

RULE

Department of Health Bureau of Health Services Financing

Adult Residential Care Providers Licensing Standards (LAC 48:I.6882)

The Department of Health, Bureau of Health Services Financing has amended the provisions of LAC 48:I.6882 as authorized by R.S. 36:254 and R.S. 40:2166.1-2166.8. 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 68. Adult Residential Care Providers

Subchapter G. Emergency Preparedness

§6882. Inactivation of License Due to a Declared Disaster or Emergency

A. An ARCP licensed in a parish which is the subject of an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766, may seek to inactivate its license for a period not to exceed two years, provided that the following conditions are met:

1. - 1.e. ...

2. the licensed ARCP resumes operating as an ARCP in the same service area within two years of the issuance of an executive order or proclamation of emergency or disaster in accordance with R.S. 29:724 or R.S. 29:766;

A.3. - B. ...

C. Upon completion of repairs, renovations, rebuilding or replacement, an ARCP which has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met.

1. - 1.b. ...

2. The provider resumes operating as an ARCP in the same service area within two years.

D. - G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2166.1-2166.8.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 47:1505 (October 2021), amended LR 48:

Dr. Courtney N. Phillips

Secretary

RULE

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

**Hospital Licensing Standards
Newborn Safety Devices
(LAC 48:I.9573)**

The Department of Health, Bureau of Health Services Financing has adopted LAC 48:I.9573 as authorized by R.S. 36:254 and 40:2100 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 Administration

Chapter 93. Hospitals

Subchapter V. Newborn Safety Devices

§9573. General Provisions

A. In accordance with the Louisiana Children's Code (La. Ch. Code 1149 et seq.), a parent may leave an infant in a newborn safety device (NSD) that is physically located inside a facility which is licensed as a hospital in accordance with R.S. 40:2100 et seq., and has an emergency department that is staffed 24 hours per day.

B. Each NSD shall meet all of the following specifications:

1. voluntarily installed in the designated hospital;
2. installed in a location that ensures the anonymity of the relinquishing parent;
3. installed in a climate-controlled environment consistent with the internal temperature of the hospital;
4. installed by a licensed contractor in accordance with manufacturer's recommendations;
5. have an access door that locks automatically upon closure when an infant is in the device;
6. have a supporting frame that is anchored so as to align the bed portion of the NSD directly beneath the access door and prevent movement of the unit as a whole; and
7. feature a safe sleep environment which includes a firm, flat bassinet mattress and a sheet that fits snugly on and overlaps the mattress, and is free of pillows, bumpers, blankets and other bedding.

C. The hospital shall post appropriate signage approved by the Department of Children and Family Services at the site of the NSD that clearly identifies the NSD, and provides both written and pictorial instruction to the relinquishing parent to open the access door, place the infant inside the NSD and close the access door to engage the lock. The signage shall also clearly indicate all of the following:

1. the maximum age of the infant who may be relinquished in accordance with the Louisiana Children's Code;

2. that the infant must not have been previously subjected to abuse or neglect; and

3. that by placing an infant in the NSD, a parent is foregoing all parental responsibilities with response to the infant, and is giving consent for the state to take custody of the infant.

D. The hospital shall be responsible for:

1. the cost of the installation of the NSD;

2. installation of an adequate dual alarm system that shall be connected to the physical location of the NSD. The hospital shall ensure all of the following with respect to the alarm system:

- a. the alarm system generates an audible alarm at a central location within the facility 60 seconds after the opening of the access door to the NSD;

- b. the alarm system generates an automatic call to 911 if the alarm is activated and not turned off from within the hospital less than 60 seconds after the commencement of the initial alarm;

- c. the alarm system is tested at least one time per week to ensure that it is in working order; and

d. the alarm system is visually checked at least two times per day to ensure that it is in working order.

3. obtaining Department of Health (LDH), Health Standards Section (HSS) approval prior to the use of the NSD; and

4. submission of written notification to the LDH, HSS of the hospital's intent to implement the use of the device.

E. Prior to use of the NSD, an onsite survey shall be conducted by the LDH, HSS.

F. The hospital shall ensure that the device is checked at least daily for debris and is cleaned and sanitized with a hospital-quality disinfectant at least weekly and after any infant relinquishment into the NSD.

