

NOTICE OF INTENT

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

Inpatient Hospital Services

The Department of Health, Bureau of Health Services Financing proposes to repeal the following uncodified Rules in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act.

all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage, which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Dental Benefits Prepaid
Ambulatory Health Plan**

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 22-23. It is anticipated that \$648 (\$324 SGF and \$324 FED) will be expended in FY 22-23 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 22-23. It is anticipated that \$324 will be collected in FY 22-23 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, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule amends the provisions governing the dental benefits prepaid ambulatory health plan in order to allow Medicaid beneficiaries age 21 or older who reside in intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) to receive dental services administered by a dental benefits plan manager (DBPM), in compliance with Act 366 of the 2022 Regular Session of the Louisiana Legislature. This proposed rule will allow adult Medicaid beneficiaries who are residents of ICFs/IID to receive dental services through a DBPM instead of fee-for-service Medicaid. It is anticipated that implementation of this proposed rule will not result in costs or benefits to providers of dental services in FY 22-23, FY 23-24, and FY 24-25.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

Tara A. LeBlanc
Medicaid Executive Director
2301#052

Alan M. Boxberger
Interim Legislative Fiscal Officer
Legislative Fiscal Office

Register Date	Title	Register Volume, Number	Page Number
July 20, 1977	Policy Change to allow hospital reimbursement when dentists admit patients	Vol 3 No 7	309
March 20, 1980	Inpatient Hospital Benefits for Diagnostic Procedures	Vol 6 No 3	113
June 20, 1983	Discontinue use of Professional Standards Review Organizations (PSROs)	Vol 9 No 6	413
August 20, 1984	Office of Family Security— Change in in-patient hospital reimbursement methodology	Vol 10 No 8	599
December 20, 1985	Medical Assistance Program (MAP) – Delete prior authorizations for surgical procedures	Vol 11 No 12	1147
February 20, 1987	Medical Assistance Program (MAP) – Elimination of categories O, F, V and I	Vol. 13 No. 2	92
October 20, 1987	Medical Assistance Program (MAP) – Psychiatric hospitals standards for payments	Vol. 13 No. 10	578
June 20, 1988	Office of Eligibility Determination—MAP—Hospital program rate freeze	Vol. 14 No. 6	351
October 20, 1992	Inpatient Hospital Services Reimbursement (Infants Under One Year)	Vol. 18 No. 10	1132
June 20, 1993	Inpatient Psychiatric Services— Reimbursement	Vol. 19 No. 6	751
July 20, 1993	Hospital Neurological Rehabilitation Program	Vol. 19 No. 7	893
June 20, 1994	Pre-admission Certification and Length of Stay Criteria for Inpatient Hospital Services	Vol. 20 No. 6	668
June 20, 1995	Inpatient Psychiatric Services	Vol.21 No. 6	575
January 20, 1996	Hospital Program-Reimbursement Inflation	Vol.22 No. 1	33
February 20, 1996	Hospital Program—Acute Inpatient Hospital Services, Outlier	Vol. 22 No. 2	106
February 20, 1997	Hospital Prospective Reimbursement Methodology for Rehabilitation Hospitals	Vol. 23 No. 2	202
May 20, 1999	Hospital Neurological Rehabilitation Program— Reimbursement Methodology	Vol. 25 No. 5	875
May 20, 1999	Inpatient Psychiatric Services Reimbursement Methodology	Vol. 25 No. 5	875
June 20, 1999	Office of Secretary, BHSF— Private Hospital— Reimbursement Methodology	Vol. 25 No. 6	1099
March 20, 2000	Hospital Prospective Reimbursement Methodology— Teaching Hospitals	Vol 26 No. 03	498

Register Date	Title	Register Volume, Number	Page Number
June 20, 2000	Inpatient Hospital Reimbursement Medicare Part A Claims	Vol 26 No. 06	1299
June 20, 2001	Inpatient Hospital Services Extensions and Retrospective Reviews of Length of Stay	Vol. 27 No. 6	856
December 20, 2001	Inpatient Psychiatric Services Reimbursement Increase	Vol. 27 No. 12	2238
June 20, 2003	Private Hospitals Outlier Payments	Vol. 29 No. 06	914
December 20, 2003	Public Hospitals Inpatient Reimbursement Methodology Target Rate per Discharge	Vol. 29 No. 12	2803
February 20, 2004	Public Hospitals Reimbursement Methodology Upper Payment Limit	Vol. 30 No. 2	254
June 20, 2004	State Owned or Operated Hospitals Inpatient Psychiatric Services Reimbursement Increase	Vol. 30 No. 6	1211
November 20, 2004	Private and Public Non-State Owned and Operated Hospitals Inpatient Psychiatric Services Reimbursement Increase	Vol. 30 No. 11	2489
February 20, 2006	Inpatient Hospital Services—State Hospitals—Reimbursement Methodology	Vol. 32 No. 2	247
February 20, 2007	Inpatient Psychiatric Services—Private Hospitals—Reimbursement Rate Increase	Vol. 33 No. 2	289

This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedures Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing proposes to repeal the above listed Rules. These Rules were promulgated prior to implementation of the *Louisiana Administrative Code* codification system and it has been determined that the provisions are obsolete and should be repealed.

