



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

October 10, 2022

**Via Statutorily Prescribed Email**

**To:** The Honorable Fred H. Mills, Jr., Chairman, Senate Health & Welfare Committee  
The Honorable Larry Bagley, Chairman, House Health & Welfare Committee

**From:** Dr. Courtney N. Phillips  
Secretary

**Re:** Second Report LAC 50:XV.301 – Applied Behavior Analysis-Based Therapy Services – Place of Service Limitations

Pursuant to the Louisiana Administrative Procedure Act, the Louisiana Department of Health, Bureau of Health Services Financing, submits its second report regarding the Applied Behavior Analysis-Based Therapy Services – Place of Service Limitations, LAC 50:XV.301.

A Notice of Intent on the proposed amendments was published in the August 20, 2022 issue of the *Louisiana Register* (LR 48:2206). No written comments were received and there was no request for a public hearing were received during the notice period. Because there were no requests for a public hearing, one was not held for these proposed amendments. Additionally, no substantive changes were made to the proposed amendments since the report provide for in R.S. 49:968B-C was submitted.

Unless otherwise directed, the Department anticipates adopting the August 20, 2022, Notice of Intent when it is published as a final rule in the November 20, 2022, issue of the *Louisiana Register*.

Please contact Rene Huff, [Rene.Huff@la.gov](mailto:Rene.Huff@la.gov), if you have any questions or require additional information about this matter.

**Cc:** Tara LeBlanc, LDH Medicaid Director  
Dr. Shannon Bibbins, Medicaid Deputy Director, LDH  
Veronica Dent, Medicaid Program Manager, LDH  
Bethany Blackson, Legislative Liaison, LDH  
Catherine Brindley, Editor, *Louisiana Register*, Office of the State Register

## NOTICE OF INTENT

### Department of Health Bureau of Health Services Financing

#### Applied Behavior Analysis-Based Therapy Services Place of Service Limitations (LAC 50:XV.301)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:XV.301 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 promulgated an Emergency Rule which amended the provisions governing applied behavior analysis-based (ABA) therapy services in order to remove non-conventional place of service limitations to ensure ABA services can be delivered in a community setting (*Louisiana Register*, Volume 48, Number 7). This proposed Rule is being promulgated in order to continue the provisions of the July 15, 2022 Emergency Rule.

#### Title 50

#### PUBLIC HEALTH-MEDICAL ASSISTANCE

#### Part XV. Services for Special Populations

#### Subpart 1. Applied Behavior Analysis-Based Therapy Services

#### Chapter 3. Services

#### §301. Covered Services and Limitations

##### A. - D. ...

##### E. Service Limitations

##### 1. ...

2. Services must be delivered in a natural setting (e.g., home and community-based settings, including schools and clinics).

a. Services delivered in a school must not duplicate services rendered under an individualized family service plan (IFSP) or an individualized educational program (IEP) as required under the federal Individuals with Disabilities Education Act (IDEA).

##### 3. ...

F. Not Medically Necessary/Non-Covered Services. The following services do not meet medical necessity criteria, nor qualify as Medicaid covered ABA-based therapy services:

##### 1. - 3. ...

4. treatment whose purpose is vocationally- or recreationally-based; and

##### 5. - 5.a.ii. ...

iii. could be provided by persons without professional skills or training.

##### 6. - 6.d. Repealed.

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 41:926 (May 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:2498 (December 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.

#### 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 a positive impact on family functioning, stability and autonomy as described in R.S. 49:972 since it will increase the number of locations where services can be provided.

#### 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 Tara A. LeBlanc, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. LeBlanc is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on September 29, 2022.

#### 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 September 9, 2022. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on September 29, 2022 in Room 118 of

the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after September 9, 2022. 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. In the event of a hearing, parking is available to the public in the Galvez Parking Garage, which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips  
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES**

**RULE TITLE: Applied Behavior Analysis-Based  
Therapy Services  
Place of Service Limitations**

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

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 22-23, since no changes are being made to the units of service approved for beneficiaries and the rates for those services. It is anticipated that \$540 (\$270 SGF and \$270 FED) will be expended in FY 22-23 for the state's administrative expense for promulgation of this proposed rule and the final rule.

**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 effect on revenue collections other than the federal share of the promulgation costs for FY 22-23. It is anticipated that \$270 will be collected in FY 22-23 for the federal share of the expense for promulgation of this proposed rule and the final rule.

