2027 Summary of Benefits

Medicare Advantage Plan with Part D Prescription Drug Coverage

Look inside to learn more about this plan:

AmeriHealth Caritas VIP Care (HMO D-SNP)

January 1, 2027 – December 31, 2027

H2564_001_128440_M_Accepted_09142026

1 SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

This booklet provides you with a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage* (EOC) or visit us at www.amerihealthcaritasvipcare.com/la.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **AmeriHealth Caritas VIP Care (HMO D-SNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **AmeriHealth Caritas VIP Care (HMO D-SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **AmeriHealth Caritas VIP Care (HMO D-SNP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

Things to Know About AmeriHealth Caritas VIP Care (HMO D-SNP)

Hours of Operation & Contact Information

- Call 1-833-852-4433 (TTY: 711), October 1 – March 31, 8 a.m. – 8 p.m., seven days a week. From April 1 – September 30, call 8 a.m. – 8 p.m., Monday through Friday. The call is free.
- **Not a member?** Call us at 1-800-464-3829, (TTY: 711), 8 a.m. – 8 p.m., Eastern Standard Time, 7 days a week (October 1 – March 31) and 8 a.m. – 8 p.m., Eastern Standard Time, Monday – Friday (April 1 – September 30). The call is free.
- Our website: www.amerihealthcaritasvipcare.com/la.

Who can join AmeriHealth Caritas VIP Care (HMO D-SNP)?

To join **AmeriHealth Caritas VIP Care (HMO D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be enrolled in the Louisiana Medical Assistance Program (Medicaid). You must qualify for Medical Assistance in one of the following categories of aid:

- Qualified Medicare Beneficiary **(QMB)**.
- Qualified Medicare Beneficiary Plus **(QMB+)**.
- Specified Low-Income Medicare Beneficiary Plus **(SLMB+)**.
- Full Benefit Dual Eligible **(FBDE)**.

You must live in our service area. **Our service area includes these counties in Louisiana: Acadia, Ascension, East Baton Rouge, Iberia, Iberville, Lafayette, Livingston, St. James, St. John the Baptist, St. Landry, St. Martin, St. Tammany, Vermilion and West Baton Rouge.**

For prospective enrollees, if you have questions about your eligibility, call **1-800-464-3829, (TTY 711)**.

Which doctors, hospitals, and pharmacies can I use?

- AmeriHealth Caritas VIP Care (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You must receive your care from a network provider. We will only pay for covered services if you go to an in-network provider. In most cases, you will have to pay for care that you receive from an out-of-network provider. Out-of-network/non-contracted providers are under no obligation to treat AmeriHealth Caritas VIP Care (HMO D-SNP) members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.
- You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.
- You can view our plan's Provider and Pharmacy Directories on our website, www.amerihealthcaritasvipcare.com/la.
- You can also call us, and we will send you a copy of the Provider and Pharmacy Directories.

What we cover

- Like all Medicare health plans, we cover everything that Original Medicare covers — and more.
    - Our plan members get all the benefits covered by Original Medicare.
    - Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.
- We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.
    - You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, www.amerihealthcaritasvipcare.com/la.
    - You can also call us, and we will send you a copy of the formulary.

How will I determine my drug costs?

- Our plan groups all medications into one of five tiers. The cost of your drugs will depend on the level of "Extra Help" you receive and what tier they are in.

If you have any questions about this plan's benefits or costs, please contact AmeriHealth Caritas VIP Care (HMO D-SNP)

2 SECTION II - SUMMARY OF BENEFITS

AmeriHealth Caritas VIP Care (HMO D-SNP)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Premiums and Benefits	**AmeriHealth Caritas VIP Care (HMO D-SNP)**
Monthly Plan Premium	You do not pay a separate monthly plan premium for AmeriHealth Caritas VIP Care (HMO D-SNP). You must continue to pay your Medicare Part B premium.
Deductible	Prescription Drug Deductible: $700. Your plan does not have a medical deductible.
Maximum Out-of-Pocket Responsibility	In this plan, you may pay nothing for Medicare-covered services, depending on your level of Medicaid eligibility. Your yearly limit(s) in this plan: • **$9,850** for Medicare-covered services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

COVERED MEDICAL AND HOSPITAL BENEFITS	
Benefits/Services	**AmeriHealth Caritas VIP Care (HMO D-SNP)**
Inpatient Hospital Coverage	$0 copay per stay *Prior authorization is required.*
Outpatient Hospital Coverage	Outpatient hospital: $0 copay Outpatient Surgery: $0 copay *Not all outpatient preventive or diagnostic services will require prior authorization.*
Ambulatory Surgical Center (ASC) Services	Ambulatory Surgical Center: $0 copay *Prior authorization may be required.*
Doctor Visits (Primary Care Providers and Specialists)	Primary care provider (PCP) visit: $0 copay Annual Wellness visit: $0 copay Specialist visit: $0 copay
Preventive Care *(e.g., flu vaccine, diabetic screenings)*	$0 copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$0 copay Worldwide Emergency Coverage: $0 copay Annual maximum coverage amount of $50,000 applies for emergency services and urgent care visits outside the United States. This does not include planned procedures. Cost-sharing for necessary emergency services furnished out of network is the same as that for such services furnished in-network.
Urgently Needed Services	$0 copay Worldwide Urgent Coverage: $0 copay Annual maximum coverage amount of $50,000 applies for emergency services and urgent care visits outside the United States. This does not include planned procedures. This includes services needed to treat a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care.

Benefits/Services	AmeriHealth Caritas VIP Care (HMO D-SNP)
Urgently Needed Services (continued)	Cost-sharing for necessary urgently needed services furnished out of network is the same as that for such services furnished in-network.
Diagnostic Services / Labs/Imaging (including diagnostic tests and procedures, labs, diagnostic radiology, and X-rays)	Covered services include, but are not limited to: Diagnostic tests and procedures: $0 copay Lab services: $0 copay Diagnostic Radiology Services (such as MRI, CAT Scan): $0 copay Outpatient X-rays: $0 copay Therapeutic radiology services (such as radiation treatment for cancer): $0 copay *Not all outpatient diagnostic procedures, tests, and lab services will require prior authorization. The majority of lab services do not require prior authorization. Some specialized lab services (for example, genetic testing lab services) may require prior authorization. Have your provider call the Plan to confirm if prior authorization is required.*
Hearing Services	Exam to diagnose and treat hearing and balance issues: $0 copay Routine hearing exam (up to 1 visit(s) every year): $0 copay. The **$1,550** allowance covers the cost of two [2] hearings aids (1 aid per ear) every year for Select hearing aid technology levels through NationsHearing at no cost to the member. All hearing aids offered through NationsHearing include: • 60-day evaluation period with a 100% money-back guarantee (no restocking fees) • 1 Hearing aid fitting per hearing aid • 3 follow-up appointments within one year of the fitting date • 3-year supply of batteries (for non-rechargeable hearing aids, up to 60 cells per ear, per year) • 3-year comprehensive manufacturer's warranty, including one time replacement for lost or damaged hearing aids • Earmold(s) (first set, when needed) • Unlimited ongoing member support via NationsHearing
Dental Services	Preventive dental services: • Oral exam (up to 1 visit(s) every six months): $0 copay. • Cleaning (up to 1 visit(s) every six months): $0 copay.

Benefits/Services	AmeriHealth Caritas VIP Care (HMO D-SNP)
Dental Services (continued)	• Fluoride treatment (up to 1 visit(s) every six months): $0 copay. • Dental X-rays (1 full mouth radiograph and 1 panoramic radiograph every 5 years and up to 6 bitewing or periapical radiographs every year.): $0 copay. Comprehensive dental services: • Minor restorations (fillings). • Simple and Surgical extractions. • Dentures (1 per arch every 5 years). • Denture repair and reline. • Oral surgery. • Periodontics/endodontics. • Crowns. • Mini-implants. $2,700 plan coverage limit for comprehensive dental benefits every year. You may use nitrous oxide for certain covered dental services, including fillings, crowns, root canals, and extractions (not including Wisdom Teeth), and more. We added coverage for services that allow a dentist to adjust your existing denture after dental mini-implant procedures, helping it fit properly without needing a new denture. *Prior authorization required for comprehensive dental services. Additional service limits may apply. You are responsible for amounts beyond the benefit limit.*
Vision Services	Routine eye exam (up to 1 visit(s) every year): $0 copay. Eyewear after cataract surgery: $0 copay Contact lenses OR Eyeglasses: Our plan pays up to $300 every year for eyewear. *The benefit amount (allowance) must be used to pay for vision services from an in-network provider. In most cases, you will have to pay for care from an out-of-network provider. You also have to pay for costs over your benefit limit.*
Mental Health Services	$0 copay • Inpatient visit. • Outpatient group therapy visit. • Outpatient individual therapy visit.

Benefits/Services	AmeriHealth Caritas VIP Care (HMO D-SNP)
Mental Health Services (continued)	*Prior authorization is required for inpatient services.*
Skilled Nursing Facility (SNF)	$0 copay per stay *Prior authorization is required.*
Physical Therapy	Physical therapy, occupational therapy, and speech and language therapy visit: $0 copay *Prior authorization is required.*
Ambulance	Ground Ambulance: $0 copay Air Ambulance: $0 copay *Prior authorization may be required.*
Transportation	$0 copay. 104 one-way trips to plan-approved locations every year (e.g., doctor's office, pharmacy, and hospital. May consist of a car, shuttle, or van service, depending on appropriateness for the situation and the member's needs.) *Rides must be scheduled at least one business day in advance except in special circumstances. Limit of 50 miles per one-way trip.*
Medicare Part B Drugs	20% coinsurance will be applied to non-preferred chemotherapy and non-preferred other Part B drugs. 0% coinsurance for preferred Part B drugs. 20% coinsurance or $35, whichever is less for Part B insulin drugs. *Prior authorization may be required.*

<table>
<tr><th colspan="2">PRESCRIPTION DRUG BENEFITS</th></tr>
<tr><td>Yearly Deductible stage</td><td>Prescription Drug Deductible: $700 for tiers 2, 3, 4 and 5. If you receive "Extra Help" from Medicare, your deductible is $0. If your category of Medicaid eligibility or level of Extra Help changes, your cost share may increase or decrease. Please refer to the Evidence of Coverage for additional benefit details.</td></tr>
<tr><td>Initial Coverage stage</td><td>You stay in the Initial Coverage Stage until your total out-of-pocket costs reach $2,400. You then move on to the Catastrophic Coverage Stage.
<table>
<tr><th colspan="4">Standard Retail Cost-Sharing</th></tr>
<tr><th>Tier</th><th>One-month supply</th><th>Two-month supply</th><th>Three-month supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$0 copay</td><td>$0 copay</td><td>$0 copay</td></tr>
<tr><td>Tier 2 (Generic)</td><td>25% coinsurance</td><td>25% coinsurance</td><td>25% coinsurance</td></tr>
<tr><td>Tier 3 (Preferred Brand)</td><td>25% coinsurance</td><td>25% coinsurance</td><td>25% coinsurance</td></tr>
<tr><td>Tier 4 (Non-Preferred Drug)</td><td>26% coinsurance</td><td>26% coinsurance</td><td>26% coinsurance</td></tr>
<tr><td>Tier 5 (Specialty Tier)</td><td>25% coinsurance</td><td>N/A</td><td>N/A</td></tr>
<tr><th colspan="4">Standard Mail Order</th></tr>
<tr><th>Tier</th><th>One-month supply</th><th>Two-month supply</th><th>Three-month supply</th></tr>
<tr><td>Tier 1 (Preferred Generic)</td><td>$0 copay</td><td>$0 copay</td><td>$0 copay</td></tr>
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<tr><td>Tier 3 (Preferred Brand)</td><td>25% coinsurance</td><td>25% coinsurance</td><td>25% coinsurance</td></tr>
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PRESCRIPTION DRUG BENEFITS				
	Tier 4 (Non-Preferred Drug)	26% coinsurance	26% coinsurance	26% coinsurance
	Tier 5 (Specialty Tier)	25% coinsurance	N/A	N/A
	Please call us or see the plan's **"Evidence of Coverage"** on our website www.amerihealthcaritasvipcare.com/la for complete information about your costs for covered drugs.			
Catastrophic Coverage stage	$0 copay			