G. The hospital shall maintain documentation of the testing of the alarm system and the cleaning and sanitation of the NSD.

H. The hospital shall install a cardholder adjacent to the NSD and shall keep the cardholder stocked with safe haven informational cards and other safe haven informational materials produced in accordance with La. Ch. Code 1160 and required by the Department of Children and Family Services.

I. The hospital shall develop and implement written policies and procedures that include, but are not limited to, receiving an infant who has been relinquished into the NSD, the

use of an adequate NSD alarm system, testing of the NSD alarm system, cleaning of the NSD, documentation, and training of staff responsible for implementing the policies and procedures of the NSD, in accordance with La. Ch. Code 1149 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2100 et seq.

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

Medicaid Eligibility Twelve-Months Postpartum Coverage (LAC 50:III.Chapter 23 and XV.16303)

The Department of Health, Bureau of Health Services Financing has amended LAC 50:III.Chapter 23 and XV.16303 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 3. Eligibility Groups and Factors

Chapter 23. Eligibility Groups and Medicaid Programs

§2315. LaMOMS Program

A. Pursuant to the provisions of the Omnibus Budget Reconciliation Act of 1986, the Department of Health, Bureau of Health Services Financing shall provide health care coverage through the LaMOMS Program to Medicaid eligible pregnant women with low income under the Medicaid state plan.

B. Eligibility Requirements. Eligibility for LaMOMS coverage may begin at any time during a pregnancy, and as early as three months prior to the month of application. Eligibility cannot begin before the first month of pregnancy. The pregnant

woman must be pregnant for each month of eligibility, except for the 12-month postpartum period.

C. ...

1. Changes in income shall be disregarded during the period of pregnancy and for the 12-month postpartum period.

D. The LaMOMS program shall provide Medicaid coverage for:

1. - 3. ...

4. postpartum care during the 12-month postpartum period.

E. Certification Period

1. Eligibility for the pregnant women group may begin:

a. at any time during a pregnancy; and

b. as early as three months prior to the month of application.

2. Eligibility cannot begin before the first month of pregnancy. The pregnant women group certification may extend through the calendar month in which the 12-month postpartum period ends.

3. An applicant/enrollee whose pregnancy terminated in the month of application or in one of the three months prior without a surviving child shall be considered a pregnant woman

for the purpose of determining eligibility in the pregnant women group.

4. Certification shall be from the earliest possible month of eligibility (up to three months prior to application) through the month in which the 12-month postpartum period ends.

5. Retroactive eligibility shall be explored regardless of current eligibility status.

a. If the applicant/enrollee is eligible for any of the three prior months, she remains eligible throughout the pregnancy and 12-month postpartum period. When determining retroactive eligibility, actual income received in the month of determination shall be used.

b. If application is made after the month her pregnancy ends, the period of eligibility will be retroactive but shall not start more than three months prior to the month of application. The start date of retroactive eligibility is determined by counting back three months prior to the date of application. The start date will be the first day of that month.

6. Coverage during the 12-month postpartum period is only available to an individual who is eligible for medical assistance under the state plan while pregnant, including during a period of retroactive eligibility.

7. Eligibility may not extend past the month in which the 12-month postpartum period ends.

a. The 12-month postpartum period begins on the last day of pregnancy.

b. The 12-month postpartum period ends the last day of the month in which the 12-month postpartum period has expired.

8. The applicant/enrollee must be income eligible during the initial month of eligibility only. Changes in income after the initial month will not affect eligibility.

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, LR 39:3299 (December 2013), amended by the Department of Health, Bureau of Health Services Financing, LR 48:

§2327. Modified Adjusted Gross Income (MAGI) Groups

A. C.3. ...

D. Pregnant Women Group

1. - 1.b. ...

2. Eligibility cannot begin before the first month of pregnancy. The pregnant women group certification may extend through the calendar month in which the 12-month postpartum period ends.

3. ...

4. Certification shall be from the earliest possible month of eligibility (up to three months prior to application) through the month in which the 12-month postpartum period ends.

