



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

September 5, 2014

**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 Behavioral Health Services – Physician Payment Methodology.

The Department published a Notice of Intent on this proposed Rule in the July 20, 2014 issue of the *Louisiana Register* (Volume 40, Number 7). A public hearing was held on August 27, 2014 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 October 20, 2014 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 and  
Office of Behavioral Health

Behavioral Health Services  
Physician Payment Methodology  
(LAC 50:XXXIII.Chapter 17)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health propose to adopt LAC 50:XXXIII.Chapter 17 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 adopted provisions to implement a coordinated behavioral health services system under the Medicaid Program, called the Louisiana Behavioral Health Partnership (LBHP), to provide adequate coordination and delivery of behavioral health services through the utilization of a Statewide Management Organization (*Louisiana Register*, Volume 38, Number 2).

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health promulgated an Emergency Rule which amended the provisions

governing the reimbursement of physician services rendered in the LBHP in order to establish a distinct payment methodology that is independent of the payment methodology established for physicians in the Professional Services Program (*Louisiana Register*, Volume 39, Number 4). This proposed Rule is being promulgated to continue the provisions of the April 20, 2013 Emergency Rule.

## **Title 50**

### **PUBLIC HEALTH - MEDICAL ASSISTANCE Part XXXIII. Behavioral Health Services Subpart 2. General Provisions**

#### **Chapter 17. Behavioral Health Services Reimbursements**

##### **§1701. Physician Payment Methodology**

A. The reimbursement rates for physician services rendered under the Louisiana Behavioral Health Partnership (LBHP) shall be a flat fee for each covered service as specified on the established Medicaid fee schedule. The reimbursement rates shall be based on a percentage of the Louisiana Medicare Region 99 allowable for a specified year.

B. Effective for dates of service on or after April 20, 2013, the reimbursement for behavioral health services rendered by a physician under the LBHP shall be 75 percent of the 2009 Louisiana Medicare Region 99 allowable for services rendered to Medicaid recipients.

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 Behavioral Health, LR 40:

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 Wednesday, August 27, 2014 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**

**August 27, 2014**

**9:30 a.m.**

RE: Behavioral Health Services  
Physician Payment Methodology  
Docket # 082714-01  
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 August 27, 2014 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

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

Cedric Clark  
Medicaid Policy and  
Compliance Section

08/27/2014

Date

# DHH/BHSF PUBLIC HEARING

## Topic – Behavioral Health Services – Physician Payment Methodology

August 27, 2014

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Cornette Scott	Bienville Building 628 North 4th St. Baton Rouge, LA 70801	(225) 342-3881	DHH
2.			
3.			
4.			
5.			
6.			



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

September 5, 2014

**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 Disproportionate Share Hospital Payments - Non-Rural Community Hospitals.

The Department published a Notice of Intent on this proposed Rule in the July 20, 2014 issue of the *Louisiana Register* (Volume 40, Number 7). A public hearing was held on August 27, 2014 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 October 20, 2014 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

#### Disproportionate Share Hospital Payments Non-Rural Community Hospitals (LAC 50:V.2701)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to adopt LAC 50:V.2701 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 state fiscal year 2013, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which amended the provisions governing disproportionate share hospital (DSH) payments to non-rural community hospitals to eliminate the community hospital psychiatric DSH pool (*Louisiana Register*, Volume 30, Number 1). These provisions were promulgated in a final Rule published in the April 20, 2014 edition of the *Louisiana Register* along with other provisions governing DSH payments.

The department has now determined that the February 1, 2013 Emergency Rule and subsequent April 20, 2014 final Rule inadvertently repealed the provisions governing DSH payments to public, non-rural community hospitals. The department

promulgated an Emergency Rule which amended the provisions governing DSH payments in order to re-establish the provisions governing payments to public, non-rural community hospitals (*Louisiana Register*, Volume 40, Number 4). This proposed Rule is being promulgated to continue the provisions of the March 30, 2014 Emergency Rule.