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

This proposed rule continues the provisions of the July 15, 2022 Emergency Rule which amended the provisions governing applied behavior analysis-based (ABA) therapy services in order to remove non-conventional place of service limitations to ensure ABA services can be delivered in a community setting. This proposed rule will be beneficial by improving access to services for ABA beneficiaries and allowing providers to deliver these services in settings that were previously not approved. It is anticipated that implementation of this proposed rule will not result in costs to ABA providers for FY 22-23, FY 23-24, and FY 24-25, since the units of service approved in the beneficiary's behavior treatment plan and the rates for these services are not being changed.

**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT  
(Summary)**

This rule has no known effect on competition and employment.

Tara A. LeBlanc  
Medicaid Executive Director  
2208#057

Alan M. Boxberger  
Interim Legislative Fiscal Officer  
Legislative Fiscal Office



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

October 10, 2022

**Via Statutorily Prescribed Email**

**To:** The Honorable Fred H. Mills, Jr., Chairman, Senate Health & Welfare Committee  
The Honorable Larry Bagley, Chairman, House Health & Welfare Committee

**From:** Dr. Courtney N. Phillips  
Secretary

**Re:** Second Report LAC 48.I.Chapters 56-57 Behavioral Health Service Providers –  
Licensing Standards

Pursuant to the Louisiana Administrative Procedure Act, the Louisiana Department of Health, Bureau of Health Services Financing, submits its second report regarding the Behavioral Health Service Providers – Licensing Standards, LAC 48.I.Chapters 56-57.

A Notice of Intent on the proposed amendments was published in the August 20, 2022 issue of the *Louisiana Register* (LR 48:2207). No written comments were received and there was no request for a public hearing were received during the notice period. Because there were no requests for a public hearing, one was not held for these proposed amendments. Additionally, no substantive changes were made to the proposed amendments since the report provide for in R.S. 49:968B-C was submitted.

Unless otherwise directed, the Department anticipates adopting the August 20, 2022, Notice of Intent when it is published as a final rule in the November 20, 2022, issue of the *Louisiana Register*.

Please contact Cynthia York, at [Cynthia.York@la.gov](mailto:Cynthia.York@la.gov), if you have any questions or require additional information about this matter.

**Cc:** Tasheka Dukes, RN, HSS Assistant Secretary, LDH  
Tara LeBlanc, LDH Medicaid Director  
Dr. Shannon Bibbins, Medicaid Deputy Director, LDH  
Veronica Dent, Medicaid Program Manager, LDH  
Bethany Blackson, Legislative Liaison, LDH  
Catherine Brindley, Editor, *Louisiana Register*, Office of the State Register

## NOTICE OF INTENT

### Department of Health Bureau of Health Services Financing

#### Behavioral Health Service Providers Licensing Standards (LAC 48:I.Chapters 56 and 57)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 48:I.Chapters 56 and 57 and to adopt §5733 as authorized by R.S. 36:254. 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 proposes to amend the provisions governing the licensing of behavioral health service (BHS) providers in order to comply with the requirements of the following Acts of the 2022 Regular Session of the Louisiana Legislature: Act 151 authorizes and provides conditions for licensed BHS providers to employ peer support specialists who have been convicted of certain offenses; Act 344 allows BHS providers to operate within a 50 mile radius of the providers' business offices and within a 50 mile radius of one designated offsite location; Act 390 authorizes BHS providers to furnish services regardless of where the client or patient is located within the state; and, Act 503 requires updates to the provisions governing psychosocial rehabilitation services (PSR) and community psychiatric support and treatment services (CPST). In addition, Act 309 requires the department to adopt provisions establishing requirements for the treatment of opioid use disorder in pregnant women by licensed BHS providers.

In compliance with Acts 151, 344, 390, 503 and 309, the Department of Health, Bureau of Health Services Financing hereby proposes to amend the provisions governing the licensing of BHS providers and to adopt provisions establishing requirements for the treatment of opioid use disorder in pregnant women.

#### Title 48

#### PUBLIC HEALTH-GENERAL

#### Part I. General Administration

#### Subpart 3. Licensing and Certification

#### Chapter 56. Behavioral Health Service Providers

#### Subchapter A. General Provisions

#### §5603. Definitions

\* \* \*

*Community Psychiatric Support and Treatment (CPST)*—Centers for Medicare and Medicaid Services (CMS) approved Medicaid mental health rehabilitation services designed to reduce disability from mental illness, restore functional skills of daily living, build natural supports, and achieve identified person-centered goals or objectives through counseling, clinical psycho-education, and ongoing monitoring needs as set forth in an individualized treatment plan.

