

RULE

**Department of Health
Bureau of Health Services Financing**

**Federally Qualified Health Centers
(LAC 50:XI.10301, 10303, 10503 and 10701)**

The Department of Health, Bureau of Health Services Financing has amended LAC 50:XI.10301, §10303, §10503 and §10701 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et sec. This Rule is hereby adopted on the day of promulgation.

Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE

Part XI. Clinic Services

Subpart 13. Federally-Qualified Health Centers

Chapter 103. Services

§10301. Scope of Services

[Formerly §10501]

A. - A.5. ...

B. The department shall provide coverage of diabetes self-management training services rendered to Medicaid beneficiaries diagnosed with diabetes mellitus.

1. Repealed.

C. The department shall provide coverage for fluoride varnish applications performed in the FQHC.

1. - 2.b. Repealed.

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 30:2328 (October 2004), repromulgated LR 30:2487 (November 2004), amended LR 32:1902 (October 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:2629 (September 2011), LR 39:3076 (November 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 42:1520 (September 2016), LR 47:

§10303. Service Limits

[Formerly §10503]

A. There shall be no limits placed on the number of federally qualified health center visits (encounters) payable by the Medicaid program for eligible beneficiaries.

B. - B.1. Repealed.

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 32:1902 (October 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2280 (October 2010), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:2629 (September 2011), LR 41:2637 (December 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Chapter 105. Provider Participation

§10503. Standards for Participation

[Formerly §10303]

A. Federally qualified health centers must comply with the applicable licensure, accreditation and program participation standards for all services rendered. If a FQHC wishes to initiate participation, it shall be responsible for meeting all of the enrollment criteria of the program. The FQHC provider shall:

1. ...
2. retain all records necessary to fully disclose the extent of services provided to beneficiaries for five years from the date of service and furnish such records, and any

payments claimed for providing such services, to the Medicaid Program upon request; and

A.3. - B. ...

C. - D.3. Repealed.

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 30:2328 (October 2004), repromulgated LR 30:2488 (November 2004), amended LR 32:1901 (October 2006), amended LR 37:2630 (September 2011), amended by the Department of Health, Bureau of Health Services Financing, LR 44:1253 (July 2018), LR 47:

Chapter 107. Reimbursement Methodology

§10701. Prospective Payment System

A. - B.4. ...

a. Fluoride varnish applications shall only be reimbursed to the FQHC when performed on the same date of service as an office visit or preventive screening. Separate encounters for fluoride varnish services are not permitted and the application of fluoride varnish does not constitute an encounter visit.

C. - G.3. ...

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 32:1902 (October 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:2630 (September 2011), LR 39:3076 (November 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 44:1253 (July 2018), LR 47:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Dr. Courtney N. Phillips

Secretary

RULE

**Department of Health
Bureau of Health Services Financing**

**Home and Community-Based Services Providers
Licensing Standards
(LAC 48:I.5038)**

The Department of Health, Bureau of Health Services Financing has adopted LAC 48:I.5038 as authorized by R.S. 36:254 and R.S. 40:2120.2. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation.

Title 48

PUBLIC HEALTH—GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 50. Home and Community-Based Services Providers

Licensing Standards

Subchapter C. Admission, Transfer and Discharge Criteria

§5038. Provisions for Services to Clients Outside of Licensed Geographic Area in Event of a Gubernatorial Declared State of Emergency or Disaster

A. To ensure the health and safety of clients, and the coordination and continuation of services to clients, during a gubernatorial declared state of emergency or disaster in Louisiana, the department, through written notice sent electronically to licensed HCBS providers, may allow a licensed HCBS provider to operate and provide services to existing

clients who are receiving personal care services and respite services and who have evacuated or temporarily relocated to another location in the state when the following apply:

1. the client has evacuated or temporarily relocated to a location outside of the provider's licensed region due to the declared state of emergency or disaster;

2. the client shall have been a client of the HCBS provider as of the date of the declared emergency or disaster, with an approved plan of care;

3. the client's existing caregiver(s) go with the client or provide services to the client at the client's temporary location;

4. the provider is responsible for ensuring that all essential care and services, in accordance with the plan of care, are provided to the client, and the provider shall have sufficient staff and back-up caregivers available to provide services; and

5. the provider shall not interfere with the client's right to choose a provider of his/her choice if the client elects a new HCBS provider in the area where the client relocates. The provider shall facilitate client's selection.

B. The provisions of this Section shall not apply to providers of center based respite services.

C. To ensure the health and safety of clients, and the coordination and continuation of services to clients, during a

gubernatorial declared state of emergency or disaster in Louisiana, the department, through written notice sent electronically to licensed HCBS providers, may allow a licensed HCBS provider to operate and provide services to existing clients who are receiving supervised independent living services (SIL) and who have evacuated or temporarily relocated to another location in the state when the following apply:

1. the client has evacuated or temporarily relocated to a location outside of the provider's licensed region due to the declared state of emergency or disaster;

2. the client shall have been a client of the HCBS provider as of the declared state of emergency or disaster, with an approved plan of care;

3. the provider has sufficient and qualified staff to provide SIL services at the client's temporary location;

4. the provider is responsible for ensuring that all essential SIL services, in accordance with the plan of care, are provided to the client; and

5. the provider shall not interfere with the client's right to choose a provider of his/her choice if the client elects a new HCBS provider in the area where the client relocates. The provider shall facilitate client's selection.