5. ...

a. If the applicant/enrollee is eligible for any of the three prior months, she remains eligible throughout the pregnancy and 12-month postpartum period. When determining retroactive eligibility actual income received in the month of determination shall be used.

b. If application is made after the month her pregnancy ends, the period of eligibility will be retroactive but shall not start more than three months prior to the month of application. The start date of retroactive eligibility is determined by counting back three months prior to the date of application. The start date will be the first day of that month.

6. Coverage during the 12-month postpartum period is only available to an individual who is eligible for medical assistance under the state plan while pregnant, including during a period of retroactive eligibility.

7. Eligibility may not extend past the month in which the 12-month postpartum period ends.

a. The 12-month postpartum period begins on the last day of pregnancy.

b. The 12-month postpartum period ends the last day of the month in which the 12-month postpartum period has expired.

8. The applicant/enrollee must be income eligible during the initial month of eligibility only. Changes in income after the initial month will not affect eligibility.

E. - E.2.e. ...

3. Children Under Age 19-LaCHIP Affordable Plan. A child covered under the Louisiana State Children's Health Insurance Program (LaCHIP) Affordable Plan shall:

a. - e. ...

f. be a child whose custodial parent has not voluntarily dropped the child(ren) from employer sponsored insurance within the last three months without good cause. Good cause exceptions to the three month period for dropping employer sponsored insurance are:

i. the premium paid by the family for coverage of the child under the group health plan exceeded 5 percent of household income;

ii. the child's parent is determined eligible for advance payment of the premium tax credit for enrollment in a qualified health plan (QHP) through the marketplace because the employer-sponsored insurance (ESI) in

which the family was enrolled is determined unaffordable in accordance with 26 CFR 1.36B-2(c)(3)(v);

iii. the cost of family coverage that includes the child exceeded 9.5 percent of the household income;

iv. the employer stopped offering coverage of dependents (or any coverage) under an employer-sponsored health insurance plan;

v. a change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under the Consolidated Omnibus Reconciliation Act of 1985 (COBRA));

vi. the child has special health care needs;

vii. the child lost coverage due to the death or divorce of a parent;

viii. involuntary termination of health benefits due to a long-term disability or other medical condition;

ix. the child has exhausted coverage under the COBRA continuation provision (i.e., COBRA expired); or

x. lifetime maximum has been reached.

E.4. - G. ...

1. Former foster care children may also be applicants/enrollees who:

a. have lost eligibility due to moving out of state, but re-established Louisiana residency prior to reaching age 26.

b. Repealed.

2. - 2.d. ...

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, LR 41:945 (May 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:

§2331. Twelve-Months Postpartum Medicaid Coverage

A. Pursuant to the provisions of the section 9812 of the American Rescue Plan Act of 2021, the Department of Health, Bureau of Health Services Financing shall provide, during a five year period beginning April 1, 2022, that an individual who, while pregnant, is eligible for and has received medical assistance under the state plan or waiver of such plan including during a period of retroactive eligibility, shall remain eligible for a 12-month postpartum period. The 12-month postpartum period begins on the last day of pregnancy and ends

on the last day of the month in which the 12-month postpartum period has expired.

B. The medical assistance provided for the pregnant or postpartum individual shall:

1. include all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope to the medical assistance available for an individual described in section 1902(a)(10)(A)(i) of the Social Security Act; and

2. be provided for the individual while pregnant and during the 12-month period that begins on the last day of the individual's pregnancy and ends on the last day of the month in which such 12-month period ends.

C. Coverage Under CHIP. A targeted low-income child who while pregnant, is eligible for and has received title XXI child health assistance, shall remain eligible for a 12-month postpartum period. The 12-month postpartum period begins on the last day of pregnancy and ends on the last day of the month in which the 12-month postpartum period has expired.

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 48:

Part XV. Services for Special Populations
Subpart 13. Pregnant Women Extended Services

Chapter 163. Substance Use Screening and Intervention Services

§16303. Scope of Services

A. - D. ...

1. Pregnant women may receive four counseling sessions per quit attempt, up to two quit attempts per calendar year. Limits may be exceeded, based on medical necessity. The period of coverage for these services shall include the prenatal period through 12-month postpartum period. Services shall be provided:

a. - b.ii. ...

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, LR 40:794 (April 2014), amended by the Department of Health, Bureau of Health Services Financing, LR 46:184 (February 2020), LR 46:954 (July 2020), 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