\* \* \*

*Geographic Service Area*—the geographic service location for a public or private behavioral health services provider licensed pursuant to this Part shall be defined to include all of the following:

1. - 2. ...

3. any location within a 50 mile radius of the provider's business office.

\*\*\*

**Off-Site**—a parent facility's alternate location or premises that provides behavioral health services on a routine basis within the geographic service area of the licensed BHS provider that:

1. ...

2. is owned by, leased by or donated or loaned to the parent provider for the purpose of providing behavioral health services; and

a. - c. Repealed.

3. has a sub-license issued under the parent facility's license.

4. Repealed.

\*\*\*

**Onsite Access**—for purposes of §5712 and §5733 of this Rule, the delivery of the treatment to the patient at the location of the substance use disorder facility. For purposes of §5712 and §5733, onsite access shall not mean that the substance use disorder facility is required to maintain stock of the medication-assisted treatment at the facility.

\*\*\*

**Peer Support Specialist**—an individual with personal lived experience with a minimum of 12 consecutive months of recovery from behavioral health conditions and successfully navigating the behavioral health services system. Recognized peer support specialists must successfully complete an OBH-approved peer training program, continuing education requirements, and clinical supervision in order to provide peer support services.

\*\*\*

**Psychosocial Rehabilitation (PSR) Services**—CMS approved Medicaid mental health rehabilitation services designed to assist the individual with compensating for or eliminating functional deficits and interpersonal or environmental barriers associated with mental illness through skill building and supportive interventions to restore and rehabilitate social and interpersonal skills and daily living skills.

\*\*\*

**Substance Use Disorder Facilities/Addiction Treatment Service**—a service related to the screening, diagnosis, management, or treatment for the use of or addiction to controlled dangerous substances, drugs or inhalants, alcohol, problem gambling or a combination thereof; may also be referred to as substance use disorder service.

\*\*\*

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1682 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1380 (July 2017), LR 46:587 (April 2020), LR 48:1277 (May 2022), LR 48:

## **Subchapter B. Licensing**

### **§5605. General Provisions**

A. - F.3. ...

G. **Off-Sites.** A licensed BHS provider may have an off-site location with the approval of HSS that meets the following requirements.

1. The off-site may share a name with the parent facility if a geographic indicator (e.g., street, city or parish) is added to the end of the off-site name.

2. - 4. ...

5. The licensed BHS provider may operate within a 50 mile radius of one designated off-site location.

6. A residential off-site shall be reviewed under the plan review process.

7. An initial survey may be required prior to opening a residential off-site.

8. An off-site shall have staff to comply with all requirements in this Chapter and who are present during established operating hours to meet the needs of the clients.

9. Personnel records and client records may be housed at the parent facility.

10. Clients who do not receive all treatment services at an off-site may receive the services at the parent facility or be referred to another licensed provider that provides those services.

11. The off-site may offer fewer services than the parent facility and/or may have less staff than the parent facility.

12. The off-site together with the parent facility provides all core functions of a BHS provider and meets all licensing requirements of a BHS provider.

H. - L.9. ...

### **M. Geographic Service Area**

1. - 2.d.i. ...

ii. for providers of outpatient services (other than providers with a mental health service program that provide services only in the home and community – see below) the geographic service area shall be:

(a). - (c). ...

(d). in a home or community location in any parish contiguous to the parish in which the BHS provider's primary business office is located;

(e). in a home or community location that is within a 50 mile radius of the BHS provider's primary business office; and

(f). in a home or community location that is within a 50 mile radius of one designated off-site location.

iii. - iii.(c). ...

3. A BHS provider that is not a licensed mental health professional or a provisionally licensed mental health professional acting within his/her scope of practice may not provide telehealth services outside of its geographic service area.

4. A licensed mental health professional or a provisionally licensed mental health professional acting within his scope of practice, who is employed by a behavioral health service provider licensed pursuant to this Part, may provide professional outpatient psychiatric services to any established client or patient, regardless of the client's or patient's particular location within the state.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2162.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1687 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1380 (July 2017), LR 46:588 (April 2020), LR 48:1281 (May 2022), LR 48:

## **§5606. License Restrictions and Exceptions**

A. - B.5....

C. The provider shall not provide services to a client residing outside of the provider's designated geographic service area unless the provider has received a written waiver request approval from HSS or meets the requirements of Subsection B of this Section.