D. Under the provisions of this Section, the department's initial written notice to licensed HCBS providers to authorize these allowances shall be for a period not to exceed 45 days.

The department may extend this initial period, not to exceed an additional 45 days, upon written notice sent electronically to the licensed HCBS providers.

E. Under the provisions of this Section, the department in its discretion may authorize these allowances statewide or to certain affected parishes.

F. An HCBS provider who wants to provide services to a client that has temporarily relocated out of state must contact that state's licensing/certification department to obtain any necessary licensing and/or certification before providing services in that state.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 47:

Dr. Courtney N. Phillips

Secretary

RULE

**Department of Health
Bureau of Health Services Financing**

**Professional Services Program
(LAC 50:IX.Chapter 3 - 9)**

The Department of Health, Bureau of Health Services Financing has repealed LAC 50:IX.Chapter 3 and Chapter 5 and amended LAC 50:IX.Chapter 6 through Chapter 9 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation.

Title 50

**PUBLIC HEALTH-MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 1. General Provisions**

Chapter 3. Concurrent Care

§305. Inpatient Concurrent Care

Repealed.

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 33:463 (March 2007), repealed by the

Department of Health, Bureau of Health Services Financing, LR 47:

Chapter 5. Inpatient Physician Services

§501. Inpatient Physician Services

Repealed.

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, Bureau of Health Services Financing, LR 36:68 (January 2010), repealed by the Department of Health, Bureau of Health Services Financing, LR 47:

Chapter 6. Outpatient Physician Services

§601. General Provisions

A. The Medicaid Program provides coverage and reimbursement for outpatient physician visits. There shall be no limits placed on the number of physician visits payable by the Medicaid Program for eligible beneficiaries.

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, Bureau of Health Services Financing, LR 41:2652 (December 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Chapter 7. Diabetes Education Services

§701. General Provisions

A. Effective for dates of service on or after February 20, 2011, the Medicaid Program provides coverage of diabetes self-management training (DSMT) services rendered to Medicaid beneficiaries diagnosed with diabetes mellitus.

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, Bureau of Health Services Financing, LR 39:2509 (September 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§703. Scope of Services

A. DSMT shall consist of individual and group instruction on diabetes self-management.

B. Repealed.

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, Bureau of Health Services Financing, LR 39:2509 (September 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§705. Provider Participation

A. To receive reimbursement, members of the DSMT instructional team must be either employed by or have a contract

with, a Medicaid-enrolled professional services provider that will submit the claims for reimbursement of DSMT services rendered by the team.

A.1. - C. Repealed.

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, Bureau of Health Services Financing, LR 39:2510 (September 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Chapter 9. Fluoride Varnish Application Services

§901. General Provisions

A. Effective for dates of service on or after December 1, 2011, the Medicaid Program provides coverage of fluoride varnish application services to beneficiaries under the age of 21.

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, Bureau of Health Services Financing, LR 40:315 (February 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§903. Scope of Services

A. ...

B. Repealed.

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, Bureau of Health Services Financing, LR 40:315 (February 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§905. Provider Participation

A. The entity seeking reimbursement for fluoride varnish application services must be an enrolled Medicaid provider.

A.1. - C.2. Repealed.

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, Bureau of Health Services Financing, LR 40:315 (February 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 42:1524 (September 2016), LR 47:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

Dr. Courtney N. Phillips

Secretary

RULE

**Department of Health
Bureau of Health Services Financing**

**Professional Services Program
Immunizations
(LAC 50:IX.Chapter 83 and Chapter 85)**

The Department of Health, Bureau of Health Services Financing has amended LAC 50:IX.Chapter 83 and Chapter 85 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation.

Title 50

**PUBLIC HEALTH-MEDICAL ASSISTANCE
Part IX. Professional Services Program
Subpart 7. Immunizations**

Chapter 83. Children's Immunizations

§8301. General Provisions

A. The Medicaid Program shall provide coverage for the administration of childhood and adolescent vaccines recommended by the Advisory Committee on Immunization Practices and available through the Louisiana Immunization Program/Vaccines for Children Program.

B. To qualify for Medicaid reimbursement for vaccine administration, a provider must be:

1. a licensed health care provider who has the authority under Louisiana state law to administer childhood and adolescent vaccines;

2. ...

3. an enrolled Louisiana Immunization Program/Vaccines for Children Program provider.

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 35:70 (January 2009) amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§8305. Reimbursement Methodology

A. There shall be no reimbursement for the cost of vaccines that are available from the Louisiana Immunization Program/Vaccines for Children Program.

