

17-18 as a result of the extension of the existing transitional reimbursement rate for an additional year. There are no anticipated costs to the ICF/ID service provider for FY 17-18, FY 18-19 and FY 19-20.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

Jen Steele
 Medicaid Director
 1710#054

Gregory V. Albrecht
 Chief Economist
 Legislative Fiscal Office

NOTICE OF INTENT

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

Intermediate Care Facilities for Persons
 with Intellectual Disabilities
 Reimbursement Methodology
 Leave of Absence Days
 (LAC 50:II.10307 and VII.33103)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:II.10307 and VII. 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, Bureau of Health Services Financing currently allows for exceptions to the annual limit on leave of absence days, which are temporary stays outside of the facility provided for in the written individual habilitation plan, for clients of intermediate care facilities for persons with intellectual disabilities (ICFs/ID).

The department now proposes to amend the provisions governing leave of absence days for ICFs/ID in order to exclude bereavement days for close family members from the annual limit.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part II. Nursing Facilities

Subpart 3. Standards for Payments

Chapter 103. Standards for Payment for Intermediate Care Facilities for the Mentally Retarded (ICF/MR)

Subchapter B. Participation

§10307. Payments

* * *

A. - B.1.b.i. ...

ii. leave of absence. A temporary stay outside the ICF/MR provided for in the client's written Individual Habilitation Plan. A leave of absence will not exceed 45 days per fiscal year (July 1 through June 30), and will not exceed 30 consecutive days in any single occurrence. Certain leaves of absence will be excluded from the annual 45-day limit as long as the leave does not exceed the 30 consecutive day limit and is included in the written individual habilitation plan. These exceptions are as follows:

- (a). - (d). ...
- (e). official state holidays; and

(f). two days for bereavement of close family members.

(i). *Close Family Members*—parent, step-parent, child, step-child, brother, step-brother, sister, step-sister, spouse, mother-in-law, father-in-law, grandparent, or grandchild.

* * *

I.c. - 10. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 46:153.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Family Security, LR 13:578 (October 1987), amended by the Department of Health and Hospitals, Office of the Undersecretary, Bureau of Health Services Financing, LR 25:682 (April 1999), LR 31:1081 (May 2005), LR 31:1591 (July 2005), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

Part VII. Long Term Care

Subpart 3. Intermediate Care Facilities for Persons with Intellectual Disabilities

Chapter 331. Vendor Payments

§33103. Payment Limitations

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

b. leave of absence. A temporary stay outside the ICF/ID provided for in the client's written individual habilitation plan. A leave of absence will not exceed 45 days per fiscal year (July 1 through June 30) and will not exceed 30 consecutive days in any single occurrence. Certain leaves of absence will be excluded from the annual 45-day limit as long as the leave does not exceed the 30-consecutive day limit and is included in the written individual habilitation plan. These exceptions are as follows:

i. - iv. ...

v. official state holidays; and

vi. two days for bereavement of close family members.

(a). *Close Family Members*—parent, step-parent, child, step-child, brother, step-brother, sister, step-sister, spouse, mother-in-law, father-in-law, grand-parent, or grand-child.

* * *

A.3. - J. ...

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

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Family Security, LR 13:578 (October 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 25:682 (April 1999), LR 31:1082 (May 2005), repromulgated LR 31:2257 (September 2005), amended by the Department of Health, Bureau of Health Services Financing, LR 43:325 (February 2017), LR 44:

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.

Family Impact Statement

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.

Poverty Impact Statement

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.

Provider Impact Statement

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.

Public Comments

Interested persons may submit written comments to Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule.

Public Hearing

A public hearing on this proposed Rule is scheduled for Wednesday, November 29, 2017 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Rebekah E. Gee MD, MPH
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: **Intermediate Care Facilities for Persons with Intellectual Disabilities—Reimbursement Methodology—Leave of Absence Days**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 17-18. It is anticipated that \$648 (\$324 SGF and \$324 FED) will be expended in FY 17-18 for the state's administrative expense for promulgation of this proposed rule and the final rule.

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

It is anticipated that the implementation of this proposed rule will have no effect on revenue collections other than the federal share of the promulgation costs for FY 17-18. It is anticipated that \$324 will be collected in FY 17-18 for the federal share of the expense for promulgation of this proposed rule and the final rule.

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

This proposed Rule amends the provisions governing leave of absence days for intermediate care facilities for persons with intellectual disabilities (ICFs/ID) in order to exclude bereavement days for close family members from the annual

limit. It is anticipated that this rule will be beneficial to recipients in that the days that they are absent from the facility for the bereavement of close family members are not counted toward their annual limit. It is anticipated that implementation of this proposed rule will have no costs or benefits to ICFs/ID in FY 17-18, FY 18-19 and FY 19-20.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

Jen Steele
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1710#055

Gregory V. Albrecht
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Legislative Fiscal Office

NOTICE OF INTENT

Department of Health Bureau of Health Services Financing

Managed Care for Physical and Behavioral Health
Applied Behavior Analysis-Based Therapy Services
Integration (LAC 50:I.3507)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:I.3507 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, Bureau of Health Services Financing amended the provisions governing managed care for physical and behavioral health in order to allow Medicaid recipients enrolled in the LaHIPP Program to access behavioral health services only through the managed care organizations (MCOs) that participate in the Healthy Louisiana (formerly Bayou Health) Program (*Louisiana Register*, Volume 43, Number 8).

The department has determined that it is necessary to amend the provisions governing managed care for physical and behavioral health in order to include applied behavior analysis-based therapy in the specialized behavioral health services the MCOs that participate in the Healthy Louisiana Program are required to provide.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part I. Administration

Subpart 3. Managed Care for Physical and Behavioral Health

Chapter 35. Managed Care Organization Participation Criteria

§3507. Benefits and Services

A. - C.4. ...

D. The following is a summary listing of the core benefits and services that an MCO is required to provide:

1. - 12. ...

13. basic and specialized behavioral health services, including applied behavior analysis (ABA) -based therapy services, excluding Coordinated System of Care services;

D.14. - F.1. ...

G. Excluded Services

1. - 1.e. ...

f. targeted case management services; and