D. - F.4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2162.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 46:588 (April 2020), amended LR 48:1281 (May 2022), LR 48:

### **Subchapter E. Personnel**

#### **§5641. General Requirements**

A. - D.1.b. ...

2. For any provider that is treating adults, prior to any employer making an offer to employ or contract with a non-licensed person or any licensed person, the provider shall obtain a statewide criminal background check in accordance with R.S. 40:1203.1 et seq. At the latest, the background check shall be conducted within 90 days prior to hire or employment.

D.3. - F. ...

1. The provider is prohibited from knowingly employing or contracting with, or retaining the employment of or contract with, a member of the direct care staff who:

a. has entered a plea of guilty or nolo contendere, no contest, or has been convicted of a felony listed in R.S. 40:1203.3, unless the individual meets one of the exceptions allowed by the statute; or

i. - v. Repealed.

F.1.b. - J. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1699 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:

#### **§5643. Core Staffing Personnel Qualifications and Responsibilities**

A. - C.1.b.vi. ...

##### **2. CPST Professionals**

a. The provider shall maintain a sufficient number of CPST professionals to meet the needs of its clients;

b. CPST professionals shall:

i. provide direct care to clients and may serve as primary clinician to specified caseload under clinical supervision;

ii. - iv. ...

v. prepare and write notes or other documents related to recovery (e.g., assessment, progress notes, treatment plans, etc.).

##### **3. Unlicensed Professionals**

a. The provider shall maintain a sufficient number of UPs to meet the needs of its clients;

b. The UP shall:

i. provide direct care to clients and may serve as primary case worker to specified caseload under clinical supervision;

ii. serve as resource person for other professionals and paraprofessionals in their specific area of expertise;

iii. attend and participate in individual care conferences, treatment planning activities and discharge planning;

iv. function as the client's advocate in all treatment decisions affecting the client; and

v. prepare and write notes or other documents related to recovery (e.g., assessment, progress notes, treatment plans, etc.).

c - d.x. Repealed.

##### **4. Direct Care Aides**

a. A residential provider shall have a sufficient number of direct care aides to meet the needs of the clients;

i. - viii. Repealed.

b. A provider that provides outpatient services shall use direct care aides as needed;

i. - v. Repealed.

c. Direct care aides shall meet the following minimum qualifications:

i. have obtained a high school diploma or equivalent; and

ii. be at least 18 years old in an adult provider and 21 years old in a provider that treats children and/or adolescents.

iii. Repealed.

d. Direct care aides shall have the following responsibilities:

i. ensure a safe environment for clients;

ii. exercise therapeutic communication skills;

iii. take steps to de-escalate distressed clients;

iv. observe and document client behavior;

v. assist with therapeutic and recreational activities;

vi. monitor clients' physical well-being;

vii. provide input regarding client progress to the interdisciplinary team;

viii. oversee the activities of the facility when there is no professional staff on duty;

ix. possess adequate orientation and skills to assess situations related to relapse and to provide access to appropriate medical care when needed; and

x. function as client advocate.

##### **5. Volunteers**

a. If a BHS provider utilizes volunteers, provider shall ensure that each volunteer is:

i. supervised to protect clients and staff;

ii. oriented to the provider, job duties, and other pertinent information;

iii. trained to meet the requirements of duties assigned;

iv. given a written job description or written agreement;

v. identified as a volunteer;

vi. trained in privacy measures;

vii. required to sign a written confidentiality agreement; and

viii. required to submit to a statewide criminal background check by an agency authorized by the Office of the State Police to conduct criminal background checks prior to providing direct care.

b. If a BHS provider utilizes student volunteers, it shall ensure that each student volunteer:

i. has current registration with the applicable Louisiana professional board, when required, and is in good standing at all times that is verified by the provider;

ii. is actively pursuing a degree in a human service field or professional level licensure or certification at all times;

iii. provides direct client care utilizing the standards developed by the professional board;

iv. provides care only under the direct supervision of the appropriate supervisor; and

v. provides only those services for which the student has been trained and deemed competent to perform.

c. A volunteer's duties may include:

i. direct care activities only when qualified provider personnel are present;

ii. errands, recreational activities; and

iii. individual assistance to support services.

d. The provider shall designate a volunteer coordinator who:

i. has the experience and training to supervise the volunteers and their activities; and

ii. is responsible for selecting, evaluating and supervising the volunteers and their activities.

#### 6. Care Coordinator

a. The provider shall ensure that each care coordinator:

i. has a high school diploma or equivalent;

ii. is at least 18 years old in an adult provider and 21 years old in provider that treats children and/or adolescents; and

iii. has been trained to perform assigned job duties.