Additional Benefits/Services	AmeriHealth Caritas VIP Care (HMO D-SNP)
Additional Smoking and Tobacco Use Cessation	$0 copay per visit Four additional face-to-face primary care provider visits for smoking/tobacco cessation annually. This is in addition to Medicare's eight covered visits, for a total of 12 visits in a 12-month period.
Chiropractic Care	$0 copay per visit The plan covers manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position).
Fitness Benefit	$0 copay per visit SilverSneakers® is a free fitness benefit which includes access to participating SilverSneakers® fitness facilities, online wellness resources, and classes.
Home Health Care	$0 copay Covered services include, but are not limited to: • Home Health Services *Prior authorization is required.*
Meal Benefit, post-discharge	$0 copay The post-discharge meal benefit covers 14 meals over the course of one week for qualified homebound members within 30 days of each discharge from an inpatient facility or a skilled nursing facility, up to four times per year. *A referral is required.*
Medical Equipment /Supplies	$0 copay for the following equipment/supplies Prior authorization may be required for: • Medicare-covered DME items over $750 for purchase. • Rental and rent-to-purchase items. Prior authorization is required for: • The purchase of all wheelchairs (motorized and manual) and all wheelchair accessories (components) regardless of cost per item.

Medical Equipment/Supplies (continued)	• Enteral Nutritional Supplements. Prosthetics/Medical Supply: Prior authorization is required for rental and purchased Medicare-covered prosthetics and medical supplies. Diabetic Supplies Non-preferred brands and all continuous glucose monitors will require prior authorization and have a 20% coinsurance. Preferred brands have a $0 copay.
Opioid Treatment Program Services	$0 copay • Substance use counseling. • Individual and group therapy.
Outpatient Rehabilitation	$0 copay • Cardiac (heart) rehabilitation services • Pulmonary Rehab • SET *Prior authorization is required.*
Over-the-counter Items (OTC) and Daily Living Supports	Members are provided a combined allowance of $198 each month to spend on the following benefits: **Over-the-counter (OTC)** All members may use the combined allowance towards eligible OTC items. OTC items include vitamins, pain relievers, cold remedies, and more. Funds are loaded to a plan-issued debit card each month. • Members can shop through the OTC catalog or at participating retail stores • No limit on the number of items or orders Any unused funds will expire at the end of the month or upon disenrollment from the plan. Naloxone is covered as a Part C OTC benefit. The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs. **Home and Bathroom Safety Devices** All members may use the combined allowance towards eligible home and bathroom safety devices such as grab bars or doorknobs, non-slip floor coverings, safety chairs, bathroom modification aids. Members can shop through the OTC catalog or at participating retail stores. Unused

Over-the-counter Items (OTC) and Daily Living Supports (continued)	amounts expire at the end of each month or upon disenrollment from the plan. **Special Supplemental Benefits for the Chronically Ill (SSBCI)** If you qualify for SSBCI, you may also use the combined allowance towards everyday living expenses. The allowance can be used for: • Healthy foods • General supports for living (e.g., rent, mortgage, utilities) Not all members qualify. Only SSBCI eligible members may use their allowance towards rent, utilities, internet, and healthy foods. In order to qualify for SSBCI, members must have at least one of the following chronic health conditions: Cardiovascular disorders, Chronic and disabling mental health conditions, Chronic gastrointestinal disease (limited to end-stage liver disease), Congestive heart failure, Chronic lung disorders (limited to chronic obstructive pulmonary disease), Connective Tissue Disease, Dementia, Diabetes mellitus, Stroke, and/or Overweight, obesity, and metabolic syndrome. In addition: The condition must be life threatening or greatly limit overall health or function of the member; the member must be at high risk of hospitalization or other adverse health outcomes; and the member must require intensive care coordination. The plan will review objective criteria to determine a member's eligibility. For more information or to check eligibility, members should contact the plan. Limitations apply. **In addition, you must satisfy at least one of the following:** • Had one or more inpatient admissions (inclusive of behavioral health) related to the chronic condition in the last 12 months. • Had one or more urgent care or emergency room visits related to the chronic condition in the last 12 months. • Had two or more outpatient visits related to the chronic condition (including primary care or specialty care visits) in the last 12 months. • Are a patient who requires home health visits related to the chronic condition. • Are a patient with one or more chronic conditions and a need for one or more pieces of durable medical equipment (DME) in the outpatient setting, limited to: group 3 power/manual wheelchair, noninvasive ventilation (NIV), BiPAP machines, mechanical in-exsufflation devices, or group 2 or group 3 mattresses.
Podiatry Services	$0 copay per visit 3 routine foot care visits every year.

Telemedicine	$0 copay per visit Telemedicine services are available 24 hours a day, 7 days a week throughout the year to a participating doctor via telephone, desktop, or mobile device. Members can immediately have a medical, counseling, or psychiatry consultation with a physician. Members can also schedule a telemedicine appointment for a later time.
24/7 Nurse Call Line	$0 copay The 24/7 Nurse Call Line is a service available to all members 24 hours a day, seven days a week. The service is designed to provide members with a resource to answer health-related questions and to recommend the appropriate level of care.

Medicaid

Louisiana's Medicaid program covers many of the same things that private health insurance programs traditionally cover. Medicaid can also cover services to help "fill in the gaps" in Medicare and meet certain long-term care needs.

The list below includes things Louisiana Medicaid will cover in some or all cases. Some services are only offered to Medicaid recipients because of their age, family situation, transfer of resource requirements or other living arrangements. Also, some services are limited.

Before you receive a service, you should ask your doctor or provider about limits to receiving the service or if the service needs to be “prior authorized.” (“Prior authorized” means Medicaid has to agree to pay for the service before it can be offered to a patient.)

Just because a service is not on the list does not mean that Medicaid will not cover it.

The following services are not covered by AmeriHealth Caritas VIP Care but are available through Medicaid:

Benefits	***Access, Eligibility, What’s covered and Notes***
Adult Denture Services	**HOW TO ACCESS SERVICES:** Dentist **ELIGIBILITY:** Medicaid recipients 21 years of age and older. (Adults, 21 and over, certified as Qualified Medicare Beneficiary (QMB), Specified Low Income Medicare Beneficiary (SLMB) only, PACE, Take Charge Plus or other programs with limited benefits are not eligible for dental services.) **COVERED SERVICES:** Examination, x-rays (are only covered if in conjunction with the construction of a Medicaid-authorized denture) dentures, denture relines, and denture repairs. Only one complete or partial denture per arch is allowed in an eight-year period. The partial denture must oppose a full denture. Two partials are not covered in the same oral cavity (mouth). Additional guidelines apply. **COMMENTS:** DentaQuest and MCNA Dental administer the dental benefits for eligible Medicaid recipients. Contact your plan to locate a network provider and for questions about covered dental services. **CONTACT:** **DentaQuest:** 1-800-685-0143 www.DentaQuest.com **MCNA Dental:** 1-855-702-6262 www.MCNALA.net **Andrea Perry:** 225-342-7476 **Tiffany Hayes:** 225-342-7877

Benefits	*Access, Eligibility, What's covered and Notes*
Adult Waiver Dental Services	**HOW TO ACCESS SERVICES:** Dentist **ELIGIBILITY:** Medicaid recipients 21 years of age and older enrolled in New Opportunities Waiver, Residential Options Waiver or Supports Services Waiver. **COVERED SERVICES:** The Adult Waiver Dental Program provides coverage of certain diagnostic; preventive; restorative; endodontic; periodontic; removable prosthodontic; maxillofacial prosthetic; oral and maxillofacial surgery; orthodontic; and adjunctive general services. Specific policy guidelines apply. **COMMENTS:** DentaQuest and MCNA Dental administer the dental benefits for eligible Medicaid recipients. Contact your plan to locate a network provider and for questions about covered dental services. **CONTACT:** **DentaQuest:** 1-800-685-0143 www.DentaQuest.com **MCNA Dental:** 1-855-702-6262 www.MCNALA.net **Andrea Perry:** 225-342-7476 **Tiffany Hayes:** 225-342-7877
Applied Behavioral Analysis (ABA)	**HOW TO ACCESS SERVICES:** Medicaid enrolled ABA provider. **ELIGIBILITY:** Age from birth up to 21 years of age; and • exhibit the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (examples include, but are not limited to aggression, self-injury, elopement, etc.) • be diagnosed by a qualified health care professional with a condition for which ABA-based therapy services are recognized as therapeutically appropriate, including autism spectrum disorder • have a comprehensive diagnostic evaluation by a qualified health care professional • have a prescription for ABA-based therapy services ordered by a qualified health care professional **COVERED SERVICES:** ABA-based therapy services shall be rendered in accordance with the individual's approved treatment plan. **COMMENTS:** All medically necessary services must be prescribed by a physician and prior authorization is required. The provider of

Benefits	*Access, Eligibility, What's covered and Notes*
Applied Behavioral Analysis (ABA) (continued)	services will submit requests for prior authorization. **CONTACT:** **Crystal Faison:** 225-342-8233

Behavioral Health Services – Adults	**HOW TO ACCESS SERVICES:** Any Medicaid eligible adult recipient may receive the following behavioral health service if medical necessity is established by a licensed mental health professional (LMHP) or physician.
	ELIGIBILITY:
	Adult Medicaid recipients eligible to receive Mental Health Rehabilitation (MHR) services under Medicaid State Plan include those who meet the following criteria:
	• Must have a mental health diagnosis
	• Must be assessed by an LMHP
	Medicaid recipients receiving Community Psychiatric Support & Treatment (CPST) and/or Psychosocial Rehabilitation (PSR):
	• Must have at least a level of care of three on the Level of Care Utilization System (LOCUS)
	• Must have a rating of three or greater on the functional status domain on the LOCUS
	Medicaid recipients receiving Individual Placement Supports (IPS) and Personal Care Services (PCS) must be:
	• 21 years and older
	• Transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program
	COVERED SERVICES:
	• Community Psychiatric Support & Treatment (CPST)
	• Psychosocial Rehabilitation (PSR)
	• Crisis Intervention (CI)
	• Assertive Community Treatment (ACT)
	• Crisis Responses Services
	  ○ Mobile Crisis Response (MCR)
	  ○ Behavioral Health Crisis Care (BHCC)
	  ○ Community Based Crisis Service (CBCS)

Benefits	*Access, Eligibility, What's covered and Notes*
Behavioral Health Services – Adults (continued)	• Crisis Stabilization (CS) • Individual Placement and Supports (IPS) • Personal Care Services (PCS) • Peer Support Services (PSS) • Outpatient Therapy with Licensed Practitioners (medication management, individual, family, and group counseling) • Addiction Services (outpatient, residential, and inpatient) • Psychiatric Inpatient Hospital 18-21 years and over 65 years of age • Opioid Treatment Programs (OTPs) **COMMENTS:** Adult Behavioral Health services are administered by the Healthy Louisiana Plans. CPST, PSR, CI follow-up, ACT, CBCS, CS, IPS, PCS, and PSS must be prior authorized. **CONTACT:** Recipients that are enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com
Chemotherapy See also: Hospital-Outpatient Services; Physician/ Professional Services	**HOW TO ACCESS SERVICES:** Hospital, Physician's office or clinic **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** Chemotherapy administration and treatment drugs, as prescribed by physician. **COMMENTS:** Medicaid recipients that want to enroll with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below: **Web:** https://www.myplan.healthy.la.gov/en **Phone:** Monday through Friday from 8:00 a.m. to 5:00 p.m. call 1-855-229-6848. For hearing impaired (TTY) please call 1-855-526-3346.