## **TITLE 50**

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

#### **Part V. Medical Assistance Program—Hospital Services**

#### **Subpart 3. Disproportionate Share Hospital Payments**

### **Chapter 27. Qualifying Hospitals**

#### **§2701. Non-Rural Community Hospitals**

##### **A. Definitions**

*Non-Rural Community Hospital*—a non-state, non-rural hospital that may be either publicly or privately owned. Psychiatric, rehabilitation and long term hospitals may also qualify for this category.

B. DSH payments to a public, non-rural community hospital shall be calculated as follows.

1. Each qualifying public, non-rural community hospital shall certify to the Department of Health and Hospitals its uncompensated care costs. The basis of the certification shall be 100 percent of the hospital's allowable costs for these services, as determined by the most recently filed

Medicare/Medicaid cost report. The certification shall be submitted in a form satisfactory to the department no later than October 1 of each fiscal year. The department will claim the federal share for these certified public expenditures. The Department's subsequent reimbursement to the hospital shall be in accordance with the qualifying criteria and payment methodology for non-rural community hospitals included in Act 18 and may be more or less than the federal share so claimed. Qualifying public, non-rural community hospitals that fail to make such certifications by October 1 may not receive Title XIX claim payments or any disproportionate share payments until the department receives the required certifications.

C. Hospitals shall submit supporting patient specific data in a format specified by the department, reports on their efforts to collect reimbursement for medical services from patients to reduce gross uninsured costs, and their most current year-end financial statements. Those hospitals that fail to provide such statements shall receive no payments and any payment previously made shall be refunded to the Department. Submitted hospital charge data must agree with the hospital's monthly revenue and usage reports which reconcile to the monthly and annual financial statements. The submitted data shall be subject to verification by the Department before DSH payments are made.

D. In the event that the total payments calculated for all recipient hospitals are anticipated to exceed the total amount appropriated, the Department shall reduce payments on a pro rata basis in order to achieve a total cost that is not in excess of the amounts appropriated for this purpose.

E. The DSH payment shall be made as an annual lump sum payment.

F. Hospitals qualifying as non-rural community hospitals in state fiscal year 2013-14 may also qualify in the federally mandated statutory hospital category.

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 40:

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 Wednesday, August 27, 2014 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  
Office of the Secretary

September 5, 2014

**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 - Reimbursement Methodology.

The Department published a Notice of Intent on this proposed Rule in the July 20, 2014 issue of the *Louisiana Register* (Volume 40, Number 7). A public hearing was held on August 27, 2014 at which Mr. Kellen Matthews and 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 October 20, 2014 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)



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

**PUBLIC HEARING CERTIFICATION**

**August 27, 2014**

**9:30 a.m.**

RE: Disproportionate Share  
Hospital Payments  
Non-Rural Community Hospitals  
Docket # 082714-02  
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 August 27, 2014 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

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

Cedric Clark  
Medicaid Policy and  
Compliance Section

08/27/2014  
Date

# DHH/BHSF PUBLIC HEARING

## Topic – Disproportionate Share Hospital Payments – Non-Rural Community Hospitals

August 27, 2014

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Cornette Scott	Bienville Building 628 North 4th St. Baton Rouge, LA 70821		
2.			
3.			
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6.			





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

September 5, 2014

**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 Home and Community-Based Services Waivers – Support Coordination Standards for Participation.

The Department published a Notice of Intent on this proposed Rule in the July 20, 2014 issue of the *Louisiana Register* (Volume 40, Number 7). A public hearing was held on August 27, 2014 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 October 20, 2014 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 and  
Office of Aging and Adult Services

Home and Community-Based Services Waivers  
Support Coordination Standards for Participation  
(LAC 50:XXI.Chapter 5)

The Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services propose to amend LAC 50:XXI.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 (OAAS) adopted provisions to establish Standards for Participation for support coordination agencies that provide support coordination services to participants in OAAS-administered waiver programs (*Louisiana Register*, Volume 39, Number 11).

