

RULE

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

Home and Community-Based Services Waivers Adult Day Health Care Providers Cost Reporting (LAC 50:XXI.711)

The Department of Health, Bureau of Health Services Financing has amended LAC 50:XXI.711 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 1. General Provisions

Chapter 7. Reimbursement Methodology

Subchapter B. Adult Day Health Care Providers

§711. Cost Reporting

A. - C. ...

D. Annual Reporting. Cost reports are to be filed on or before November 30 following the close of the cost reporting period. Should the due date fall on a Saturday, Sunday, or an official state or federal holiday, the due date shall be the

following business day. The cost report forms and schedules must be filed with one copy of the following documents:

D.1. - M.2. ...

N. Delinquent Cost Report. When an ADHC provider fails to submit a cost report by the due date, a penalty of 5 percent of the average monthly payment will be imposed. The average monthly payment will be determined using the payments that were paid to the ADHC provider during the cost reporting period covered in the delinquent cost report. The penalty will increase by 5 percent for each successive month until the cost report is submitted. The late filing penalty is non-refundable and not subject to an administrative appeal.

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, the Office for Citizens with Developmental Disabilities and the Office of Aging and Adult Services, LR 47:1114 (August 2021), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 51:399 (March 2025), 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.

Bruce D. Greenstein

Secretary