

NOTICE OF INTENT
Department of Health
Office of Aging and Adult Services
and
Bureau of Health Service Financing

Nursing Facilities
Preadmission Screening
(LAC 50:II. Chapter 5)

The Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services propose to amend LAC 50:II. Chapter 5 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services propose to amend the provisions governing nursing facilities related to Medicaid continued stay request and authorization practices. This proposed Rule establishes timelines and timely filing requirements for the submission of continued stay requests by nursing facilities. These changes are necessary to ensure timely review and accuracy in authorization practices.

The proposed Rule text below has been drafted utilizing plain language principles to ensure clarity and accessibility for all users. It has also been reviewed and tested for compliance with web accessibility standards.

Title 50

PUBLIC HEALTH—MEDICAL ASSISTANCE

Part II. Nursing Facilities

Subpart 1. General Provisions

Chapter 5. Admissions

§503. Medical Certification

A. Evaluative data for medical certification (level of care determination) must be submitted to the Office of Aging and Adult Services (OAAS) or its designee for all initial admissions to and requests for continued stays in Medicare or Medicaid-certified nursing facilities, regardless of payer source.

1. Initial Admissions

a. Required Documents. The following documents are required for initial admission to a nursing facility. The initial admission process does not begin until all of the following documents are complete and submitted by OAAS. These documents must not be dated more than 30 calendar days prior to the date of admission and must reflect the individuals current functioning:

i. ...

ii. a preadmission screening and resident review (level I PASRR) form approved by LDH and completed by a qualified health care professional. The level 1 PASRR form must be signed and dated on the date that it is completed. The level I PASRR form addresses the specific identifiers of MI or I/DD that indicate that a more in-depth evaluation is needed to determine the need for specialized services. The need for this in-depth assessment does not necessarily mean that the individual cannot be admitted to a nursing facility, only that the need for other services must be determined prior to admission;

1.a.ii.(a). - 1.b. ...

2. Continued Stay Requests

a. - a.iii.

b. Vendor payment.

i. Medicaid payment shall be made in accordance with the Notice of Medical Certification (BHSF Form 142) issued by OAAS or the level II authority.

NOTE: The Notice of Medical Certification (BHSF Form 142) documents the resident's level of care determination and authorizes Medicaid to pay the nursing facility for services rendered to the resident.

ii. a facility may not bill a Medicaid resident for covered services when Medicaid vendor payment is

denied due to the provider's failure to comply with the Medicaid program's requirements, including failure to submit a timely continued stay request to OAAS.

c. In order to avoid a lapse in Medicaid payment, the nursing facility must submit the continued stay request form to OAAS:

i. at least 10 calendar days before the expiration of the hospital exemption form 142, Notice of Medical Certification;

ii. at least 15 calendar days before the expiration of any other time-limited form 142, Notice of Medical Certification;

iii. no earlier than 30 calendar days before the current form 142, Notice of Medical Certification expiration.

d. In the event that the state or federal government declares an emergency or disaster, OAAS may in its sole discretion, establish temporary alternative processes and/or deadlines as long as the alternative processes and/or deadlines do not conflict with federal minimum requirements.

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 36:1011 (May 2010), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 43:1179 (June 2017), amended by the Department of Health, Bureau of Health Services Financing and the Office of Aging and Adult Services, LR 43:1179 (June 2017), LR 44:1018 (June 2018), LR 44:2166 (December 2018), amended by the Department of Health, Office of Aging and Adult Services and Bureau of Health Services Financing, LR 52:

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.

Family Impact Statement

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability and autonomy as described in R.S. 49:972.

Poverty Impact Statement

In compliance with Act 854 of the 2012 Regular Session of the Louisiana Legislature, the poverty impact of this proposed Rule has been considered. It is anticipated that this proposed

Rule will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have no impact on small businesses.

Provider Impact Statement

In compliance with House Concurrent Resolution (HCR) 170 of the 2014 Regular Session of the Louisiana Legislature, the provider impact of this proposed Rule has been considered. It is anticipated that this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Public Comments

Interested persons may submit written comments to Tangela Womack, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. Womack is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is August 19, 2026.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on August 10, 2026. If the criteria set forth in R.S. 49:961(B)(1) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on August 27, 2026, in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after August 10, 2026. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing.

Bruce D. Greenstein

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Nursing Facilities

Preadmission Screening

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that implementation of this proposed rule will not have a fiscal impact to the state except \$391 for the

state's share of the administrative expense of promulgation of the proposed rule and final rule in SFY 26-27.

This proposed rule amends the provisions governing nursing facilities related to Medicaid continued stay request and authorization practices. This proposed rule establishes timelines and timely filing requirements for the submission of continued stay requests by nursing facilities. These changes are necessary to ensure timely review and accuracy in authorization practices.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will have no fiscal impact on the collection of federal revenue aside from \$390 for the federal share of the administrative cost of promulgation of the proposed rule and final rule in SFY 26-27.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NON-GOVERNMENTAL GROUPS (Summary).

It is anticipated that implementation of this proposed rule will have no impact on directly affected persons, small businesses, or non-governmental groups

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed rule has no known effect on competition and employment.