

**RULE**

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

**Free-Standing Birth Centers  
Licensing Standards  
(LAC 48:I.Chapter 67)**

The Department of Health, Bureau of Health Services Financing has amended LAC 48:I.Chapter 67 as authorized by R.S. 36:254. 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 67. Free-Standing Birth Centers**

**Subchapter A. General Provisions**

**§6703. Definitions**

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*Certified Nurse Midwife (CNM)*—an advanced practice registered nurse as defined by R.S. 37:913, or current law.

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*Emergent*—a medical condition that, if not stabilized, could reasonably be expected to result in the loss of the person's life, serious permanent disfigurement, or loss or impairment of the function of a bodily member or organ.

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Line of Credit—a credit arrangement with a federally insured, licensed lending institution which is established to assure that the provider has available funds as needed to continue the operations of the agency and the provision of services to clients. The line of credit shall be issued to the licensed entity and shall be specific to the geographic location shown on the license. For purposes of FSBC licensure, the line of credit shall not be a loan, credit card or a bank balance.

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*Transfer Agreement*—a written agreement made with at least one receiving hospital in the community for the timely transport of emergency clients to a licensed hospital that will provide obstetric/newborn acute care should an emergency arise which would necessitate hospital care and services.

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AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S. 40:2180.21-2180.28, R.S. 37:1270 and R.S. 37:3241-3259.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2107 (August 2022), amended LR 49:

**§6705. General Requirements**

A. - J. ...

K. Each FSBC shall have requirements and protocols for assessing, transferring, and transporting clients to a licensed

hospital, and arrangements with a local ambulance service for the transport of emergency clients to a licensed hospital. Arrangements may include an annual, written notification to a local ambulance company advising of the FSBC's operational status. The written notification shall, at a minimum, include the FSBC's name, address, and telephone number.

L. - N. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2108 (August 2022), amended LR 49:

**§6709. Initial Licensure Application Process**

A. ...

B. The initial licensing application packet shall include:

1. - 4. ...

5. proof of each insurance coverage as follows:

a. - b. ...

c. professional liability insurance of at least \$100,000 per occurrence/\$300,000 per annual aggregate, or proof of self-insurance of at least \$100,000, along with proof of enrollment as a qualified healthcare provider with the Louisiana Patient's Compensation Fund (PCF). If the FSBC is not enrolled in the PCF, professional liability limits shall be \$1,000,000

per occurrence/\$3,000,000 per annual aggregate; and

i. Repealed.

d. ...

6. proof of financial viability which entails:

a. a line of credit issued from a federally insured, licensed lending institution in the amount of at least \$25,000; or

b. verification of sufficient assets equal to \$25,000 or the cost of three months of operation, whichever is less;

B.7. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2109 (August 2022), amended LR 49:

**§6715. Changes in Licensee Information or Personnel**

A. - H. ...

1. An on-site physical environment survey by the HSS, and an on-site inspection by the OPH and the OSFM shall be required prior to the issuance of the new license.

2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of

Health, Bureau of Health Services Financing, LR 48:2111 (August 2022), amended LR 49:

**§6717. Renewal of License**

A. The FSBC shall submit a completed license renewal application packet to the department at least 30 days prior to the expiration of the current license. The license renewal application packet shall include the:

1. ...
2. non-refundable license renewal/delinquent fee;
3. - 5. ...
6. proof of each insurance coverage as follows:
  - a. - b. ...

c. professional liability insurance of at least \$100,000 per occurrence/\$300,000 per annual aggregate, or proof of self-insurance of at least \$100,000, along with proof of enrollment as a qualified healthcare provider with the PCF. If the FSBC is not enrolled in the PCF, professional liability limits shall be \$1,000,000 per occurrence/\$3,000,000 per annual aggregate; and

i. Repealed.

d. ...

7. proof of financial viability that entails:

a. a line of credit issued from a federally insured, licensed lending institution in the amount of at least \$25,000; or

b. verification of sufficient assets equal to \$25,000 or the cost of three months of operation, whichever is less; and

A.8. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2111 (August 2022), amended LR 49:

### **Subchapter B. Administration and Organization**

#### **§6735. Governing Body**

A. - C. ...

D. The governing body of an FSBC shall:

1. ...

