



**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

January 5, 2016

**MEMORANDUM**

**TO:** The Honorable John A. Alario, President, Louisiana Senate  
The Honorable Chuck Kleckley, Speaker of the House  
The Honorable David Heitmeier, Chair, Senate Committee on Health and Welfare  
The Honorable Scott Simon, Chair, House Committee on Health and Welfare  
The Honorable Jack Donahue, Chair, Senate Finance Committee  
The Honorable James R. "Jim" Fannin, Chairman, House Appropriations Committee

**FROM:** Kathy H. Kliebert  
Secretary

**RE:** Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Inpatient Hospital Services – Non-Rural, Non-State Hospitals – Children's Specialty Hospitals Reimbursements.

The Department published a Notice of Intent on this proposed Rule in the November 20, 2015 issue of the *Louisiana Register* (Volume 41, Number 11). A public hearing was held on December 30, 2015 at which only Department of Health and Hospitals staff were present. No oral testimony was given, nor written correspondence received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the February 20, 2016 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification; and
3. the public hearing attendance roster.

KHK/WJR/CEC

Attachments (3)

NOTICE OF INTENT

Department of Health and Hospitals  
Bureau of Health Services Financing

Inpatient Hospital Services  
Non-Rural, Non-State Hospitals  
Children's Specialty Hospitals Reimbursements  
(LAC 50:V.967)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 50:V.967 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.

Due to a budgetary shortfall in SFY 2013, the Department of Health and Hospitals, Bureau of Health Services Financing, amended the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals, including children's specialty hospitals (*Louisiana Register*, Volume 40, Number 2).

The department subsequently promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for inpatient hospital services rendered by children's specialty hospitals to revise the reimbursement methodology and establish outlier payment provisions (*Louisiana Register*, Volume 40, Number 10). This Rule is being promulgated

to continue the provisions of the October 4, 2014 Emergency Rule.

## **Title 50**

### **PUBLIC HEALTH—MEDICAL ASSISTANCE**

#### **Part V. Hospital Services**

##### **Subpart 1. Inpatient Hospitals**

#### **Chapter 9. Non-Rural, Non-State Hospitals**

##### **Subchapter B. Reimbursement Methodology**

##### **§967. Children's Specialty Hospitals**

A. Routine Pediatric Inpatient Services. For dates of service on or after October 4, 2014, payment shall be made per a prospective per diem rate that is 81.1 percent of the routine pediatric inpatient cost per day as calculated per the "as filed" fiscal year end cost report ending during SFY 2014. The "as filed" cost report will be reviewed by the department for accuracy prior to determination of the final per diem rate.

##### **1. Repealed.**

B. Inpatient Psychiatric Services. For dates of service on or after October 4, 2014, payment shall be a prospective per diem rate that is 100 percent of the distinct part psychiatric cost per day as calculated per the as filed fiscal year end cost report ending during SFY 2014. The as filed cost report will be reviewed by the department for accuracy prior to determination of the final per diem rate.

1. Costs and per discharge/per diem limitation comparisons shall be calculated and applied separately for acute, psychiatric and each specialty service.

C. Carve-Out Specialty Services. These services are rendered by neonatal intensive care units, pediatric intensive care units, burn units and include transplants.

1. Transplants. Payment shall be the lesser of costs or the per diem limitation for each type of transplant. The base period per diem limitation amounts shall be calculated using the allowable inpatient cost per day for each type of transplant per the cost reporting period which ended in SFY 2009. The target rate shall be inflated using the update factors published by the Centers for Medicare and Medicaid (CMS) beginning with the cost reporting periods starting on or after January 1, 2010.

a. For dates of service on or after September 1, 2009, payment shall be the lesser of the allowable inpatient costs as determined by the cost report or the Medicaid days for the period for each type of transplant multiplied times the per diem limitation for the period.

2. Neonatal Intensive Care Units, Pediatric Intensive Care Units, and Burn Units. For dates of service on or after October 4, 2014, payment for neonatal intensive care units, pediatric intensive care units, and burn units shall be made per prospective per diem rates that are 84.5 percent of the

cost per day for each service as calculated per the "as filed" fiscal year end cost report ending during SFY 2014. The "as filed" cost report will be reviewed by the department for accuracy prior to determination of the final per diem rate.

D. Children's specialty hospitals shall be eligible for outlier payments for dates of service on or after October 4, 2014.

1. Repealed.

E. ...

1. Repealed.

F. Effective for dates of service on or after February 3, 2010, the per diem rates as calculated per §967.C.1 above shall be reduced by 5 percent. Effective for dates of service on or after January 1, 2011, final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified per §967.C.1 for the period, multiplied by 95 percent of the target rate per diem limitation as specified per §967.C.1 for the period.

G. Effective for dates of service on or after August 1, 2010, the per diem rates as calculated per §967.C.1 above shall be reduced by 4.6 percent. Effective for dates of service on or after January 1, 2011, final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified per §967.C.1 for the

period, multiplied by 90.63 percent of the target rate per diem limitation as specified per §967.C.1 for the period.

H. Effective for dates of service on or after January 1, 2011, the per diem rates as calculated per §967.C.1 above shall be reduced by 2 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified per §967.C.1 for the period, multiplied by 88.82 percent of the target rate per diem limitation as specified per §967.C.1 for the period.

I. - I.3. ...

J. Effective for dates of service on or after August 1, 2012, the per diem rates as calculated per §967.C.1 above shall be reduced by 3.7 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified per §967.C.1 for the period, multiplied by 85.53 percent of the target rate per diem limitation as specified per §967.C.1 for the period.

