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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 16-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

April 7, 2016

Our Reference: SPA LA 16-0005

Ms. Jen Steele, Interim State Medicaid Director
Department of Health and Hospitals
628 North 4th St.
Post Office Box 91030
Baton Rouge, LA 70821-9030

Attention: Darlene Budgewater

Dear Ms. Steele:

We have reviewed the State's proposed amendment to the Louisiana State Plan submitted under Transmittal Number 16-0005 dated March 31, 2016. This state plan amendment defines the new Alternative Benefit Plan (ABP) for the new adult expansion group.

Based on the information submitted, we have approved the amendment for incorporation into the official Louisiana State Plan with an effective date change of July 1, 2016. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

All requirements pertaining to ABPs must be met including but not limited to: benefits, payment rates, reimbursement methodologies, cost-sharing state plan pages, and managed care delivery systems (waivers and contracts). Amendments to the State's approved Medicaid program (SPAs, waivers, contracts) may require corresponding amendments to the ABP if the change to the benefit in the approved state plan will be mirrored in the ABP.

If you have any questions, please contact Cheryl Rupley at (214) 767-6278 or by email at Cheryl.Rupley@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory
name:
Louisiana
Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Proposed Effective Date

(mm/dd/yyyy)
Federal Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	<input type="text" value="2016"/>	\$ <input type="text" value="0.00"/>
Second Year	<input type="text" value="2017"/>	\$ <input type="text" value="0.00"/>

Subject of Amendment

Governor's Office Review

- Governor's office reported no comment
 Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
 Other, as specified

Describe:

Signature of State Agency Official

Submitted By:

Darlene Adams

Last Revision Date:

Mar 31, 2016

Submit Date:

Mar 31, 2016





Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: LA - 16 - 0005

OMB Expiration date: 10/31/2014

Alternative Benefit Plan Populations ABP1

Identify and define the population that will participate in the Alternative Benefit Plan.

Alternative Benefit Plan Population Name:

Identify eligibility groups that are included in the Alternative Benefit Plan's population, and which may contain individuals that meet any targeting criteria used to further define the population.

Eligibility Groups Included in the Alternative Benefit Plan Population:

	Eligibility Group:	Enrollment is mandatory or voluntary?	
+	Adult Group	Mandatory	X

Enrollment is available for all individuals in these eligibility group(s).

Geographic Area

The Alternative Benefit Plan population will include individuals from the entire state/territory.

Any other information the state/territory wishes to provide about the population (optional)

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415

State: Louisiana
Date Received: 3/31/16
Date Approved: 4/7/16
Date Effective: 7/1/16
Transmittal Number: LA 16-0005

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Alternative Benefit Plan

State Name:

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Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act ABP2a

The state/territory has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements. Therefore the state/territory is deemed to have met the requirements for voluntary choice of benefit package for individuals exempt from mandatory participation in a section 1937 Alternative Benefit Plan.

Yes

Explain how the state has fully aligned its benefits in the Alternative Benefit Plan using Essential Health Benefits and subject to 1937 requirements with its Alternative Benefit Plan that is the state's approved Medicaid state plan that is not subject to 1937 requirements.

Louisiana Medicaid has fully aligned the benefits in the ABP with its approved Medicaid State Plan by using duplication, substitution and including remaining Medicaid State Plan services as other Section 1937 covered benefits while still meeting the requirements of all Essential Health Benefits.

PRA Disclosure Statement

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

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Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package ABP3

Select one of the following:

- The state/territory is amending one existing benefit package for the population defined in Section 1.
- The state/territory is creating a single new benefit package for the population defined in Section 1.

Name of benefit package:

Selection of the Section 1937 Coverage Option

The state/territory selects as its Section 1937 Coverage option the following type of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package under this Alternative Benefit Plan (check one):

- Benchmark Benefit Package.
- Benchmark-Equivalent Benefit Package.

The state/territory will provide the following Benchmark Benefit Package (check one that applies):

- The Standard Blue Cross/Blue Shield Preferred Provider Option offered through the Federal Employee Health Benefit Program (FEHBP).
- State employee coverage that is offered and generally available to state employees (State Employee Coverage):
- A commercial HMO with the largest insured commercial, non-Medicaid enrollment in the state/territory (Commercial HMO):
- Secretary-Approved Coverage.
 - The state/territory offers benefits based on the approved state plan.
 - The state/territory offers an array of benefits from the section 1937 coverage option and/or base benchmark plan benefit packages, or the approved state plan, or from a combination of these benefit packages.
 - The state/territory offers the benefits provided in the approved state plan.
 - Benefits include all those provided in the approved state plan plus additional benefits.
 - Benefits are the same as provided in the approved state plan but in a different amount, duration and/or scope.
 - The state/territory offers only a partial list of benefits provided in the approved state plan.
 - The state/territory offers a partial list of benefits provided in the approved state plan plus additional benefits.

Please briefly identify the benefits, the source of benefits and any limitations:

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Selection of Base Benchmark Plan

Transmittal Number: 16-0005 Date Approved: 4/7/16 Date Effective: 7/1/16
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Alternative Benefit Plan

The state/territory must select a Base Benchmark Plan as the basis for providing Essential Health Benefits in its Benchmark or Benchmark-Equivalent Package.

The Base Benchmark Plan is the same as the Section 1937 Coverage option.

Indicate which Benchmark Plan described at 45 CFR 156.100(a) the state/territory will use as its Base Benchmark Plan:

- Largest plan by enrollment of the three largest small group insurance products in the state's small group market.
- Any of the largest three state employee health benefit plans by enrollment.
- Any of the largest three national FEHBP plan options open to Federal employees in all geographies by enrollment.
- Largest insured commercial non-Medicaid HMO.

