

**NOTICE OF INTENT**

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

**Nursing Facilities  
Preadmission Screening and Resident Review  
(LAC 50:II.Chapter 5)**

The Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services propose to amend LAC 50:II.Chapter 5 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The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services repealed the provisions governing admission reviews, preadmission screening and medical eligibility determination requirements and adopted revised provisions governing nursing facility admissions (*Louisiana Register*, Volume 36, Number 05). The department now proposes to amend the provisions governing admissions for nursing facilities by revising the procedures for the preadmission screening and resident review process in order to: 1) remove the requirement that the level I Preadmission Screening and Resident Review (PASRR) form be completed by a physician; 2) extend the number of days that the level II authority may make an advance group determination for individuals who require convalescent care

in a nursing facility; 3) require nursing facilities to notify the level II authority if a PASRR was not completed or was completed incorrectly; and 4) clarify existing provisions.

## **Title 50**

### **PUBLIC HEALTH—MEDICAL ASSISTANCE Part II. Nursing Facilities Subpart 1. General Provisions**

#### **Chapter 5. Admissions**

##### **§503. Medical Certification**

A. ...

1. The following documents are required for all nursing facility admissions:

a. a Preadmission Screening and Resident Review (level I PASRR) form completed by a qualified health care professional as defined by OAAS. The level I PASRR form addresses the specific identifiers of MI or ID that indicate that a more in-depth evaluation is needed to determine the need for specialized services. The need for this in-depth assessment does not necessarily mean that the individual cannot be admitted to a nursing facility, only that the need for other services must be determined prior to admission; and

b. a level of care eligibility tool (LOCET) assessment.

NOTE: These documents must not be dated more than 30 days prior to the date of admission. The level 1 PASRR form must be signed and dated on the date that it is completed.

2. - 3. ...

B. If the information on the level I PASRR does not indicate that the individual may have a diagnosis of MI and/or ID and he/she meets the criteria for nursing facility level of care, OAAS may approve the individual for admission to the nursing facility.

1. Once approval has been obtained, the individual must be admitted to the facility within 30 days of the date of the approval notice. The nursing facility shall submit a completed BHSF Form 148 to the parish Medicaid office and OAAS indicating the anticipated payment source for the nursing facility services.

C. If the information on the level I PASRR indicates that the individual may have a diagnosis of MI and/or ID, and the individual meets the criteria for nursing facility level of care, the individual shall be referred to the Office of Behavioral Health or the Office for Citizens with Developmental Disabilities (the state's mental health and intellectual disability level II authorities) for a level II screening to determine level of services provided by a nursing facility and whether specialized services are needed.

1. - 2. ...

D. Vendor Payment. Medicaid vendor payment shall not begin prior to the date that medical and financial eligibility is established, and shall only begin once the individual is actually admitted to the facility.

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 36:1011 (May 2010), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 43:

**§505. Categorical Advance Group Determinations**

A. In order to assure timely and appropriate care for applicants, the level II authority may make an advance group determination by category that takes into account that certain diagnoses, levels of severity of illness or need for a particular service clearly indicates the need for nursing facility admission or that the provision of specialized services is not normally needed. The applicable level II authority may make an advance group determination that nursing facility care is needed for persons in the following categories.

1. Convalescent Care. If an applicant appears to be in need of level II assessment but is hospitalized for a serious illness and needs time to convalesce before a valid level II assessment can be performed, provisions may be made for temporary medical certification for nursing facility care. The maximum period of time that a level II assessment may be delayed is 100 days. The period of convalescence allowed will be consistent with the diagnosis and medical condition of the individual.

2. - 3.c. ...

d. advanced chronic obstructive pulmonary disease;

3.e. - C. ...

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 36:1011 (May 2010), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 43:

**§509. Changes in Level of Care and Status**

A. The nursing facility shall notify the parish Medicaid office via the BHSF Form 148 of the following changes in a resident's circumstances:

1. change in the level of care;
2. transfer to another nursing facility;
3. change in payer source;
4. ...
5. discharge home, death or any other breaks in

facility care.