Benefits	*Access, Eligibility, What's covered and Notes*
Chemotherapy See also: Hospital-Outpatient Services; Physician/ Professional Services **(continued)**	**Mail:** Healthy Louisiana, P.O. Box 1097, Atlanta, GA 30301-9913 **Fax:** 1-888-858-3875 **CONTACT:** Recipients that are already enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Sharetha Brown:** 225-219-2555 (Please utilize the above contact for questions related to Fee For Service coverage.) **NOTE:** The contact person and number provided should not be utilized for making appointments.
Chiropractic	**HOW TO ACCESS SERVICES:** EPSDT Medical Screening Provider/PCP **ELIGIBILITY:** Medicaid recipients 0 through 20 years of age. **COVERED SERVICES:** Spinal manipulations. **COMMENTS:** Medicaid recipients that want to enroll with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below: **Web:** https://www.myplan.healthy.la.gov/en **Phone:** Monday through Friday from 8:00 a.m. to 5:00 p.m. call 1-855-229-6848. For hearing impaired (TTY) please call 1-855-526-3346. **Mail:** Healthy Louisiana, P.O. Box 1097, Atlanta, GA 30301-9913 **Fax:** 1-888-858-3875 **CONTACT:** Recipients that are already enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana

Benefits	*Access, Eligibility, What's covered and Notes*
Chiropractic (continued)	**AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Sharetha Brown:** 225-219-2555 (Please utilize the above contact for questions related to Fee For Service coverage.) **NOTE:** The contact person and number provided should not be utilized for making appointments.
Coordinated Systems of Care (CSoC)	**HOW TO ACCESS SERVICES:** To make a referral, contact Magellan directly or the child/youth's Healthy Louisiana Plan. Note that the parent/caregiver must participate in the referral. **ELIGIBILITY:** Children, youth and families eligible for CSoC include Medicaid beneficiaries between the ages of 5 and 20, who have a severe emotional disturbance (SED) or a serious mental illness (SMI) and who are in or at risk of out of home placement. A recipient must meet the level of care or level of need through a Child and Adolescent Needs and Strengths (CANS) comprehensive assessment. **COVERED SERVICES:** • Parent Support & Training • Youth Support & Training • Independent Living/Skills Building • Short Term Respite Care • Case Conference **COMMENTS:** CSoC services are administered by Magellan Health Services of Louisiana. **NOTE:** The Healthy Louisiana Plan will connect you with Magellan to complete the referral. **CONTACT:** **Magellan Health Services of Louisiana:** 1-800-424-4489

Benefits	*Access, Eligibility, What's covered and Notes*
Durable Medical Equipment (DME)	**HOW TO ACCESS SERVICES:** Physician **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** Medical equipment and appliances such as wheelchairs, leg braces, etc. Medical supplies such as ostomy supplies, etc. Diapers and blue pads are only reimbursable as durable medical equipment items for Medicaid recipients 4 through 20 years of age. **COMMENTS:** All services must be prescribed by a physician and must be prior authorized. DME providers will arrange for the prior authorization request. **CONTACT:** Recipients that are enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Tabitha Bell:** 225-342-5691 **Lavondra Allison:** 225-342-2969
Early Steps (Infant & Toddler Early Intervention Services)	**HOW TO ACCESS SERVICES:** See CONTACT section below. **ELIGIBILITY:** Children ages birth to 3 years of age who have a developmental delay of at least 1.5 Standard Deviations (SD) below the mean in two areas of development listed below: • cognitive development • physical development (including vision & hearing) • communication development • social or emotional development • adaptive skills development (also known as self-help or daily living skills) Children with a diagnosed medical condition with a high probability

Benefits	*Access, Eligibility, What's covered and Notes*
Early Steps (Infant & Toddler Early Intervention Services) (continued)	of resulting in developmental delay. **COVERED SERVICES:** (Medicaid Covered) • Family Support Coordination (Service Coordination) • Occupational Therapy • Physical Therapy • Speech/Language Therapy • Psychology • Audiology • Cognitive Development • Physical Development (including vision and hearing) • Communication Development • Social or Emotional Development • Adaptive Skills Development (also known as self-help or daily living skills) EarlySteps also provides the following services, not covered by Medicaid: • Nursing Services/Health Services (Only to enable an eligible child/family to benefit from the other EarlySteps services) • Medical Services for diagnostic and evaluation purposes only • Special Instruction • Vision Services • Assistive Technology devices and services • Social Work • Counseling Services/Family Training • Transportation • Nutrition • Sign language and cued language services **COMMENTS:** All services are provided through a plan of care called the Individualized Family Service Plan (IFSP). Early Intervention is provided through EarlySteps in conformance with Part C of the Individuals with Disabilities Education Act (IDEA). **CONTACT:** **Office of Intellectual & Developmental Disability Supports (OIDD):** 1-866-783-5553 **Caroline Nailor-Oglesby:** 225-342-8853

Benefits	*Access, Eligibility, What's covered and Notes*
EPSDT Behavioral Health Services	**HOW TO ACCESS SERVICES:** Medicaid eligible recipients who meet the medical necessity criteria for behavioral health services as determined by a licensed mental health professional (LMHP) or physician. **ELIGIBILITY:** Meets medical necessity criteria for rehabilitation services for children under the age of 21. Medicaid recipients eligible to receive Mental Health Rehabilitation (MHR) services under Medicaid State Plan include those who meet one of the following criteria and are 21 years or younger: • Must have a mental health diagnosis • Must be assessed by a LMHP Medicaid recipients receiving Community Psychiatric Support & Treatment (CPST) and/or Psychosocial Rehabilitation (PSR), ages 6 through 18 years of age, must be assessed using the Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS). Medicaid recipients receiving CPST and/or PSR, ages 19 through 20 years of age, must be assessed using the Level of Care/Service Intensity Utilization System (LOCUS). Medicaid recipients who receive Multi-Systemic Therapy, Homebuilders, Functional Family Therapy and Functional Family Therapy-Child Welfare are not required to be assessed using the CALOCUS. **COVERED SERVICES:** • Community Psychiatric Support & Treatment (CPST) • Psychosocial Rehabilitation (PSR) • Crisis Intervention • Crisis Stabilization • Outpatient Therapy with Licensed Practitioners (medication management, individual, family, and group counseling) • Therapeutic Group Home • Psychiatric Residential Treatment Facility (PRTF)

Benefits	*Access, Eligibility, What's covered and Notes*
EPSDT Behavioral Health Services (continued)	• Psychiatric Inpatient Hospital • Addiction Services (outpatient, residential, and inpatient) • Multi-systemic Therapy (MST) • Functional Family Therapy (FFT) • Homebuilders (HB) • Assertive Community Treatment (ACT) • Child Parent Psychotherapy (CPP) • Parent-child interaction therapy (PCIT) • Preschool PTSD Treatment (PPT) and Youth PTSD Treatment (YPT) • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) • Eye Movement Desensitization and Reprocessing (EMDR) Therapy • Coordinated System of Care (CSoC) (**NOTE:** Please see the CSoC section) • Mobile Crisis Response (MCR) • Community Brief Crisis Support (CBCS) **COMMENTS:** EPSDT Behavioral Health services are administered by the Healthy Louisiana Plans. CPST, PSR, MST, FFT, HB, CBCS, and ACT must be prior authorized. **CONTACT:** Recipients that are enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com
EPSDT Dental Services	**HOW TO ACCESS SERVICES:** Dentist **ELIGIBILITY:** Medicaid recipients 0 through 20 years of age. **COVERED SERVICES:** The EPSDT Dental Program provides coverage

Benefits	*Access, Eligibility, What's covered and Notes*
EPSDT Dental Services (continued)	of certain diagnostic; preventive; restorative; endodontic; periodontic; removable prosthodontic; maxillofacial prosthetic; oral and maxillofacial surgery; orthodontic; and adjunctive general services. Specific policy guidelines apply. Comprehensive Orthodontic Treatment (braces) are paid only when there is a cranio-facial deformity, such as cleft palate, cleft lip, or other medical conditions which possibly results in a handicapping malocclusion. If such a condition exists, the recipient should see a Medicaid-enrolled orthodontist. Patients having only crowded or crooked teeth, spacing problems or under/overbite are not covered for braces, unless identified as medically necessary. **COMMENTS:** DentaQuest and MCNA Dental administer the dental benefits for eligible Medicaid recipients. Contact your plan to locate a network provider for questions about covered dental services. **CONTACT:** **DentaQuest:** 1-800-685-0143 www.DentaQuest.com **MCNA Dental:** 1-855-702-6262 www.MCNALA.net **Andrea Perry:** 225-342-7476 **Tiffany Hayes:** 225-342-7877
EPSDT Personal Care Services	**HOW TO ACCESS SERVICES:** Physician and Personal Care Attendant Agencies **ELIGIBILITY:** Medicaid recipients age 0 through 20 years of age and have been prescribed medically necessary, age appropriate EPSDT-PCS by a practitioner (physician, advance practice nurse, or physician assistant). The practitioner shall specify the health/medical condition that necessitates EPSDT-PCS. Medical necessity criteria shall be based on functional and medical eligibility and impairment in at least two activities of daily living. To establish medical necessity, the EPSDT eligible must be of an age at which the tasks to be performed by the PCS provider would ordinarily be performed by the individual, if not for being disabled due to illness or injury. Waiver services (recipients age 0 to 20 years of age) and PCS may be performed on the same date, but not at the same time. If the recipient is receiving home health, respite, and/or any other related service, the PCS provider cannot provide service at the same time as the other Medicaid covered service provider.