D. Multiple Positions. If a BHS provider employs a staff member in more than one position, the provider shall ensure that:

1. the person is qualified to function in both capacities; and

2. one person is able to perform the responsibilities of both jobs.

#### E. - E.2. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1700 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1383 (July 2017), LR 48:1283 (May 2022), LR 48:

### Subchapter L. Additional Requirements for Mental Health Programs

#### §5689. Community Psychiatric Support and Treatment

A. The provider that provides community psychiatric support and treatment (CPST) services shall:

1. - 3. ...

4. provide counseling, solution-focused interventions, emotional and behavioral management and problem behavior analysis with the client; and

5. participate in and utilize strengths-based planning and treatments, that includes identifying strengths and needs, resources, natural supports and developing goals and objectives to address functional deficits associated with the client's mental illness.

6. Repealed.

#### B. Staffing Requirements

##### 1. Professionals Providing CPST Services

a. The program's professionals that provide CPST shall be one of the following:

i. licensed mental health professional (LMHP);

ii. provisionally licensed professional counselor (PLPC);

iii. provisionally licensed marriage and family therapist (PLMFT);

iv. licensed master social worker (LMSW);

v. certified social worker (CSW); or

vi. psychology intern from an American Psychological Association approved internship program.

b. The responsibilities of any professionals providing CPST services include:

i. assisting the client with effectively responding to or avoiding identified precursors or triggers that would risk the client remaining in a natural community location; and

ii. assisting the client and family members to identify strategies or treatment options associated with the client's mental illness.

c. - c.iii. Repealed.

##### 2. Licensed Mental Health Professionals

a. - b. ...

c. The LMHP is responsible for rendering the assessment and treatment planning components of CPST.

3. - 3.b....

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1713 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:

### Subchapter O. Additional Requirement for Substance Opioid Treatment Programs

#### §5733. Treatment to Pregnant Women

A. Each substance use disorder facility licensed as an OTP provider that provides treatment for opioid use disorder to pregnant women shall provide onsite access to at least one form of FDA-approved opioid agonist treatment.

1. An OTP shall not be found to be in violation of this Section if prior authorization from a patient's health insurer, including the Medicaid program, is required and the preapproval request is denied by the patient's health insurer.

B. Each OTP that provides treatment for opioid use disorder to pregnant women shall submit to the department, on its initial licensing application or its annual licensing renewal application, an attestation as to whether it is complying with the requirements of Subsection A of this Section. The requirement for submission of the attestation shall commence on January 1, 2023.

1. If the OTP is not fully complying with the requirements of Subsection A of this Section, then the attestation that the OTP submits shall include a report addressing its progress toward satisfying those requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

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



### **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, 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 Tasheka Dukes, RN, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821. Ms. Dukes is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on September 29, 2022.

### **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 September 9, 2022. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on September 29, 2022 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after September 9, 2022. 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. In the event of a hearing, parking is available to the public in the Galvez Parking Garage, which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips  
Secretary

## **FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES**

### **RULE TITLE: Behavioral Health Service Providers Licensing Standards**

#### **I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)**

It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 22-23. It is anticipated that \$2,268 will be expended in FY 22-23 for the state's administrative expense for promulgation of this proposed rule and the final rule.

#### **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 effect on revenue collections since the fees from currently licensed providers will continue to be collected in the same amounts.

#### **III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS (Summary)**

In compliance with Acts 151, 344, 390, 503 and 309 of the 2022 Regular Session of the Louisiana Legislature, this proposed rule amends the provisions governing the licensing of behavioral health service (BHS) providers and establishes requirements for the treatment of opioid use disorder in pregnant women by licensed BHS providers. This proposed rule will be beneficial by ensuring that legislative mandates regarding employment of peer support specialists, geographic service locations, specialized behavioral health rehabilitation services, and providing opioid use disorder treatment to pregnant women are included in the administrative licensing rule for providers of these services. It is anticipated that implementation of this proposed rule will not result in costs to BHS providers or small businesses for FY 22-23, FY 23-24, and FY 24-25, since it updates requirements in the Louisiana Administrative Code that BHS providers already have to meet for licensure.

#### **IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)**

This rule has no known effect on competition and employment.