Plan name:

Other Information Related to Selection of the Section 1937 Coverage Option and the Base Benchmark Plan (optional):

1. The State assures that all services in the base benchmark have been accounted for throughout the benefit chart found in ABP5.
2. The State assures that accuracy of all information in ABP5 depicting amount, duration and scope parameters of services authorized in the currently approved Medicaid State Plan.

PRA Disclosure Statement

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Alternative Benefit Plan

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Alternative Benefit Plan Cost-Sharing ABP4

Any cost sharing described in Attachment 4.18-A applies to the Alternative Benefit Plan.

Attachment 4.18-A may be revised to include cost sharing for ABP services that are not otherwise described in the state plan. Any such cost sharing must comply with Section 1916 of the Social Security Act.

The Alternative Benefit Plan for individuals with income over 100% FPL includes cost-sharing other than that described in Attachment 4.18-A.

Other Information Related to Cost Sharing Requirements (optional):

PRA Disclosure Statement

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V.20140415

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

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OMB Expiration date: 10/31/2014

Benefits Description	ABP5
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The state/territory proposes a "Benchmark-Equivalent" benefit package.

Benefits Included in Alternative Benefit Plan

Enter the specific name of the base benchmark plan selected:

Enter the specific name of the section 1937 coverage option selected, if other than Secretary-Approved. Otherwise, enter "Secretary-Approved."

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Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided: Outpatient Hospital Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
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Authorization: None	Provider Qualifications: Medicaid State Plan
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Amount Limit: None	Duration Limit: None
-----------------------	-------------------------

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Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided: Family Planning Services & Supplies	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
--	-------------------------------	---------------------------------------

Authorization: None	Provider Qualifications: Medicaid State Plan
------------------------	---

Amount Limit: None	Duration Limit: None
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Scope Limit: None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services include all approved pharmaceutical supplies and devices to prevent conception, including all methods of contraception approved by the FDA.

Benefit Provided: Physician's Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
---	-------------------------------	---------------------------------------

Authorization: None	Provider Qualifications: Medicaid State Plan
------------------------	---

Amount Limit: None	Duration Limit: None
-----------------------	-------------------------

Scope Limit: Services must be within scope of practice of medicine, optometry, osteopathy as defined by State law or under personal supervision of person licensed under State law to practice medicine or osteopathy.

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Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

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Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

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Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Other Licensed Practitioners - Physician Assistant

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

none

Scope Limit:

Service coverage determined by individual licensure, scope of practice, and delegation by supervising physician.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Other Licensed Practitioner - Clinical Nurse Spec.

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Service coverage determined by individual licensure, scope of practice, and terms of the physician collaboration agreement.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Other Licensed Practitioners - CRNA

Source:

State Plan 1905(a)

Remove

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Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services limited to anesthesia services provided in accordance with State law reimbursable to CRNA's.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Clinic Services - Dialysis

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

There are no limits for covered services that meet medical necessity

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Clinic Services: Radiation Therapy

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

No limits for covered services that meet medical necessity

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

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Alternative Benefit Plan

Benefit Provided:		Source:	Remove
Clinic Svs: Ambulatory Surgical Center		State Plan 1905(a)	
Authorization:	Provider Qualifications:	State: Louisiana Date Received: 3/31/16 Date Approved: 4/7/16 Date Effective: 7/1/16 Transmittal Number: LA 16-0005	
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:	services must be medically necessary, non-emergent, and not requiring an overnight stay.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			
Benefit Provided:		Source:	Remove
Certified Pediatric or Family Nurse Practitioner		State Plan 1905(a)	
Authorization:	Provider Qualifications:		
None	Medicaid State Plan		
Amount Limit:	Duration Limit:		
None	None		
Scope Limit:	Service coverage determined by individual licensure, scope of practice, and terms of physician collaboration agreement.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:			
<input type="text"/>			
Benefit Provided:		Source:	Remove
Hospice		State Plan 1905(a)	
Authorization:	Provider Qualifications:		
Prior Authorization	Medicaid State Plan		
Amount Limit:	Duration Limit:		
Respite care, continuous home care are limited	none		
Scope Limit:	A prognosis of terminal illness is required. Services are for the palliation or management of terminal illness and related conditions.		
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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Core services include medical social services, counseling services, dietary counseling including training the family/caregivers in preparation and provision of meals, bereavement counseling for the terminally ill patient and family, both pre and post-death up to 1 year, pastoral care including clergy, and any other counseling services as determined by the hospice.

Home health aide and homemaker are available if in the Plan of Care.

Physical therapy, occupational therapy, and speech-language pathology services are available if in the Plan of Care.

Short-term inpatient care in a participating hospice inpatient unit may be provided if services meet the written plan of care.

General inpatient care is provided for procedures necessary for pain control or acute chronic symptom management which cannot be provided in other settings.

Medical appliances, supplies, drugs and biologicals, for the relief of pain and symptom control related to the individual's terminal illness are covered. Appliances include covered DME as well as other self-help and personal comfort items related to the palliation or management of the recipient's terminal illness and related conditions. Equipment is provided by the hospice for use in the home while he or she is under hospice care.

Any other covered item or service that is necessary for the palliation and management of the terminal illness and related conditions and is on the Plan of Care.

Inpatient Respite limited to 5 days per election period (initial 90 day, subsequent 90 day; unlimited 60 day periods). These election periods may be used consecutively or at different times during the recipient's lifespan.

Inpatient care is available to the recipient for the purpose of pain control or acute or chronic symptom management which cannot be managed in other settings.

Routine home care is available for a recipient who is at home and is not receiving continuous home care.

Continuous home nursing care is furnished during brief periods of medical crisis to maintain the recipient at home. This service is primarily nursing care to achieve palliation or management of acute medical symptoms. Services are provided by a Registered Nurse or licensed practical nurse for more than half of the period of care.