2. review and approve the FSBC's annual budget;

a. - b. Repealed.

3. designate a person to act as the administrator and delegate enough authority to this person to manage the day-to-day operations of the FSBC;

4. annually evaluate the administrator's performance;

5. have the authority to dismiss the administrator;

6. formulate and annually review, in consultation with the administrator, written policies and procedures concerning the FSBC's philosophy, goals, current services,

personnel practices, job descriptions, fiscal management, and contracts:

a. the FSBC's written policies and procedures shall be maintained within the FSBC and made available to all staff during hours of operation;

7. determine, in accordance with state law, which licensed healthcare practitioners are eligible candidates for appointment to the FSBC staff;

a. Repealed.

8. ensure and maintain quality of care, inclusive of a quality assurance/performance improvement process that measures client, process, and structural (e.g. system) outcome indicators to enhance client care;

9. ensure that birthing procedures shall not be performed in areas other than the birthing rooms;

10. ensure that birthing procedures are initiated in accordance with acceptable standards of practice;

11. meet with designated representatives of the department whenever required to do so;

12. inform the department, or its designee, prior to initiating any substantial changes in the services provided by the FSBC; and

13. ensure that pursuant to R.S. 40:1191.2, prior to the final disposition of a miscarried child, but not more than 24 hours after a miscarriage occurs in an FSBC, the FSBC shall

notify the client, or if the client is incapacitated, the spouse of the client, both orally and in writing, of both of the following:

a. the parent's right to arrange for the final disposition of the miscarried child using the notice of parental rights form as provided for in R.S. 40:1191.3; and

b. the availability of a chaplain or other counseling services concerning the death of the miscarried child, if such services are provided by the FSBC.

14. - 14.b. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2116 (August 2022), amended LR 49:

**Subchapter C. Admissions, Transfers and Discharges**

**§6743. Prohibitions to Admission or Continued Care in an FSBC**

A. The FSBC shall not knowingly accept or thereafter maintain responsibility for the prenatal or intrapartum care of a woman who:

1. - 16. ...

17. has a parity greater than five, with poor obstetrical history;

A.18. - B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.



36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2117 (August 2022), amended LR 49:

**§6745. Admissions and Assessments**

A. ...

B. An FSBC shall ensure that each client has the appropriate pre-natal and postpartum assessments completed, inclusive of the FSBC's ability to provide services needed in the postpartum period in accordance with the prescribed plan of care, and discharge plans to home or another licensed facility setting. The FSBC shall ensure that any length of client care does not exceed 23 hours post-delivery.

C. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2117 (August 2022), amended LR 49:

**§6747. Required Newborn Care**

A. Each delivery shall be attended by two qualified personnel currently trained in:

1. the use of emergency equipment;
2. adult cardiopulmonary resuscitation equivalent to American Heart Association Class C Basic Life Support; and

3. Neonatal Resuscitation Program endorsed by the American Academy of Pediatrics/American Heart Association.

B. - G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2118 (August 2022), amended LR 49:

**§6751. Required Physician Consultation, Postpartum Period**

A. The licensed healthcare practitioner shall obtain medical consultation or refer for emergent medical care any woman who, during the postpartum period:

1. - 7. ...

B. The licensed healthcare practitioner shall obtain medical consultation or refer for emergent medical care any infant who:

B.1. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2118 (August 2022), amended LR 49:

**Subchapter D. Service Delivery**

**§6757. Perinatal Services**

A. - C. ...

D. Except for the requirements of §6747.A. specific to deliveries, at least one licensed healthcare practitioner shall be immediately available in the FSBC until all clients are assessed as stable, and shall have been trained in:

1. ...

