

NOTICE OF INTENT

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

**Targeted Case Management
Ventilator Care Coordination
(LAC 50:XV.10101, 10107, 11101, 11103)**

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:XV.10101 and 10107 and adopt LAC 50:XV.11101 and 11103 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 proposes to amend the provisions governing targeted case management in order to add ventilator care coordination as a service. This proposed Rule establishes the requirements for beneficiaries to receive these services, the requirements for Medicaid-participating hospitals and providers, and clarifies the reimbursement rate for targeted case management services. This proposed Rule also repeals language related to the Children's Hospital Ventilator Assisted Care program, since the new service replaces that program.

The rule text below has been drafted utilizing plain language principles to ensure clarity and accessibility for all

users. It has also been reviewed and tested for compliance with web accessibility standards.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 7. Targeted Case Management

Chapter 101. General Provisions

§10101. Program Description

A. - D.2. ...

E. Repealed.

F. ...

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 Human Resources, Office of Family Security, LR 12:834 (December 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 19:648 (May 1993), LR 23:732 (June 1997), repealed and promulgated LR 25:1251 (July 1999), repromulgated for inclusion in LAC, LR 30:1036 (May 2004), amended by the Department of Health and Hospitals, Office of the Secretary, Office for Citizens with Developmental Disabilities, LR 32:1607 (September 2006), amended by the Department of Health, Bureau of Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 47:1124 (August 2021), LR 49:2107

(December 2023), amended by the Department of Health, Bureau of Health Services Financing, LR 51:

Chapter 107. Reimbursement

§10701. Reimbursement

A. - E. ...

F. All targeted case management services shall be reimbursed at a flat rate for each approved unit of service. The standard of service is equivalent to one month.

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 30:1040 (May 2004), amended LR 31:2032 (August 2005), LR 35:73 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1903 (September 2009), LR 36:1783 (August 2010), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:97 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:3302 (December 2013), LR 40:1700, 1701 (September 2014), LR 41:1490 (August 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:63 (January 2018), LR 47:1128 (August 2021), amended by the Department of Health, Bureau of

Health Services Financing and the Office for Citizens with Developmental Disabilities, LR 48:2976 (December 2022), amended by the Department of Health, Bureau of Health Services Financing, LR 51:

Chapter 111. Ventilator Care Coordination

§11101. Recipient Qualifications

A. The targeted population for ventilator care coordination shall consist of Medicaid beneficiaries, birth through age 25, who require the use of mechanical ventilation and are participants of the Children's Choice Waiver (CC), New Opportunities Waiver (NOW), Residential Options Waiver (ROW), Early Steps Program, or meet requirements to receive Early Periodic Screening Diagnostic and Treatment (EPSDT) Targeted Case Management services as specified in LAC 50:XV.11303. Those eligible for and electing to receive ventilator care coordination may not receive other Medicaid-funded case management services.

B. Ventilator care coordination provides technical medical expertise relative to mechanical ventilation, including:

1. intensive case management that focuses on medical needs and addressing socioeconomic and environmental factors;
2. discussing with beneficiary/family when medical concerns arise and acting accordingly;

3. updating physicians on medical concerns/issues between hospitalizations to maximize patient care;
4. collaborating with skilled professionals to assess equipment needs for each beneficiary to ensure appropriateness;
5. advocating between the beneficiary/family, the supply/equipment vendor, and other providers when needed;
6. assessing beneficiary needs to have updated prescriptions for ventilator supplies and durable medical equipment;
7. working with the home health agency, family, and pharmacy to avoid the risk of medication reaction or error;
8. reviewing the home health agency's plan of care to determine the accuracy and appropriateness of the services provided; and
9. providing training and technical assistance to care providers and agencies that administer the provision of care to promote the health and safety of ventilator care coordination beneficiaries in their homes, at school, and in the community.

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, Bureau of Health Services Financing, LR 51:

§11103. Ventilator Care Coordination Provider Qualifications

A. Each Medicaid-enrolled provider must employ the following staff:

1. licensed registered nurse; and
2. registered respiratory therapist.

B. The staff listed in Paragraphs A.1 and A.2 of this Section must possess at least two years of experience working with individuals who require mechanical ventilation.

C. Ventilator care coordinators may not exceed a caseload of 25 beneficiaries.

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, Bureau of Health Services Financing, LR 51:

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 a positive impact on family functioning,

stability and autonomy as described in R.S. 49:972, since it will allow beneficiaries to continue receiving ventilator services.

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 a positive impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973, since it will allow beneficiaries to continue receiving ventilator services.

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 an impact on the staffing level requirements or qualifications required to provide the same level of service since the proposed Rule requires Medicaid-enrolled providers to employ specific staff,

and may increase the total direct and indirect cost to the provider to provide the same level of service, and may impact the provider's ability to provide the same level of service as described in HCR 170, since it adds new requirements and services.

Public Comments

Interested persons may submit written comments to Kimberly Sullivan, JD, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Sullivan is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is October 20, 2025.

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 October 10, 2025. If the criteria set forth in R.S. 49:961(B)(1) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on October 30, 2025 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 October 10, 2025. 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.

Bruce D. Greenstein

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Targeted Case Management

Ventilator Care Coordination

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

It is anticipated that implementation of this proposed rule will result in increased costs to the state of \$170,981 for FY 25-26, \$255,822 for FY 26-27, and \$255,822 for FY 27-28. It is anticipated that \$972 (\$486 SGF and \$486 FED) will be expended in FY 25-26 for the state's administrative expense for promulgation of this proposed rule and final rule.

This proposed rule adds ventilator care coordination as a targeted case management service. It establishes the requirements for hospitals and providers, clarifies targeted case management reimbursement rates, and establishes what the requirements are for beneficiaries to receive the services. This proposed rule also repeals language related to the Children's Hospital Ventilator Assisted Care program, since the new service replaces that program.

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

It is anticipated that the implementation of this proposed rule will increase federal revenue collections by approximately \$360,962 for FY 25-26, \$540,635 for FY 26-27, and \$540,635 for FY 27-28. In FY 25-26, \$486 will be collected 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 NON-GOVERNMENTAL GROUPS (Summary)

This proposed rule adds ventilator care coordination as a targeted case management service. It lays out the requirements for hospitals and providers, clarifies targeted case management reimbursement rates, and establishes what the requirements are for beneficiaries to receive the services. This proposed rule will positively impact beneficiaries by allowing them to continue receiving ventilator services, but may result in higher costs to providers due to new requirements for staffing and case management services. This proposed rule is expected to result in increased payments to providers of \$530,971 for FY 25-26, \$796,457 in FY 26-27, and \$796,457 in FY 27-28.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition, but may increase opportunities for employment since it requires Medicaid-enrolled hospitals to provide additional specialized services.