B. The nursing facility must inform the appropriate level II authority if an individual with a diagnosis of MI and/or ID is subject to readmission or interfacility transfer and there has been a substantial change in the individual's condition, or if a level I screen was not completed or was completed incorrectly.

1. - 2. ...

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 Office of Aging and Adult Services, LR 36:1012 (May 2010), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 43:

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.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability or autonomy as described in R.S. 49:972.

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service and no direct or indirect cost to the provider to provide the same level of service. These provisions will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, April 27, 2017 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Rebekah E. Gee MD, MPH

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES

Person  
Preparing  
Statement: Yolanda Ellis  
Phone: 342-5042

Dept.: Health  
Office: Bureau of Health Services  
Financing

Return  
Address: P.O. Box 91030  
Baton Rouge, LA

Rule Title: Nursing Facilities  
Preadmission Screening and  
Resident Review

Date Rule Takes Effect: June 20, 2017

SUMMARY

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. The following summary statements, based on the attached worksheets, will be published in the Louisiana Register with the proposed agency rule.

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (SUMMARY)

*It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 16-17. It is anticipated that \$756 (\$378 SGF and \$378 FED) will be expended in FY 16-17 for the state's administrative expense for promulgation of this proposed rule and the final rule.*

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

*It is anticipated that the implementation of this proposed rule will have no effect on revenue collections other than the federal share of the promulgation costs for FY 16-17. It is anticipated that \$378 will be collected in FY 16-17 for the federal share of the expense for promulgation of this proposed rule and the final rule.*

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS (Summary)

*This proposed Rule amends the provisions governing admissions for nursing facilities by revising the procedures for the preadmission screening and resident review process in order to: 1) remove the requirement that the level I Preadmission Screening and Resident Review (PASRR) form be completed by a physician; 2) extend the number of days that the level II authority may make an advance group determination for individuals who require convalescent care in a nursing facility; 3) require nursing facilities to notify the level II authority if a PASRR was not completed or was completed incorrectly; and 4) clarify existing provisions. It is anticipated that implementation of this proposed rule will have no costs, but is beneficial to nursing facilities in FY 16-17, FY 17-18 and FY 18-19 by easing the administrative burden on staff by allowing more flexibility in the PASRR process.*

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

*This rule has no known effect on competition and employment.*

  
\_\_\_\_\_  
Signature of Agency Head  
or Designee

  
\_\_\_\_\_  
Legislative Fiscal Officer  
or Designee 3/10/17

Jen Steele, Medicaid Director  
\_\_\_\_\_  
Typed name and Title of  
Agency Head or Designee

\_\_\_\_\_  
Date of Signature

  
\_\_\_\_\_  
LDH/BHSF Budget Head

3/9/17  
\_\_\_\_\_  
Date of Signature



FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberations on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).

*This proposed Rule amends the provisions governing admissions for nursing facilities by revising the procedures for the preadmission screening and resident review process in order to: 1) remove the requirement that the level I Preadmission Screening and Resident Review (PASRR) form be completed by a physician; 2) extend the number of days that the level II authority may make an advance group determination for individuals who require convalescent care in a nursing facility; 3) require nursing facilities to notify the level II authority if a PASRR was not completed or was completed incorrectly; and 4) clarify existing provisions.*

- B. Summarize the circumstances that require this action. If the action is required by federal regulations, attach a copy of the applicable regulation.

*The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services repealed the provisions governing admission reviews, preadmission screening and medical eligibility determination requirements and adopted revised provisions governing nursing facility admissions (Louisiana Register, Volume 36, Number 05). The department now proposes to amend the provisions governing admissions for nursing facilities by revising the procedures for the preadmission screening and resident review process in order to: 1) remove the requirement that the level I Preadmission Screening and Resident Review (PASRR) form be completed by a physician; 2) extend the number of days that the level II authority may make an advance group determination for individuals who require convalescent care in a nursing facility; 3) require nursing facilities to notify the level II authority if a PASRR was not completed or was completed incorrectly; and 4) clarify existing provisions.*

- C. Compliance with Act 11 of the 1986 First Extraordinary Session.