K. Effective for dates of service on or after February 1, 2013, the per diem rates as calculated per §967.C.1 above shall be reduced by 1 percent. Final payment shall be the lesser of allowable inpatient acute care costs as determined by the cost report or the Medicaid days as specified per §967.-C.1 for the period, multiplied by 84.67 percent of the target rate per diem limitation as specified per §967.C.1 for the period.

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 36:2562 (November 2010), amended LR 37:2162 (July 2011), LR 38:2773 (November 2012), LR 39:3097 (November 2013), LR 40:312 (February 2014), repromulgated LR 40:1940 (October 2014), amended LR 40:1941 (October 2014), LR 42:

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 and 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, but may reduce the total direct and indirect cost to the provider to provide the same level of service, and may enhance the provider's ability to provide the same level of service as described in HCR 170 since this proposed Rule increases payments to providers for the same services they already render.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Wednesday, December 30, 2015 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.

Kathy H. Kliebert

Secretary





**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**PUBLIC HEARING CERTIFICATION**  
**December 30, 2015**  
**9:30 a.m.**

RE: Inpatient Hospital Services  
Non-Rural, Non-State Hospitals  
Children's Specialty Hospitals Reimbursements  
Docket # 12302015-1  
Department of Health and Hospitals  
State of Louisiana

**CERTIFICATION**

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on December 30, 2015 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

A handwritten signature in blue ink, appearing to read "Robert K. Andrepont", written over a horizontal line.

Robert K. Andrepont  
Medicaid Policy and  
Compliance Section

12-30-15

Date

# DHH/BHSF PUBLIC HEARING

Topic – Inpatient Hospital Services – Non-Rural, Non-State Hospitals  
Children’s Specialty Hospitals Reimbursements

Date – December 30, 2015

## PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1.	628 N. 4 <sup>th</sup> St		
2. Zekeidra P. Knight	Baton Rouge, LA 70802	225.3412.6943	DHH / BHSF
3.			
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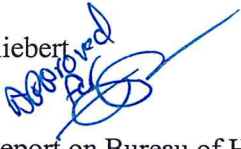


**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

January 5, 2016

**MEMORANDUM**

**TO:** The Honorable John A. Alario, President, Louisiana Senate  
The Honorable Chuck Kleckley, Speaker of the House  
The Honorable David Heitmeier, Chair, Senate Committee on Health and Welfare  
The Honorable Scott Simon, Chair, House Committee on Health and Welfare  
The Honorable Jack Donahue, Chair, Senate Finance Committee  
The Honorable James R. "Jim" Fannin, Chairman, House Appropriations Committee

**FROM:** Kathy H. Kliebert  
Secretary 

**RE:** Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Intermediate Care Facilities for Persons with Intellectual Disabilities - Complex Care Reimbursements.

The Department published a Notice of Intent on this proposed Rule in the November 20, 2015 issue of the *Louisiana Register* (Volume 41, Number 11). A public hearing was held on December 30, 2015 at which only Department of Health and Hospitals staff were present. No oral testimony or written comments were received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the February 20, 2016 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification; and
3. the public hearing attendance roster.

KHK/WJR/RKA

Attachments (3)

NOTICE OF INTENT

Department of Health and Hospitals  
Bureau of Health Services Financing

Intermediate Care Facilities for Persons  
with Intellectual Disabilities  
Complex Care Reimbursements  
(LAC 50:VII.32915)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt LAC 50:VII.32915 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 currently provides Medicaid reimbursement to non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) for services provided to Medicaid recipients.

The department promulgated an Emergency Rule which amended the provisions governing the reimbursement methodology for ICFs/ID to establish reimbursement for complex care services provided to Medicaid recipients residing in non-state ICFs/ID (*Louisiana Register*, Volume 40, Number 10). This proposed Rule is being promulgated to continue the provisions of the October 1, 2014 Emergency Rule.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part VII. Long Term Care

Subpart 3. Intermediate Care Facilities for Persons with  
Intellectual Disabilities

Chapter 329. Reimbursement Methodology

Subchapter A. Non-State Facilities

§32915. Complex Care Reimbursements

A. Effective for dates of service on or after October 1, 2014, non-state intermediate care facilities for persons with intellectual disabilities (ICFs/ID) may receive an add-on payment to the per diem rate for providing complex care to Medicaid recipients who require such services. The add-on rate adjustment shall be a flat fee amount and may consist of payment for any one of the following components:

1. equipment only;
2. direct service worker (DSW);
3. nursing only;
4. equipment and DSW;
5. DSW and nursing;
6. nursing and equipment; or
7. DSW, nursing, and equipment.

B. Non-state owned ICFs/ID may qualify for an add-on rate for recipients meeting documented major medical or behavioral complex care criteria. This must be documented on

the complex support need screening tool provided by the department. All medical documentation indicated by the screening tool form and any additional documentation requested by the department must be provided to qualify for the add-on payment.

C. In order to meet the complex care criteria, the presence of a significant medical or behavioral health need must exist and be documented. This must include:

1. endorsement of at least one qualifying condition with supporting documentation; and

2. endorsement of symptom severity in the appropriate category based on qualifying condition(s) with supporting documentation.

