**LNHA State Regulatory Update: January 2017**

**Emergency Rules***Nursing Facilities- Evacuation and Temporary Sheltering Costs (LAC 50:II.20019)* – The emergency rule is a continuation of previous emergency rules governing the reimbursement methodology of nursing facilities utilized during evacuation and temporary sheltering. Specifically, the rules govern Medicaid vendor payments under different evacuation and relocation scenarios including: evacuation to an unlicensed sheltering site or licensed facility for less than or greater than 24 hours; and evacuation to an unlicensed sheltering site or licensed facility for more than five days. The full text of the rule can be found [here](http://www.lnha.org/Images/Interior/emergency%20rule.pdf).

**Notice of Intent** *Pharmacy Benefits Management Program (LAC 50:XXIX. CH.1-9)* – LDH proposes to amend provisions governing the Pharmacy Benefits Management Program in order to clarify requirements regarding 340B covered entities, and to revise the reimbursement methodology to include federal upper limits (FUL), new copayment exemptions and over-the-counter medications added for expansion benefits pursuant to CMS recently released regulations. The full text of the rule can be found [here](http://www.lnha.org/Images/Interior/notice%20of%20intent.pdf).

**Final Rules***Healthcare Services Provider Fees-Nursing Facility Service Providers (LAC 48:I.4001)* - Effective January 20, 2017, the provider fee for imposed for nursing facility services shall not exceed 6% of the average revenues received by providers of that class of services and shall not exceed $12.08 per occupied bed per day. The fee amount shall be calculated annually in conjunction with updating provider reimbursement rates under the Medical Assistance Program. Notice to providers subject to fees shall be given in conjunction with the annual rate setting notification by the Bureau of Health Services Financing. The full text of the rule can be found [here](http://www.lnha.org/Images/Interior/final%20rule.pdf)**.**

*Nursing Facilities-Reimbursement/Rate Determination (LAC 50:VII.1305) –* Effective September 1, 2016, the pass through rate shall be increased as a result of the provider fee increase on nursing facility days from $10.00 per day to $12.08 per day per occupied bed. The full text of the rule can be found [here](http://www.lnha.org/Images/Interior/final%20rule.pdf).

*Home and Community-Based Services Waivers/Adult Day Health Care Waiver/Electronic Visit Verification (LAC 50:XXI.2705) –* Effective for dates of service on or after November 1, 2015, Adult Day Health Care Waiver providers shall use the electronic visit verification (EVV) system for automated scheduling, time and attendance tracking and billing for certain home and community-based services. Reimbursement shall only be made to providers with documented use of the EVV system. The services that require the use of the EVV system will be published in the ADHC Waiver provider manual. The full text of the rule can be found [here](http://www.lnha.org/Images/Interior/final%20rule.pdf)**.**

If you have any questions or concerns regarding any of the preceding regulations, please contact Wes Hataway at [whataway@lnha.org](mailto:whataway@lnha.org).