Benefits	*Access, Eligibility, What's covered and Notes*
EPSDT Personal Care Services (continued)	**COVERED SERVICES:** • Basic personal care – toileting & grooming activities • Assistance with bladder and/or bowel requirements or problems • Assistance with eating and food preparation • Performance of incidental household chores, only for the recipient • Accompanying, not transporting, recipient to medical appointments Does NOT cover any medical tasks such as medication administration, tube feedings, urinary catheters, ostomy or tracheostomy care. **COMMENTS:** The Personal Care Agency must submit the prior authorization request. Recipients receiving Support Coordination (Case Management Services) must also have their PCS prior authorized. PCS is not subject to service limits. Units approved will be based on medical necessity and the need for covered services. Medicaid recipients receiving Personal Care Services must have practitioner's prescription and meet medical criteria. Does not include medical tasks. Provided by licensed providers enrolled in Medicaid to provide personal care services. **CONTACT:** Recipients that are enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Norma Seguin:** 225-342-7513

Benefits	*Access, Eligibility, What's covered and Notes*
EPSDT Screening Services (Child Health-Preventive Services)	**HOW TO ACCESS SERVICES:** Physician **ELIGIBILITY:** All Medicaid recipients 0 through 20 years of age. **COVERED SERVICES:** • A comprehensive health and developmental history (including assessment of physical and mental health and development) • A comprehensive unclothed physical exam or assessment • Appropriate immunizations according to age and health history • Laboratory tests* (including age-appropriate screenings for newborns, iron deficiency anemia, blood lead levels, dyslipidemia, and sexually transmitted infections) • Health education (including anticipatory guidance) • Vision Screening • Hearing Screening • Dental Screening • Developmental Screening **COMMENTS:** Recipients receive their screening services from the primary care provider (PCP) or appropriate health care provider. Screening services are provided according to the "Recommendations for Preventive Pediatric Health Care" promulgated by the American Academy of Pediatrics (AAP)/Bright Futures with three exceptions: • This policy only applies to Medicaid recipients under the age of 21. (The AAP/Bright Futures periodicity schedule provides guidance for patients through age 21) • Perinatal depression screening is a recommended, but not required, component of the EPSDT preventive screening • There are stricter requirements for lead assessment and blood lead screening in keeping with the Louisiana Office of Public Health recommendations **CONTACT:** Recipients that are enrolled with one of the Healthy Louisiana plans

Benefits	*Access, Eligibility, What's covered and Notes*
EPSDT Screening Services (Child Health-Preventive Services) **(continued)**	may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Norma Seguin:** 225-342-7513 **Specialty Care Resource Line:** 1-877-455-9955
Family Planning Services (Take Charge Plus-Fee for Service Recipients)	**HOW TO ACCESS SERVICES:** Any Medicaid provider who offers family planning services. **ELIGIBILITY:** All Louisiana Medicaid recipients of child bearing age regardless of gender with an income at or below 138% of the Federal Poverty level. Pregnant women are excluded from this program. **COVERED SERVICES:** Family planning related services and care related to: • Birth control (pills, implants, injections, condoms, and IUDs) • Cervical cancer screening and treatment for most abnormal results • Contraceptive counseling and education • Prescriptions, and follow-up visits to treat STIs • Treatment of major complications from certain family planning procedures • Voluntary sterilization for males and females (over age 21) • Vaccines for both males and females for the prevention of HPV • Transportation to family planning appointments **COMMENTS:** Take Charge Plus (Fee for Service recipients) is limited to family planning services and family planning related services. There are no enrollment fees, no premiums, co-payments or deductibles. All Medicaid providers including American Indian "638" Clinics, RHCs and FQHCs are reimbursed at established fee-for-

Benefits	*Access, Eligibility, What's covered and Notes*
Family Planning Services (Take Charge Plus-Fee for Service Recipients) (continued)	service rates published in the Take Charge Plus fee schedule. Medicaid recipients that want to enroll with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below: **Web:** https://www.myplan.healthy.la.gov/en **Phone:** Monday through Friday from 8:00 a.m. to 5:00 p.m. call 1-855-229-6848. For hearing impaired (TTY) please call 1-855-526-3346. **Mail:** Healthy Louisiana, P.O. Box 1097, Atlanta, GA 30301-9913 **Fax:** 1-888-858-3875 **CONTACT:** **Sharetha Brown:** 225-219-2555 (Please utilize the above contact for questions related to fee-for-service coverage.) **NOTE:** The contact person and number provided should not be utilized for making appointments.
Family Planning Services in Physician's Office	**HOW TO ACCESS SERVICES:** Physician or Healthcare Professional **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** Certain family planning services are covered when provided in a physician's office. **COMMENTS:** Some services require prior authorization. Providers will submit requests for prior authorization. Services are subject to limitations and exclusions. Your physician or healthcare professional can help with this. Medicaid recipients that want to enroll with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below: **Web:** https://www.myplan.healthy.la.gov/en **Phone:** Monday through Friday from 8:00 a.m. to 5:00 p.m. call 1-855-229-6848. For hearing impaired (TTY) please call 1-855-526-3326. **Mail:** Healthy Louisiana, P.O. Box 1097, Atlanta, GA 30301-9913 **Fax:** 1-888-858-3875 **CONTACT:** Recipients that are already enrolled with one of the Healthy

Benefits	*Access, Eligibility, What's covered and Notes*
Family Planning Services in Physician's Office (continued)	Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com
Federally Qualified Health Centers (FQHC)	**HOW TO ACCESS SERVICES:** Nearest FQHC or American Indian Clinic **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists. Covered benefits include medical, behavioral health, and dental. **COMMENTS:** There are 3 components that may be provided: • Encounter visits • EPSDT Screening Services • EPSDT Dental, and Adult Denture Services **CONTACT:** Recipients enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Tabitha Bell:** 225-342-5691 **Lavondra Allison:** 225-342-2969

Benefits	*Access, Eligibility, What's covered and Notes*
Free Standing Birthing Centers	**HOW TO ACCESS SERVICES:** Certified Nurse Midwife or Licensed Midwife **ELIGIBILITY:** All Medicaid eligible pregnant women. **COVERED SERVICES:** Vaginal delivery services for females who have had a low risk, normal pregnancy, prenatal care and that are expected to have an uncomplicated labor and normal vaginal delivery. **COMMENTS:** Free Standing Birthing Center is a free standing facility, separate from a hospital. Stays for delivery are usually less than 24 hours. Epidural anesthesia is not provided for deliveries at Free Standing Birthing Centers. Medicaid recipients that want to enroll with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below: **Web:** https://www.myplan.healthy.la.gov/en **Phone:** Monday through Friday from 8:00 a.m. to 5:00 p.m. call 1-855-229-6848. For hearing impaired (TTY) please call 1-855-526-3346. **Mail:** Healthy Louisiana, P.O. Box 1097, Atlanta, GA 30301-9913 **Fax:** 1-888-858-3875 **CONTACT:** Recipients already enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Sharetha Brown:** 225-219-2555
Hearing Aids See also: Durable Medical Equipment	**HOW TO ACCESS SERVICES:** Durable Medical Equipment Provider **ELIGIBILITY:** Medicaid recipients 0 to 20 years of age.

Benefits	*Access, Eligibility, What's covered and Notes*
Hearing Aids See also: Durable Medical Equipment **(continued)**	**COVERED SERVICES:** Hearing aids and any related ancillary equipment such as earpieces, batteries, etc. Repairs are covered if the hearing aid was paid for by Medicaid. **COMMENTS:** All services must be prior authorized and the DME provider will arrange for the request of prior authorization. **CONTACT:** Recipients enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Tabitha Bell:** 225-342-5691 **Lavondra Allison:** 225-342-2969
Hemodialysis Services See also: Hospital-Outpatient Services	**HOW TO ACCESS SERVICES:** Dialysis Centers and Hospitals **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** Dialysis treatment (including routine laboratory services); medically necessary non-routine lab services; and medically necessary injections. **CONTACT:** Recipients enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com

Benefits	*Access, Eligibility, What's covered and Notes*
Hemodialysis Services See also: Hospital-Outpatient Services **(continued)**	Recipients covered under **Fee for Service:** **Justin Owens:** 225-342-6888
Home Health	**HOW TO ACCESS SERVICES:** A physician, nurse practitioner, clinical nurse specialist, or physician assistant licensed, certified, registered, or otherwise authorized to order home healthcare services consistent with State law. This is referred to as an Authorized Healthcare Provider. **ELIGIBILITY:** All Medicaid recipients. Medically Needy (Type Case 20 & 21) recipients are not eligible for Aide Visits, Physical Therapy, Occupational Therapy, Speech/Language Therapy. **COVERED SERVICES:** • Intermittent/part-time nursing services including skilled nurse visits • Aide Visits • Physical Therapy Services • Occupational Therapy • Speech/Language Therapy **COMMENTS:** Recipients receiving Home Health must have an Authorized Healthcare Provider's prescription and signed plan of care. PT, OT, and Speech/Language Therapy require prior authorization. Crisis Response Team – for Medicaid recipients 0 through 20 years of age and under a waiver program (Supports, ROW, NOW, Children's Choice) and not receiving prescribed medically necessary intermittent nursing services for 2 consecutive weeks. **Home Health Extended** **HOW TO ACCESS SERVICES:** A physician, nurse practitioner, clinical nurse specialist, or physician assistant licensed, certified, registered, or otherwise authorized to order home healthcare services consistent with State law. This is referred to as an Authorized Healthcare Provider. **ELIGIBILITY:** Medicaid recipients 0 to 20 years of age.

Benefits	*Access, Eligibility, What's covered and Notes*
Home Health (continued)	**COVERED SERVICES:** Multiple hours of skilled nurse services. All medically necessary medical tasks that are part of the plan of care can be administered in the home. **COMMENTS:** Recipients receiving extended nursing services must have a letter of medical necessity and an Authorized Healthcare Provider's prescription. Extended Skilled nursing services require prior authorization. **CONTACT:** Recipients enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Justin Owens:** 225-342-6888 **Crisis Response Team:** 1-866-729-0017 crisisresponseteam@la.gov **Home Health: Crisis Response Team** **ELIGIBILITY:** Medicaid recipients 0 to 20 years of age that are under the following waiver programs and who are not receiving some or all of the hours of extended home health or intermittent nursing services as authorized by the program requirements. **WAIVER PROGRAMS:** • Children's Choice Waiver (CCW) • New Opportunities Waiver (NOW) • Supports Waiver (SW) • Residential Options Waiver (ROW) **CONTACT:** **Crisis Response Team:** 1-866-729-0017 crisisresponseteam@la.gov

Benefits	*Access, Eligibility, What's covered and Notes*
Hospice	**HOW TO ACCESS SERVICES:** Hospice Provider/Physician **ELIGIBILITY:** All Medicaid recipients. Hospice eligibility information: 1-800-877-0666, Option 2 **COVERED SERVICES:** Medicare allowable services. **CONTACT:** Recipients enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Justin Owens:** 225-342-6888
Hospital – Emergency Room Services	**HOW TO ACCESS SERVICES:** Physician/Hospital **Eligibility:** All Medicaid recipients. **COVERED SERVICES:** Emergency Room Services **COMMENTS:** No service limits. **CONTACT:** Recipients enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com