- a. Qualifying conditions for complex care must include at least one of the following as documented on the complex support need screening tool:

- i. significant physical and nutritional needs requiring full assistance with nutrition, mobility, and activities of daily living;

- ii. complex medical needs/medically fragile; or

- iii. complex behavioral/mental health needs.

D. Enhanced Supports. Enhanced supports must be provided and verified with supporting documentation to qualify for the add-on payment. This includes:

1. endorsement and supporting documentation indicating the need for additional direct service worker resources;

2. endorsement and supporting documentation indicating the need for additional nursing resources; or

3. endorsement and supporting documentation indicating the need for enhanced equipment resources (beyond basic equipment such as wheelchairs and grab bars).

E. One of the following admission requirements must be met in order to qualify for the add-on payment:

1. the recipient has been admitted to the facility for more than 30 days with supporting documentation of necessity and provision of enhanced supports; or

2. the recipient is transitioning from another similar agency with supporting documentation of necessity and provision of enhanced supports.

F. All of the following criteria will apply for continued evaluation and payment for complex care.

1. Recipients receiving enhanced rates will be included in annual surveys to ensure continuation of supports and review of individual outcomes.

2. Fiscal analysis and reporting will be required annually.

3. The provider will be required to report on the following outcomes:

a. hospital admissions and diagnosis/reasons for admission;

b. emergency room visits and diagnosis/reasons for admission;

c. major injuries;

d. falls; and

e. behavioral incidents.

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 42:

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 a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 as it will maintain recipient access to much needed ICF/ID services.



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 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, but may reduce the total direct and indirect cost to the provider to provide the same level of service, and may enhance the provider's ability to provide the same level of service as described in HCR 170 since this proposed Rule increases payments to providers for the same services they already render.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Wednesday, December 30, 2015 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.

Kathy H. Kliebert

Secretary



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**PUBLIC HEARING CERTIFICATION**  
**December 30, 2015**  
**9:30 a.m.**

RE: Intermediate Care Facilities for Persons with Intellectual Disabilities  
Complex Care Reimbursements  
Docket # 12302015-2  
Department of Health and Hospitals  
State of Louisiana

**CERTIFICATION**

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on December 30, 2015 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

A handwritten signature in blue ink, appearing to read "Robert K. Andrepont", written over a horizontal line.

Robert K. Andrepont  
Medicaid Policy and  
Compliance Section

12-30-15

Date

# DHH/BHSF PUBLIC HEARING

## Topic - Intermediate Care Facilities for Persons with Intellectual Disabilities Complex Care Reimbursements

Date - December 30, 2015

### PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Zekeidra P. Knight	628 N. 4 <sup>th</sup> St Baton Rouge, LA 70802	225.342.6943	DHH / BHSF
2. DENIS S. BEARD	" "	225-342-3613	DHH/BHSF/STATE SETTINGS
3. Carol Denny	628 N 4 <sup>th</sup> St Baton Rouge LA 70803	225-342-8494	DHH / OIAAS
4.			
5.			
6.			



**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

January 5, 2016

**MEMORANDUM**

**TO:** The Honorable John A. Alario, President, Louisiana Senate  
The Honorable Chuck Kleckley, Speaker of the House  
The Honorable David Heitmeir, Chair, Senate Committee on Health and Welfare  
The Honorable Scott Simon, Chair, House Committee on Health and Welfare  
The Honorable Jack Donahue, Chair, Senate Finance Committee  
The Honorable James R. "Jim" Fannin, Chairman, House Appropriations Committee

**FROM:** Kathy H. Kliebert  
Secretary

**RE:** Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Managed Care for Physical and Basic Behavioral Health – Timely Filing of Claims.

The Department published a Notice of Intent on this proposed Rule in the June 20, 2015 issue of the *Louisiana Register* (Volume 41, Number 6). A public hearing was held on July 30, 2015 at which only the Department of Health and Hospitals staff were present. No oral testimony was given. However written correspondence was received regarding this proposed Rule.

As a result of the comments received on the June 20<sup>th</sup> Notice of Intent, the Department determined that it was necessary to incorporate revisions to the proposed Rule. The Department subsequently published a Substantive Changes and Public Hearing Notification Potpourri containing the non-technical, substantive changes in the November 20, 2015 issue of the *Louisiana Register* (Volume 41, Number 11). A public hearing on the substantive revisions was held on December 30, 2015 at which only the Department of Health and Hospitals staff was present. No oral testimony was given, nor written correspondence received regarding these substantive changes.

The Department anticipates adopting a revised Notice of Intent, which incorporates the non-technical, substantive revisions, as a final Rule in the February 20, 2016 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the July 30, 2015 public hearing certification;
3. the July 30, 2015 public hearing roster;
4. a copy of the Substantive Changes and Public Hearing Notification Potpourri;
5. the December 30, 2015 substantive changes public hearing certification;
6. the December 30, 2015 substantive changes public hearing attendance roster;
7. summary of all written comments received by the agency;
8. the agency's response to comments from Dolleen Licciardi;
9. the agency's response to comments from Steven Spedale; and
10. the agency's response to comments from Greg Waddell.

KHK/WJR/CEC

Attachments (10)

NOTICE OF INTENT

Department of Health and Hospitals  
Bureau of Health Services Financing

Managed Care for Physical and Basic Behavioral Health  
Timely Filing of Claims  
(LAC 50:I.3511)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 50:I.3511 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 promulgated a Rule which amended the provisions governing the coordinated care network in order to change the name in this Subpart to Managed Care for Physical and Basic Behavioral Health, incorporate other necessary programmatic changes, and also incorporate provisions to permit Medicaid eligible children identified in the *Melanie Chisholm, et al vs. Kathy Kliebert* class action litigation (hereafter referred to as *Chisholm* class members) to have the option of voluntarily enrolling into a participating health plan under the Bayou Health program (*Louisiana Register*, Volume 41, Number 5).

