

**RULE**

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

**End Stage Renal Disease Facilities  
Reimbursement for Independent Laboratory Services  
(LAC 50:XI.6901)**

The Department of Health, Bureau of Health Services Financing has amended LAC 50:XI.6901 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 XI. Clinic Services  
Subpart 9. End Stage Renal Disease Facilities**

**Chapter 69. Reimbursement**

**§6901. General Provisions**

A. ...

B. Covered non-routine dialysis services, continuous ambulatory peritoneal dialysis (CAPD), continuous cycling peritoneal dialysis (CCPD), epogen (EPO) and injectable drugs are reimbursed separately from the composite rate.

1. Covered non-routine laboratory services may be billed by either the ESRD facility or the facility's contracted

outside laboratory.

C. - G. ...

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 30:1022 (May 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1891 (September 2009), LR 36:2040 (September 2010), LR 37:1599 (June 2011), LR 39:1284 (May 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 46:

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**

**Medicaid Eligibility  
Qualified Disabled and Working Individual Program Resources  
(LAC 50:III.10703 and 10705)**

The Department of Health, Bureau of Health Services Financing has amended LAC 50:III.10703 and §10705 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 III. Eligibility  
Subpart 5. Financial Eligibility**

**Chapter 107. Resources**

**§10703. General Provisions**

A. - B ...

C. The following individual's resources shall be considered in determining eligibility for the Qualified Disabled and Working Individual (QDWI) Program:

1. the applicant/recipient; and

a. - b. Repealed.

2. the spouse living in the home with the applicant/recipient.

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 36:2867 (December 2010), amended by the Department of Health, Bureau of Health Services Financing, LR 45:1772 (December 2019), LR 46:

**§10705. Resource Disregards**

A. - B.1. ...

C. All resources shall be disregarded in eligibility determinations for the Qualified Medicare Beneficiaries (QMB), Specified Low Income Beneficiaries (SLMB) and Qualifying Individuals (QI) Programs.

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, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 35:1899 (September 2009), amended LR 36:2867 (December 2010), LR 41:949 (May 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 45:1772 (December 2019), LR 46:

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**

**Nursing Facilities  
Licensing Standards  
(LAC 48:I.9701 and 9943)**

The Department of Health, Bureau of Health Services Financing has amended LAC 48:I.9701 and 9943 as authorized by R.S. 36:254 and 40:2109. 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 97. Nursing Facilities**

**Subchapter A. General Provisions**

**§9701. Definitions**

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*Coronavirus disease 2019 (COVID-19)*—a communicable, contagious, and infectious disease/virus (more specifically, a coronavirus) identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. Persons with COVID-19 have

had a wide range of symptoms reported—ranging from mild symptoms to severe illness.

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AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2009.1-2116.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 42:1891 (November 2016), amended LR 46:

**Chapter 99. Nursing Facilities**

**Subchapter C. Infection Control and Sanitation**

**§9943. Infection Control Program**

A. - D. ...

E. Reportable diseases as expressed in the *LAC Title 51, Public Health—Sanitary Code* shall be reported to the local parish health unit of OPH and other agencies as required by state and/or federal laws, statutes, and ordinances.

F. Coronavirus Disease 2019 (COVID-19) Reporting. The facility, in addition to any state and/or local reporting, shall:

1. electronically report information about COVID-19 in the standardized format, and at the frequency, required by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC); and

2. inform residents, their representatives, and

families of those residing in facilities, of the conditions of residents in the facility, within the timeframe and requirements as specified by CMS regulations and CDC reporting guidelines.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2009.1-2116.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 42:1930 (November 2016), amended LR 46:

Dr. Courtney N. Phillips

Secretary



**RULE**

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

**Out-of-State Medical Services  
(LAC 50:I.701)**

The Department of Health, Bureau of Health Services Financing has amended LAC 50:I.701 as authorized by R.S. 36:254 and 254.3, 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 I. Administration**

**Subpart 1. General Provisions**

**Chapter 7. Out-of-State Services**

**§701. Out-of-State Medical Care**

A. Medical claims for out-of-state services are honored when:

1. medical services are needed because of a medical emergency;
2. medical services are needed and the beneficiary's health would be in danger if the beneficiary were required to travel to the beneficiary's state of residence;
3. the state determines, on the basis of medical advice, that the needed medical services, or necessary

supplementary resources, are more readily available in the other state; or

4. it is general practice for beneficiaries in a particular locality to use medical resources in another state.

B. Prior authorization is required for out-of-state non-emergency care.

1. - 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 Human Resources, LR 5:24 (February 1979), amended LR 6:491 (August 1980), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 32:847 (May 2006), amended by the Department of Health, Bureau of Health Services Financing, LR 46:

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