2. adult cardiopulmonary resuscitation equivalent to American Heart Association Class C Basic Life Support; and

3. Neonatal Resuscitation Program endorsed by American Academy of Pediatrics/American Heart Association.

4. Repealed.

E. - G.5. ...

H. There shall be enough staff assigned to the postpartum care area to meet the needs of the clients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40: 2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2119 (August 2022), amended LR 49:

**§6759. Transfer Agreements and Client Transfers**

A. ...

B. If the FSBC is not able to secure a written transfer agreement, the licensed healthcare practitioner shall be responsible for the safe and immediate transfer of the patients from the FSBC to a hospital when a higher level of care is indicated. Transportation to a local hospital shall be mediated

by ambulance when emergency consultation is needed.

C. - C.3. ...

D. The FSBC shall be located within 20 minutes' transport time to a general acute care hospital providing obstetric services 24 hours per day and seven days a week, with which the FSBC has a written transfer agreement. The FSBC shall maintain a contractual relationship with the general acute care hospital, including a written transfer agreement, which allows for an emergency cesarean delivery to begin within 30 minutes of the decision made by a licensed obstetrician at the receiving hospital that a cesarean delivery is necessary.

E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40: 2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2119 (August 2022), amended LR 49:

### **Subchapter E. Facility Responsibilities**

#### **§6767. General Provisions**

A. - A.5. ...

B. An FSBC shall have qualified staff sufficient in number to meet the needs of clients and to ensure provision of services.

C. The FSBC shall develop and maintain documentation of an orientation program for all employees, either contract or

staff that is sufficient in scope and duration to inform the individual about his/her responsibilities, how to fulfill them, review of policies and procedures, job descriptions, competency evaluations, and performance expectations. An orientation program and documented competency evaluation and/or job expectations of assigned or reassigned duties shall be conducted prior to any assignments or reassignments.

D. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2120 (August 2022), amended LR 49:

**§6769. Staffing Requirements**

A. Administrative Staff. The following administrative staff is required for all FSBCs:

1. a qualified administrator at each licensed geographic location who shall meet the qualifications as established in these provisions; and

2. other administrative staff as necessary to operate the FSBC and to properly safeguard the health, safety, and welfare of the clients receiving services.

3. Repealed.

B. - B.2. ...

3. The administrator shall meet the following

qualifications:

- a. possess a college degree from an accredited university; or
- b. have three years of relevant work experience involving administrative duties in a healthcare facility.

B.4. - D.9. ...

E. Licensed Healthcare Practitioner Staff

1. The FSBC shall have an organized licensed healthcare practitioner staff, inclusive of one or more of the following, who shall attend each woman in labor from the time of admission through birth, and the immediate postpartum period:

E.1.a. - F.1. ...

2. The FSBC shall ensure that the delivery services are directed under the leadership of licensed healthcare practitioner(s) sufficient in number, to plan, assign, supervise, and evaluate delivery services, as well as to give clients the high-quality care that requires the judgment and specialized skills of licensed healthcare practitioners.

2.a. - 3. ...

4. A formalized program on in-service training shall be developed and implemented for all categories of the FSBC. Training shall be required on a quarterly basis related to required job skills.

- a. Documentation of such in-service training shall be maintained on-site in the FSBC's files. Documentation

shall include the:

- i. training content;
- ii. date and time of the training;
- iii. names and signatures of personnel in

attendance; and

- iv. name of the presenter(s).

5. General staffing provisions for the delivery rooms shall be the following:

a. each delivery procedure shall be performed by a licensed healthcare practitioner; and

- i. - iv. Repealed.

b. appropriately trained qualified personnel may perform assistive functions during each delivery procedure.

6. - 6.b. Repealed.

G. - G.4.g. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2120 (August 2022), amended LR 49:

**§6773. Clinical Records**

A. - F. ...

G. The following data shall be documented and included as part of each client's basic clinical record:

1. - 16.d. ...

17. name(s) of the treating licensed healthcare practitioner(s);

G.18. - K.2. ...

L. All pertinent observations, treatments, and medications given to a client shall be entered in the staff notes as part of the clinical record. All other notes relative to specific instructions from the licensed healthcare practitioner shall be recorded.

M. - P. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2122 (August 2022), amended LR 49:

**Subchapter F. Safety, Sanitization and Emergency Preparedness**

**§6781. Infection Control**

A. - G. ...

1. Employees with symptoms of illness that have the potential of being potentially contagious or infectious (i.e. diarrhea, skin lesions, respiratory symptoms, infections, etc.) shall be either evaluated by a physician or another qualified licensed healthcare practitioner and/or restricted from working with clients during the infectious stage.