The department now proposes to amend the provisions governing managed care for physical and basic behavioral health in order to revise the timely filing requirements for provider claims.

## **Title 50**

### **PUBLIC HEALTH-MEDICAL ASSISTANCE**

#### **Part I. Administration**

#### **Subpart 3. Managed Care for Physical and Basic Behavioral Health**

#### **Chapter 35. Managed Care Organization Participation Criteria**

#### **§3511. Prompt Pay of Claims**

A. - B.1.c. ...

2. The provider shall submit all claims for payment in accordance with the timely filing requirements contained in the provider's contract.

a. The provider may not submit an original claim for payment more than 365 days from the date of service, except for claims which involve retroactive eligibility.

B.3. - E.1. ...

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 37:1589 (June 2011), amended LR 41:938 (May 2015), LR 41:

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, no direct or indirect cost to the provider to provide the same level of service, and 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 J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton

Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, July 30, 2015 at 9:30 a.m. in Room 173, 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.

Kathy H. Kliebert

Secretary

Bobby Jindal  
GOVERNOR



Kathy H. Kliebert  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**PUBLIC HEARING CERTIFICATION**

**July 30, 2015**

**9:30 a.m.**

RE: Managed Care for Physical and Basic Behavioral Health  
Timely Filing of Claims

Docket # 07-30-01  
Department of Health and Hospitals  
State of Louisiana

**CERTIFICATION**

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on July 30, 2015 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

A handwritten signature in black ink, appearing to read "Kaylin A. Haynes", written over a horizontal line.

Kaylin A. Haynes  
Medicaid Policy and  
Compliance

**07-30-15**

Date

# DHH/BHSF PUBLIC HEARING

**Topic -** Managed Care for Physical and Basic Behavioral Health Timely Filing of Claims

**Date -** July 30, 2015

## PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Cornette Scott	628 N. 4th Street Baton Rouge LA 70802	225-342-3881	DHCF: Medicaid Policy & Compliance
2. Kelley	11 11	225-342-9315	11
3.			
4.			
5.			
6.			

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Department of Health and Hospitals  
Bureau of Health Services Financing

Substantive Changes and Public Hearing Notification  
Managed Care for Physical and Basic Behavioral Health  
Timely Filing of Claims  
(LAC 50:I.3511)

In accordance with the provisions of the Administrative Procedures Act, R.S. 49:950 et seq., the Department of Health and Hospitals, Bureau of Health Services Financing published a Notice of Intent in the June 20, 2015 edition of the *Louisiana Register* (LR 41:1150-1151) to amend LAC 50:I.3511. This Notice of Intent proposed to amend the provisions governing managed care for physical and basic behavioral health in order to revise the timely filing requirements for provider claims.

The department conducted a public hearing on this Notice of Intent on July 30, 2015 to solicit comments and testimony on the proposed Rule. As a result of the comments received, the department proposes to amend the provisions of the proposed Rule.

Taken together, all of these revisions will closely align the proposed Rule with the department's original intent and the concerns brought forth during the comment period for the Notice of Intent as originally published. No fiscal or economic impact will result from the amendments proposed in this notice.

Title 50

PUBLIC HEALTH-MEDICAL ASSISTANCE

Part I. Administration

Subpart 3. Managed Care for Physical and Basic Behavioral Health

Chapter 35. Managed Care Organization Participation Criteria

§3511. Prompt Pay of Claims

A. - B.1.c. ...

2. Medicaid claims must be filed within 365 days of the date of service.

a. The provider may not submit an original claim for payment more than 365 days from the date of service, unless the claim meets one of the following exceptions:

i. the claim is for a member with retroactive Medicaid eligibility and must be filed within 180 days from linkage into an MCO;

ii. the claim is a Medicare claim and shall be submitted within 180 days of Medicare adjudication; and

iii. the claim is in compliance with a court order to carry out hearing decisions or agency corrective actions taken to resolve a dispute, or to extend the benefits of a hearing decision or corrective action.

B.3. - E.1. ...

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 37:1589 (June 2011), amended LR 41:938 (May 2015), LR 41:

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.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Kennedy is responsible for responding to inquiries regarding these substantive amendments to the proposed Rule. A public hearing on these substantive changes to the proposed Rule is scheduled for Wednesday, December 30, 2015 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.

Kathy H. Kliebert

Secretary



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**PUBLIC HEARING CERTIFICATION**  
**December 30, 2015**  
**9:30 a.m.**

RE: Substantive Changes and Public Hearing Notification  
Managed Care for Physical and Basic Behavioral Health  
Timely Filing of Claims  
Docket # 12302015-5  
Department of Health and Hospitals  
State of Louisiana

**CERTIFICATION**

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on December 30, 2015 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

A handwritten signature in blue ink, appearing to read "R. K. Andrepont", written over a horizontal line.

Robert K. Andrepont  
Medicaid Policy and  
Compliance Section

12-30-15

Date



## DHH/BHSF PUBLIC HEARING

### Topic – Substantive Changes and Public Hearing Notification Managed Care for Physical and Basic Behavioral Health Timely Filing of Claims

Date – December 30, 2015

#### PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Zekeidre P. Knight	628 N. 4 <sup>th</sup> St Baton Rouge, LA 70802	225.342.6943	DHH / BHSF
2.			
3.			
4.			
5.			
6.			