Tasheka Dukes, RN  
Deputy Assistant Secretary  
2208#058

Alan M. Boxberger  
Interim Legislative Fiscal Officer  
Legislative Fiscal Office



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

October 10, 2022

**Via Statutorily Prescribed Email**

**To:** The Honorable Fred H. Mills, Jr., Chairman, Senate Health & Welfare Committee  
The Honorable Larry Bagley, Chairman, House Health & Welfare Committee

**From:** Dr. Courtney N. Phillips  
Secretary

**Re:** Second Report LAC 50.V.Chapter 19 – Inpatient Hospital Services Urban  
Metropolitan Statistical Area Facility

Pursuant to the Louisiana Administrative Procedure Act, the Louisiana Department of Health, Bureau of Health Services Financing, submits its second report regarding the Inpatient Hospital Services Urban Metropolitan Statistical Area Facility, LAC 50.V.Chapter 19.

A Notice of Intent on the proposed amendments was published in the August 20, 2022 issue of the *Louisiana Register* (LR 48:2211). No written comments were received and there was no request for a public hearing were received during the notice period. Because there were no requests for a public hearing, one was not held for these proposed amendments. Additionally, no substantive changes were made to the proposed amendments since the report provide for in R.S. 49:968B-C was submitted.

Unless otherwise directed, the Department anticipates adopting the August 20, 2022, Notice of Intent when it is published as a final rule in the November 20, 2022, issue of the *Louisiana Register*.

Please contact Debbie Gough, at [Debbie.Gough@la.gov](mailto:Debbie.Gough@la.gov), and Daniel Cocran, at [Daniel.Cocran@la.gov](mailto:Daniel.Cocran@la.gov), if you have any questions or require additional information about this matter.

**Cc:** Tara LeBlanc, Medicaid Director, LDH  
Dr. Shannon Bibbins, Medicaid Deputy Director, LDH  
Daniel Cocran, Medicaid Deputy Director, LDH  
Veronica Dent, Medicaid Program Manager, LDH  
Bethany Blackson, Legislative Liaison, LDH  
Catherine Brindley, Editor, *Louisiana Register*, Office of the State Register

**NOTICE OF INTENT**  
**Department of Health**  
**Bureau of Health Services Financing**

**Inpatient Hospital Services**  
**Urban Metropolitan Statistical Area Facility**  
**(LAC 50:V.Chapter 19)**

The Department of Health, Bureau of Health Services Financing proposes to adopt LAC 50:V.Chapter 19 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 promulgated an Emergency Rule which adopted provisions to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility and the reimbursement methodology for the provision of inpatient services (*Louisiana Register*, Volume 48, Number 7). This proposed Rule is being promulgated to continue the provisions of the July 1, 2022 Emergency Rule.

#### **Title 50**

### **PUBLIC HEALTH-MEDICAL ASSISTANCE**

#### **Part V. Hospital Services**

#### **Subpart 1. Inpatient Hospital Services**

### **Chapter 19. Urban Metropolitan Statistical Area (MSA) Facility**

#### **§1901. Qualifying Criteria**

A. In order to qualify as an urban metropolitan statistical area (MSA) facility, the hospital:

1. has a facility type code of acute and opened subsequent to the March 12, 2020 presidential declaration of a national emergency due to COVID-19 to provide availability of additional beds and services for COVID-19 patients;

2. must have been licensed and certified no later than June 30, 2020, and located in zip code 70806, east of I-110, north of I-10, and south of Business Highway 190;

3. is located in an urban metropolitan statistical area (MSA) as defined by the United States Office of Management and Budget;

4. has an operational emergency room and is located greater than five miles in distance from the closest hospital emergency room; and

5. is located on a single site.

- a. The addition of any off-site campus location to the license of this hospital will invalidate the provisions of this reimbursement methodology.

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:

#### **§1903. Reimbursement Methodology**

A. Effective July 1, 2022, the inpatient hospital per diem rate paid to an urban MSA facility for acute care services shall be increased by indexing annually to 95 percent of the small rural hospital acute per diem rate in effect.

B. Effective July 1, 2022, the inpatient hospital per diem rate paid to an urban MSA facility for psychiatric services shall be increased by indexing annually to 95 percent of the small rural hospital psychiatric per diem rate in effect.

C. These rates are conditional on the hospital continuing to meet all qualifying criteria included in §1901. If the hospital no longer qualifies, payments will revert back to appropriate non-rural, non-state hospital assigned rates effective on the date that the qualification(s) in §1901 are no longer met.

D. The department may review all above provisions every three years, at a minimum, to evaluate continuation of these enhanced reimbursements.

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:

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 a 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, but may reduce the total direct and indirect cost to the provider to provide the same level of service, and may enhance the provider's ability to provide the same level of service as described in HCR 170, since this proposed Rule increases payments to providers for the same services they already render.

#### **Public Comments**

Interested persons may submit written comments to Tara A. LeBlanc, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. LeBlanc is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on September 29, 2022.