The department has now determined that it is necessary to amend the provisions governing support coordination services rendered to participants of OAAS-administered waiver programs to further clarify these provisions.

**Title 50**  
**PUBLIC HEALTH-MEDICAL ASSISTANCE**  
**Part XXI. Home and Community Based Services Waivers**  
**Subpart 1. General Provisions**

**Chapter 5. Support Coordination Standards for Participation  
for Office of Aging and Adult Services Waiver Programs**

**Subchapter A. General Provisions**

**§509. Certification Review**

A. Compliance with certification requirements is determined by OAAS through its agency review and support coordination monitoring processes. This review is usually annual but may be conducted at any time and may be conducted without advance notice. Monitors must be given access to all areas of the agency and all relevant files and records.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3087: (November 2013), amended LR 40:

**Subchapter B. Administration and Organization**

**§513. Governing Body**

A. ...

1. An agency shall have documents identifying all members of the governing body, their addresses, their terms of membership, and officers of the governing body.

2. The governing body shall hold formal meetings at least twice a year.

3. There shall be written minutes of all formal meetings of the governing body.

4. There shall be governing body by-laws which specify the frequency of meetings and quorum requirements.

B. The governing body of a support coordination agency shall:

1. - 2. ...

3. review and approve the agency's annual budget;  
and

4. designate a person to act as administrator and delegate sufficient authority to this person to manage the agency.

5. - 11. Repealed

C. - C.10. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the



Office of Aging and Adult Services, LR 39:3087: (November 2013),  
amended LR 40:

**§515. Business Location and Operations**

A. Each support coordination agency shall have a business location which shall not be in an occupied personal residence. The business location shall be in the DHH region for which the certification is issued and shall be where the agency:

1. ...
2. maintains the agency's personnel records; and
3. maintains the agency's participant service records.

4. Repealed

B. The business location shall have:

1. - 3. ...
4. internet access and a working e-mail address;
5. hours of operation, which must be at least 40 hours a week, Monday-Friday, posted in a location outside of the business that is easily visible to persons receiving services and the general public; and

B.6. - C. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the

Office of Aging and Adult Services, LR 39:3088: (November 2013),  
amended LR 40:

**§517. Financial Management**

A. - B. ...

C. For the protection of its participants, staff, facilities, and the general public, the agency must have at least \$150,000 in general liability and at least \$150,000 in professional liability insurance coverage.

D. Repealed

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3088: (November 2013), amended LR 40:

**§521. Organizational Communication**

A. The agency must establish procedures to assure adequate communication among staff to provide continuity of services to the participant and to facilitate feedback from staff, participants, families, and when appropriate, the community.

B. - D.3. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3089: (November 2013), amended LR 40:

### **Subchapter C. Provider Responsibilities**

#### **§529. Transfers and Discharges**

A. - C. ...

D. The transfer or discharge responsibilities of the support coordinator shall include:

1. - 2. ...

3. preparing a written discharge summary. The discharge summary shall include, at a minimum, a summary on the health, behavioral, and social issues of the participant and shall be provided to the receiving support coordination agency (if applicable).

E. - G. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3090: (November 2013), amended LR 40:

#### **§531. Staffing Requirements**

A. Agencies must maintain sufficient staff to comply with OAAS staffing, timeline, workload, and performance requirements. This includes, but is not limited to, including sufficient support coordinators and support coordinator supervisors that have passed all of the OAAS training and certification requirements. At all times, an agency must have at least one certified support coordination supervisor and at least one certified support coordinator, both employed full time. Agencies may employ staff who are not certified to perform services or requirements other than assessment and care planning.

B. - E. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3091 (November 2013), amended LR 40:

### **§533. Personnel Standards**

A. Support coordinators must meet one of the following requirements:

1. - 3.j. ...

k. gerontology;

l. - B.3. ...



4. a bachelor's degree in liberal arts or general studies with a concentration of at least 16 hours in one of the following fields: psychology, education, counseling, social services, sociology, philosophy, family and participant sciences, criminal justice, rehab services, child development, substance abuse, gerontology, or vocational rehabilitation and two years of paid post degree experience in providing support coordination services.

C. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3091 (November 2013), amended LR 40:

#### **§537. Orientation and Training**

A. ...

B. Orientation shall be provided by the agency to all staff, volunteers and students within five working days of begin/employment date.

C. Orientation and training of at least 32 hours shall be provided by the agency to all newly hired support coordinators within five working days of employment. The topics shall be agency/OAAS specific and shall include, at a minimum:

1. core OAAS support coordination requirements;
2. agency policies and procedures;
3. confidentiality;
4. case record documentation;
5. participant rights protection and reporting of violations;
6. professional ethics;
7. emergency and safety procedures;
8. infection control, including universal precautions;
9. overview of all OAAS waivers and services;
10. fundamentals of support coordination (e.g. person centered planning, emergency planning, back-up staff planning, critical incident reporting, risk assessment and mitigation, etc.);
11. interviewing techniques;
12. data management;
13. communication skills;
14. community resources;
15. continuous quality improvement; and
16. abuse and neglect policies and procedures.

D. Upon completion of the agency-provided training requirements set forth above, support coordinators and support

coordination supervisors must successfully complete all OAAS Assessment and care planning training.

E. ...

F. All support coordinators and support coordination supervisors must complete a minimum of 16 hours of training per year. For new employees, the orientation cannot be counted toward the 16 hour minimum annual training requirement. The 16 hours of initial training for support coordinators required in the first 90 days of employment may be counted toward the 16 hour minimum annual training requirement. Routine supervision shall not be considered training.

G. A newly hired or promoted support coordination supervisor must, in addition to satisfactorily completing the orientation and training set forth above, also complete a minimum of 24 hours on all of the following topics prior to assuming support coordination supervisory responsibilities:

1. orientation/in-service training of staff;
2. evaluating staff;
3. approaches to supervision;
4. managing workload and performance requirements;
5. conflict resolution;
6. documentation;
7. population specific service needs and resources;

and

8. the support coordination supervisor's role in continuous quality improvement (CQI) systems.

9. - 11. Repealed.

H. Documentation of all orientation and training must be placed in the individual's personnel file. Documentation must include a training agenda, name of presenter(s), title, agency affiliation and/or other sources of training (e.g. web/on-line trainings, etc.).

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3092 (November 2013), amended LR 40:

**§539. Participant Rights**

A. - B. ...

C. Each support coordination agency's written policies and procedures, at a minimum, shall ensure the participant's right to:

1. confidentiality;
2. privacy;
3. impartial access to treatment regardless of race, religion, sex, ethnicity, age or disability;



4. access to the interpretive services, translated material and similar accommodations as appropriate;
5. access to his/her records upon the participant's written consent for release of information;
6. an explanation of the nature of services to be received;
7. actively participate in services;
8. refuse services or participate in any activity against their will;
9. obtain copies of the support coordination agency's complaint or grievance procedures;
10. file a complaint or grievance without retribution, retaliation or discharge;
11. be informed of the financial aspect of services;
12. give informed written consent prior to being involved in research projects;
13. refuse to participate in any research project without compromising access to services;
14. be free from mental, emotional and physical abuse and neglect;
15. be free from chemical or physical restraints;
16. receive services that are delivered in a professional manner and are respectful of the participant's wishes concerning their home environment;

17. receive services in the least intrusive manner appropriate to their needs;

18. contact any advocacy resources as needed, especially during grievance procedures; and;

19. discontinue services with one provider and choose the services of another provider.

20. - 24. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3092 (November 2013), amended LR 40:

**§541. Grievances**

A. ...

B. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 39:3093 (November 2013), amended LR 40:

**§543. Critical Incident Reporting**

A. ...

B. - B.5. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health  
and Hospitals, Bureau of Health Services Financing and the  
Office of Aging and Adult Services, LR 39:3093 (November 2013),  
amended LR 40:

**§545. Participant Records**

A. Participant records shall be maintained in the support  
coordinator's office. The support coordinator shall have a  
current written record for each participant.