## SUMMARY OF WRITTEN COMMENTS

**Proposed Rule:** Managed Care for Physical and Basic Behavioral Health – Timely Filing  
**Public Hearing Date:** July 30, 2015  
 December 30, 2015 (Substantive Changes Public Hearing)

**Docket No. :** 073015-01 (July 2015)  
 123015-05 (December 2015)

**Conducted By:** Department of Health and Hospitals, Bureau of Health Services Financing Staff

Written Comments Received From	Mode of Receipt	Summary of Comments (July 30, 2015 Notice of Intent)
Dr. Dolleen M. Licciardi, MD President, Louisiana State Medical Society.	Medicaid Policy Email Account	<p>Suggest the following alternatives to the proposed language:</p> <ul style="list-style-type: none"> <li>Repeal the current 180-day rule and simply allow the provisions of Act 21 of the 2015 Louisiana Legislature to provide for the timely-filing period without the need to promulgate further rules on the subject;</li> <li><b>§3511 Prompt Pay of Claims, B.2.</b> - Delete the language "The provider shall submit all claims for payment in accordance with the timely filing requirements contained in the provider's contract.</li> </ul>
Dr. Steven Spedale, MD MedicineLouisiana	Medicaid Policy Email Account	<p>Suggest the Department revert back to the previous time frame of 365 days vs the proposed 180 days to file a claim with a Medicaid managed care organization..</p>
Greg Waddell Louisiana Hospital Association	Medicaid Policy Email Account	<p>Suggest the following alternatives to the proposed language:</p> <ul style="list-style-type: none"> <li>Repeal the current 180-day rule and simply allow the provisions of Act 21 of the 2015 Louisiana Legislature to provide for the timely-filing period without the need to promulgate further rules on the subject;</li> <li><b>§3511 Prompt Pay of Claims, B.2.</b> - Delete the language "The provider shall submit all claims for payment in accordance with the timely filing requirements contained in the provider's contract.</li> </ul>

Bobby Jindal  
GOVERNOR



Kathy H. Kliebert  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

November 18, 2015

Dolleen M. Licciardi, MD  
Louisiana State Medical Society  
6767 Perkins Road, Suite 100  
Baton Rouge, LA 70808

Dear Dr. Licciardi:

**RE: Notice of Intent for Managed Care for Physical and Basic Behavioral Health -  
Timely Filing of Claims**

This letter is in response to your correspondence regarding the Notice of Intent for Managed Care for Physical and Basic Behavioral Health – Timely Filing of Claims which was published in the June 20, 2015 edition of the *Louisiana Register*.

The Notice of Intent proposes to amend the provisions governing managed care for physical and basic behavioral health in order to revise the timely filing requirements for provider claims.

As a result of the comments received, the department determined that changes were needed to the proposed Rule in order to further clarify these provisions. The revisions will be published in a Substantive Changes and Public Hearing Notification Potpourri in the November 20, 2015 edition of the *Louisiana Register*.

I would like to thank you for taking the time to provide comments and hope that you will continue to work with us as we strive to improve health care outcomes for Louisiana citizens.

Should you have any questions or comments regarding Medicaid administrative rulemaking activity, you may contact Veronica Dent, Medicaid Program Manager, at 225-342-3238 or by email to [Veronica.Dent@la.gov](mailto:Veronica.Dent@la.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ruth Kennedy".

J. Ruth Kennedy  
Medicaid Director

JRK/DAB/VYD

c: Lou Ann Owen  
Darlene White

Bobby Jindal  
GOVERNOR



Kathy H. Kliebert  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

November 18, 2015

Steven B. Spedale MD FAAP  
Infamedics  
P.O. Box 45171  
Baton Rouge, LA 70895-4171

Dear Dr. Spedale:

**RE: Notice of Intent for Managed Care for Physical and Basic Behavioral Health -  
Timely Filing of Claims**

This letter is in response to your correspondence regarding the Notice of Intent for Managed Care for Physical and Basic Behavioral Health – Timely Filing of Claims which was published in the June 20, 2015 edition of the *Louisiana Register*.

The Notice of Intent proposes to amend the provisions governing managed care for physical and basic behavioral health in order to revise the timely filing requirements for provider claims.

As a result of the comments received, the department determined that changes were needed to the proposed Rule in order to further clarify these provisions. The revisions will be published in a Substantive Changes and Public Hearing Notification Potpourri in the November 20, 2015 edition of the *Louisiana Register*.

I would like to thank you for taking the time to provide comments and hope that you will continue to work with us as we strive to improve health care outcomes for Louisiana citizens.

Should you have any questions or comments regarding Medicaid administrative rulemaking activity, you may contact Veronica Dent, Medicaid Program Manager, at 225-342-3238 or by email to [Veronica.Dent@la.gov](mailto:Veronica.Dent@la.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Ruth Kennedy".

J. Ruth Kennedy  
Medicaid Director

JRK/DAB/VYD

c: Lou Ann Owen  
Darlene White



Bobby Jindal  
GOVERNOR



Kathy H. Kliebert  
SECRETARY

**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

November 18, 2015

Greg Waddell  
Louisiana Hospital Association  
9521 Brookline Avenue  
Baton Rouge, LA 70809-1431

Dear Mr. Waddell:

**RE: Notice of Intent for Managed Care for Physical and Basic Behavioral Health -  
Timely Filing of Claims**

This letter is in response to your correspondence regarding the Notice of Intent for Managed Care for Physical and Basic Behavioral Health – Timely Filing of Claims which was published in the June 20, 2015 edition of the *Louisiana Register*.