Children are included in the hospice benefit and must receive curative care concurrently for the terminal condition at the same time as receiving hospice. Recipients under the age of 21 must receive daily visits when in the home and must have all care coordinated.

During the time of hospice election, the recipient must be provided services comparable to other services s/he received through Medicaid prior to electing hospice, including pharmaceutical and biological services and durable medical equipment.

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Benefit Provided:	Source:	Remove
OLP - Audiologist	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
diagnostic, preventive or corrective services for persons with speech, hearing and language disorders		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
PA is required only when this service is delivered as an outpatient hospital service.		

Benefit Provided:	Source:	Remove
Non-Emergency Medical Transportation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
To and from medical provider for covered service	None	
Scope Limit:		
Least expensive transportation suitable to meet beneficiary's medical needs		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Transportation generally requires a two (2) day notice in order to arrange transportation; however, Louisiana Medicaid will attempt to arrange NEMT even if two days' notice is not given.		
All other avenues of providing transportation appropriate to meet the beneficiary's needs have been explored and have been found unavailable - this includes family, friends, community resources, transportation by the parish Medicaid office or other State or Federally funded transportation resources.		

Add

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Alternative Benefit Plan

2. Essential Health Benefit: Emergency services

Collapse All

Benefit Provided:	Source:	Remove
Outpatient Hospital services - emergency care	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
Ambulance	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
Services are available for unforeseen circumstances which apparently demand immediate attention at hospital to prevent serious impairment or loss of life.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Prior Authorization is required only for air ambulance		

Add

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Alternative Benefit Plan

3. Essential Health Benefit: Hospitalization

Collapse All

Benefit Provided: Inpatient Hospital Services	Source: State Plan 1905(a)	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Excludes care which can be provided at home, an ICF/DD or Skilled Nursing facility; or which the primary purpose is for convalescent care, rest or cosmetic care; or diagnostic/ surgical procedures when such can be performed on outpatient basis.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Some services require prior authorization such as Outpatient surgery performed Inpatient, Organ Transplants, Cochlear Implants (under age 21), Intrathecal Baclofen Therapy, and Out-of-State Non-Emergency Hospitalization. Services include any essential medical care that in the judgment of the attending physician or by a dentist is needed for the 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.		

Add

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Alternative Benefit Plan

4. Essential Health Benefit: Maternity and newborn care

Collapse All

Benefit Provided: Inpatient Hospital (Maternity)	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	State: Louisiana Date Received: 3/31/16 Date Approved: 4/7/16 Date Effective: 7/1/16 Transmittal Number: LA 16-0005
Amount Limit: None	Duration Limit: None	
Scope Limit: Elective deliveries under 39 weeks are not covered		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		

Benefit Provided: Physician Services (Maternity)	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Elective deliveries under 39 weeks are not covered		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		

Benefit Provided: Nurse Midwife Services	Source: State Plan 1905(a)	<input type="button" value="Remove"/>
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Limited by individual licensure, scope of practice, and terms of the physician collaborative agreement.		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: <input type="text"/>		

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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Service coverage determined by individual licensure, scope of practice and terms of physician collaborative agreement.

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5. Essential Health Benefit: Mental health and substance use disorder services including behavioral health treatment

Collapse All

Benefit Provided:	Source:	Remove
Inpatient Hospital Service - MH-SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	Services cannot be delivered in an IMD	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

Benefit Provided:	Source:	Remove
Outpatient Hospital Services - MH/SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Other	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	None	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Services which require prior authorization include psych testing, and electroconvulsive treatment.		

Benefit Provided:	Source:	Remove
Physician Services - MH/SUD	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:	None	
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		

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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

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Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

Scope Limit:

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Source:

Remove

Authorization:

Provider Qualifications:

Amount Limit:

Duration Limit:

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Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Services are Prior Authorized except Crisis Intervention.

Add

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Alternative Benefit Plan

6. Essential Health Benefit: Prescription drugs

Benefit Provided:

Coverage is at least the greater of one drug in each U.S. Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

Prescription Drug Limits (Check all that apply.): Authorization: Provider Qualifications:

Limit on days supply

Yes

State licensed

Limit on number of prescriptions

Limit on brand drugs

Other coverage limits

Preferred drug list

Coverage that exceeds the minimum requirements or other:

The State of Louisiana's ABP prescription drug benefit plan is the same as under the approved Medicaid state plan for Prescribed Drugs.

The State has procedures in place that allow an enrollee to gain access to clinically appropriate drugs in excess of the four (4) prescription limit per month, when the prescriber attests that the prescription is medically necessary and provides a diagnosis code.

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7. Essential Health Benefit: Rehabilitative and habilitative services and devices

Collapse All

Benefit Provided:	Source:	Remove
PT, OT, ST, Audiology - Outpatient hospital	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
This benefit is provided for rehabilitative and habilitative services.		

Benefit Provided:	Source:	Remove
Home Health - PT, OT, Speech and Audiology	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
<p>Physical therapy: treatment of patient's illness or injury, or restoration and maintenance of function</p> <p>Occupational Therapy: treatment to improve or restore a function which has been impaired by illness or injury or improve the individual's ability to perform the tasks required for independent functioning when the functioning has been permanently lost or reduced by illness or injury.</p> <p>speech and audiology - services necessary for the diagnosis and treatment of speech and language disorders that result in communication disabilities, and for the diagnosis and treatment of swallowing disorders (dysphagia), regardless of a communication disability.</p>		

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Benefit Provided:	Source:	Remove
Prosthetic Devices	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
Prior Authorization	Medicaid State Plan	

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Amount Limit:

None

Duration Limit:

None

Scope Limit:

least costly most effective treatment

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Prosthetic supplies and equipment are not rented or purchased for an individual in a hospital; upon discharge, if the item is included in the plan, the items are provided in the outpatient setting. Prosthetic equipment and appliances are considered for rental, purchase or repair when the item is medically necessary by a recipient who has a serious impairment to enhance well-being, prevent further impairment, or increase self-care or reduce care provided by others, the item is not available through another agency at no cost, is covered by Medicaid, and is primarily medical in nature and not a convenience item.