Benefits	*Access, Eligibility, What's covered and Notes*
Hospital – Inpatient Services	**HOW TO ACCESS SERVICES:** Physician/Hospital **ELIGIBILITY:** All Medicaid recipients. Medically Needy (Type Case 20 & 21) under age of 21 are not eligible for Inpatient Psychiatric Services. **COVERED SERVICES:** Inpatient hospital care needed for the treatment of an illness or injury which can only be provided safely & adequately in a hospital setting. Includes those basic services that a hospital is expected to provide. **CONTACT:** Recipients enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com
Hospital- Outpatient Services	**HOW TO ACCESS SERVICES:** Physician/Hospital **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** • Diagnostic & therapeutic outpatient services, including outpatient surgery and rehabilitation services. • Therapeutic and diagnostic radiology services. • Chemotherapy • Hemodialysis **COMMENTS:** Outpatient rehabilitation (physical therapy, occupational therapy and speech therapy) require prior authorization. Provider will submit request for prior authorization. **CONTACT:** Recipients enrolled with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com

Benefits	*Access, Eligibility, What's covered and Notes*
Hospital- Outpatient Services (continued)	**Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com
Laboratory Tests & Radiology Services	**HOW TO ACCESS SERVICES:** Physician **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** Most diagnostic testing and radiological services ordered by the attending or consulting physician. Portable (mobile) x-rays are covered only for recipients who are unable to leave their place of residence without special transportation or assistance to obtain physician ordered x-rays. **COMMENTS:** All requests for any radiology services requiring prior approval are initiated by the ordering physician. Recipients may follow up with the ordering physician for the status of any ordered radiology service. Medicaid recipients that want to enroll with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below: **Web:** https://www.myplan.healthy.la.gov/en **Phone:** Monday through Friday from 8:00 a.m. to 5:00 p.m. call 1-855-229-6848. For hearing impaired (TTY) please call 1-855-526-3326. **Mail:** Healthy Louisiana, P.O. Box 1097, Atlanta, GA 30301-9913 **Fax:** 1-888-858-3875 **CONTACT:** Recipients already enrolled in with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133

Benefits	*Access, Eligibility, What's covered and Notes*
Laboratory Tests & Radiology Services (continued)	www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Sharetha Brown:** 225-219-2555
Long Term – Personal Care Services (LT-PCS) For Medicaid recipients ages 0 through 20, see: EPSDT Personal Care Services	**HOW TO ACCESS SERVICES:** Louisiana Options in Long-Term Care (Conduent) 1-877-456-1146 for information, eligibility information, assessments and service requirements. **ELIGIBILITY:** All Medicaid recipients age 65 or older, or age 21 and older with disabilities (meets Social Security Administration disability criteria), must meet the medical standards for admission to a nursing facility and additional targeting criteria, and be able to participate in their care and direct the services provided by the worker independently or through a responsible representative. Applicants must require at least limited assistance with at least one Activity of Daily Living. **COVERED SERVICES:** • Basic personal care-toileting & grooming activities. • Assistance with bladder and/or bowel requirements or problems. • Assistance with eating and food preparation. • Performance of incidental household chores, only for the recipient. • Accompanying, not transporting, recipient to medical appointments. • Grocery shopping, including personal hygiene items. **COMMENTS:** Recipients or the responsible representative must request the service. This program is **not** a substitute for existing family and/or community supports, but is designed to supplement available supports to maintain the recipient in the community. Once approved for the services, the selected PCS agency must obtain prior authorization. Amount of services approved will be based on assessment of assistance needed to perform activities of daily living. Provided by PCS agencies enrolled in Medicaid.

Benefits	*Access, Eligibility, What's covered and Notes*
Long Term – Personal Care Services (LT-PCS) For Medicaid recipients ages 0 through 20, see: EPSDT Personal Care Services **(continued)**	**CONTACT:** **Louisiana Options in Long Term Care (Conduent):** 1-877-456-1146 **Office of Aging and Adult Services (OAAS):** 1-877-758-5035 **Christy Sawyer:** 225-362-7644
Nursing Facility	**ELIGIBILITY:** Medicaid recipients and persons who would meet Medicaid Long Term Care financial eligibility requirements and who meet nursing facility level of care as determined by OAAS. **COVERED SERVICES:** Skilled Nursing or medical care and related services; rehabilitation needed due to injury, disability, or illness; health-related care and services (above the level of room and board) not available in the community, needed regularly due to a mental or physical condition. **CONTACT:** **Louisiana Options in Long Term Care (Conduit):** 1-877-456-1146 **Office of Aging and Adult Services (OAAS):** 1-877-758-5035
Optical Services	**HOW TO ACCESS SERVICES:** Optometrist, Ophthalmologist or Optical Supplier **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** Recipients 0 through 20: Examinations and treatment of eye conditions, including examinations for vision correction, refraction error. Other related service, if medically necessary. Regular eyeglasses when they meet a certain minimum strength requirement. Medically necessary specialty eyewear and contact lenses with prior authorization. Contact lenses are covered if they are the only means for restoring vision. Recipients 21 and over: Examinations and treatment of eye conditions, such as infections, cataracts, etc. If the recipient has both Medicare and Medicaid, some vision related services may be covered. The recipient should contact Medicare for more information since Medicare would be the primary payer.

Benefits	*Access, Eligibility, What's covered and Notes*
Optical Services (continued)	**COMMENTS:** Recipients 0 to 20 Specialty eyewear and contact lenses, if medically necessary for EPSDT recipients requires prior authorization. The provider will submit requests for the prior authorization. A prior authorization approval does not guarantee patient eligibility. Prescriptions are required for all glasses/contacts. After a prescription is obtained, the recipient may see an optical supplier to receive the glasses/contacts. Recipients 21 and over **NON-COVERED SERVICES:** • Routine eye examinations for vision correction • Routine eye examinations for refraction error • Eyeglasses Medicaid recipients that want to enroll with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below (some plans offer vision services value-added benefits): **Web:** https://www.myplan.healthy.la.gov/en **Phone:** Monday through Friday from 8:00 a.m. to 5:00 p.m. call 1-855-229-6848. For hearing impaired (TTY) please call 1-855-526-3346. **Mail:** Health Louisiana, P.O. Box 1097, Atlanta, GA 30301-9913 **Fax:** 1-888-858-3875 **CONTACT:** Recipients already enrolled in with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** For **ophthalmology:**

Benefits	*Access, Eligibility, What's covered and Notes*
Optical Services (continued)	**Sharetha Brown:** 225-219-2555 For **eyewear:** **Tabitha Bell:** 225-342-5691 **Lavondra Allison:** 225-342-2969
Pediatric Day Health Care (PDHC)	**HOW TO ACCESS SERVICES:** Physician or PDHC Agencies **ELIGIBILITY:** Medicaid recipients ages 0 through 20 who have a medically fragile condition and who require nursing supervision and possibly therapeutic interventions all or part of the day due to a medically complex condition. **COVERED SERVICES:** • Nursing care • Respiratory care • Physical Therapy • Speech-language therapy • Occupational Therapy • Social Services • Personal Care Services • Transportation to and from PDHC facility **COMMENTS:** PDHC services require prior authorization. The PDHC facility must submit the prior authorization request. In order to receive PDHC, the recipient must have a prescription from their prescribing physician and meet the medical criteria. PDHC may be provided up to 7 days per week and up to 12 hours per day for Medicaid recipients as documented by the recipient's Plan of Care. Services are provided by licensed providers enrolled in Medicaid to provide PDHC services. The following services are not covered: • Before and after school care • Medical equipment, supplies and appliances • Parenteral or enteral nutrition • Infant food or formula Prescribed medications are to be provided each day by recipient's

Benefits	*Access, Eligibility, What's covered and Notes*
Pediatric Day Health Care (PDHC) (continued)	parent/guardian. **CONTACT:** Recipients enrolled in with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Norma Seguin:** 225-342-7513
Program for All Inclusive Care for the Elderly (PACE) Program available in New Orleans, Baton Rouge, Lafayette and Alexandra area.	**ELIGIBILITY:** Medicaid recipients are persons age 55 years or older, who live in the PACE provider service area and are certified to meet nursing facility level of care and financially eligible for Medicaid long term care. Participation is voluntary and enrollees may disenroll at any time. **COVERED SERVICES:** ALL Medicaid and Medicare services, both acute and long-term care. **COMMENTS:** • Emphasis is on enabling recipients to remain in community and enhance quality of life. • Interdisciplinary team performs assessment and develops individualized plan of care. • Each PACE program serves a specific geographic region. • PACE programs bear financial risk for all medical support services required for recipients. • PACE programs receive a monthly capitated payment for Medicaid and Medicare eligible recipients. **CONTACT:** **Office of Aging and Adult Services (OAAS):** 1-866-758-5035 **PACE Greater New Orleans:** 504-945-1531 **Franciscan PACE Baton Rouge:** 225-490-0640

Benefits	*Access, Eligibility, What's covered and Notes*
Program for All Inclusive Care for the Elderly (PACE) Program available in New Orleans, Baton Rouge, Lafayette and Alexandra area. **(continued)**	**Franciscan PACE Lafayette:** 337-470-4500 **Trinity Health PACE Alexandria:** 318-206-1000
Pharmacy Services	**HOW TO ACCESS SERVICES:** Pharmacies **ELIGIBILITY:** All Medicaid recipients except some who are Medicare/Medicaid dual eligible. Recipients who are full benefit dual eligible (Medicare/Medicaid) received their pharmacy benefits through Medicare Part D. Recipients enrolled with an MCO; with only behavioral health services, receive prescription benefits through the fee-for-service Medicaid program. **COVERED SERVICES:** Covers prescription drugs, except: • Cosmetic drugs (Except Accutane); • Cough & cold preparations; • Anorexics (except for Xenical); • Fertility drugs when used for fertility treatment; • Experimental drugs; • Compounded prescriptions; • Drug Efficacy Study Implementation (DESI) drugs; • Erectile Dysfunction (ED) Medications • Over the counter (OTC) drugs, with some exceptions; **COMMENTS:** Co-payments ($0.50-$3.00) are required except for some recipient categories. NO co-payments for the following recipients: • Under age 21 • Pregnant women • Long Term Care recipients • American Indians/Alaska Natives • Home and Community Based Waiver • Emergency Services

Benefits	*Access, Eligibility, What's covered and Notes*
Pharmacy Services (continued)	• Family planning services • Preventive medications as designated by the US Preventive Services Task Force A and B Recommendations • Individuals receiving hospice care • Women whose basis of Medicaid eligibility is breast or cervical cancer Prescription limits: 4 per calendar month (The physician can override this limit when medically necessary). Limits do not apply to recipients under age 21, pregnant women, or those in Long Term Care. Prior authorization is required for some drugs categories if the medication is not on the Preferred Drug List (PDL). Children are not exempt from this process. The PDL can be accessed at www.lamedicaid.com. **CONTACT:** **Gabriell Johnson-Stewart:** 225-219-4151 **Sue Fontenot:** 225-342-2768 **General pharmacy questions:** 1-800-437-9101
Physician/Professional Services	**HOW TO ACCESS SERVICES:** Physician or Healthcare Professional **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** Professional medical services including those of a physician, nurse midwife, nurse practitioner, clinical nurse specialists, physician assistant. Certain family planning services are covered when provided in a physician's office. **COMMENTS:** Some services require prior authorization. Providers will submit requests for prior authorization. Services are subject to limitations and exclusions. Your physician or healthcare professional can help with this. Medicaid recipients that want to enroll with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below: **Web:** https://www.myplan.healthy.la.gov/en **Phone:** Monday through Friday from 8:00 a.m. to 5:00 p.m. call 1-

Benefits	*Access, Eligibility, What's covered and Notes*
Physician/Professional Services (continued)	855-229-6848. For hearing impaired (TTY) please call 1-855-526-3346. **Mail:** Healthy Louisiana, P.O. Box 1097, Atlanta, GA 30301-9913 **Fax:** 1-888-858-3875 **CONTACT:** Recipients already enrolled in with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** For **immunizations:** **Norma Seguin:** 225-342-7513 For **professional services:** **Sharetha Brown:** 225-219-2555 **NOTE:** The contact person and number provided should not be utilized for making appointments.
Podiatry Services	**HOW TO ACCESS SERVICES:** Podiatrist **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** Office visits. Certain radiology & lab procedures and other diagnostic procedures. **COMMENTS:** Some prior authorization, exclusions, and restrictions apply. Providers will submit request for prior authorization. Medicaid recipients that want to enroll with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below: **Web:** https://www.myplan.healthy.la.gov/en **Phone:** Monday through Friday from 8:00 a.m. to 5:00 p.m. call 1-855-229-6848. For hearing impaired (TTY) please call 1-855-526-3346.

