NOTICE OF INTENT

Department of Health
Health Standards Section

Home and Community-Based Services Providers
Monitored In-Home Caregiving Module Licensing Standards
(LAC 48:I.Chapter 51)

The Department of Health, Health Standards Section (the department), proposes to amend LAC 48:I.Chapter 51 as authorized by 36:254 and R.S. 40:2120.2. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The department proposes to amend the provisions governing the licensing of home and community based providers, monitored in-home caregiving (MIHC) module licensing standards in order to update the MIHC registered nurse and care manager's requirements for conducting client visits.

The 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 48
PUBLIC HEALTH-GENERAL
Part I. General Administration
Subpart 3. Licensing and Certification

Chapter 51. Home and Community-Based Services (HCBS) Providers

Subchapter A. Monitored In-Home Caregiving (MIHC) Module

§5101. General Provisions

A. – A.2. ...

B. Providers applying for the ~~monitored in-home caregiving~~MIHC module under the HCBS license shall meet:

1. the core licensing requirements (except those set forth in §5005.B.4, ~~§5005.C.ii~~ §5005.C.2., and §5007.F.1.c); and

2. the module-specific requirements of this Section.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:2639 (December 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:2522 (December 2017), amended by the Department of Health, Health Standards Section, LR 52:

§5103. Staffing Requirements, Qualifications, and Duties

A. – C.2. ...

D. The responsibilities of the registered nurse (RN) include:

1. – 6. ...

7. conducting on-site visits with each client at the qualified setting at least every other month ~~or more often as deemed necessary by the client's health status;~~. The RN shall

conduct additional visits when the client experiences a change in health status that requires additional support.

a. Virtual visits may be conducted in accordance with R.S. 40:1223.4, or current law. Virtual visits may be conducted during the months that RN on-site visits are not conducted;

8. completing a nursing progress note corresponding with each on-site and virtual visit ~~or more often as deemed necessary by the client's health status~~; and

D.9. – E.3 ...

F. Care Manager Responsibilities. The following responsibilities of the care manager for the MIHC module shall substitute for the requirements in §5055.L and §5055.M. The responsibilities of the MIHC care manager shall include:

1. – 4. ...

5. conducting on-site visits with each client at the qualified setting at least every other month or more often as deemed necessary by the client's health status;

a. Virtual visits may be conducted in accordance with R.S. 40:1223.4, or current law. Virtual visits may be conducted during the months that care manager on-site visit are not conducted;

6. completing a care management client progress note corresponding with each ~~on-site~~ visit, ~~every other month or more~~

~~often as the client's condition warrants~~whether on-site or virtual;

7. – 11. ...

12. being readily accessible and available to the principal caregivers either by telephone or other means of prompt communication.

a. The care manager shall maintain a file on each principal caregiver. ~~which~~The file shall include documentation of each principal caregiver's performance during the care manager's ~~bimonthly on-site~~ visit, ~~and more often as caregiver's performance warrants~~whether on-site or virtual.

G. – H.6.h.v. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.2.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:2639 (December 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:2523 (December 2017), amended by the Department of Health, Health Standards Section, LR 52:

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 not have an 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 may have an impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973. The ability to utilize virtual visits may result in a more timely and efficient delivery of care, especially to participants in rural areas. Possible savings may result from decreased travel expenses.

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 may have an indeterminable cost impact on home and community-based services providers, monitored in-home caregiving module providers that choose to offer virtual visit services. Potential increased expenses may be dependent upon the cost of equipment and software to conduct the virtual visits. Possible savings may result from decreased travel expenses when substituting virtual visits for in-home visits. The overall fiscal impact is

indeterminable since there is no way to determine the number of providers that may choose to offer virtual visits.

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 may have an indeterminable cost impact on home and community-based services providers, monitored in-home caregiving module providers that choose to offer virtual visit services. Potential increased expenses may be dependent upon the cost of equipment and software to conduct the virtual visits. Possible savings may result from decreased travel expenses when substituting virtual visits for in-home visits. The overall fiscal impact is indeterminable since there is no way to determine the number of providers that may choose to offer virtual visits.

Public Comments

Interested persons may submit written comments to Cecile Castello, RN, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821. Ms. Castello is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on April 24, 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 April 6, 2026. 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 April 23, 2026 in Room 173 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 April 6, 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. 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).

Bruce D. Greenstein

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Home and Community-Based Services Providers Monitored In-Home Caregiving Module Licensing Standards

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

It is anticipated that implementation of this proposed Rule will have no programmatic fiscal impact to the state or local governmental units other than the cost of promulgation in FY 26. It is anticipated that $781 will be expended in FY 26 for the state's administrative expense for promulgation of this proposed rule and the final Rule. This proposed Rule amends the provisions governing the licensing of home and community based services (HCBS), monitored in-home caregiving (MIHC) module providers in order to update the MIHC registered nurse and care manager’s requirements for conducting client visits, and to provide for the utilization of virtual visits.

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

It is anticipated that implementation of this proposed Rule will have no impact on state or local revenue collections. This is a licensing Rule that does not add any licensing fees.

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

It is anticipated that this proposed Rule may have an indeterminable cost impact on HCBS MIHC providers that choose to offer virtual visit services. Potential increased expenses may be dependent upon the cost of equipment and software to conduct the virtual visits. Possible savings may result from decreased travel expenses when substituting virtual visits for in-home

visits. The overall fiscal impact is indeterminable since there is no way to determine the number of providers that may choose to offer virtual visits.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that this proposed Rule may effect competition and/or employment. HCBS MIHC providers that utilize virtual visits may become more cost competitive and improve access to healthcare services. These providers may need to provide additional training and/or hire additional staff.