Benefit Provided:

Home Health: Med Supplies, Equipment & Appliances

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

least costly most effective treatment; suitable for use in the home which does not include a hospital or nursing facility

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Includes purchase, rental and repair. Supplies and equipment are not rented or purchased in a hospital; upon discharge, if included in the plan they will be provided in the outpatient setting. Medical supplies, equipment and appliances are considered for rental, purchase or repair when the item is medically necessary by a recipient who has a serious impairment to enhance well-being, prevent further impairment, or increase self-care or reduce care provided by others, the item is not available through another agency at no cost, is covered by Medicaid, and is primarily medical in nature and not a convenience item.

Benefit Provided:

Home Health Aide

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services cannot be provided in a hospital or nursing facility.

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Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

These are direct care services provided under the supervision of a registered nurse in compliance with the standards of nursing practice governing delegation, which include assistance with the activities of daily living such as mobility, transferring, walking, grooming, bathing, dressing or undressing, eating, or toileting.

Add

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Alternative Benefit Plan

8. Essential Health Benefit: Laboratory services

Collapse All

Benefit Provided: Other Lab and X-Ray Services	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: none		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: 		

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9. Essential Health Benefit: Preventive and wellness services and chronic disease management

Collapse All

The state/territory must provide, at a minimum, a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

Benefit Provided:	Source:	<input type="button" value="Remove"/>
Preventive Services	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
None	None	
Scope Limit:		
None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
Includes a broad range of preventive services including "A" and "B" services recommended by the US Preventive Services Task Force, Advisory Committee for Immunization Practices (ACIP) recommended vaccines, preventive care and screening for infants, children and adolescents recommended by HRSA's Bright Futures program/project and additional preventive services for women recommended by the Institute of Medicine (IOM).		

Benefit Provided:	Source:	<input type="button" value="Remove"/>
Tobacco cessation	State Plan 1905(a)	
Authorization:	Provider Qualifications:	
None	Medicaid State Plan	
Amount Limit:	Duration Limit:	
none	none	
Scope Limit:		
none		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:		
services include over-the-counter and prescription medications for which the individual has a prescription, and toll-free referral assistance		

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Alternative Benefit Plan

10. Essential Health Benefit: Pediatric services including oral and vision care

Collapse All

Remove

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

up to age 21

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Authorization may be required for services in excess of limits and for services not available to adults. The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects as well as physical and mental illnesses and conditions discovered by the screening service even when such health care is not otherwise covered under the State Plan.

Add

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11. Other Covered Benefits from Base Benchmark

Collapse All

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12. Base Benchmark Benefits Not Covered due to Substitution or Duplication Collapse All

Base Benchmark Benefit that was Substituted: <input style="width: 95%;" type="text" value="Allergy Care"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
---	--	---------------------------------------

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Louisiana Medicaid State Plan as Physician's services in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted: <input style="width: 95%;" type="text" value="Anesthesia"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
---	--	---------------------------------------

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Louisiana Medicaid State Plan as Physician Services, and Other Licensed Practitioners: CRNA in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted: <input style="width: 95%;" type="text" value="Diagnostic and Treatment Services"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
--	--	---------------------------------------

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Physicians' Services, Physicians' Assistants, and Certified Pediatric or Family Nurse Practitioner Services in EHB 1: Ambulatory Patient Services

Base Benchmark Benefit that was Substituted: <input style="width: 95%;" type="text" value="Educational Classes and Programs-Tobacco Cessation"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Tobacco cessation covered under the La. Medicaid State Plan in EHB 9: Preventive and wellness services and chronic disease management; and EHB 6: Pharmacy.

Base Benchmark Benefit that was Substituted: <input style="width: 95%;" type="text" value="Family Planning"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
--	--	---------------------------------------

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Family Planning Services and Supplies in EHB 1: Ambulatory patient services. The La. Medicaid State Plan coverage for Family Planning is at least as rich as the base benchmark.

Base Benchmark Benefit that was Substituted: <input style="width: 95%;" type="text" value="Foot care"/>	Source: <input style="width: 95%;" type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Other Licensed Practitioners - Podiatrists' services and Physician Services in EHB 1: Ambulatory patient services. The base benchmark benefit for Foot care is routine foot care only when an individual is under active treatment for a metabolic or peripheral vascular disease, such as diabetes. The La. Medicaid State Plan coverage for OLP Podiatrists services is at least as rich as the base benchmark coverage for Foot Care.

Base Benchmark Benefit that was Substituted:

Home Health Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Home Health - Intermittent and Part-Time Nursing Services (7.a) in EHB 1: Ambulatory patient services. The La. Medicaid State Medicaid plan is more generous than the base benchmark which only covers home nursing for 2 hours per day up to 25 visits per calendar year. The La. Medicaid State Plan for Home Health services is at least as rich, or richer than the base benchmark.

Base Benchmark Benefit that was Substituted:

Oral and Maxillofacial Surgery

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Medical and Surgical Services by a Dentist in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital or Ambulatory Surgical Center

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Outpatient Hospital Services and Clinic Services: Ambulatory Surgery Centers in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Surgical Procedures

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Physicians' Services in EHB 1: Ambulatory patient services

Base Benchmark Benefit that was Substituted:

Treatment Therapies

Source:

Base Benchmark

Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Outpatient Hospital Services, Clinic Services: Dialysis and Clinic Services: Radiation in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Alternative Treatments - Acupuncture

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Non-Emergency Medical Transportation under La. Medicaid State Plan covered under the La. Medicaid State Plan and found in EHB 1.