1. - 6. Repealed

B. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health  
and Hospitals, Bureau of Health Services Financing and the  
Office of Aging and Adult Services, LR 39:3093 (November 2013),  
amended LR 40:

**§547. Emergency Preparedness**

A. ...

B. Continuity of Operations. The support coordination  
agency shall have an emergency preparedness plan to maintain  
continuity of the agency's operations in preparation for,

during, and after an emergency or disaster. The plan shall be designed to manage the consequences of all hazards, declared disasters or other emergencies that disrupt the agency's ability to render services.B.1. - 9. Repealed.

C. The support coordination agency shall follow and execute its emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.

D. The support coordinator shall cooperate with the department and with the local or parish Office of Homeland Security and Emergency Preparedness in the event of an emergency or disaster and shall provide information as requested.

E. The support coordinator shall monitor weather warnings and watches as well as evacuation orders from local and state emergency preparedness officials.

F. All agency employees shall be trained in emergency or disaster preparedness. Training shall include orientation, ongoing training, and participation in planned drills for all personnel.

G. Upon request by the department, the support coordination agency shall submit a copy of its emergency preparedness plan and a written summary attesting to how the plan was followed and executed.

H. - I.5. Repealed



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

HISTORICAL NOTE: Promulgated by the Department of Health  
and Hospitals, Bureau of Health Services Financing and the  
Office of Aging and Adult Services, LR 39:3094 (November 2013),  
amended LR 40:

**§549. Continuous Quality Improvement Plan**

A. Support coordination agencies shall have a continuous  
quality improvement (CQI) plan which governs the agency's  
internal quality management activities.

B. The CQI plan shall demonstrate a process of continuous  
cyclical improvement and include the following:

1. *design*-continuous quality improvement approach  
detailing how the agency monitors its operations and makes  
improvements when problems are detected;

2. *discovery*-the methods used to uncover problems  
and deviations from plan design and programmatic processes in a  
timely fashion;

3. *remediation*-the process of addressing and  
resolving problems uncovered in the course of discovery; and

4. *improvement*-the actions taken to make adjustments  
to the system's processes or procedures to prevent or minimize  
future problems.

C. - D.7. Repealed.

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

HISTORICAL NOTE: Promulgated by the Department of Health  
and Hospitals, Bureau of Health Services Financing and the  
Office of Aging and Adult Services, LR 39:3094 (November 2013),  
amended LR 40:

**§551. Support Coordination Monitoring**

A. Support coordination agencies shall be monitored  
annually as outlined in the OAAS policies and procedures.

1. - 4. Repealed

B. Support coordination agencies shall offer full  
cooperation with the OAAS during the monitoring process.  
Responsibilities of the support coordination agency in the  
monitoring process include, but are not limited to:

1. providing policy and procedure manuals, personnel  
records, case records, and other documentation;

2. providing space for documentation review and  
support coordinator interviews; and

3. coordinating agency support coordinator  
interviews.

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

HISTORICAL NOTE: Promulgated by the Department of Health  
and Hospitals, Bureau of Health Services Financing and the

Office of Aging and Adult Services, LR 39:3095 (November 2013), amended LR 40:

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, but may increase direct or

indirect cost to the provider to provide the same level of service due to the costs associated with securing the minimum amount required for general and professional liability insurance for those providers who currently carry less. The proposed Rule may also have a negative impact on the provider's ability to provide the same level of service as described in HCR 170 if the increased insurance premium adversely impacts the provider's financial standing.

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, August 27, 2014 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**

**August 27, 2014**  
**9:30 a.m.**

RE: Home and Community-Based  
Service Waivers  
Support Coordination  
Standards for Participation  
Docket # 082714-03  
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 August 27, 2014 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

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

Cedric Clark  
Medicaid Policy and  
Compliance Section

08/27/2014

Date

# DHH/BHSF PUBLIC HEARING

## Topic - Home And Community-Based Services Waivers-Support Coordination Standards for Participation

August 27, 2014

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Cornette Scott	Bienville Building 628 N 4th Street Baton Rouge, LA 70824	225-342-3881	DHH
2.			
3.			
4.			
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6.			



