

## **RULE**

### **Department of Health Bureau of Health Services Financing and Office of Aging and Adult Services**

#### **Home and Community-Based Services Waivers Community Choices Waiver Programmatic Allocation of Waiver Opportunities (LAC 50:XXI.8105)**

The Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services have amended LAC 50:XXI.8105 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 XXI. Home and Community Based Services Waivers Subpart 7. Community Choices Waiver**

#### **Chapter 81. General Provisions**

#### **8105. Programmatic Allocation of Waiver Opportunities**

- A. ...
- B. Community choices waiver opportunities shall be offered to individuals on the registry according to priority

groups. The following groups shall have priority for community choices waiver opportunities, in the order listed:

1. - 4. ...

5. individuals who are not presently receiving home and community-based services (HCBS) under another Medicaid program, including, but not limited to:

- a. Program of All-Inclusive Care for the Elderly (PACE);
  - b. long-term - personal care services (LT-PCS);
- and/or
- c. any other 1915(c) waiver; and
  - d. Repealed.

B.6. - E.2.e. ...

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, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 37:3517 (December 2011), amended LR 39:319 (February 2013), LR 39:1778 (July 2013), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 44:1896 (October 2018), LR 45:

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.

Rebekah E. Gee MD, MPH

Secretary

## **RULE**

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

#### **Nursing Facilities Reimbursement Methodology (LAC 50:II.20026)**

The Department of Health, Bureau of Health Services Financing has adopted LAC 50:II.20026 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**

#### **§20026. Geriatric Training Nursing Facility Reimbursement Rate**

NOTE: The provisions of this Section shall be subject to approval by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) of a State Plan amendment authorizing such payment.

A. Effective for dates of service on or after July 1, 2019, LDH shall provide a private nursing facility reimbursement rate of \$365.68 per resident per day to an entity that meets the following criteria:

1. the entity has a cooperative endeavor agreement (CEA) with Louisiana State University (LSU) to operate the current John J. Hainkel, Jr. Home and Rehabilitation Center or any future location used to operate John J. Hainkel, Jr. Home and Rehabilitation Center which has been approved by the parties and the department, as a geriatric training nursing facility.

B. The private nursing facility reimbursement rate established in Subsection A above is all-inclusive.

1. Add-ons, including, but not limited to, technology dependent care (TDC), nursing facility rehabilitation services and nursing facility complex care services add-ons shall not be permitted under this reimbursement rate.

C. Any nursing facility that meets the criteria set forth in Subsection A above shall file an annual cost report with LDH within five months following the end of the facility's fiscal year.

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 45:

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.

Rebekah E. Gee MD, MPH

Secretary