Base Benchmark Benefit that was Substituted:

Chiropractic

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Non-Emergency Medical Transportation covered under the La. Medicaid State Plan and found in EHB 1. (The base benchmark covers only 1 office visit per calendar year and one set of X-rays per calendar year.)

Base Benchmark Benefit that was Substituted:

Infertility Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan under multiple benefits as Physician Services in EHB 1: Ambulatory patient services; Prescribed drugs in EHB 6: Pharmacy services; and EHB 3: Inpatient Hospital Services. Base benchmark coverage is limited to diagnosis and coverage of non-ART treatment of infertility. The La. Medicaid State Plan for Infertility Services is at least as rich as the base benchmark.

Base Benchmark Benefit that was Substituted:

Manipulative Treatment

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Non-Emergency Medical Transportation services covered under the La. Medicaid State Plan and found in EHB 1. (Base benchmark is limited to 20 visits per year.)

Base Benchmark Benefit that was Substituted:

Accidental Injury

Source:

Base Benchmark

Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Outpatient Hospital Services - Emergency in EHB 2 and Inpatient Hospital Services in EHB 3.

Base Benchmark Benefit that was Substituted:

Medical Emergency

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan Outpatient Hospital Services - Emergency in EHB 2.

Base Benchmark Benefit that was Substituted:

Ambulance

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as ambulance in EHB 2: Emergency Services

Base Benchmark Benefit that was Substituted:

Reconstructive Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Inpatient Hospital services in EHB 3: Hospitalization. (Neither base benchmark nor La. Medicaid cover cosmetic surgery)

Base Benchmark Benefit that was Substituted:

Organ/Tissue Transplants

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the La. Medicaid State Plan as Inpatient Hospital Services in EHB 3: Hospitalization.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Inpatient Hospital Services in EHB 3: Hospitalization

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Base Benchmark Benefit that was Substituted:

Maternity Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under the La. Medicaid State Plan as Inpatient Hospital Services (Maternity); Physician Services- Maternity, Other Licensed Practitioners - Nurse Midwife, Nurse Midwife Services, all in EHB 4: Maternity and Newborn Care.

Base Benchmark Benefit that was Substituted:

Professional Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Outpatient Hospital Services -MH/SUD, Physicians' Services - MH/SUD, Other Licensed Practitioners - LMHP, and rehabilitation services - addiction SUD, all in EHB 5: Mental Health/Substance Use. The La. Medicaid State Plan is at least as rich as the base benchmark.

Base Benchmark Benefit that was Substituted:

Inpatient Hospital or Other Covered Facility

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under La. Medicaid State Plan as Inpatient Hospital Services EHB 5: Mental Health/ Substance Use.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital or Other Covered Facility

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Outpatient Hospital Services in EHB 5: MH/SUD.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Home Health Services Medical Supplies, Equipment and Appliances in EHB 7: Rehabilitative and Habilitative Services and Devices. The La. Medicaid State Plan is at least as rich as, if not richer than the base benchmark.

Base Benchmark Benefit that was Substituted:

Medical Supplies

Source:

Base Benchmark

Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Home Health Services Medical Supplies, Equipment and Appliances in EHB 7: Rehabilitative and Habilitative Services and Devices. The La. Medicaid State Plan is at least as rich as, if not richer than the base benchmark.

Base Benchmark Benefit that was Substituted:

Orthopedic and Prosthetic Devices

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Prosthetic Devices EHB 7: Rehabilitative and Habilitative Services and Devices. The La. Medicaid State Plan is at least as rich as, if not richer than the base benchmark.

Base Benchmark Benefit that was Substituted:

Physical, Occupational, Speech, Cognitive Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Physical Therapy, Occupational Therapy, Speech Pathology and Audiology services provided under Outpatient hospital services in EHB 7: Rehabilitative and habilitative services. Audiology also provided under Physician services in EHB 1. Services in La. Medicaid have no limits on amount or scope. Coverage under Louisiana Medicaid is richer than the base benchmark benefit which has a combined limit of 50 visits per person per calendar year.

Base Benchmark Benefit that was Substituted:

Lab, X-Ray, and Other Diagnostic Tests

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Other Laboratory and X-ray Services in EHB 8: Laboratory Services.

Base Benchmark Benefit that was Substituted:

Preventive Care Services for Children and Adults

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Preventive Services in EHB 9: Preventive and Wellness Services and Chronic Disease Management; and EPSDT in EHB 10: Pediatric Services including Oral and Vision Care

Base Benchmark Benefit that was Substituted:

Covered Medication and Supplies

Source:

Base Benchmark

Remove

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Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Prescribed Drugs in EHB 6: Prescription Drugs.

Base Benchmark Benefit that was Substituted:

Hearing Services (Testing, Treatment, Supplies)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under La. Medicaid State Plan as Outpatient Hospital Services and Audiology services in EHB 1: Ambulatory Patient Services; and Home Health - Audiology in EHB 7: Rehabilitative and Habilitative Services. Base benchmark only covers tests related to illness and injury but not for routine hearing tests for adults. The La. Medicaid State Plan coverage for hearing services is at least as rich as the base benefit.

Base Benchmark Benefit that was Substituted:

Cardiac rehabilitation

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Home Health Aide Services from Louisiana Medicaid State Plan in EHB 7: Rehabilitative and Habilitative Services and Devices. There are no limitations to home health aide visits.

Base Benchmark Benefit that was Substituted:

Pulmonary Rehabilitation

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Home Health Aide Services from Louisiana Medicaid State Plan in EHB 7: Rehabilitative and Habilitative Services and Devices. There are no limitations to home health aide visits.