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

September 5, 2014

**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 - Reimbursement Methodology.

The Department published a Notice of Intent on this proposed Rule in the July 20, 2014 issue of the *Louisiana Register* (Volume 40, Number 7). A public hearing was held on August 27, 2014 at which Mr. Kellen Matthews and 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 October 20, 2014 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

#### Inpatient Hospital Services Reimbursement Methodology (LAC 50:V.551 and 967)

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to amend LAC 50:V.551 and §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.

The Department of Health and Hospitals, Bureau of Health Services Financing amended the provisions governing the reimbursement methodology for inpatient hospital services in order to continue medical education payments to state hospitals, children's specialty hospitals and acute care hospitals classified as teaching hospitals when the hospitals are reimbursed by prepaid risk-bearing MCOs for inpatient hospital services (*Louisiana Register*, Volume 38, Number 11). Due to a budgetary shortfall in state fiscal year 2013, the department amended the provisions governing the reimbursement methodology for inpatient hospital services to reduce the reimbursement rates paid to non-rural, non-state hospitals (*Louisiana Register*, Volume 40, Number 2). However, the provisions in



Sections 551 and 967 governing medical education payments were inadvertently omitted from the Rule.

To ensure that the provisions governing inpatient hospital services are promulgated in a clear and concise manner, the department promulgated an Emergency Rule which amended the provisions governing inpatient hospital services in order to incorporate the provisions governing medical education payments which were inadvertently omitted from the February 20, 2014 Rule (*Louisiana Register*, Volume 40, Number 7). This proposed Rule is being promulgated to continue the provisions of the July 20, 2014 Emergency Rule.

**Title 50**  
**PUBLIC HEALTH—MEDICAL ASSISTANCE**  
**Part V. Hospital Services**  
**Subpart 1. Inpatient Hospital Services**

**Chapter 5. State Hospitals**

**Subchapter B. Reimbursement Methodology**

**§551. Acute Care Hospitals**

A. - D. ...

E. Effective for dates of service on or after February 1, 2012, medical education payments for inpatient services which are reimbursed by a prepaid risk-bearing managed care organization (MCO) shall be paid monthly by Medicaid as interim lump sum payments.

1. Hospitals with qualifying medical education

programs shall submit a listing of inpatient claims paid each month by each MCO.

a. *Qualifying Medical Education Programs-* graduate medical education, paramedical education, and nursing schools.

2. Monthly payments shall be calculated by multiplying the number of qualifying inpatient days times the medical education costs included in each state hospital's interim per diem rate as calculated per the latest filed Medicaid cost report.

3. Final payment shall be determined based on the actual MCO covered days and allowable inpatient Medicaid medical education costs for the cost reporting period per the Medicaid cost report.

F. Effective for dates of service on or after August 1, 2012, the inpatient per diem rate paid to state-owned acute care hospitals, excluding Villa Feliciana and inpatient psychiatric services, shall be reduced by 10 percent of the per diem rate on file as of July 31, 2012.

1. The Medicaid payments to state-owned hospitals that qualify for the supplemental payments, excluding Villa Feliciana and inpatient psychiatric services, shall be reimbursed at 90 percent of allowable costs and shall not be subject to per discharge or per diem limits.

2. The Medicaid payments to state-owned hospitals that do not qualify for the supplemental payments shall be reimbursed at 54 percent of allowable costs.

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, amended LR 38:1241 (May 2012), LR 38:2772 (November 2012), LR 40:312 (February 2014), LR 40:

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

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

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

A. - H. ...

I. Effective for dates of service on or after February 1, 2012, medical education payments for inpatient services which are reimbursed by a prepaid risk-bearing managed care organization (MCO) shall be paid by Medicaid monthly as interim lump sum payments.