H. - L. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.



36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2124 (August 2022), amended LR 49:

**Subchapter G. Physical Environment**

**§6793. General Requirements**

A. - E. ...

F. Waivers

1. The secretary of the department or their designee may, within their sole discretion, grant waivers to building and construction guidelines. The facility shall submit a waiver request in writing to the HSS. The facility shall demonstrate how patient safety and the quality of care offered is not compromised by the waiver. The facility shall demonstrate their ability to completely fulfill all other requirements of the service. The department will make a written determination of the request. Waivers are not transferable in an ownership change, and are subject to review or revocation upon any change in circumstances related to the waiver. The facility does not have the right to an administrative appeal in regards to the denial or revocation of any waiver.

2. - 3. Repealed.

G. Facility within a Facility

1. If more than one healthcare provider occupies the same building, premises, or physical location, all treatment

facilities and administrative offices for each healthcare facility shall be clearly separated from the other by a clearly defined and recognizable boundary.

2. There shall be clearly identifiable and distinguishable signs posted inside the building as well as signs posted on the outside of the building for public identification of the FSBC. Compliance with the provisions of R.S. 40:2007 shall be required.

3. An FSBC that is located within a building that is also occupied by one or more other businesses and/or other healthcare facilities shall have all licensed spaces and rooms of the FSBC contiguous to each other and defined by cognizable boundaries.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:2127 (August 2022), amended LR 49:

**§6795. General Appearance and Space Requirements**

A. - F. ...

G. The FSBC shall meet the following requirements including, but not limited to:

1. - 5. ...

6. each FSBC shall provide for a well-marked, illuminated entrance for drop off and/or pick up of clients

before and after delivery services are complete.

AUTHORITY NOTE: Promulgated in accordance with R.S.  
36:254 and R.S. 40:2180.21-2180.28.

HISTORICAL NOTE: Promulgated by the Department of  
Health, Bureau of Health Services Financing, LR 48:2128 (August  
2022), amended LR 49:

Dr. Courtney N. Phillips

Secretary

**RULE**

**Department of Health  
Bureau of Health Services Financing  
and  
Office of Aging and Adult Services**

**Home and Community-Based Services Waivers  
Adult Day Health Care Waiver  
Assistive Technology Services  
(LAC 50:XXI.2301)**

The Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services have amended LAC 50:XXI.2301 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 XXI. Home and Community-Based Services Waivers  
Subpart 3. Adult Day Health Care Waiver**

**Chapter 23. Services**

**§2301. Covered Services**

A. - A.3.b. ...

c. Support coordinators may assist participants to transition for up to six months while the participants still reside in the facility.

4. ...

a. Allowable expenses are those necessary to enable the individual to establish a basic household (excluding expenses for room and board) including, but not limited to:

- i. ...
- ii. specific set up fees or deposits;
- a.iii. - e. ...

f. Funds are available for specific items up to the lifetime maximum amount identified in the federally-approved waiver document.

5. Assistive Technology. These services include the following:

a. an item, piece of equipment, or product system, acquired commercially, that is used to increase, maintain, or improve functional capabilities of participants; and

b. the assistance provided to the participant in the acquisition, set up, and use of an assistive technology device:

i. evaluating to determine if an assistive technology device is appropriate for the participant;

ii. purchasing the most appropriate assistive technology device for the participant; and

iii. costs associated with the delivery, set up, and training.

