

RULE

**Department of Health and Hospitals
Bureau of Health Services Financing**

**Hospital Licensing Standards
Therapeutic Recreational Therapists
(LAC 48:I.9501)**

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 48:I.9501 in the Medical Assistance Program as authorized by R.S. 36:254 and R.S. 40:2100-2115. This Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Title 48

PUBLIC HEALTH-GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 95. Hospitals

Subchapter R. Psychiatric Services (Optional)

§9501. Staffing

A. - F. ...

G. Therapeutic activities shall be clinically supervised and provided by therapeutic recreational therapists adequate in number to respond to the therapeutic activity needs of the patient population being served.

1. An individual who clinically supervises therapeutic recreation activities shall meet the following

qualifications:

a. have a degree in therapeutic recreation therapy from an accredited post-secondary institution; or

b. have a degree in another field of study and has also attained certification in accordance with the National Council for Therapeutic Recreation Certification requirements.

2. An individual who provides therapeutic recreational services shall have the following qualifications:

a. a degree in therapeutic recreation from an accredited post-secondary institution; or

b. a degree in another field of study and has also attained certification in accordance with the National Council for Therapeutic Recreation Certification requirements; or

c. a minimum of 10 years' experience providing therapeutic recreational services; or

d. be currently employed as a therapeutic recreational specialist 2 per Louisiana Civil Service requirements.

3. Individuals currently providing therapeutic recreational services who do not meet the qualifications of §9501.G.1-2.d, shall have two years from the effective date of this Rule to qualify as therapeutic recreational therapists.

4. Licensed hospitals providing therapeutic

recreational services pursuant to §9501 and whose staff do not meet the qualifications of §9501.G.2.a. - d. within the time frame provided for in §9501.G.3., shall submit to the department documentation which:

a. clearly indicates why the qualifications have not been met; and

b. provides evidence of a barrier to access of such services in the hospital's service area.

5. No hospital shall submit the documentation allowed for in §9501.G.4. more than once and the submission shall cover a period of no more than 12 months from the date of receipt by the department.

6. Recreational therapy shall be designed to:

a. restore, remediate and rehabilitate a person's level of functioning and independence in life activities;

b. promote health and wellness; and

c. reduce or eliminate the activity limitations and restrictions to participation in life situations caused by an illness or disabling condition.

Note: Examples of intervention modalities include, but are not limited to, creative arts (e.g., crafts, music, dance, drama, among others), sports, adventure programming, dance/movement, and leisure education.

AUTHORITY NOTE: Promulgated in accordance with R.S.
40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Office of the Secretary, Bureau of Health
Services Financing, LR 29:2427 (November 2003), amended by the
Department of Health and Hospitals, Bureau of Health Services
Financing, LR 41:

Kathy H. Kliebert

Secretary

RULE

**Department of Health and Hospitals
Bureau of Health Services Financing**

**Medicaid Eligibility
Federally-Facilitated Marketplace Assessments
(LAC 50:III.505)**

The Department of Health and Hospitals, Bureau of Health Services Financing has adopted LAC 50:III.505 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.

Title 50

**~~PUBLIC HEALTH—MEDICAL ASSISTANCE~~
Part III. Eligibility
Subpart 1. General Administration**

Chapter 5. Application Processing

§505. Federally-Facilitated Marketplace Assessments

A. Effective October 1, 2015, Louisiana will no longer accept Medicaid eligibility determinations made by the federally-facilitated marketplace (FFM). Initial assessment of an applicant's Medicaid eligibility will be made by the FFM and transferred to the department to make the final Medicaid eligibility determination, which will result in the state becoming an assessment state.

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:

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.

Kathy H. Kliebert

Secretary

RULE

**Department of Health and Hospitals
Bureau of Health Services Financing**

**Targeted Case Management
Reimbursement Methodology
(LAC 50:XV.10701)**

The Department of Health and Hospitals, Bureau of Health Services Financing has amended LAC 50:XV.10701 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.

**Title 50
PUBLIC HEALTH—MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 7. Targeted Case Management**

Chapter 107. Reimbursement

§10701. Reimbursement

A. - J. ...

K. Effective for dates of service on or after July 1, 2014, case management services provided to participants in the New Opportunities Waiver shall be reimbursed at a flat rate for each approved unit of service.

1. The standard unit of service is equivalent to one month and covers both service provision and administrative (overhead) costs.

a. Service provision includes the core elements
in:

- i. §10301 of this Chapter;
- ii. the case management manual; and
- iii. contracted performance agreements.

2. All services must be prior authorized.

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, Office of the Secretary, Bureau of Health Services Financing, LR 30:1040 (May 2004), amended LR 31:2032 (August 2005), LR 35:73 (January 2009), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 35:1903 (September 2009), LR 36:1783 (August 2010), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Public Health, LR 39:97 (January 2013), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 39:3302 (December 2013), LR 40:1700, 1701 (September 2014), LR 41:

Kathy H. Kliebert

Secretary