

RULE

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

**Crisis Receiving Centers
Licensing Standards
(LAC 48:I.Chapter 53 and 5415)**

The Department of Health, Bureau of Health Services Financing has amended LAC 48:I.Chapter 53 and adopted §5415 as authorized by R.S. 36:254 and R.S. 40:2180.11 et seq. 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 I. General Administration
Subpart 3. Licensing and Certification**

Chapter 53. Level III Crisis Receiving Centers

Subchapter A. General Provisions

§5303. Definitions

Community Mental Health Center—a Medicare certified program as defined in 42 CFR §410.2. An entity that:

1. provides outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and clients of its

mental health service area who have been discharged from inpatient treatment at a mental health facility;

2. provides 24-hour-a-day emergency care services;

3. provides day treatment or other partial hospitalization services, or psychosocial rehabilitation services;

4. provides screening for patients being considered for admission to state mental health facilities to determine the appropriateness of this admission;

5. meets applicable licensing or certification requirements for CMHCs in the state in which it is located; and

6. provides at least 40 percent of its services to individuals who are not eligible for benefits under title XVIII of the Social Security Act.

Department—the Louisiana Department of Health (LDH).

Level III Crisis Receiving Center (or Center or CRC)—an agency, business, institution, society, corporation, person or persons, or any other group, licensed by the LDH to provide crisis identification, intervention and stabilization services for people in behavioral crisis. CRCs receive, examine, triage,

refer, or treat people in behavioral health crisis. A CRC shall have no more than:

1. 36 chairs for crisis stabilization/observation;
and
2. 24 beds for short term stay (three to seven days).

a. - b. Repealed.

NOTE: Refer to physical environment Section of this Chapter for physical space requirements.

Mental Health Emergency Room Extension (MHERE)—a mental health emergency room extension operating as a unit of a currently licensed hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:102 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:472 (April 2021), LR 48:

Subchapter B. Licensing

§5309. General Licensing Provisions

A. All entities providing crisis receiving services shall be licensed by LDH. It shall be unlawful to operate as a CRC without a license issued by the department. LDH is the only licensing authority for CRCs in Louisiana.

B. ...

C. The following entities are exempt from CRC licensure under this Chapter, so long as they are providing CRC services to existing clients:

1. community mental health centers (CMHCs);
2. - 3. ...
4. psychiatric residential treatment facilities;
5. - 6. ...
7. home and community based services (HCBS) waiver agencies limited to center-based respite;
8. substance use/addictive disorder facilities;
9. mental health clinics as defined in §5603;
10. ...
11. MHEREs; and
12. federally qualified health care centers (FQHCs).
13. Repealed.

D. - L. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:103 (January 2015), amended LR 48:

Subchapter I. Physical Environment

§5397. Interior Space

A. The CRC shall:

1. - 5. ...

6. maintain heating, ventilation and cooling systems in good order and safe condition to ensure a comfortable environment;

7. ensure that electric receptacles in client care areas are tamper-resistant or equipped with ground fault circuit interrupters; and

8. maintain separate wings or units for voluntary and involuntary individuals to include areas for admissions, sleeping, shower and toilet areas, and sally ports or other entry areas. Further, the CRC shall provide separate areas (which may be accomplished by providing areas to voluntary individuals at different times than to involuntary individuals) for dining, recreational, educational, vocational, health care, and passageways, for voluntary and involuntary individuals.

B. - P.1. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:121 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:475 (April 2021), LR 48:

Chapter 54. Crisis Receiving Centers

Subchapter B. Voluntary-Only Crisis Receiving Center

§5415 Voluntary-Only Crisis Receiving Center

A. Any entity, organization, or person applying to be licensed as a CRC has the option to be licensed as a voluntary-only crisis receiving center (VO-CRC), wherein the licensed entity shall only admit or receive individuals who present voluntarily to the facility.

B. Individuals presenting to a VO-CRC shall have the ability to come and go to the facility for services as the individual deems appropriate; individuals shall not be required to sign a formal voluntary admission form under R.S. 28:52 or successor statute.