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

*No. It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 16-17. In FY 16-17, \$756 is included for the state's administrative expense for promulgation of this proposed rule and the final rule.*

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

- (a) \_\_\_\_\_ If yes, attach documentation.  
(b) \_\_\_\_\_ If no, provide justification as to why this rule change should be published at this time.

FISCAL AND ECONOMIC IMPACT STATEMENT  
WORKSHEET

I. A. COST OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED

1. What is the anticipated increase or (decrease) in cost to implement the proposed action?

| COST                  | FY 16-17     | FY 17-18   | FY 18-19   |
|-----------------------|--------------|------------|------------|
| PERSONAL SERVICES     |              |            |            |
| OPERATING EXPENSES    | \$756        | \$0        | \$0        |
| PROFESSIONAL SERVICES |              |            |            |
| OTHER CHARGES         |              |            |            |
| REPAIR & CONSTR.      |              |            |            |
| POSITIONS (#)         |              |            |            |
| <b>TOTAL</b>          | <b>\$756</b> | <b>\$0</b> | <b>\$0</b> |

2. Provide a narrative explanation of the costs or savings shown in "A.1.", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

*In FY 16-17, \$756 is included for the state's administrative expense for promulgation of this proposed rule and the final rule.*

3. Sources of funding for implementing the proposed rule or rule change.

| Source             | FY 16-17     | FY 17-18   | FY 18-19   |
|--------------------|--------------|------------|------------|
| STATE GENERAL FUND | \$378        | \$0        | \$0        |
| SELF-GENERATED     |              |            |            |
| FEDERAL FUND       | \$378        | \$0        | \$0        |
| OTHER (Specify)    |              |            |            |
| <b>Total</b>       | <b>\$756</b> | <b>\$0</b> | <b>\$0</b> |

4. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

*Yes, sufficient funds are available to implement this rule.*

B. COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THIS PROPOSED ACTION.

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustment in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

*This proposed rule has no known impact on local governmental units.*

FISCAL AND ECONOMIC IMPACT STATEMENT  
WORKSHEET

2. Indicate the sources of funding of the local governmental unit that will be affected by these costs or savings.

*There is no known impact on the sources of local governmental unit funding.*

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS

- A. What increase or (decrease) in revenues can be expected from the proposed action?

| REVENUE INCREASE/DECREASE | FY 16-17     | FY 17-18   | FY 18-19   |
|---------------------------|--------------|------------|------------|
| STATE GENERAL FUND        |              |            |            |
| AGENCY SELF-GENERATED     |              |            |            |
| RESTRICTED FUNDS*         |              |            |            |
| FEDERAL FUNDS             | \$378        | \$0        | \$0        |
| LOCAL FUNDS               |              |            |            |
| <b>Total</b>              | <b>\$378</b> | <b>\$0</b> | <b>\$0</b> |

**\*Specify the particular fund being impacted**

- B. Provide a narrative explanation of each increase or decrease in revenue shown in "A". Describe all data, assumptions, and methods used in calculating these increases or decreases.

*The amounts reflected above are the estimated increases in the federal share of programmatic expenditures for the Medicaid Program. In FY 16-17, \$378 will be collected for the federal share of the administrative expense for promulgation of this proposed rule and the final rule.*

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS

- A. What persons or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effects on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.)

*This proposed Rule amends the provisions governing admissions for nursing facilities by revising the procedures for the preadmission screening and resident review process in order to: 1) remove the requirement that the level I Preadmission Screening and Resident Review (PASRR) form be completed by a physician; 2) extend the number of days that the level II authority may make an advance group determination for individuals who require convalescent care in a nursing facility; 3) require nursing facilities to notify the level II authority if a PASRR was not completed or was completed incorrectly; and 4) clarify existing provisions.*

- B. Also, provide an estimate of any revenue impact resulting from this rule or rule change to these groups.

*It is anticipated that implementation of this proposed rule will have no costs, but is beneficial to nursing facilities in FY 16-17, FY 17-18 and FY 18-19 by easing the administrative burden on staff by allowing more flexibility in the PASRR process.*

IV. EFFECTS ON COMPETITION AND EMPLOYMENT

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

*This rule has no known effect on competition and employment.*