1. Repealed.

B. For vaccine administration, providers shall be reimbursed according to the established fee schedule or billed charges, whichever is the lesser amount.

C. The reimbursement for the administration of childhood and adolescent vaccines shall be 90 percent of the 2008 Louisiana Medicare Region 99 allowable or billed charges,

whichever is the lesser amount, unless otherwise stipulated. The reimbursement shall not exceed the maximum regional charge for vaccine administration as determined by the Centers for Medicare and Medicaid Services (CMS).

1. The reimbursement shall remain the same for those vaccine administration services that are currently being reimbursed at a rate that is between 90 percent and 120 percent of the 2008 Louisiana Medicare Region 99 allowable, but not to exceed the maximum regional charge for vaccine administration as determined by CMS.

C.2. - D.4. Repealed.

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 35:71 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:96 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1289 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Chapter 85. Other Immunizations

§8501. General Provisions

A. The Medicaid Program shall provide coverage for vaccines recommended by the Advisory Committee on Immunization Practices for beneficiaries age 19 and older.

1. - 3. Repealed.

B. To qualify for Medicaid reimbursement for the vaccine and vaccine administration, a provider must be a licensed health care provider who has the authority under Louisiana state law to administer vaccines and be an enrolled Medicaid provider.

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 34:1035 (June 2008), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

§8503. Coverage Restrictions

Repealed.

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 34:1035 (June 2008), repealed by the Department of Health, Bureau of Health Services Financing, LR 47:

§8505. Reimbursement Methodology

A. For the vaccine and vaccine administration, providers shall be reimbursed according to the established fee schedule or billed charges, whichever is the lesser amount.

B. The reimbursement methodology for the vaccine is as a physician-administered drug under the provisions of LAC 50:XXIX.949.

B.1. - B.3.a Repealed.

C. The reimbursement methodology for vaccine administration for beneficiaries age 19 and older is the same as for beneficiaries younger than 19 years old under the provisions of §8305 of this part.

C.1. - C.4 Repealed.

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, Bureau of Health Services Financing and the Office of Public Health, LR 39:97 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1290 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

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

(CMS), if it is determined that submission to CMS for review and approval is required.

Dr. Courtney N. Phillips

Secretary

RULE

**Department of Health
Bureau of Health Services Financing**

**Rural Health Clinics
(LAC 50:XI.16301,16303,16503, and 16701)**

The Department of Health, Bureau of Health Services Financing has amended LAC 50:XI.16301, §16303, §16503, and §16701 in the Medical Assistant Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation.

Title 50

**PUBLIC HEALTH-MEDICAL ASSISTANCE
Part XI Clinic Services
Subpart 15 Rural Health Clinics**

Chapter 163. Services

§16301. Scope of Services

[Formerly §16501]

A. - A.5. ...

B. The department shall provide coverage of diabetes self-management training services rendered to Medicaid beneficiaries diagnosed with diabetes mellitus.

1. Repealed.

C. The department shall provide coverage for fluoride varnish applications performed in the RHC.

1. - 2.b. Repealed.

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 32:1905 (October 2006), repromulgated LR
32:2267 (December 2006), amended by the Department of Health and
Hospitals, Bureau of Health Services Financing, LR 37:2631
(September 2011), LR 40:83 (January 2014), amended by the
Department of Health, Bureau of Health Services Financing, LR
42:1524 (September 2016), LR 47:

§16303. Service Limits

[Formerly §16503]

A. There shall be no limits placed on rural health clinic
visits (encounters) payable by the Medicaid program for eligible
beneficiaries.

B. - B.1. Repealed.

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 32:1905 (October 2006), repromulgated LR
32:2267 (December 2006), amended by the Department of Health and
Hospitals, Bureau of Health Services Financing, LR 37:2632

(September 2011), LR 41:2653 (December 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Chapter 165. Provider Participation

[Formerly Chapter 163]

§16503. Standards for Participation

[Formerly §16303]

A. - A.1. ...

2. retain all records necessary to fully disclose the extent of services provided to beneficiaries for five years from the date of service and furnish such records, and any payments claimed for providing such services, to the Medicaid Program upon request; and

A.3. - B. ...

C. - D.3. Repealed.

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 32:1905 (October 2006), repromulgated LR 32:2267 (December 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:2632 (September 2011), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

Chapter 167. Reimbursement Methodology

§16701. Prospective Payment System

A. - B.4. ...

a. Fluoride varnish applications shall only be reimbursed to the RHC when performed on the same date of service as an office visit or preventive screening. Separate encounters for fluoride varnish services are not permitted and the application of fluoride varnish does not constitute an encounter visit.

C. - D. ...

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 32:1905 (October 2006), repromulgated LR 32:2267 (December 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 37:2632 (September 2011), LR 40:83 (January 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 47:

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

(CMS), if it is determined that submission to CMS for review and approval is required.

Dr. Courtney N. Phillips

Secretary