C. A VO-CRC shall adhere to all the licensing requirements for CRCs, including Chapter 53 and Chapter 54 of this licensing Rule, with the following substitutions:

1. for §5367.C, a VO-CRC shall only receive individuals who present voluntarily to the unit/facility;
2. for §5367.F.1.b, a VO-CRC does not need to establish legal authority for the individual;
3. for §5397.A.8, the VO-CRC does not need to maintain separate spaces for involuntary and voluntary admissions or individuals, since the VO-CRC will only serve voluntary admissions or individuals; and
4. for §5397.G, a VO-CRC shall not have a seclusion room.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:

Dr. Courtney N. Phillips

Secretary

RULE

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

**Facility Need Review
Relocation of Nursing Facility Beds
(LAC 48:I.12529)**

The Department of Health, Bureau of Health Services Financing has amended LAC 48:I.12529 as authorized by R.S. 36:254 and 40:2116. 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 I. General Administration
Subpart 5. Health Planning**

Chapter 125. Facility Need Review

Subchapter D. Relocation of Nursing Facility Beds

§12529. General Provisions

A. - D. ...

1. The department may approve a one-time temporary relocation of a nursing facility's Medicaid FNR approvals to another licensed building that may be outside the existing FNR approved service area or parish, provided that all of the following provisions are met:

a. - e. ...

f. The temporary license shall expire 18 months from the date of issuance and the facility shall relocate to its new replacement nursing facility building during that period. One extension of the temporary license, not to exceed 6 months, may be granted by the department for good cause shown.

g. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:2116.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:806 (August 1995), amended LR 25:1250 (July 1999), LR 28:2190 (October 2002), LR 30:1023 (May 2004), LR 32:845 (May 2006), LR 34:2619 (December 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:1009 (May 2010), amended by the Department of Health, Bureau of Health Services Financing LR 46:953 (July 2020), LR 47:1306 (September 2021), LR 48:

Dr. Courtney N. Phillips

Secretary

RULE

Department of Health Bureau of Health Services Financing

Nursing Facilities

The Department of Health, Bureau of Health Services Financing has repealed 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:

Register Date	Title	Register Volume, Number	Page Number
December 20, 1984	Physician Recertification for Recipients in SNFs and ICFs	Vol 10 No 12	1034
April 20, 1987	MAP - LTC Reimbursement Methodology - Wage Clarification	Vol 13 No 04	243
August 20, 1989	MAP - Pharmacist and Medical Records Practitioner Consultation for LTC Facilities	Vol 15 No 08	628
April 20, 1990	MAP - Temporary Management	Vol 16 No 04	318
March 20, 1994	Nursing Facility - Infectious Disease - Tuberculosis	Vol 20 No 03	306

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.

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.

Dr. Courtney N. Phillips

Secretary

RULE

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

**Nursing Facilities
Reimbursement Methodology
Cost Reports
(LAC 50:II.20003)**

The Department of Health, Bureau of Health Services Financing has amended LAC 50:II.20003 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 II. Nursing Facilities
Subpart 5. Reimbursement**

Chapter 200. Reimbursement Methodology

§20003. Cost Reports [Formerly LAC 50:VII.1303]

A. - A.3. ...

B. Cost reports must be prepared in accordance with the cost reporting instructions adopted by the Medicare Program using the definition of allowable and non-allowable cost contained in the CMS Publication 15-1, Provider Reimbursement Manuals, with the following exceptions.

1. - 2. ...

3. Amended Cost Reports. The department will accept amended cost reports in electronic format for a period of 12 months following the end of the cost reporting period. Cost reports may not be amended after an audit or desk review has been initiated; however, the department maintains the right, at their discretion, to supersede this requirement and allow a cost report to be amended after the desk review or audit has been initiated. When an amended cost report is received by the department, it will notify the submitting facility if a desk review or audit covering the submitted cost report period has been initiated and that the amended cost report cannot be accepted. Amended cost reports should include a letter explaining the reason for the amendment, an amended certification statement with original signature, and the electronic format completed amended cost reports. Each amended cost report submitted should be clearly marked with "Amended" in the file name.

4. Rate Warning. While the Medicare regulations may allow more than one option for classifying costs, Medicaid will only recognize costs in a rate and floor component based on the case mix cross-walk shown on the case mix cross-walk tab of the Medicaid Excel cost report template. If a facility chooses to classify cost on their Medicare cost report in a manner that excludes that cost from their direct care or care-related rate

component and floor, then the cost will forever be excluded from the direct care and care-related rate and floor, unless adjusted at audit or desk review.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S. 46:2742, 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 28:1473 (June 2002), repromulgated LR 28:1790 (August 2002), amended LR 28:2537 (December 2002), LR 32:2263 (December 2006), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:541 (March 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 43:526 (March 2017), LR 48:

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.

Dr. Courtney N. Phillips

Secretary