

- b. psychiatrist;
- c. psychologist;
- d. certified school psychologist;
- e. licensed professional counselor;
- f. licensed clinical social worker; or
- g. graduate social worker with supervision in

accordance with the state licensing standards of the State Board of Social Work Examiners.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:1034 (May 2004), amended LR 30:

**§7105. Reimbursement**

A. Early Intervention Centers. Reimbursement for rehabilitation services rendered to Medicaid recipients who are age 0 up to 3 provided by EPSDT early intervention center providers will be as follows,

Procedure	Rate
Electrical stimulation	\$ 17
Physical therapy-one area—therapeutic-30 minutes	\$ 17
Physical therapy-neuromuscular reed-30 minutes	\$ 17
Physical therapy-gait training-30 minutes	\$ 34
Orthotic training	\$ 14
Kinetic act one area-30 minutes	\$ 14
Physical performance test	\$ 14
Physical therapy evaluation/re-evaluation	\$ 92
Occupational therapy evaluation/re-evaluation	\$ 70
Speech/language evaluation/re-evaluation	\$ 70
Speech/language therapy—30 minutes	\$ 26
Speech/language therapy-add 15 minutes	\$ 13
Group speech/language/hearing therapy—30 minutes	\$ 26
Speech group therapy—20 minutes	\$ 13
Speech group therapy—add 15 minutes	\$ 13
Group Speech/language/hearing therapy—1 hour	\$ 52
Speech/language/hearing therapy—20 minutes	\$ 17
Speech/language/hearing therapy—1 hour	\$ 52
Procedures and modalities—30 minutes	\$ 34
Procedures and modalities—45 minutes	\$ 52

B. School Based Services. All school boards that participate in Medicaid as EPSDT health services providers must submit a signed school system certification of understanding (PE-50 EPSDT provider supplement agreement •••) in order to receive the new reimbursement rates for these services. The new reimbursement rates will not be activated until a completed PE-50 EPSDT provider supplement agreement •••form has been received from all of the school boards enrolled as EPSDT health services providers. Payments shall be based on cost. An interim rate based on projected cost may be used as necessary with a settlement of cost at the end of the fiscal year. Providers shall be required to submit annual cost data on forms developed and maintained by the Bureau of Health Services Financing. Cost data shall be used in the calculation of rates.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 30:

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Ben A. Bearden at the Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Frederick P. Cerise, M.D., M.P.H.  
Secretary

0408#083

**DECLARATION OF EMERGENCY**

**Department of Health and Hospitals  
Office of the Secretary  
Bureau of Health Services Financing**

Hospital Program• Transplant Services

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated a Rule on June 20, 1994 that adopted criteria for the reimbursement of inpatient hospital services (*Louisiana Register*, Volume 20, Number 6). The bureau subsequently promulgated another Rule on October 20, 1994 that established requirements for the reimbursement for specialized neonatal and pediatric intensive care, burn and transplant services (*Louisiana Register*, Volume 20, Number 10). The bureau now proposes to repeal and replace the provisions in the June 20, 1994 and October 20, 1994 rules governing the coverage of transplant services provided by hospitals. This action is being taken to promote the health and welfare of Medicaid recipients by facilitating access to transplant services. It is estimated that implementation of this Emergency Rule will be revenue neutral for fiscal year 2004-2005.

**Emergency Rule**

Effective August 20, 2004, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing repeals and replaces the provisions in the June 20, 1994 and October 20, 1994 rules governing the coverage of transplant services provided by hospitals.

**Transplant Services**

A. Transplants must be prior authorized by the Department. Transplants (other than bone marrow and stem cell) must be performed in a hospital that is a Medicare approved transplant center for the procedure. Hospitals seeking Medicaid coverage for transplant procedures must submit documentation verifying that they are a Medicare approved center for each type of transplant other than bone marrow and stem cell transplants. A completed attestation form must be submitted to Provider Enrollment. The Medicaid Director may grant an exception to a transplant center for a specific procedure if the transplant surgeon can demonstrate experience with that specific procedure and a

history of positive outcomes in another hospital that is a Medicare approved transplant center for that specific procedure.