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 and 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 in relation to individual or community asset development as described in R.S. 49:973.

Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have no impact on small businesses.

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 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 Tara A. LeBlanc, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. LeBlanc is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on March 1, 2023.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on February 9, 2023. If the criteria set forth in R.S.49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on February 28, 2023 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225)342-1342 after February 9, 2023. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Inpatient Hospital Services

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 22-23. It is anticipated that \$648 (\$324 SGF and \$324 FED) will be expended in FY 22-23 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 22-23. It is anticipated that \$324 will be collected in FY 22-23 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, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule repeals inpatient hospital services rules which were promulgated prior to implementation of the Louisiana Administrative Code codification system. It has been determined that the provisions of these uncodified rules are obsolete and should be repealed. It is anticipated that implementation of this proposed rule will not result in costs or benefits to Medicaid providers or small businesses in FY 22-23, FY 23-24, and FY 24-25, since the current provisions governing these programs and services are already accurately reflected in the Louisiana Administrative Code.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.

Tara A. LeBlanc
Executive Director
2301#053

Alan M. Boxberger
Interim Legislative Fiscal Officer
Legislative Fiscal Office

NOTICE OF INTENT

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

Intermediate Care Facilities for Persons with Intellectual Disabilities Reimbursement Methodology—Dental Services (LAC 50:VII.Chapter 329)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:Chapter 329 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.

Act 366 of the 2022 Regular Session of the Louisiana Legislature directed the Department of Health to provide comprehensive coverage in the Medical Assistance Program for dental care for Medicaid beneficiaries age 21 or older who reside in intermediate care facilities for individuals with intellectual disabilities (ICFs/IID). In compliance with Act 366, the Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the reimbursement methodology for ICFs/IID in order to allow for an additional add-on rate for comprehensive dental care provided to Medicaid beneficiaries age 21 or older who reside in these facilities.

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

§32903. Rate Determination

A. Resident per diem rates are calculated based on information reported on the cost report. ICFs/IID will

receive a rate for each resident. The rates are based on cost components appropriate for an economic and efficient ICF/IID providing quality service. The resident per diem rates represent the best judgment of the state to provide reasonable and adequate reimbursement required to cover the costs of economic and efficient ICF/IID.

B. ...

C. A resident's per diem rate will be the sum of:

1. - 3. ...

4. capital rate;

5. provider fee; and

6. dental pass-through/add-on per diem rate (effective for dates of service on or after May 1, 2023).

D. - D.1....

a. Median Cost. The direct care per diem median cost for each ICF/IID is determined by dividing the facility's total direct care costs reported on the cost report by the facility's total days during the cost reporting period. Direct care costs for providers in each peer group are arrayed from low to high and the median (50th percentile) cost is determined for each peer group.

b. - d. ...

* * *

e. Direct Service Provider Wage Enhancement. For dates of service on or after February 9, 2007, the direct care reimbursement in the amount of \$2 per hour to ICF/IDD providers shall include a direct care service worker wage enhancement incentive. It is the intent that this wage enhancement be paid to the direct care staff. Non-compliance with the wage enhancement shall be subject to recoupment.

D.1.e.i. - 2. ...

a. Median Cost. The care related per diem median cost for each ICF/IID is determined by dividing the facility's total care related costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Care related costs for all providers are arrayed from low to high and the median (50th percentile) cost is determined.

D.2.b. - 3. ...

a. Median Cost. The administrative and operating per diem median cost for each ICF/IID is determined by dividing the facility's total administrative and operating costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Administrative and operating costs for all providers are arrayed from low to high and the median (50th percentile) cost is determined.

D.3.b. - 4. ...

a. Median Cost. The capital per diem median cost for each ICF/IID is determined by dividing the facility's total capital costs reported on the cost report by the facility's actual total resident days during the cost reporting period. Capital costs for providers of each peer group are arrayed from low to high and the median (50th percentile) cost is determined for each peer group.

D.4.b. - d.i.

5. The dental add-on per diem rate shall be a statewide price, and the pass-through, once calculated, will be facility specific. This pass-through/add-on may be adjusted annually and will not follow the rebasing and inflationary adjustment