1. Hospitals with qualifying medical education programs shall submit a listing of inpatient claims paid each month by each MCO.

a. *Qualifying Medical Education Programs-* graduate medical education, paramedical education, and nursing schools.

2. Monthly payments shall be calculated by multiplying the number of qualifying inpatient days times the medical education costs included in each children's specialty hospital's interim per diem rate as calculated per the latest filed Medicaid cost report.

3. Final payment shall be determined based on the actual MCO covered days and medical education costs for the cost reporting period per the Medicaid cost report. Reimbursement shall be at the same percentage that is reimbursed for fee-for-service covered Medicaid costs after application of reimbursement caps as specified in §967.A.-C and reductions specified in §967.F.-H.

J. - K. ...

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), LR 37:2162 (July 2011), LR 38:2773 (November 2012), LR 39:3097 (November 2013), LR 40:312 (February 2014), LR 40:

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](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, August 27, 2014 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**  
**August 27, 2014**  
**9:30 a.m.**

RE: Inpatient Hospital Services  
Reimbursement Methodology  
Docket # 082714-05  
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 August 27, 2014 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

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

Cedric Clark  
Medicaid Policy and  
Compliance Section

08/27/2014

Date

# DHH/BHSF PUBLIC HEARING

## Topic - Inpatient Hospital Services Reimbursement Methodology

August 27, 2014

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Cornette Scott	Bienville Building 628 North 4th Street Baton Rouge, LA 70801	225-342-3881	IDH#
2. Karylin Hayes	CC	225-342-9314	CC
3. Kellen Martin	456 Laurel St. Bk, LA. 70901	225-378-3243	Adams and Nasser
4.			
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6.			



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

September 5, 2014

**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 Inpatient Hospital Services – Out-of-State Hospitals – Reimbursement Methodology.

The Department published a Notice of Intent on this proposed Rule in the July 20, 2014 issue of the *Louisiana Register* (Volume 40, Number 7). A public hearing was held on August 27, 2014 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 October 20, 2014 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

#### Inpatient Hospital Services Out-of-State Hospitals Reimbursement Methodology

The Department of Health and Hospitals, Bureau of Health Services Financing proposes to repeal the December 20, 2000 Rule governing the reimbursement methodology for inpatient hospital services provided by out-of-state hospitals covered under the Medical Assistance Program as authorized by R.S. 46:153 and 36:254, and pursuant to Title XIX of the Social Security Act. This proposed Rule is adopted in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated a Rule governing the reimbursement of inpatient hospital services provided by out-of-state border hospitals (*Louisiana Register*, Volume 26, Number 12).

Pursuant to a settlement agreement, the Department of Health and Hospitals, Bureau of Health Services Financing promulgated an Emergency Rule which repealed the provisions of the December 20, 2000 Rule governing the reimbursement methodology for inpatient hospital services provided by out-of-state border hospitals (*Louisiana Register*, Volume 40, Number



7). This proposed Rule is being promulgated to continue the provisions of the July 1, 2014 Emergency Rule.

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 may have an adverse impact on family functioning, stability and autonomy as described in R.S. 49:972 due to the loss of Medicaid coverage of these services in out-of-state border hospital areas.

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 may have an adverse impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973 in the event that the financial burden on families may increase as a result of the removal of Medicaid coverage of these services in out-of-state border hospital areas.

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](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, August 27, 2014 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**

**August 27, 2014**  
**9:30 a.m.**

RE: Inpatient Hospital Services  
Out-of-State Hospitals  
Reimbursement Methodology  
Docket # 082714-04  
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 August 27, 2014 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

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

Cedric Clark  
Medicaid Policy and  
Compliance Section

08/27/2014  
Date

# DHH/BHSF PUBLIC HEARING

## Topic — Inpatient Hospital Services — Out-of-State Hospitals - Reimbursement Methodology

August 27, 2014

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Cornette Scott	Bienville Building 638 North 4th Street Baton Rouge, LA 70821	225-342-3881	DHIT
2.			
3.			
4.			
5.			
6.			