#### **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 September 9, 2022. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on September 29, 2022 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after September 9, 2022. 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. In the event of a hearing, parking is available to the public in the Galvez Parking Garage, which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to

public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips  
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT  
FOR ADMINISTRATIVE RULES**

**RULE TITLE: Inpatient Hospital Services  
Urban Metropolitan Statistical Area Facility**

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

It is anticipated that implementation of this proposed rule will result in increased state costs of approximately \$989,785 for FY 22-23, \$989,461 for FY 23-24 and \$989,461 for FY 24-25. It is anticipated that \$648 (\$324 SGF and \$324 FED) will be expended in FY 22-23 for the state's administrative expense for promulgation of this proposed rule and the final rule.

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

It is anticipated that the implementation of this proposed rule will increase federal revenue collections by approximately \$2,204,734 for FY 22-23, \$2,204,410 for FY 23-24 and \$2,204,410 for FY 24-25. It is anticipated that \$324 will be collected in FY 22-23 for the federal share of the expense for promulgation of this proposed rule and the final rule.

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

This proposed rule continues the provisions of the July 1, 2022 Emergency Rule which adopted provisions to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility and the reimbursement methodology for the provision of inpatient services. This proposed rule will benefit Medicaid beneficiaries by ensuring continued access to an urban MSA facility. Implementation of this proposed rule is anticipated to increase Medicaid payments to a qualifying hospital by approximately \$3,193,871 for FY 22-23, \$3,193,871 for FY 23-24 and \$3,193,871 for FY 24-25, which will assist the hospital in achieving financial viability and continuing operations so vital healthcare services remain available.

**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT  
(Summary)**

This rule has no known effect on competition and employment.

Tara A. LeBlanc  
Medicaid Executive Director  
2208#059

Alan M. Boxberger  
Interim Legislative Fiscal Officer  
Legislative Fiscal Office



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

October 10, 2022

**Via Statutorily Prescribed Email**

**To:** The Honorable Fred H. Mills, Jr., Chairman, ~~Senate~~ Health & Welfare Committee  
The Honorable Larry Bagley, Chairman, House Health & Welfare Committee

**From:** Dr. Courtney N. Phillips  
Secretary

**Re:** Second Report LAC 50.V.Chapter 69 – Outpatient Hospital Services Urban Metropolitan Statistical Area Facility

Pursuant to the Louisiana Administrative Procedure Act, the Louisiana Department of Health, Bureau of Health Services Financing, submits its second report regarding the Outpatient Hospital Services Urban Metropolitan Statistical Area Facility, LAC 50.V.Chapter 69.

A Notice of Intent on the proposed amendments was published in the August 20, 2022 issue of the *Louisiana Register* (LR 48:2213). No written comments were received and there was no request for a public hearing were received during the notice period. Because there were no requests for a public hearing, one was not held for these proposed amendments. Additionally, no substantive changes were made to the proposed amendments since the report provide for in R.S. 49:968B-C was submitted.

Unless otherwise directed, the Department anticipates adopting the August 20, 2022, Notice of Intent when it is published as a final rule in the November 20, 2022, issue of the *Louisiana Register*.

Please contact Debbie Gough, at [Debbie.Gough@la.gov](mailto:Debbie.Gough@la.gov), and Daniel Cocran, at [Daniel.Cocran@la.gov](mailto:Daniel.Cocran@la.gov), if you have any questions or require additional information about this matter.

**Cc:** Tara LeBlanc, Medicaid Director, LDH  
Dr. Shannon Bibbins, Medicaid Deputy Director, LDH  
Daniel Cocran, Medicaid Deputy Director, LDH  
Veronica Dent, Medicaid Program Manager, LDH  
Bethany Blackson, Legislative Liaison, LDH  
Catherine Brindley, Editor, *Louisiana Register*, Office of the State Register

provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing promulgated an Emergency Rule which adopted provisions to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility and the reimbursement methodology for the provision of outpatient services (*Louisiana Register*, Volume 48, Number 7). This proposed Rule is being promulgated to continue the provisions of the July 1, 2022 Emergency Rule.