Benefits	*Access, Eligibility, What's covered and Notes*
Podiatry Services (continued)	**Mail:** Healthy Louisiana, P.O. Box 1097, Atlanta, GA 30301-9913 **Fax:** 1-888-858-3875 **CONTACT:** Recipients already enrolled in with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Sharetha Brown:** 225-219-2555 **NOTE:** The contact person and number provided should not be utilized for making appointments.
Pre-Natal Care Services	**HOW TO ACCESS SERVICES:** Physicians or Healthcare Professional **ELIGIBILITY:** Female Medicaid recipients of child bearing age. **COVERED SERVICES:** • Office visits • Lab and radiology services. **COMMENTS:** Medicaid recipients that want to enroll with one of the Healthy Louisiana plans should contact Healthy Louisiana via the information below: **Web:** https://www.myplan.healthy.la.gov/en **Phone:** Monday through Friday from 8:00 a.m. to 5:00 p.m. call 1-855-229-6848. For hearing impaired (TTY) please call 1-855-526-3346. **Mail:** Healthy Louisiana, P.O. Box 1097, Atlanta, GA 30301-9913 **Fax:** 1-888-858-3875 **CONTACT:** Recipients already enrolled in with one of the Healthy Louisiana plans may contact the plan they are enrolled in:

Benefits	*Access, Eligibility, What's covered and Notes*
Pre-Natal Care Services (continued)	**Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Sharetha Brown:** 225-219-2555 **NOTE:** The contact person and number provided should not be utilized for making appointments.
Psychiatric Hospital Care	**HOW TO ACCESS SERVICES:** Physician/Hospital **ELIGIBILITY:** All Medicaid recipients. Medically Needy (Type Case 20 & 21) under age of 21 are not eligible for Inpatient Psychiatric Services. **COVERED SERVICES:** Inpatient hospital care needed for the treatment of an illness or injury which can only be provided safely & adequately in a hospital setting. Includes those basic services that a hospital is expected to provide. **CONTACT:** Recipients enrolled in with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com
Rehabilitation Clinic Services	**HOW TO ACCESS SERVICES:** Physician **ELIGIBILITY:** Medicaid recipients 0 through 20 years of age **COVERED SERVICES:**

Benefits	*Access, Eligibility, What's covered and Notes*
Rehabilitation Clinic Services (continued)	• Occupational Therapy • Physical Therapy • Speech, Language and Hearing Therapy **COMMENTS:** All services must be prior authorized. The provider of services will submit the request for prior authorization. **CONTACT:** Recipients enrolled in with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Justin Owens:** 225-342-6888
Rural Health Clinics	**HOW TO ACCESS SERVICES:** Rural Health Clinic or American Indian Clinic **ELIGIBILITY:** All Medicaid recipients **COVERED SERVICES:** Professional medical services furnished by physicians, nurse practitioners, physician assistants, nurse midwives, clinical social workers, clinical psychologists, and dentists. Covered benefits include medical, behavioral health, and dental. **COMMENTS:** There are three components that may be provided: • Encounter visits • EPSDT Screening Services • EPDST Dental, and Adult Denture Services **CONTACT:** Recipients enrolled in with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana

Benefits	*Access, Eligibility, What's covered and Notes*
Rural Health Clinics (continued)	**AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Tabitha Bell:** 225-342-5691 **Lavondra Allison:** 225-342-2969
Sexually Transmitted Disease (STD) Clinics	**HOW TO ACCESS SERVICES:** OPH Public Health Units **ELIGIBILITY:** All Medicaid recipients. **COVERED SERVICES:** Testing, counseling, and treatment of all sexually transmitted diseases (STD). Confidential HIV testing. **CONTACT:** **Public Health Unit Directory:** https://ldh.la.gov/oph-regional-offices
Therapy Services	**HOW TO ACCESS SERVICES:** Recipients have the choice of services from the following provider types: Home Health; Hospital-Outpatient Services; and Rehabilitation Clinic Services. **ELIGIBILITY:** Medicaid recipients 0 through 20 years of age. **COVERED SERVICES:** • Audiological Services (Available in Rehabilitation Clinic and Hospital-Outpatient settings only.) • Occupational Therapy • Physical Therapy • Speech & Language Therapy **COMMENTS:** Covered services can be provided in the home through Home Health and Rehabilitation Clinics. Services provided by Rehabilitation Clinics can also be provided at the clinic. Services provided through Hospital-Outpatient Services must be provided at the facility/clinic. Covered services may be provided in addition to services provided by EarlySteps/EICs or School Boards if prescribed by a physician and prior authorized.

Benefits	*Access, Eligibility, What's covered and Notes*
Therapy Services (continued)	All medically necessary services must be prescribed by a physician and prior authorization is required. The provider of services will submit requests for prior authorization. **HOW TO ACCESS SERVICES:** EPSDT Health Services-Early Intervention Centers (EIC) or EarlySteps Program **ELIGIBILITY:** Medicaid recipients under 3 years of age. **COVERED SERVICES:** • Audiological Services • Occupational Therapy • Physical Therapy • Speech & Language Therapy • Psychological Therapy **COMMENTS:** All EPSDT Health Services through EICs and EarlySteps must be included in the infant/toddler's Individualized Family Service Plan (IFSP). If services are provided by an EIC or EarlySteps, prior authorization requirements are met through inclusion of services on the IFSP. **HOW TO ACCESS SERVICES:** EPSDT Health Services-Local Education Agencies (LEA) e.g. School Boards **ELIGIBILITY:** Medicaid recipients 3 through 20 years of age. **COVERED SERVICES:** • Audiology Services • Behavioral Health Services • Applied Behavior Analyst Therapy (ABA) • Occupational, Physical, Speech and Respiratory Therapy • Optometry Services • Personal Care Services (PCS) • Physician/Nursing Services • Transportation **COMMENTS:** Services are performed by the Local Education Agencies (LEA). EPSDT health services on the Medicaid approved Periodicity Table may be reimbursed when provided by a licensed practitioner within the scope of their practice. All other health services must be included in a completed authorizing document

Benefits	*Access, Eligibility, What's covered and Notes*
Therapy Services (continued)	pursuant to 34 C.F.R. § 104.36: • Individualized Education Plan (IEP) • Section 504 Accommodation Plan • Individualized Health Care Plan • Any other medically necessary written plan of care **HOW TO ACCESS SERVICES:** • Physician • Medicaid recipients 21 years of age and older may access Therapy Services through Hospital – Outpatient Services or Home Health Services **ELIGIBILITY:** Medicaid recipients 21 years of age and older. Medically Needy (Type Case 20 & 21) beneficiaries are not eligible for Physical Therapy, Occupational Therapy, and Speech/Language Therapy in a Home Health setting. **COVERED SERVICES:** • Physical Therapy • Occupational Therapy • Speech/Language Therapy **COMMENTS:** PT, OT, and Speech/Language Therapy require a physician's prescription. PT, OT, and Speech/Language Therapy require prior authorization. **CONTACT:** Recipients enrolled in with one of the Healthy Louisiana plans may contact the plan they are enrolled in: **Aetna:** 1-855-242-0802 www.aetnabetterhealth.com/louisiana **AmeriHealth Caritas Louisiana:** 1-888-756-0004 www.amerihealthcaritasla.com **Healthy Blue:** 1-844-521-6941 www.myhealthybluela.com **Humana Healthy Horizons in Louisiana:** 1-800-448-3810 www.humana.com/medicaid/louisiana **Louisiana Healthcare Connections:** 1-866-595-8133 www.louisianahealthconnect.com Recipients covered under **Fee for Service:** **Therapy Services (Home Health, Hospital-Outpatient Services, and Rehab Clinic Services): Justin Owens:** 225-342-6888

Benefits	*Access, Eligibility, What's covered and Notes*
Therapy Services (continued)	**Therapy Services (EPSDT Health Services-EIC or EarlySteps Program): Caroline Oglesby:** 225-342-8932 **Therapy Services (EPSDT Health Services – LEA e.g. School Boards): Anissa Young-Ned:** 225-342-6885 **Therapy Services (Physician – Recipients 21 years of age and older access through hospital outpatient or home health setting): Justin Owens:** 225-342-6888
Transportation	**Non-Emergency Medical Transportation** **HOW TO ACCESS SERVICES:** Healthy Louisiana managed care plan recipients should contact: **Aetna:** 1-877-917-4150 **AmeriHealth Caritas:** 1-888-913-0364 **Healthy Blue:** 1-866-430-1101 **Humana Healthy Horizons in Louisiana:** 1-844-613-1638 **Louisiana Healthcare Connections:** 1-855-369-3723 **Legacy Medicaid (Fee for Service) recipients should contact:** **Verida:** 1-855-325-7626 **ELIGIBILITY:** All Medicaid recipients who are eligible for non-emergency medical transportation (NEMT) services. **COVERED SERVICES:** Transportation to and/or from Medicaid covered services, including carved-out services, or value added benefits (VAB) when no other means of transportation is available. Beginning January 1, 2023, Medicaid will only reimburse for a recipient's transportation services to a Fee-For-Service (FFS) provider or a managed care provider if that provider has enrolled through the Medicaid Provider Enrollment. Eligible expenses include the following when necessary to ensure the delivery of medically necessary services: • Transportation for the recipient and one attendant • Meals, lodging, and other related travel expenses for the recipient and one attendant when long distance travel is required. Long distance is defined as when the total travel time, including the duration of the appointment plus the travel to and from the appointment, exceeds 12 hours.