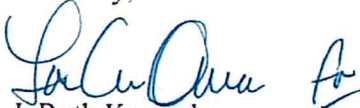
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As a result of the comments received, the department determined that changes were needed to the proposed Rule in order to further clarify these provisions. The revisions will be published in a Substantive Changes and Public Hearing Notification Potpourri in the November 20, 2015 edition of the *Louisiana Register*.

I would like to thank you for taking the time to provide comments and hope that you will continue to work with us as we strive to improve health care outcomes for Louisiana citizens.

Should you have any questions or comments regarding Medicaid administrative rulemaking activity, you may contact Veronica Dent, Medicaid Program Manager, at 225-342-3238 or by email to [Veronica.Dent@la.gov](mailto:Veronica.Dent@la.gov).

Sincerely,

  
J. Ruth Kennedy  
Medicaid Director

JRK/DAB/VYD

c: Lou Ann Owen  
Darlene White




**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

January 5, 2016

**MEMORANDUM**

**TO:** The Honorable John A. Alario, President, Louisiana Senate  
The Honorable Chuck Kleckley, Speaker of the House  
The Honorable David Heitmeier, Chair, Senate Committee on Health and Welfare  
The Honorable Scott Simon, Chair, House Committee on Health and Welfare  
The Honorable Jack Donahue, Chair, Senate Finance Committee  
The Honorable James R. "Jim" Fannin, Chairman, House Appropriations Committee

**FROM:** Kathy H. Kliebert  
Secretary 

**RE:** Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Medical Transportation Program - Emergency Aircraft Transportation - Rotor Winged Ambulance Services Rate Increase.

The Department published a Notice of Intent on this proposed Rule in the November 20, 2015 issue of the *Louisiana Register* (Volume 41, Number 11). A public hearing was held on December 30, 2015 at which a representative of the Louisiana Ambulance Alliance and Department of Health and Hospitals staff were present. No oral testimony or written comments were received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the February 20, 2016 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification; and
3. the public hearing attendance roster.

KHK/WJR/RKA

Attachments (3)

## NOTICE OF INTENT

Department of Health and Hospitals  
Bureau of Health Services Financing

Medical Transportation Program  
Emergency Aircraft Transportation  
Rotor Winged Ambulance Services Rate Increase  
(LAC 50:XXVII.353)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 50:XXVII.353 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.

In anticipation of a budgetary shortfall in state fiscal year 2013 as a result of the reduction in the state's disaster recovery Federal Medical Assistance Percentage (FMAP) rate, the Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing emergency medical transportation services to reduce the reimbursement rates (*Louisiana Register*, Volume 40, Number 7). The department promulgated an Emergency Rule which amended the provisions governing reimbursement for emergency medical aircraft transportation in order to increase the rates for services originating in rural areas (*Louisiana Register*, Volume 40, Number 9). This proposed Rule is being promulgated to continue the provisions of the September 1, 2014 Emergency Rule.

Title 50  
PUBLIC HEALTH—MEDICAL ASSISTANCE  
Part XXVII. Medical Transportation Program

Chapter 3. Emergency Medical Transportation

Subchapter C. Aircraft Transportation

§353. Reimbursement

A. - H. ...

I. Effective for dates of service on or after September 1, 2014, the reimbursement rates for rotor winged emergency air ambulance services, which originate in areas designated as rural and/or super rural by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, shall be increased to the following rates:

1. base rate, \$4,862.72 per unit; and
2. mileage rate, \$33.65 per unit.

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 35:70 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2564 (November 2010), LR 37:3029 (October 2011), LR 39:1285 (May 2013), LR 40:1379 (July 2014), LR 42:

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 a positive impact on family functioning, stability or autonomy as described in R.S. 49:972 as it will maintain recipient access to medical transportation services.

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 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, but may reduce the total direct and indirect cost to the provider to provide the same level of service, and may enhance the provider's ability to provide the same level of service as described in HCR 170 since this proposed Rule increases payments to providers for the same services they already render.

Interested persons may submit written comments to J. Ruth Kennedy, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to [MedicaidPolicy@la.gov](mailto:MedicaidPolicy@la.gov). Ms. Kennedy is responsible for responding to inquiries regarding

this proposed Rule. A public hearing on this proposed Rule is scheduled for Wednesday, December 30, 2015 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.

Kathy H. Kliebert

Secretary



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**PUBLIC HEARING CERTIFICATION**  
**December 30, 2015**  
**9:30 a.m.**

RE: Medical Transportation Program  
Emergency Aircraft Transportation  
Rotor Winged Ambulance Services Rate Increase  
Docket # 12302015-3  
Department of Health and Hospitals  
State of Louisiana

**CERTIFICATION**

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on December 30, 2015 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

A handwritten signature in blue ink, appearing to read "Robert K. Andrepont", written over a horizontal line.

Robert K. Andrepont  
Medicaid Policy and  
Compliance Section

12-30-15

Date

# DHH/BHSF PUBLIC HEARING

Topic – Medical Transportation Program – Emergency Aircraft Transportation  
Rotor Winged Ambulance Services Rate Increase

Date – December 30, 2015

## PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Zekaidra P. Knight	628 N. 4 <sup>th</sup> St Baton Rouge, LA 70802	225.342.6943	DH #1 BHSF
2. Curry Landry	301 Main St. Suite 1220 Baton Rouge, LA 70801	225 663 2758	La. Ambulance Alliance
3.			
4.			
5.			
6.			