**Title 50**

**PUBLIC HEALTH—MEDICAL ASSISTANCE**

**Part V. Hospital Services**

**Subpart 5. Outpatient Hospital Services**

**Chapter 69. Urban Metropolitan Statistical Area (MSA) Facility**

**§6901. Qualifying Criteria**

A. In order to qualify as an urban metropolitan statistical area (MSA) facility, the hospital:

1. has a facility type code of acute and opened subsequent to the March 12, 2020 presidential declaration of a national emergency due to COVID-19 to provide availability of additional beds and services for COVID-19 patients;
2. must have been licensed and certified no later than June 30, 2020, and located in zip code 70806, east of I-110, north of I-10, and south of Business Highway 190;
3. is located in an urban metropolitan statistical area (MSA) as defined by the United States Office of Management and Budget;
4. has an operational emergency room and is located greater than five miles in distance from the closest hospital emergency room; and
5. is located on a single site.

a. The addition of any off-site campus location to the license of this hospital will invalidate the provisions of this reimbursement methodology.

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:

**§6903. Reimbursement Methodology**

A. Effective for dates of service on or after July 1, 2022, payments for outpatient services to qualifying urban MSA hospitals who meet all of the criteria in §6901 shall be made as follows.

1. Outpatient Surgery. The reimbursement amount for outpatient hospital surgery services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost as calculated through the cost report settlement process.

2. Clinic Services. The reimbursement amount for outpatient clinic services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost as calculated through the cost report settlement process.

3. Laboratory Services. The reimbursement amount for outpatient clinical diagnostic laboratory services shall be the Medicaid fee schedule amount on file for each service.

**NOTICE OF INTENT**

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

**Outpatient Hospital Services  
Urban Metropolitan Statistical Area Facility  
(LAC 50:V.Chapter 69)**

The Department of Health, Bureau of Health Services Financing proposes to adopt LAC 50:V.Chapter 69 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

4. **Rehabilitation Services.** The reimbursement amount for outpatient rehabilitation services shall be an interim payment equal to the Medicaid fee schedule amount on file for each service, and a final reimbursement amount of 95 percent of allowable Medicaid cost as calculated through the cost report settlement process.

5. **Other Outpatient Hospital Services.** The reimbursement amount for outpatient hospital services other than clinical diagnostic laboratory services, outpatient surgeries, rehabilitation services, and outpatient hospital facility fees shall be an interim payment equal to 95 percent of allowable Medicaid cost as calculated through the cost report settlement process.

B. The department may review all above provisions every three years, at a minimum, to evaluate continuation of these enhanced reimbursements.

**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:

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, but may reduce the total direct and indirect cost to the provider to provide the same level of service, and may enhance the provider's ability to provide the same level of service as described in HCR 170, since this proposed Rule increases payments to providers for the same services they already render.

#### **Public Comments**

Interested persons may submit written comments to Tara A. LeBlanc, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. Ms. LeBlanc is responsible for responding to inquiries regarding this

proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on September 29, 2022.

#### **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 September 9, 2022. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on September 29, 2022 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after September 9, 2022. 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. In the event of a hearing, parking is available to the public in the Galvez Parking Garage, which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Dr. Courtney N. Phillips  
Secretary

### **FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES**

#### **RULE TITLE: Outpatient Hospital Services Urban Metropolitan Statistical Area Facility**

#### **I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)**

It is anticipated that implementation of this proposed rule will result in estimated programmatic costs of approximately \$143,286 for FY 22-23, \$142,908 for FY 23-24 and \$142,908 for FY 24-25. It is anticipated that \$756 (\$378 SGF and \$378 FED) will be expended in FY 22-23 for the state's administrative expense for promulgation of this proposed and final rule.

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

It is anticipated that implementation of this proposed rule will increase federal revenue collections by approximately \$318,762 for FY 22-23, \$318,384 for FY 23-24, and \$318,384 for FY 24-25. It is anticipated that \$378 will be collected for the federal share of the expense for promulgation of the proposed and final rule.

#### **III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NONGOVERNMENTAL GROUPS (Summary)**

This proposed rule continues the provisions of the July 1, 2022 Emergency Rule which adopted provisions to establish the criteria for an acute care hospital to qualify as an urban metropolitan statistical area (MSA) facility and the reimbursement methodology for the provision of outpatient services. This proposed rule will benefit Medicaid beneficiaries by ensuring continued access to an urban MSA facility. This proposed rule is anticipated to increase Medicaid payments to a qualifying hospital by approximately \$461,292 for FY 22-23, \$461,292 for FY 23-24 and \$461,292 for FY 24-25, which will assist the hospital in achieving financial viability and continuing operations so vital healthcare services remain available.



**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT**  
(Summary)

This rule has no known effect on competition and employment.

Tara A. LeBlanc  
Medicaid Executive Director  
2208#060

Alan M. Boxberger  
Interim Legislative Fiscal Officer  
Legislative Fiscal Office