RULE

Department of Health
Bureau of Health Services Financing

Behavioral Health Service Providers
Licensing Standards
(LAC 48:I.5603,5605, and 5606)

The Department of Health, Bureau of Health Services Financing has amended LAC 48:I.5603 and §5605 and adopted §5606 as authorized by R.S. 36:254 and R.S. 40:2151-2162. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation.

Title 48

PUBLIC HEALTH-GENERAL
Part 1. General Administration
Subpart 3. Licensing

Chapter 56. Behavioral Health Service Providers

Subchapter A. General Provisions

§5603. Definitions

* * *

Facility Need Approval (FNA)—the letter of approval from the Office of Behavioral Health which is required for licensure applicants for opioid treatment programs prior to applying for a BHS provider license or the letter of approval from the Facility Need Review Committee within the department which is required

for licensure applicants for PSR or CPST services prior to applying for a BHS provider license.

* * *

Geographic Service Area—the geographic area and location that a BHS provider's license allows services to be provided; for purposes of this licensing rule, geographic service area shall be as follows:

1. for providers operated by a human service district or authority, the geographic service area shall be the parishes and jurisdiction of the district or authority as defined in statute; and

2. for all other BHS providers, the geographic service area shall be the parish in which that provider has its business office and any contiguous parishes.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2162.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1682 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1380 (July 2017), LR 46:

Subchapter B. Licensing

§5605. General Provisions

A. – B. ...

C. A BHS provider license shall:

1. – 4. ...

5. be invalid if sold, assigned, donated or transferred, whether voluntary or involuntary;

6. be posted in a conspicuous place on the licensed premises at all times;

7. be valid for only one geographic service area; and

8. enable the BHS provider to render delineated behavioral health services within its geographic service area as defined in Section 5603.

D. – G.3. ...

4. The off-site shall operate within the same geographic service area, as defined in Section 5603, as the parent facility.

a. – b. Repealed.

G.5. – L.9. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2162.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1687 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1380 (July 2017), LR 46:

§5606. License Restrictions

A. A BHS provider shall provide only those services or modules:

1. specified on its license; and

2. only to clients residing in the provider’s designated geographic service area or at the provider’s licensed location.

B. A BHS provider may apply for a waiver from the Health Standards Section (HSS) to provide home or community services to a client residing outside of the provider’s designated geographic service area only under the following conditions:

1. A waiver may be granted by HSS if there is no other BHS provider in the client’s service area that is licensed and that has the capacity to provide the required services to the client.

2. The provider shall submit a written waiver request to HSS.

3. The written waiver request shall be specific to one client and shall include the reasons for which the waiver is requested.

4. HSS shall approve or deny the waiver request within 30 days of receipt of the written waiver request, and shall provide written notice to the provider via mail or electronic transmission (email or facsimile).

5. The provider shall notify the client of HSS's decision.

C. The provider shall not provide services to a client residing outside of the provider's designated geographic service area unless the provider has received a written waiver request approval from HSS.

D. There is no appeal from a decision by HSS to deny a waiver request under this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2162.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 46:

Stephen R. Russo, JD

Interim Secretary

RULE

Department of Health
Bureau of Health Services Financing

Medicaid Eligibility
Transfers of Assets
(LAC 50:III.10905)

The Department of Health, Bureau of Health Services Financing has amended LAC 50:III.10905 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq. This Rule is hereby adopted on the day of promulgation.

Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part III. Eligibility
Subpart 5. Financial Eligibility

Chapter 109. Transfers of Assets

§10905. Transfers

A. – B. ...

C. For transfers of assets for less than fair market value, the period of ineligibility for an individual in a long term care facility begins the later of the first day of the month after which the asset was transferred for less than fair market value or the date on which the individual is eligible for Medicaid and is receiving institutional level of care services

(based on an approved application for such services) that, but for the imposition of the penalty, would be covered by Medicaid.

1. ...

D. For transfers of assets for less than fair market value, the period of ineligibility for an individual applying for, or receiving, home and community-based services (HCBS) waiver services begins the later of the first day of the month after which the asset was transferred for less than fair market value or the date on which it is determined that the individual meets the financial and non-financial requirements for Medicaid eligibility and all other requirements for admission to an HCBS waiver are met.

E. – G.13.a. ...

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 34:1411 (July 2008), amended by the Department of Health, Bureau of Health Services Financing, LR 46:

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.

Stephen R. Russo, JD

Interim Secretary