**State of Louisiana**  
Department of Health and Hospitals  
Office of the Secretary

January 5, 2016

**MEMORANDUM**

**TO:** The Honorable John A. Alario, President, Louisiana Senate  
The Honorable Chuck Kleckley, Speaker of the House  
The Honorable David Heitmeir, Chair, Senate Committee on Health and Welfare  
The Honorable Scott Simon, Chair, House Committee on Health and Welfare  
The Honorable Jack Donahue, Chair, Senate Finance Committee  
The Honorable James R. "Jim" Fannin, Chairman, House Appropriations Committee

**FROM:** Kathy H. Kliebert  
Secretary *Approved for*

**RE:** Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Psychiatric Residential Treatment Facilities – Licensing Standards.

The Department published a Notice of Intent on this proposed Rule in the November 20, 2015 issue of the *Louisiana Register* (Volume 41, Number 11). A public hearing was held on December 30, 2015 at which only the Department of Health and Hospitals staff were present. No oral testimony was given, nor written correspondence received, regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the February 20, 2016 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification; and
3. the public hearing attendance roster.

KHK/WJR/KAH

Attachments (3)

**NOTICE OF INTENT**

**Department of Health and Hospitals  
Bureau of Health Services Financing**

**Psychiatric Residential Treatment Facilities  
Licensing Standards  
(LAC 48:I.Chapter 90)**

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 48:I.Chapter 90 as authorized by R.S. 36:254 and R.S. 40:2009. 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 amended the provisions governing the licensing of psychiatric residential treatment facilities (PRTFs) in order to revise the licensing standards as a means of assisting PRTFs to comply with the standards (*Louisiana Register*, Volume 39, Number 9). The department promulgated an Emergency Rule which amended the provisions governing the licensing standards for PRTFs in order to remove service barriers, clarify appeal opportunities, avoid a reduction in occupancy of PRTFs in rural locations, and clarify the process for cessation of business (*Louisiana Register*, Volume 40, Number 8). The department promulgated an Emergency Rule which amended the provisions of the August 20, 2014 Emergency Rule in order to revise the formatting of these provisions to ensure that these

provisions are appropriately promulgated in a clear and concise manner (*Louisiana Register*, Volume 41, Number 3). This proposed Rule is being promulgated to continue the provisions of the March 20, 2015 Emergency Rule.

**Title 48**

**PUBLIC HEALTH-GENERAL  
Part I. General Administration  
Subpart 3. Licensing**

**Chapter 90. Psychiatric Residential Treatment Facilities  
(under 21)**

**Subchapter A. General Provisions**

**§9003. Definitions**

A. ...

\*\*\*

*Cessation of Business—Repealed.*

\*\*\*

AUTHORITY NOTE: Promulgated in accordance with R.S.  
36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health  
and Hospitals, Office of the Secretary, Bureau of Health  
Services Financing, LR 30:54 (January 2004), amended by the  
Department of Health and Hospitals, Bureau of Health Services  
Financing, LR 38:371 (February 2012), LR 39:2510 (September  
2013), LR 42:

**Subchapter B. Licensing**

**§9015. Licensing Surveys**

A. - D. ...

E. If deficiencies have been cited during a licensing survey, regardless of whether an acceptable plan of correction is required, the department may issue appropriate sanctions, including, but not limited to:

1. civil fines;
2. directed plans of correction;
3. provisional licensure;
4. denial of renewal; and/or
5. license revocations.

F. - F.2 ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:375 (February 2012), amended LR 42:

**§9017. Changes in Licensee Information or Personnel**

A. - D.2. ...

3. A PRTF that is under provisional licensure, license revocation or denial of license renewal may not undergo a CHOW.

E. - F.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.



36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:375 (February 2012), amended LR 42:

**§9019. Cessation of Business**

A. Except as provided in §9089 of these licensing regulations, a license shall be immediately null and void if a PRTF ceases to operate.

1. - 3. Repealed.

B. A cessation of business is deemed to be effective the date on which the PRTF stopped offering or providing services to the community.

C. Upon the cessation of business, the provider shall immediately return the original license to the Department.

D. Cessation of business is deemed to be a voluntary action on the part of the provider. The provider does not have a right to appeal a cessation of business.

E. Prior to the effective date of the closure or cessation of business, the PRTF shall:

1. give 30 days' advance written notice to:
  - a. HSS;
  - b. the prescribing physician; and
  - c. the parent(s) or legal guardian or legal representative of each client; and

2. provide for an orderly discharge and transition of all of the clients in the facility.

F. In addition to the advance notice of voluntary closure, the PRTF shall submit a written plan for the disposition of clients' medical records for approval by the department. The plan shall include the following:

1. the effective date of the voluntary closure;
2. provisions that comply with federal and state laws on storage, maintenance, access, and confidentiality of the closed provider's clients' medical records;
3. an appointed custodian(s) who shall provide the following:
  - a. access to records and copies of records to the client or authorized representative, upon presentation of proper authorization(s); and
  - b. physical and environmental security that protects the records against fire, water, intrusion, unauthorized access, loss and destruction; and
4. public notice regarding access to records, in the newspaper with the largest circulation in close proximity to the closing provider, at least 15 days prior to the effective date of closure.