Base Benchmark Benefit that was Substituted:

Wigs due to chemotherapy hair loss

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Home Health Aide Services from Louisiana Medicaid State Plan in EHB 7: Rehabilitative and Habilitative Services and Devices. There are no limitations to home health aide visits.

Base Benchmark Benefit that was Substituted:

Hospice

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: covered under Louisiana Medicaid State Plan as Hospice Care in EHB 1: Ambulatory patient



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services. La. Medicaid State Plan coverage for hospice is at least as rich, if not richer than the benchmark. La. Medicaid provides routine home care, continuous home care (nursing) during periods of medical crisis, as necessary. Homemaker and home health aide services are available. Benchmark limits home service to 7 consecutive days and 30 consecutive days in facility. Base benchmark allows for 7 days in inpatient hospice facility to provide caregiver respite. Base benchmark does not provide homemaker services, bereavement care, pre- and post death, or pastoral care.

Base Benchmark Benefit that was Substituted:

Intensive Outpatient Services - Mental Health

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Louisiana Medicaid State Plan as Rehabilitation Services - Mental Health in EHB 5: Mental Health and substance use disorder services including behavior health treatment.

Base Benchmark Benefit that was Substituted:

Partial Hospitalization - Mental Health

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the Louisiana Medicaid State Plan as Rehabilitation Services - Mental Health in EHB 5: Mental Health and substance use disorder services including behavior health treatment.

Base Benchmark Benefit that was Substituted:

Educational Classes & Programs-Diabetic Education

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Physician Services, Outpatient Hospital Services in EHB 1: Ambulatory patient services.

Base Benchmark Benefit that was Substituted:

Hearing Aids

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Substitution: Home Health Aide Services from Louisiana Medicaid State Plan in EHB 7: Rehabilitative and Habilitative Services and Devices. There are no limitations to home health aide visits. Hearing Aids in the benchmark are limited to \$1250 per ear every 36 months.

Base Benchmark Benefit that was Substituted:

Intensive Outpatient Treatment - SUD

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

Duplication: Covered under the La. Medicaid State Plan as Rehab Services - Addiction Substance Use Disorder EHB 5.



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Base Benchmark Benefit that was Substituted:	Source:	<input type="button" value="Remove"/>
<input type="text" value="Partial Hospitalization - SUD"/>	<input type="text" value="Base Benchmark"/>	
Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:		
<input type="text" value="Duplication: Covered under the La. Medicaid State Plan as Rehab Services - Addiction Substance Use Disorder EHB 5."/>		
<input type="button" value="Add"/>		

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13. Other Base Benchmark Benefits Not Covered Collapse All

Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Routine Adult Vision Services"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit: <input type="text" value="Routine, non-pediatric eye exam services are an excepted benefit pursuant to 45 CFR 156.115(d)"/>		
Base Benchmark Benefit not Included in the Alternative Benefit Plan: <input type="text" value="Routine Adult Dental Benefit"/>	Source: <input type="text" value="Base Benchmark"/>	<input type="button" value="Remove"/>
Explain why the state/territory chose not to include this benefit: <input type="text" value="Routine, non-pediatric dental services are an excepted benefit pursuant to 45 CFR 156.115(d)"/>		
<input type="button" value="Add"/>		

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14. Other 1937 Covered Benefits that are not Essential Health Benefits

Collapse All

Other 1937 Benefit Provided: Telemedicine	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: None	State: Louisiana Date Received: 3/31/16 Date Approved: 4/7/16 Date Effective: 7/1/16 Transmittal Number: LA 16-0005	
Other: Prior Authorization not required.		

Other 1937 Benefit Provided: FQHC/RHC Services	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Physician, P.A., Nurse Practitioner, Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Dentist and services incidental thereto; and other ambulatory services.		
Other: Prior Authorization not required.		

Other 1937 Benefit Provided: Other Licensed Practitioners - Optometrist	Source: Section 1937 Coverage Option Benchmark Benefit Package	<input type="button" value="Remove"/>
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: none	Duration Limit: none	
Scope Limit: Services may be provided to the same extent and according to same standards as physician services who perform eye services		

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Other:

Prior Authorization not required.

Other 1937 Benefit Provided:

Extended Services for Pregnant Women

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

once per pregnancy or once per 270 days

Duration Limit:

none

Scope Limit:

screening and intervention services limited to pregnant women

Other:

Screening and Intervention services that are medically necessary for pregnant women for the use of alcohol, tobacco, drugs, or domestic violence. If miscarriage or fetal death occurs within 270 days, a screening/intervention will be allowed for subsequent pregnancy.

Other 1937 Benefit Provided:

Skilled Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Services cannot be provided in an IMD. Coverage is limited to services provided in facilities certified by under Title XIX.

Other:

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Other 1937 Benefit Provided:

Intermediate Care Facility/IDD Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none



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Scope Limit:

Services cannot be provided in an IMD. Services do not include vocational or developmental evaluations, or voice evaluations or voice therapy unless the recipient is under the age of 21.

Other:

Coverage is limited to services provided in Title XIX certified ICF facilities and with any licensing requirements required by the State.

Other 1937 Benefit Provided:

Medical and Remedial Care and Svs - Dentures

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 complete or partial per 8 year period

Duration Limit:

none

Scope Limit:

Services limited to 1 complete or partial denture per arch in an 8 year period. A combination of 2 complete or partial denture relines per arch or 1 complete or partial denture and 1 reline per arch is allowed in an 8 year period.

Other:

Other 1937 Benefit Provided:

Tuberculosis Control Center Clinic

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

limited to persons infected with Tuberculosis.

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Other:

Prior Authorization not required.