Benefits	*Access, Eligibility, What's covered and Notes*
Transportation (continued)	Medicaid covers meals and lodging for trips that are not otherwise covered in the inpatient per diem, primary insurance, or other payer source. **COMMENTS:** With the exception of urgent transportation requests and discharges from inpatient facilities, when requesting transportation services, the recipients and healthcare providers should schedule all services a minimum of 48 hours prior to the requested appointment. The 48-hour minimum does not include non-business days. However, the MCO and/or transportation broker must make a reasonable attempt to schedule the trip with less than 48 hour notice. Urgent transportation refers to a request for transportation made by a healthcare provider for a medical service, which does not warrant emergency transport but cannot be postponed. All non-emergency out-of-state transportation must be prior approved by the MCO or transportation broker. The MCO may approve transportation to out-of-state medical care only if the recipient has been granted approval to receive medical treatment out of state. An attendant shall be required when the recipient is under the age of 17. The attendant must be a parent, legal guardian, or responsible person designated by the parent/legal guardian, and be able to authorize medical treatment and care for the recipient. Attendants may not be under the age of 17 or be a Medicaid provider or employee of a Medicaid provider that is providing services to the recipient being transported, except for employees of a mental health facility in the event a recipient has been identified as being a danger to themselves or others or at risk for elopement. They also may not be a transportation provider or an employee of a transportation provider. **Exception:** All females, regardless of their age, seeking prenatal and/or postpartum care shall not be required to have an attendant. **Non-Emergency Ambulance Transportation (NEAT)** **HOW TO ACCESS SERVICES:** Healthy Louisiana managed care plan recipients should contact: **Aetna:** 1-877-917-4150 **AmeriHealth Caritas:** 1-888-913-0364

Benefits	*Access, Eligibility, What's covered and Notes*
Transportation (continued)	**Healthy Blue:** 1-866-430-1101 **Humana Healthy Horizons in Louisiana:** 1-844-613-1638 **Louisiana Healthcare Connections:** 1-855-369-3723 **Legacy Medicaid (FFS) recipients should contact:** **Verida:** 1-855-325-7626 **ELIGIBILITY:** All Medicaid recipients who are eligible for non-emergency ambulance transportation (NEAT) services. **COVERED SERVICES:** Transportation provided to a Medicaid recipient by ground/air ambulance to and/or from a Medicaid covered service, including carved out services or VAB when: No other means of transportation is available; recipient's condition is such that use of any other method of transportation is contraindicated or would make the recipient susceptible to injury; and the nature of the trip is not an emergency, but the recipient requires the use of an ambulance. Beginning January 1, 2023, Medicaid will only reimburse for a recipient's transportation services to a FFS provider or a managed care provider if that provider has enrolled through the Medicaid Provider Enrollment. An attendant shall be required when the recipient is under the age of 17. The attendant must be a parent, legal guardian, or responsible person designated by the parent/legal guardian; and be able to authorize medical treatment and care for the recipient. Attendants may not be under the age of 17 or be a Medicaid provider or employee of a Medicaid provider that is providing services to the recipient being transported, except for employees of a mental health facility in the event a recipient has been identified as being a danger to themselves or others or at risk for elopement. **Exception:** All females, regardless of their age, seeking prenatal and/or postpartum care shall not be required to have an attendant. **Comments:** A recipient or a medical facility may schedule NEAT services through an ambulance provider or the transportation broker. The recipient's treating physician, a registered nurse, the director of nursing at a nursing facility, a nurse practitioner, a physician assistant, or a clinical nurse specialist must certify on the Certification of Ambulance Transportation (CAT) that the transport is

Benefits	*Access, Eligibility, What's covered and Notes*
Transportation (continued)	medically necessary and describe the medical condition, which necessitates ambulance services. Recipients may seek medically necessary services in another state when it is the nearest option available. All out-of-state NEAT transportation to facilities that are not the nearest available option, must be prior approved by the MCO and/or transportation broker. Recipients should schedule NEAT services at a minimum of 48 hours prior to the requested transportation services. The 48-hour minimum does not include non-business days. However, the MCO and/or transportation broker must make a reasonable attempt to schedule the trip with less than 48 hours' notice. Urgent transportation may be scheduled by the recipient's physician's office or healthcare facility. **Medical Transportation (Emergency)** **HOW TO ACCESS SERVICES:** Emergency ambulance providers **ELIGIBILITY:** All Medicaid recipients, who are eligible for emergency medical treatment (EMT) services. **COVERED SERVICES:** Emergency ambulance transportation is provided for a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: • Placing the health of the recipient (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy • Serious impairment to bodily functions • Serious dysfunction of any bodily organ or part A recipient may also require emergency ambulance transportation if they are psychiatrically unmanageable or need restraint. Beginning January 1, 2023, Medicaid will only reimburse for a recipient's transportation services to a FFS provider and/or managed care provider if that provider has enrolled through the Medicaid Provider Enrollment Portal. A subset of emergency medical transportation is physician directed treatment-in-place service, which facilitates a telehealth visit by an

Benefits	*Access, Eligibility, What's covered and Notes*
Transportation (continued)	ambulance provider. If a recipient being treated-in-place has a real-time deterioration in their clinical condition, the ambulance provider, telehealth provider or recipient may determine that immediate transport to an emergency department is required. **CONTACT:** **All transportation inquiries (both NEMT, NEAT, and EMT):** 225-342-9566 or 225-333-7473 **Email:** MedicaidTransportation@la.gov
Tuberculosis Clinics	**HOW TO ACCESS SERVICES:** Office of Public Health Local Health Unit **ELIGIBILITY:** All Medicaid recipients **COVERED SERVICES:** Treatment and disease management services including physician visits, medications, and x-rays. **CONTACT:** **TB Control Directory found at:** https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/tuber/TBControlDirectory.pdf
Louisiana Medicaid Waiver Services	
Benefits	***Access, Eligibility, What's covered and Notes***
Adult Day Health Care (ADHC) Waiver	**HOW TO ACCESS SERVICES:** To get on the **Request for Services Registry (RFSR)**, contact Louisiana Options in Long Term Care at 1-877-456-1146. **ELIGIBILITY:** Recipients 65 years of age or older, who meet Medicaid financial eligibility, imminent risk criteria and meet the criteria for admission to a nursing facility; or age 22-64 who are disabled according to Medicaid standards or SSI disability criteria, meet Medicaid financial eligibility and meet the criteria for admission to a nursing facility. **COVERED SERVICES:** • ADHC services • Transition Services • Support Coordination • Transition Intensive Support Coordination

Benefits	*Access, Eligibility, What's covered and Notes*
Adult Day Health Care (ADHC) Waiver (continued)	• Activity and Sensor Monitoring • ADHC Health Status Monitoring • Assistive Technology • Home Delivered Meals • Personal Emergency Response System **Comments:** This is a home and community-based alternative to nursing facility placement. **CONTACT:** **Louisiana Options in Long Term Care (Conduent):** 1-877-456-1146 **Office of Aging and Adult Services (OAAS):** 1-866-758-5035 **Recipients should call** 1-866-758-5035 or 225-219-0643
Children's Choice (CC) Waiver	**HOW TO ACCESS SERVICES:** To get on the **Request for Services Registry (RFSR)**, call the Office for Citizens with Developmental Disabilities District / Authority / Local Regional Office. Contact information is located at: http://ldh.la.gov/index.cfm/page/134/n/137 **ELIGIBILITY:** Child must be on the **DD Request for Services Registry (RFSR)**, less than 20 years old, disabled according to SSI criteria, require ICF/DD level of care, have income less than 3 times SSI amount, resources less than $2,000 and meet all Medicaid non-financial requirements. **COVERED SERVICES:** • Support Coordination • Center Based Respite • Environmental Accessibility Adaptations • Specialized Medical Equipment and Supplies, including Remote Technology (Incontinence Supplies are covered under DME for beneficiaries age 4 through 20) • Family Training • Professional Services: Aquatic Therapy, Art Therapy, Music Therapy, Sensory Integration, Hippotherapy/Therapeutic Horseback Riding • Housing Stabilization/Housing Stabilization Transition -Crisis and Non-Crisis Provisions

Benefits	*Access, Eligibility, What's covered and Notes*
Children's Choice (CC) Waiver (continued)	• Financial Management Services • Family Supports • Support Coordination **Comments:** There is a $20,650 limit per individual plan year. ($1,950 for Support Coordination balance for other services). Call the Office for Citizens with Developmental Disabilities or Local Districts/Authorities for status on the Request for Services Registry. **CONTACT:** **Office of Intellectual & Developmental Disability Supports (OIDD) Districts / Authorities / Local Regional Offices (SYSTEM ENTRY)** https://ldh.la.gov/index.cfm/page/134/n/137 **Tracy Joshua-Guy:** 225-342-0943 **Complaint Line:** 1-800-660-0488 **Support Coordination Services (Case Management)-Children's Choice Waiver** **HOW TO ACCESS SERVICES:** See Eligibility **ELIGIBILITY:** Medicaid recipients must be in the Children's Choice Waiver. There is a Request for Services Registry (RFSR) for those requesting waiver services. To get on the RFSR, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office. Contact information is located at: https://ldh.la.gov/index.cfm/page/134/n/137 **COVERED SERVICES:** Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document. **COMMENTS:** Support Coordination services must be prior authorized by LDH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The Support Coordination Agency will submit requests for the prior authorization. **CONTACT:** **Office of Intellectual & Developmental Disability Supports (OIDD), Waiver Supports and Services:** 1-866-783-5553 **Complaint Line:** 1-800-660-0488

Benefits	*Access, Eligibility, What's covered and Notes*
Community Choices Waiver (CCW)	**HOW TO ACCESS SERVICES:** To get on the **Request for Services Registry (RFSR)**, contact Louisiana Options in Long Term Care at 1-877-456-1146 **ELIGIBILITY:** Recipients 65 years of age or older, who meet Medicaid financial eligibility and meet the criteria for admission to a nursing facility; or age 21-64 who are disabled according to Medicaid standards or SSI disability criteria, meet Medicaid financial eligibility, and meet the criteria for admission to a nursing facility. **COVERED SERVICES:** • Support Coordination • Environmental Accessibility Adaptations • Transition Intensive Support Coordination • Transition Services • Personal Assistance Services • Adult Day Health Care Services • Monitored In-Home Caregiving • Assistive Devices and Medical Supplies • Assistive Technology • Skilled Maintenance Therapy: Physical, Occupational, and Speech • Nursing Services • Home Delivered Meals • Personal Emergency Response System • Caregiver Temporary Support Services • Financial Management Services • Permanent Supportive Housing **Comments:** This is a home and community-based alternative to nursing facility placement. **CONTACT:** **Louisiana Options in Long Term Care (Conduent):** 1-877-456-1146 **Office of Aging and Adult Services (OAAS):** 1-866-758-5035 **Recipients should call** 1-866-758-5035 or 225-219-0643 **Support Coordination Services (Case Management) – Community Choices Waiver** **HOW TO ACCESS SERVICES:** See Eligibility

Benefits	*Access, Eligibility, What's covered and Notes*
Community Choices Waiver (CCW) (continued)	**ELIGIBILITY:** Medicaid recipients must be in the Community Choices Waiver (CCW). There is a **Request for Services Registry (RFSR)** for those requesting waiver services. To get on the **RFSR**, contact Louisiana Options in Long Term Care at 1-877-456-1146. **COVERED SERVICES:** Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document. **Comments:** Support Coordination services must be prior authorized by LDH, Office of Aging and Adult Services (OAAS). The Support Coordination Agency will submit requests for the prior authorization. **CONTACT:** **Office of Aging and Adult Services (OAAS):** 1-866-758-5035 **Recipients** should call 1-866-758-5035 or 225-219-0643
New Opportunities Waiver (NOW)	**HOW TO ACCESS SERVICES:** To get on the **Request for Services Registry (RFSR)**, call the Office for Citizens with Developmental Disabilities District / Authority / Local Regional Office. Contact information is located at: http://ldh.la.gov/index.cfm/page/134/n/137 **ELIGIBILITY:** Recipients three (3) years of age or older who have a developmental disability as defined in LA R.S. 28:451.2. who are disabled according to Medicaid standards or SSI disability criteria, meet all Medicaid financial and non-financial eligibility criteria. **COVERED SERVICES:** • Individual Family Support: Day, Night, and Shared Supports • Center Based Respite • Community Life Engagement Development • Environmental Accessibility Adaptations • Specialized Medical Equipment and Supplies, including Incontinence Supplies and Remote Technology • Substitute Family Care Services • Supported Independent Living • Day Habilitation

