DATE REC'D 9-30-97
DATE APPV'D 12-12-97
DATE EFF 7-1-97
HCFA 179 97-16

A

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: LOUISIANA

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1902(a)(10)(C)
(BM 92-4)

(iii) Pregnancy-related, including family planning services, and postpartum services for a 60-day period (beginning on the day the pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.

/_/ (iv) Services for any other medical condition that may complicate the pregnancy (other than pregnancy-related and postpartum services) are provided to pregnant women.

(v) Ambulatory services, as defined in ATTACHMENT 3.1-B, for recipients under age 18 and recipients entitled to institutional services.

/X/ Not applicable with respect to recipients entitled to institutional services; the plan does not cover those services for the medically needy.

(vi) Home health services to recipients entitled to nursing facility services as indicated in item 3.1(b) of this plan.

42 CFR 440.140, 440.150, 440.160, Subpart B, 442.441, Subpart C 1902(a)(20) and (21) of the Act

/_/ (vii) Services in an institution for mental diseases for individuals over age 65..

/_/ (viii) Services in an intermediate care facility for the mentally retarded.

☐ (ix) Inpatient psychiatric services for individuals under age 21.

TN No. 91-24
Supersedes TN No. 87-24
Approval Date MAY 20 1992
Effective Date OCT 01 1991
HCFA ID: 7982E

STATE Louisiana
DATE RECD DEC 05 1991
DATE APPV'D MAY 20 1992
DATE EFF OCT 01 1991
HCFA 179 91-24
A

Revision: HCFA-PM-93- 5 (MB)
MAY 1993

State: LOUISIANA

Citation

3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1902(e)(9) of Act

___ (x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1905(a)(23) and 1929 of the Act

___ (xi) Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

STATE Louisiana
DATE REC'D JUL 07 1993
DATE APPV'D AUG 06 1993
DATE EFF APR 01 1993
HCFA 179 93-21

A

TN No. 93-21
Supersedes TN No. 92-24
Approval Date AUG 06 1993
Effective Date APR 01 1993

Revision:

State: **LOUISIANA**

Citation

3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

1905(a)(26) and 1934

_____ Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. AS PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage –that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

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

SUPERSEDES: NONE - NEW PAGE



SUPERSEDES: NONE - NEW PAGE

State of Louisiana

**1915(j) Self-Directed Personal Assistance Services State Plan Amendment Pre-Print**

Citation 1915(j)

3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)

X Self-Directed Personal Assistance Services, as described and limited in Supplement 2 to Attachment 3.1-A

STATE Louisiana
DATE REC'D 12-31-08
DATE APPV'D 4-16-10
DATE EFF 7-1-09
HCFA 179 08-25
A

Revision: HCFA-PM-97-3 (CMSO)
December 1997

State: LOUISIANA

Citation

3.1 Amount, Duration, and Scope of Services (continued)

(a)(3) Other Required Special Groups: Qualified Medicare Beneficiaries

1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act

Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.

1902(a)(10)(E)(ii) and 1905(s) of the Act

(a)(4)(i) Other Required Special Groups: Qualified Disabled and Working Individuals

Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act

(ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries

Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10)(E)(iv)(I)1905(p)(3)(A)(ii), and 1933 of the Act

(iii) Other Required Special Groups: Qualifying Individuals - 1

Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv)(I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

STATE LA
DATE 3-19-98
5-11-98
DATE 1-1-98
HCFA 98-05
A

TN No. 98-05
Supersedes TN No. 93-09 Approval Date 5-11-98 Effective Date 1-1-98

Revision: LA
January 2003

State: LOUISIANA

1925 of the Act

(a) (5) Other Required Special Groups: Families Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan

STATE Louisiana
DATE REC'D 3-28-03
DATE APPR'D 4-4-03
DATE EFF 1-1-03
HCFA 179 03-08
A

Superseded By 98-05

Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: LOUISIANA

Citation 3.1 Amount, Duration, and Scope of Services (Continued)

Sec. 245A(h) of the Immigration and Nationality Act

(a)(6) Limited Coverage for Certain Aliens

(i) Aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--

(A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;

(B) Are children under 18 years of age; or

(C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.

(ii) Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.



LA
3-19-98
5-11-98
1-1-98
98-05
A

Revision: HCFA-PM-91-4R (BPD) OMB No.: 0938-
AUGUST 1991

State/Territory: LOUISIANA

| Citation | 3.1(a)(6) | Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued) |
|---|---|---|
| 1902(a) and 1903(v) of the Act | (iii) | Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act. |
| 1905(a)(9) of the Act | (a)(7) | Homeless Individuals. Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished. |
| | | PRESUMPTIVELY ELIGIBLE PREGNANT WOMEN |
| 1902(a)(47) and 1920 of the Act | (a)(8) | Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan. |
| 42 CFR 441.55 50 FR 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act | (a)(9) | EPSDT Services. The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services. |

TN No. 91-24
Supersedes Approval Date MAY 20 1992 Effective Date OCT 01 1991
TN No. 87-21, p. 21a
89-42, p. 21b

HCFA ID: 7982E

STATE LOUISIANA
DATE REC'D DEC 05 1991
DATE APPV'D MAY 20 1992
DATE EFF OCT 01 1991
HCFA 179 91-201
A

Revision: HCFA-PM-91-1991 (BPD) OMB No.: 0938-

State: Louisiana

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT Services (continued)

42 CFR 441.60 [X] The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.**

42 CFR 440.240 and 440.250

1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), 1925(b)(4), and 1932 of the Act

(a)(10) Comparability of Services

Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

(i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.

(ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.

(iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.

(iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

** Describe here.

CommunityCARE, Louisiana Behavioral Health Services Waiver with a risk payment for adults and non-risk payment for children's services in a Prepaid Ambulatory Health Plan (PIHP)

[X] The continuing care provider submits monthly encounter data reflecting the number of examinations completed, the number of examinations where a referable condition was identified, and the number of follow-up treatment encounters. Medicaid staff make periodic on-site reviews to monitor the provider's record of case management.

TN # 11-09 Effective Date January 1, 2012
Supersedes TN # 97-16 Approval Date 6-1-11

STATE Louisiana
DATE REC'D 3-10-11
DATE APPV'D 6-1-11
DATE EFF 1-1-12
HCFA 179 11-09
A

SUPERSEDES: TN- 97-16

AMOUNT, DURATION AND SCOPE OF SERVICES

---

CITATION
42 CFR
441.60

3.1(a)(11) Amount, Duration, and Scopy of Services: EPSDT Services (Continued)

Methods Employed to Assure the Providers' Compliance With Their Agreements

Medicaid of Louisiana has a contract with Louisiana KIDMED to monitor continuing care providers and provisions of their provider agreements to assure compliance therewith.

STATE Louisiana
DATE REC'D MAR 17 1993
DATE APPV'D MAY 03 1993
DATE EFF JAN 01 1993
HCFA 179 93-05
A

Revision: HCFA - Region VI
November 1990

State LOUISIANA

Citation
42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT-80-34

Section 1905(a)(4)(A) of Act (Sec. 4211(f) of P.L. 100-203).

3.1(b) Home health services are provided in accordance with the requirements of 42 CFR 441.15.

(1) Home health services are provided to all categorically needy individuals 21 years of age or over.

(2) Home health services are provided to all categorically needy individuals under 21 years of age.

[X] Yes

[ ] Not applicable. The State plan does not provide for nursing facility services for such individuals.

(3) Home health services are provided to the medically needy:

[X] Yes, to all

[ ] Yes, to individuals age 21 or over; nursing facility services are provided.

[ ] Yes, to individuals under age 21; nursing facility services are provided

[ ] No; nursing facility services are not provided.

[ ] Not applicable; the medically needy are not included under this plan

| | |
|---|---|
| STATE LA | A |
| DATE REC'D 9-30-97 | |
| DATE APPROVED 12-12-97 | |
| DATE EFF 7-1-97 | |
| HCFA 179 97-16 | |

TN # 97-16
Supersedes
TN # 96-15

Approval Date 12-12-97 Effective Date 7-1-97

Revision: HCFA-PM-93-8 (BPD)

State/Territory: LOUISIANA

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c) (8) (i).

STATE Louisiana
DATE RECD 1-5-94
DATE APPVD 2-9-94
DATE EFF 10-1-93
HCFA 179 93-31
A

TN No. 93-31
Supersedes TN No. 91-24
Approval Date 2/9/94 Effective Date 10/1/93

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

Citation
42 CFR 440.260
AT-78-90

3.1(d) Methods and Standards to Assure Quality of Services

The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State LOUISIANA

Citation:
42 CFR 441.20
AT-78-90

3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

Revision: HCFA-PM-87-5 (BERC) OMB No.: 0938-0193
April 1987

State / Territory: LOUISIANA

Citation
42 CFR 441.30
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §§ 435.531) and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services "under this plan and are reimbursed whether furnished by a physician or an optometrist.

☒ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include legally authorized to perform.

☐ Not applicable. The conditions in the first sentence do not apply.

1903 (i) (1)
Of the Act.
P.L. 99-272
(Section 9507)

(2) Organ Transplant Procedures

Organ transplant procedures are provided.

☒ Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

☐ No.

State: Louisiana
Date Received: 30 November, 2012
Date Approved: 23 September, 2013
Date Effective: 1 October, 2012
Transmittal Number: 12-61

Revision: HCFA-PM-87-4 (BERC) OMB No.: 0938-0193
MARCH 1987

State/Territory: Louisiana

Citation
42 CFR 431.110(b)
AT-78-90

3.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of the Act, P.L. 99-509 (Section 9408)

(h) Respiratory Care Services for Ventilator-Dependent Individuals

Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

(1) Are medically dependent on a ventilator for life support at least six hours per day;

(2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--

/_/ 30 consecutive days;

/_/ ___ days (the maximum number of inpatient days allowed under the State plan);

(3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;

(4) Have adequate social support services to be cared for at home; and

(5) Wish to be cared for at home.

/_/ Yes. The requirements of section 1902(e)(9) of the Act are met.

/X/ Not applicable. These services are not included in the plan.

LA
STATE JUL 0 1987
DATE RECD JUL 30 1987
DATE APPVD
DATE EFF HCFA-179 87-24
HCFA 179
A