Other 1937 Benefit Provided:

Prenatal Health Care Center Clinics

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

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Alternative Benefit Plan

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

pregnancy and 1 post-partum visit

Scope Limit:

prenatal care, unlimited once medical establishment of pregnancy established. Includes including risk assessments for high risk pregnancies; 1 post partum visit

Other:

medical establishment of pregnancy required

Other 1937 Benefit Provided:

Sexually Transmitted Disease Control Clinic

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

none

Duration Limit:

none

Scope Limit:

none

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Other:

no PA required

Other 1937 Benefit Provided:

OLP - Pharmacists/Medication Administration

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Administration of influenza vaccine

Other:

Prior Authorization is not required.

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Other 1937 Benefit Provided: PACE	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: Restricted to persons age 55 and above, meeting Nursing Facility Level of Care and geographically located.		
Other: Requires meeting Nursing Facility level of care and living in certain Zip Codes within State; meeting income and resource restrictions		
Other 1937 Benefit Provided: Out-of-State Non-Emergency Hospitalizations	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Prior Authorization	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: None	
Scope Limit: None	State: Louisiana Date Received: 3/31/16 Date Approved: 4/7/16 Date Effective: 7/1/16 Transmittal Number: LA 16-0005	
Other: Louisiana Medicaid provides out-of-state non-emergency hospitalization for Medicaid enrollees.		
Other 1937 Benefit Provided: Free Standing Birthing Centers	Source: Section 1937 Coverage Option Benchmark Benefit Package	Remove
Authorization: Other	Provider Qualifications: Medicaid State Plan	
Amount Limit: None	Duration Limit: stays less than 24 hrs	
Scope Limit: None		
Other: Prior Authorization is not required. The Free Standing Birthing Center shall be located within a ground		

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travel time distance from a general acute care hospital with which the FSBC has a contractual relationship which includes a transfer agreement which allows for a caesarian delivery to begin within 30 minutes of the decision to that such a delivery is necessary.

Other 1937 Benefit Provided:

Personal Care Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

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Amount Limit:

cannot exceed 32 hrs. per week

Duration Limit:

none

Scope Limit:

Individual cannot be an inpatient, resident of hospital, nursing facility, ICF/DD or IMD

Other:

Services which enable an individual whose needs would otherwise require placement in an acute or long term care facility to remain safely in his/her home. Services include assistance with activities of daily living and the instrumental activities of daily living.

Other 1937 Benefit Provided:

Directly Observed Therapy-Tuberculosis

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

until disease arrested

Scope Limit:

Direct observation by health care professional to assure medication taken. follows medicinal administration schedule which is typically 1x per day for first 14 days, and then 2 x per week until arrested, typically between 6 mo. and 1 year

Other:

Service is limited to persons who are infected with Tuberculosis meet program requirements. Patient must also be "non-compliant" such that health care professional deems completion of treatment regimen necessary.

Other 1937 Benefit Provided:

Nursing Facility Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Other

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Amount Limit:

None

Duration Limit:

None

Scope Limit:

24 hour care for rehabilitative, restorative and skill nursing care for recipients needing assistance with activities of daily living.

Other:

Only Medicaid-certified nursing facilities may admit recipients

Requires an order from a licensed physician for admission

Pre-admission screenings and resident reviews (Level I and Level II PASRR) are conducted to determine whether the applicant/recipient has a diagnosis of serious mental illness or intellectual disability and to determine whether the applicant/resident requires nursing facility services and/or specialized services for his/her mental condition.

Additionally, a Level of Care determination must be conducted for any recipient seeking admittance to determine if he/she meets the nursing facility Level of Care.

Services include assistance with Activities of Daily Living such as bathing, dressing, transferring, toileting, and eating, specialized services if determined through a Level II PASRR, as well as skilled nursing

Add

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<input type="checkbox"/> 15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.)	Collapse All <input type="checkbox"/>
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Benefits Assurances ABP7

EPSDT Assurances

If the target population includes persons under 21, please complete the following assurances regarding EPSDT. Otherwise, skip to the Prescription Drug Coverage Assurances below.

The alternative benefit plan includes beneficiaries under 21 years of age.

The state/territory assures that the notice to an individual includes a description of the method for ensuring access to EPSDT services (42 CFR 440.345).

The state/territory assures EPSDT services will be provided to individuals under 21 years of age who are covered under the state/territory plan under section 1902(a)(10)(A) of the Act.

Indicate whether EPSDT services will be provided only through an Alternative Benefit Plan or whether the state/territory will provide additional benefits to ensure EPSDT services:

- Through an Alternative Benefit Plan.
- Through an Alternative Benefit Plan with additional benefits to ensure EPSDT services as defined in 1905(r).

Other Information regarding how ESPDT benefits will be provided to participants under 21 years of age (optional):

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Prescription Drug Coverage Assurances

The state/territory assures that it meets the minimum requirements for prescription drug coverage in section 1937 of the Act and implementing regulations at 42 CFR 440.347. Coverage is at least the greater of one drug in each United States Pharmacopeia (USP) category and class or the same number of prescription drugs in each category and class as the base benchmark.

The state/territory assures that procedures are in place to allow a beneficiary to request and gain access to clinically appropriate prescription drugs when not covered.

The state/territory assures that when it pays for outpatient prescription drugs covered under an Alternative Benefit Plan, it meets the requirements of section 1927 of the Act and implementing regulations at 42 CFR 440.345, except for those requirements that are directly contrary to amount, duration and scope of coverage permitted under section 1937 of the Act.

The state/territory assures that when conducting prior authorization of prescription drugs under an Alternative Benefit Plan, it complies with prior authorization program requirements in section 1927(d)(5) of the Act.

Other Benefit Assurances

The state/territory assures that substituted benefits are actuarially equivalent to the benefits they replaced from the base benchmark plan, and that the state/territory has actuarial certification for substituted benefits available for CMS inspection if requested by CMS.

The state/territory assures that individuals will have access to services in Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC) as defined in subparagraphs (B) and (C) of section 1905(a)(2) of the Social Security Act.