Benefits	*Access, Eligibility, What's covered and Notes*
New Opportunities Waiver (NOW) (continued)	• Supported Employment: Individual and Group • Prevocational Services • Professional Services: Dietician/Nutritionist, Psychologist, Social Worker • One Time Transitional Expense • Skilled Nursing • Housing Stabilization/Housing Stabilization Transition • Personal Emergency Response System • Monitored In-Home Caregiving • Financial Management Services • Dental Services • Adult Companion Care • Monitored In Home Caregiving (MIHC) **Comments:** Call the Office for Citizens with Developmental Disabilities or local Districts/Authorities for status on the Request for Services Registry. **CONTACT:** **Office of Intellectual & Developmental Disability Supports (OIDD) Districts / Authorities / Local Regional Offices (SYSTEM ENTRY)** http://ldh.la.gov/index.cfm/page/134/n/137 **Ed Harris:** 225-342-8537 **Complaint Line:** 1-800-660-0488 **Support Coordination Services (Case Management) – New Opportunities Waiver** **HOW TO ACCESS SERVICES:** See Eligibility **ELIGIBILITY:** Medicaid beneficiaries must be in the New Opportunities Waiver. There is a **Request for Services Registry (RFSR)** for those requesting waiver services. To get on the RFSR, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office. Contact information is located at: https://ldh.la.gov/index.cfm/page/134/n/137 **COVERED SERVICES:** Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services

Benefits	*Access, Eligibility, What's covered and Notes*
New Opportunities Waiver (NOW) (continued)	and coordinate care. Services available through the Waiver are identified in the waiver section of this document. **COMMENTS:** Support Coordination services must be prior authorized by LDH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The Support Coordination Agency will submit requests for the prior authorization. **CONTACT:** **Office of Intellectual & Developmental Disability Supports (OIDD), Waiver Supports and Services:** 1-866-783-5553 **Complaint Line:** 1-800-660-0488
Residential Options Waiver (ROW)	**HOW TO ACCESS SERVICES:** To get on the **Request for Services Registry (RFSR)**, call the Office for Citizens with Developmental Disabilities District / Authority / Local Regional Office. Contact information is located at: http://ldh.la.gov/index.cfm/page/134/n/137 **ELIGIBILITY:** Recipients, birth to end of life, who have a developmental disability as defined in LA R.S. 28:451.2. who are disabled according to Medicaid standards or SSI disability criteria, meet all Medicaid financial and non-financial eligibility criteria. **COVERED SERVICES:** • Support Coordination • Community Living Supports • Host Home Services • Companion Care Services • Shared Living • Respite Care-Out of Home • Personal Emergency Response System • One Time Transition Services • Environmental Accessibility Adaptations • Assistive Technology/Specialized Medical Equipment and Supplies, including Incontinence Supplies and Remote Technology • Transportation – Community Access

Benefits	*Access, Eligibility, What's covered and Notes*
Residential Options Waiver (ROW) (continued)	• Professional Services: Speech Therapy, Occupational Therapy, Physical Therapy, Social Work, and Psychological Services • Nursing Services • Dental Services • Supported Employment • Prevocational Services • Day Habilitation • Housing Stabilization/Housing Stabilization Transition • Adult Day Health Care • Monitored In-Home Caregiving • Financial Management Services • Community Life Engagement Development **Comments:** Call the Office for Citizens with Developmental Disabilities or local Districts/Authorities for status on the **Request for Services Registry (RFSR)**. **CONTACT:** **Office of Intellectual & Developmental Disability Supports (OIDD) Districts / Authorities / Local Regional Offices (SYSTEM ENTRY)** https://ldh.la.gov/index.cfm/page/134/n/137 **Office of Intellectual & Developmental Disability Supports (OIDD), Waiver Supports and Services:** 1-866-783-5553 **Denise Boyd:** 225-342-0095 **Complaint Line:** 1-800-660-0488 **Support Coordination Services (Case Management) – Residential Options Waiver** **HOW TO ACCESS SERVICES:** See Eligibility **ELIGIBILITY:** Medicaid recipients must be in the Residential Options Waiver. There is a **Request for Services Registry (RFSR)** for those requesting waiver services. To get on the **RFSR**, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office. Contact information is located at: https://ldh.la.gov/index.cfm/page/134/n/137 **COVERED SERVICES:** Coordination of Medicaid and other services. The Support

Benefits	*Access, Eligibility, What's covered and Notes*
Residential Options Waiver (ROW) (continued)	Coordinator (Case Manager) helps to identify needs, access services and coordinate care. Services available through the Waiver are identified in the waiver section of this document. **COMMENTS:** Support Coordination services must be prior authorized by LDH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The Support Coordination Agency will submit requests for the prior authorization. **CONTACT:** **Office of Intellectual & Developmental Disability Supports (OIDD), Waiver Supports and Services:** 1-866-783-5553 **Complaint Line:** 1-800-660-0488
Supports Waiver (SW)	**HOW TO ACCESS SERVICES:** To get on the **Request for Services Registry (RFSR)**, call the Office for Citizens with Developmental Disabilities District / Authority / Local Regional Office. Contact information is located at: http://ldh.la.gov/index.cfm/page/134/n/137 **ELIGIBILITY:** Recipients 18 and older who have a developmental disability as defined in LA R.S. 28:451.2. who are disabled according to Medicaid standards or SSI disability criteria, and meet Medicaid financial and non-financial eligibility, and meet all Medicaid non-financial requirements. **COVERED SERVICES:** • Support Coordination • Supported Employment • Day Habilitation • Prevocational Services • Respite (In Home and Center Based) • Personal Emergency Response System • Housing Stabilization Transition/Housing Stabilization Service • Habilitation • Specialized Medical Equipment and Supplies, including Incontinence Supplies and Remote Technology • Dental Services • Community Life Engagement Development

Benefits	*Access, Eligibility, What's covered and Notes*
Supports Waiver (SW) (continued)	**Comments:** Call the Office for Citizens with Developmental Disabilities or local Districts/Authorities for status on the **Request for Services Registry (RFSR)** **CONTACT:** **Office of Intellectual & Developmental Disability Supports (OIDD) Districts/Authorities/Local Regional Offices (SYSTEM ENTRY)** http://ldh.la.gov/index.cfm/page/134/n/137 **Rosemary Morales:** 225-342-0095 **Complaint Line:** 1-800-660-0488 **Support Coordination Services (Case Management) – Supports Waiver** **HOW TO ACCESS SERVICES:** See Eligibility **ELIGIBILITY:** Medicaid beneficiaries must be in the Supports Waiver. There is a **Request for Services Registry (RFSR)** for those requesting this waiver. To get on the **RFSR**, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office. Contact information is located at: https://ldh.la.gov/index.cfm/page/134/n/137 **COVERED SERVICES:** Coordination of Medicaid and other services. The Support Coordination (Case Manager) helps to identify needs, access services and coordinate care. Some services available through this waiver are identified in the waiver section of this document. **COMMENTS:** Support Coordination services must be prior authorized by LDH, Office for Citizens with Developmental Disabilities, Waiver Supports and Services. The Support Coordination Agency will submit requests for the prior authorization. **CONTACT:** **Office of Intellectual & Developmental Disability Supports (OIDD), Waiver Supports and Services:** 1-866-783-5553 **Complaint Line:** 1-800-660-0488

Additional Support Coordination Services	
Benefits	***Access, Eligibility, What's Covered and Notes***
Support Coordination Services (Case Management)-EPSDT Target Populations	**HOW TO ACCESS SERVICES:** See Eligibility **ELIGIBILITY:** Must be Medicaid eligible and on the DD Request for Services Registry (RFSR) prior to receipt of case management services; or any Medicaid recipients 3 through 20 years of age for whom support coordination is medically necessary. To get on the RFSR, call the Office for Citizens with Developmental Disabilities District/Authority/Local Regional Office. **COVERED SERVICES:** • Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care. **COMMENTS:** Support Coordination services must be prior authorized by LDH, BHSF, and Medicaid Program Support and Waivers (MPSW) Section. The Support Coordination Agency will submit requests for the prior authorization to SRI. For other EPSDT services, see that portion of the chart. **CONTACT:** • **SRI:** 1-800-364-7828 Must be on the DD Request for Services Registry. However, if the recipient is no longer eligible to remain on the registry, the family can appeal the notice that is sent out. MPSW will evaluate the recipient's eligibility to receive "special needs" case management. If a Medicaid recipient aged 3-20 is not on the DD Request for Services Registry and wants to request "special needs" case management, contact MPSW who will evaluate the recipient's eligibility. **Tracy Barker:** (MPSW) 225-342-8156
Support Coordination Services (Case Management)-Infants and Toddlers	**HOW TO ACCESS SERVICES:** See Eligibility **ELIGIBILITY:** Medicaid recipients must be 0 to 3 years of age and have a developmental delay or an established medical condition and eligible for the EarlySteps program. Contact information is located at: https://ldh.la.gov/index.cfm/page/134/n/137 **COVERED SERVICES:**

Benefits	*Access, Eligibility, What's Covered and Notes*
Support Coordination Services (Case Management)-Infants and Toddlers (continued)	Coordination of Medicaid and other services. The Support Coordinator (Case Manager) helps to identify needs, access services and coordinate care in EarlySteps. **COMMENTS:** Support Coordination services must be prior authorized by EarlySteps. prior authorizations are approved through the Individualized Family Service Plan (IFSP) process. **CONTACT:** **Office of Intellectual & Developmental Disability Supports (OIDD):** 1-866-783-5553 **Caroline Oglesby:** 225-342-8853

DISCLAIMERS

You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-833-852-4433 (TTY: 711), October 1 – March 31, 8 a.m. – 8 p.m., seven days a week. From April 1 – September 30, call 8 a.m. – 8 p.m., Monday through Friday. The call is free.

AmeriHealth Caritas VIP Care is an HMO D-SNP plan with a Medicare Contract and a contract with the Louisiana Medicaid Program. Enrollment in AmeriHealth Caritas VIP Care depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat AmeriHealth Caritas VIP Care members, except in emergency situations. Please call our Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.

Health coverage is offered by AmeriHealth Caritas Louisiana, Inc.

THANK YOU

Connect with us

Contact Information: 1-833-852-4433, TTY: 711, October 1 – March 31: 8 a.m. - 8 p.m., seven days a week and April 1 – September 30: 8 a.m. - 8 p.m., Monday through Friday.

Organization Name: AmeriHealth Caritas Louisiana, Inc.

Organization website: www.amerihealthcaritasvipcare.com/la

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