

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 Providers
Cost Reporting
(LAC 50:XXI.711)**

The Department of Health, Bureau of Health Services Financing and Office of Aging and Adult Services have amended LAC 50:XXI.711 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 1. General Provisions**

Chapter 7. Reimbursement Methodology

Subchapter B. Adult Day Health Care Providers

§707. General Provisions

A. The Department of Health (LDH) establishes reimbursement methodologies and cost reporting requirements for Adult Day Health Care (ADHC) providers of home and community-based services waiver programs.

B. - B.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, Bureau of Health Services Financing, the Office for Citizens with Developmental Disabilities and the Office of Aging and Adult Services, LR 47:1113 (August 2021), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 51:

§711. Cost Reporting

A - C. ...

D. Annual Reporting. Cost reports are to be filed on or before November 30 following the close of the cost reporting period, which is five months after the state's fiscal year end (June 30). Should the due date fall on a Saturday, Sunday, or an official state or federal holiday, the due date shall be the following business day. The cost report forms and schedules must be filed with one copy of the following documents:

D.1. - M.2. ...

N. Delinquent Cost Report. When an ADHC provider fails to submit a cost report by the last day of November following the close of the cost reporting period, a penalty of 5 percent of the monthly payment for the first month and a progressive penalty of 5 percent of the monthly payment for each succeeding month may be levied and withheld from the ADHC provider's

payment for each month that the cost report is due, not extended and not received. If no claims are submitted for payment during the time of penalty implementation, the penalty will be imposed when the provider commences submitting claims for payment and will continue for the duration of the number of months the penalty would have been imposed. The late filing penalty is non-refundable and not subject to an administrative appeal.

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, the Office for Citizens with Developmental Disabilities and the Office of Aging and Adult Services, LR 47:1114 (August 2021), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 51:

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.

Michael Harrington, MBA, MA

Secretary