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- The state/territory assures that payment for RHC and FQHC services is made in accordance with the requirements of section 1902(bb) of the Social Security Act.
- The state/territory assures that it will comply with the requirement of section 1937(b)(5) of the Act by providing, effective January 1, 2014, to all Alternative Benefit Plan participants at least Essential Health Benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.
- The state/territory assures that it will comply with the mental health and substance use disorder parity requirements of section 1937(b)(6) of the Act by ensuring that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.
- The state/territory assures that it will comply with section 1937(b)(7) of the Act by ensuring that benefits provided to Alternative Benefit Plan participants include, for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.
- The state/territory assures transportation (emergency and non-emergency) for individuals enrolled in an Alternative Benefit Plan in accordance with 42 CFR 431.53.
- The state/territory assures, in accordance with 45 CFR 156.115(a)(4) and 45 CFR 147.130, that it will provide as Essential Health Benefits a broad range of preventive services including: "A" and "B" services recommended by the United States Preventive Services Task Force; Advisory Committee for Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children and adults recommended by HRSA's Bright Futures program/project; and additional preventive services for women recommended by the Institute of Medicine (IOM).

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Service Delivery Systems

ABP8

Provide detail on the type of delivery system(s) the state/territory will use for the Alternative Benefit Plan's benchmark benefit package or benchmark-equivalent benefit package, including any variation by the participants' geographic area.

Type of service delivery system(s) the state/territory will use for this Alternative Benefit Plan(s).

Select one or more service delivery systems:

- Managed care.
 - Managed Care Organizations (MCO).
 - Prepaid Inpatient Health Plans (PIHP).
 - Prepaid Ambulatory Health Plans (PAHP).
 - Primary Care Case Management (PCCM).
- Fee-for-service.
- Other service delivery system.

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Managed Care Options

Managed Care Assurance

- The state/territory certifies that it will comply with all applicable Medicaid laws and regulations, including but not limited to sections 1903(m), 1905(t), and 1932 of the Act and 42 CFR Part 438, in providing managed care services through this Alternative Benefit Plan. This includes the requirement for CMS approval of contracts and rates pursuant to 42 CFR 438.6.

Managed Care Implementation

Please describe the implementation plan for the Alternative Benefit Plan under managed care including member, stakeholder, and provider outreach efforts.

Members who will be given the opportunity during completion of the Medicaid application to select from among five MCOs. Members who are being automatically transitioned from Family Planning State Plan services (Take Charge Plus Program) or the Greater New Orleans Community Health Connection (GNOCHC) Section 1115 Demonstration Waiver will be auto-assigned to an MCO by the State's conflict-free Enrollment Broker. All members will have 90 days from initial MCO assignment to select a different MCO, and choice counseling in selecting the Plan that best fits the member's needs is available through the Enrollment Broker and website www.bayouhealth.com.

MCO: Managed Care Organization

The managed care delivery system is the same as an already approved managed care program.

Yes

The managed care program is operating under (select one):

- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1932(a) mandatory managed care state plan amendment.
- Section 1115 demonstration.

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Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

Louisiana Medicaid's managed care program, called Bayou Health, is comprised of five managed care organizations who are responsible for overseeing the delivery of comprehensive, integrated physical and behavioral health (basic and specialized) services statewide for Medicaid enrollees utilizing a risk bearing model.

Additional Information: MCO (Optional)

Provide any additional details regarding this service delivery system (optional):

PAHP: Prepaid Ambulatory Health Plan

The managed care delivery system is the same as an already approved managed care program.

The managed care program is operating under (select one):

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- Section 1915(a) voluntary managed care program.
- Section 1915(b) managed care waiver.
- Section 1115 demonstration.
- Section 1937 Alternative (Benchmark) Benefit Plan state plan amendment.

Identify the date the managed care program was approved by CMS:

Describe program below:

Single statewide dental benefit manager for dental services and adult denture benefits.

Additional Information: PAHP (Optional)

Provide any additional details regarding this service delivery system (optional):

Fee-For-Service Options

Indicate whether the state/territory offers traditional fee-for-service and/or services managed under an administrative services organization:

- Traditional state-managed fee-for-service
- Services managed under an administrative services organization (ASO) arrangement

Please describe this fee-for-service delivery system, including any bundled payment arrangements, pay for performance, fee-for-service care management models/non-risk, contractual incentives as well as the population served via this delivery system.

Louisiana Medicaid State Plan Services that are excluded from MCO benefits and services, and that continue to be traditional state-managed fee-for-service services. They are Applied Behavior Analysis-Based Therapy (limited to 19 and 20 year olds), nursing facility care (ages 21-64) and Long-Term Personal Care Services (Age 21-64)

Additional Information: Fee-For-Service (Optional)

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Provide any additional details regarding this service delivery system (optional):

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Employer Sponsored Insurance and Payment of Premiums ABP9

The state/territory provides the Alternative Benefit Plan through the payment of employer sponsored insurance for participants with such coverage, with additional benefits and services provided through a Benchmark or Benchmark-Equivalent Benefit Package.

The state/territory otherwise provides for payment of premiums.

Other Information Regarding Employer Sponsored Insurance or Payment of Premiums:

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Alternative Benefit Plan

State Name:

Attachment 3.1-L-

OMB Control Number: 0938-1148

Transmittal Number: LA - 16 - 0005

OMB Expiration date: 10/31/2014

Payment Methodology

ABP11

Alternative Benefit Plans - Payment Methodologies

- The state/territory provides assurance that, for each benefit provided under an Alternative Benefit Plan that is not provided through managed care, it will use the payment methodology in its approved state plan or hereby submits state plan amendment Attachment 4.19a, 4.19b or 4.19d, as appropriate, describing the payment methodology for the benefit.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415

State: Louisiana
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