

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The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services repealed the provisions governing admission reviews, preadmission screening and medical eligibility determination requirements and adopted revised provisions governing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-level~~ I PASRR) form completed by a ~~physician licensed in Louisiana~~ qualified health care professional as defined by OAS.

The ~~Level-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 performed by an appropriate professional.~~

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

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, ~~the~~ 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-office~~ and OAAS indicating the anticipated payment source for the nursing facility services.

C. If the information on the ~~Level-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 ~~Mental Behavioral~~ Health or the Office for Citizens with Developmental Disabilities (the state's mental health and intellectual disability ~~Level-level~~ II authorities) for a ~~Level-level~~ II screening to determine level of ~~care~~ services provided by a nursing facility and ~~the need for~~ 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 ~~start~~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~~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 ~~90~~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. ~~changes~~change in the level of care;
2. ~~transfers~~transfer to another nursing facility;
3. ~~changes~~change in payer source;
4. ...

5. ~~discharges~~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.

~~Readmissions and interfacility transfers are subject to annual resident reviews rather than preadmission screening.~~

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.

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Secretary