B. - E. 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 Human Resources, Office of Family Security, LR 11:623 (June 1985), amended LR 13:181 (March 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 23:1149 (September 1997), amended LR 25:1100 (June 1999), repromulgated LR 30:2036 (September 2004), amended by the Department of Health and Hospitals, Office of Aging and Adult Services, LR 34:2162 (October 2008), repromulgated LR 34:2566 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:2625 (September 2011), LR 39:2495 (September 2013), LR 40:791 (April 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 44:2163 (December 2018), LR 49:

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  
and  
Office of Aging and Adult Services**

**Home and Community-Based Services Waivers  
Community Choices Waiver  
Home Delivered Meals and Assistive Technology Services  
(LAC 50:XXI.Chapter 83 and 9501)**

The Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services have amended LAC 50:XXI.Chapter 83 and §9501 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 XXI. Home and Community-Based Services Waivers  
Subpart 7. Community Choices Waiver**

**Chapter 83. Covered Services**

**§8307. Personal Assistance Services**

A. - C. ...

D. PAS may be provided through the "a.m." and "p.m." delivery option defined as follows:

1. ...

2. a minimum of one hour and a maximum of two hours of PAS provided to assist the participant at the end of his/her day, referred to as the "p.m." portion of this PAS delivery method; and

3. - 4. ...

5. "a.m. and p.m." PAS cannot be "shared";

D.6. - K. ...

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 Aging and Adult Services, LR 37:3519 (December 2011), amended LR 39:320 (February 2013), LR 39:1778 (July 2013), LR 40:791 (April 2014), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 44:1898 (October 2018), LR 47:885 (July 2021), LR 49:

**§8317. Home Delivered Meals**

A. - C. ...

D. Medically tailored meals (MTMs) may be delivered to participants with chronic conditions when discharging from the hospital and/or nursing facility. In addition, participants will receive nutritional guidance to support healthy food choices for their third meal and snacks.



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 Aging and Adult Services, LR 37:3522 (December 2011), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 49:

**§8331. Assistive Technology**

- A. Assistive technology services include the following:
1. an item, piece of equipment or product system, acquired commercially, that is used to increase, maintain or improve functional capabilities of participants; and
  2. the assistance provided to the participant in the acquisition, set up and use of an assistive technology device:
    - a. evaluating to determine if an assistive technology device is appropriate for the participant;
    - b. purchasing the most appropriate assistive technology device for the participant; and
    - c. costs associated with the delivery, set up, and training.

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, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 49:

**Chapter 95. Reimbursement**

**§9501. Reimbursement and Rate Requirements**

A. - A.6. ...

B. The following services shall be reimbursed at the authorized rate or approved amount of the assessment, inspection, installation/fitting, maintenance, repairs, adaptation, device, equipment, or supply item and when the service has been prior authorized by the plan of care:

1. - 5. ...

6. monitored in-home caregiving (MIHC) assessment;

7. certain nursing, and skilled maintenance therapy procedures; and

8. assistive technology.

C. - H. ...

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 Aging and Adult Services, LR 37:3525 (December 2011), amended LR 39:322 (February 2013), LR 39:508, 508 (March 2013), repromulgated LR 39:1048 (April 2013), amended LR 39:1779 (July

2013), LR 40:793 (April 2014), LR 42:897 (June 2016), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 44:1902 (October 2018), LR 47:886 (July 2021), LR 49:

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**

**Inpatient Hospital Services  
Coverage of Genetic Testing of Critically Ill Infants  
(LAC 50:V.119)**

The Department of Health, Bureau of Health Services Financing has adopted LAC 50:V.119 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 V. Hospital Services  
Subpart 1. Inpatient Hospitals Services**

**Chapter 1. General Provisions**

**§119. Coverage of Genetic Testing of Critically Ill Infants**

A. Pursuant to Act 501 of the 2022 Regular Session of the Louisiana Legislature, effective for dates of service on or after January 1, 2023, the Medicaid Program shall provide reimbursement to inpatient hospitals for rapid whole genome sequencing testing of a Medicaid enrolled infant who meets all of the following criteria:

1. is one year of age or younger;
2. has a complex illness of unknown etiology; and

3. is receiving inpatient hospital services in an intensive care unit or in a pediatric care unit.

B. For the purposes of this Section, rapid whole genome sequencing testing includes individual sequencing, trio sequencing of the parents of the infant, and ultra-rapid sequencing.

C. Reimbursement. Reimbursement will be made as an add-on service in addition to the hospital payment for the inpatient hospital stay.

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, Bureau of Health Services Financing, LR 49:

Dr. Courtney N. Phillips

Secretary