G. If a PRTF fails to follow these procedures, the owners, managers, officers, directors, and administrators may be

prohibited from opening, managing, directing, operating, or owning a PRTF for a period of two years.

H. Once the PRTF has ceased doing business, the PRTF shall not provide services until the provider has obtained a new initial license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:375 (February 2012), amended LR 42:

**§9023. Denial of License, Revocation of License, Denial of License Renewal**

A. - C.3. ...

D. Revocation of License or Denial of License Renewal. A PRTF license may be revoked or may be denied renewal for any of the following reasons, including but not limited to:

1. - 13. ...

14. bribery, harassment, or intimidation of any resident or family member designed to cause that resident or family member to use or retain the services of any particular PRTF; or

15. failure to maintain accreditation or failure to obtain accreditation.

16. Repealed.

E. If a PRTF license is revoked or renewal is denied, or the license is surrendered in lieu of an adverse action, any owner, officer, member, director, manager, or administrator of such PRTF may be prohibited from opening, managing, directing, operating, or owning another PRTF for a period of two years from the date of the final disposition of the revocation, denial action, or surrender.

F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:376 (February 2012), amended LR 42:

**§9025. Notice and Appeal of License Denial, License Revocation, License Non-Renewal, and Appeal of Provisional License**

A. - B. ...

1. The PRTF shall request the informal reconsideration within 15 calendar days of the receipt of the notice of the license denial, license revocation, or license non-renewal. The request for informal reconsideration must be in writing and shall be forwarded to the Health Standards Section.

2. - D. ...

E. If a timely administrative appeal has been filed by

the facility on a license denial, license non-renewal, or license revocation, the Division of Administrative Law shall conduct the hearing pursuant to the Louisiana Administrative Procedure Act.

E.1. - G.2. ...

3. The provider shall request the informal reconsideration in writing, which shall be received by the Health Standards Section within five days of receipt of the notice of the results of the follow-up survey from the department.

a. Repealed.

4. The provider shall request the administrative appeal within 15 days of receipt of the notice of the results of the follow-up survey from the department. The request for administrative appeal shall be in writing and shall be submitted to the Division of Administrative Law, or its successor.

a. Repealed.

H. - H.1. ...

I. If a timely administrative appeal has been filed by a facility with a provisional initial license that has expired or by an existing provider whose provisional license has expired under the provisions of this Chapter, the Division of Administrative Law shall conduct the hearing pursuant to the Louisiana Administrative Procedure Act.

1. - 2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.  
36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health  
and Hospitals, Bureau of Health Services Financing, LR 38:377  
(February 2012), amended LR 42:

**§9027. Complaint Surveys**

A. - J.1. ...

a. The offer of the administrative appeal, if  
appropriate, as determined by the Health Standards Section,  
shall be included in the notification letter of the results of  
the informal reconsideration. The right to administrative appeal  
shall only be deemed appropriate and thereby afforded upon  
completion of the informal reconsideration.

2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.  
36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health  
and Hospitals, Bureau of Health Services Financing, LR 38:378  
(February 2012), amended LR 42:

**§9029. Statement of Deficiencies**

A. - C.1. ...

2. The written request for informal reconsideration  
of the deficiencies shall be submitted to the Health Standards

Section and will be considered timely if received by HSS within 10 calendar days of the provider's receipt of the statement of deficiencies.

3. - 5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:379 (February 2012), amended LR 42:

**Subchapter H. Additional Requirements for Mental Health PRTFs**  
**§9093. Personnel Qualifications, Responsibilities, and Requirements**

A. - 2.a.iv. ...

b. The clinical director is responsible for the following:

i. providing clinical direction for each resident at a minimum of one hour per month, either in person on-site, or via telemedicine pursuant to R.S. 37:1261-1292, et seq. and LAC 46:XLV.408 and Chapter 75, et seq.;

(a). - 3.a.iv. ...

b. A LMHP or MHP shall provide for each resident a minimum weekly total of 120 minutes of individual therapy.

3.c. - B. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:397 (February 2012), amended LR 39:2511 (September 2013), LR 42:

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 a positive impact on family functioning, stability and autonomy as described in R.S. 49:972 by ensuring continued access to PRTF services.

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 and 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, no direct or indirect cost to the provider to provide the same level of service, and 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 Cecile Castello, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821 or by email to MedicaidPolicy@la.gov. Ms. Castello is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Wednesday, December 30, 2015 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.

Kathy H. Kliebert

Secretary



**State of Louisiana**  
Department of Health and Hospitals  
Bureau of Health Services Financing

**PUBLIC HEARING CERTIFICATION**  
**December 30, 2015**  
**9:30 a.m.**

RE: Psychiatric Residential Treatment Facilities  
Licensing Standards  
Docket # 12302015-4  
Department of Health and Hospitals  
State of Louisiana

**CERTIFICATION**

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on December 30, 2015 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

A handwritten signature in blue ink, appearing to read "Robert K. Andrepont", written over a horizontal line.

Robert K. Andrepont  
Medicaid Policy and  
Compliance Section

12-30-15  
Date

# DHH/BHSF PUBLIC HEARING

## Topic - Psychiatric Residential Treatment Facilities – Licensing Standards

Date – December 30, 2015

### PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Zekeidra P. Knight	628 N. Fourth St Baton Rouge, LA 70802	225.342.6943	DHH / BHSF
2.			
3.			
4.			
5.			
6.			