B. In addition to the above criteria, transplant centers located in-state shall meet the following criteria for Medicaid coverage of transplant services:

1. be a member of the Organ Procurement and Transplant Network (OPTN) or the National Marrow Donor Program (NMDP) if the hospital only performs bone marrow/stem cell transplants;

2. have an organ receiving and tissue typing facility (Centers for Medicare and Medicaid Services (CMS) approved for histocompatibility) or an agreement for such services;

3. maintain a written records tracking mechanism for all grafts and patients including:

a. patient and/or graft loss with the reason specified for failure;

b. date of the procedure;

c. source of the graft;

d. if an infectious agent is involved, the facility shall have a written policy for contacting patients and appropriate governmental officials;

4. have written criteria for acceptable donors for each type of organ for which transplants are performed;

5. have adequate ancillary departments and qualified staff necessary for pre-, intra-, and post-operative care including, but not limited to:

a. assessment team;

b. surgical suite;

c. intensive care;

d. radiology;

e. laboratory pathology;

f. infectious disease;

g. dialysis; and

h. therapy (rehabilitation);

6. have minimum designated transplant staff which includes:

a. transplant surgeon\* adopt standards as delineated and updated by the OPTN;

b. transplant physician\* same as above;

c. clinical transplant coordinator:

i. Registered Nurse licensed in Louisiana; and

ii. Certified by NATCO or in training and

certified within 18 months of hire date;

d. transplant social worker;

e. transplant dietician;

f. transplant data coordinator

g. transplant financial coordinator;

Note: (For 6.a-g above, continuing education is required for continued licensure and certification as applicable.)

7. written patient selection criteria and an implementation plan for application of criteria;

8. facility plan, commitment and resources for a program capable of performing the following number of transplants per year/per organ a minimum of:

a. heart\* 12;

b. liver\* 12;

c. kidney\* 15;

d. pancreas\* 6;

e. bone marrow\* 10;

f. other organs as established per Medicare and/or

OPTN.

Note: If the level falls below the required volume, the hospital shall be evaluated by the Department for continued recognition as a transplant center;

9. facility must demonstrate survival rates per organ type per year which meet or exceed the mean survival rates per organ type per year as published annually by the OPTN. (If rates fall below this level, the hospital shall supply adequate written documentation for evaluation and justification to the Department.)

Interested persons may submit written comments to the Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

Frederick P. Cerise, M.D., M.P.H.  
Secretary

0408#084

## DECLARATION OF EMERGENCY

Department of Health and Hospitals  
Office of the Secretary  
Bureau of Health Services Financing

Mental Health Rehabilitation Program  
Provider Enrollment Moratorium  
(LAC 50:XV.707)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing hereby adopts LAC 50:XV.707 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule to revise provider participation requirements for the Mental Health Rehabilitation Program (MHR) by establishing enrollment and certification criteria for prospective providers (*Louisiana Register, Volume 24, Number 7*). Act 246 of the 2003 Regular Session of the Legislature authorized the department to promulgate rules and regulations requiring the mandatory accreditation of providers of mental health rehabilitation services by an accreditation body. In compliance with Act 246, the bureau promulgated a Rule to amend the provisions contained in the July 20, 1998 Rule by establishing the accreditation requirements for mental health rehabilitation agencies (*Louisiana Register, Volume 30, Number 4*). The department now proposes to establish a moratorium on the enrollment of new providers of mental health rehabilitation services in the Medicaid Program. This action is being taken to promote the health and welfare of Medicaid recipients by ensuring that only qualified providers who can meet the accreditation requirements may enroll to participate in the Medicaid Program. It is estimated that implementation of this Emergency Rule will be revenue neutral for state fiscal year 2004-2005.