

## Subchapter G. Medication Attendant Certified

### §10080. Definitions

*Adult Residential Care Provider*—a facility, agency, institution, society, corporation, partnership, company, entity, residence, person or persons, or any other group which provides adult residential care for compensation to two or more adults who are unrelated to the licensee or operator.

*Department*—the Louisiana Department of Health (LDH).

*LBP*—the Louisiana Board of Pharmacy.

*LSBN*—the Louisiana State Board of Nursing.

*LSBPNE*—the Louisiana State Board of Practical Nurse Examiners.

*Licensed Long-Term Care Facility (LLCF)*—nursing home as defined in R.S. 40:2009.2 and an adult residential care provider as defined in R.S. 40:2166.3.

*Licensed Nurse*—a licensed registered nurse (RN) or a licensed practical nurse (LPN) who is acting within the scope of practice of his/her respective licensing board(s) and/or certifications.

*Licensed Practical Nurse (LPN)*—a person who practices practical nursing and who is licensed to practice practical nursing in accordance with R.S. 38:961, or current law.

*Medication Attendant Certified (MAC)*—a person certified by LDH to administer medications to licensed long-term care facility residents, hereafter referred to as a MAC.

*Medication Error*—the observed or identified preparation or administration of medications or biologicals that is not in accordance with:

1. the prescriber's order(s);
2. manufacturer's specifications regarding the preparation and administration of the medication or biological; or
3. accepted professional standards and principles that apply to professionals providing services. Accepted professional standards and principles include any state practice regulations and current commonly accepted health standards established by national organizations, boards, and councils.

*Medication Error Rate*—is determined by calculating the percentage of medication errors observed during a medication administration observation. The numerator in the ratio is the total number of errors that the HSS survey team observes, both significant and non-significant. The denominator consists of the total number of observations, or opportunities for errors, and includes all the doses the HSS survey team observed being administered plus the doses ordered but not administered. The equation for calculating a medication error rate is as follows: medication error rate

equals number of errors observed divided by the opportunities for errors times 100.

*Nursing Facility or Nursing Home*—an institution licensed pursuant to R.S. 40:2009.1-2009.10.

*Registered Nurse (RN)*—any individual licensed and/or certified in accordance with R.S. 37:911 et seq. or current law to engage in the practice of nursing as defined in R.S. 37:913, or current law.

*Registered Pharmacist*—an individual currently licensed by the Louisiana Board of Pharmacy to practice pharmacy.

*Significant Medication Error*—one which causes the resident discomfort or jeopardizes health or safety. The significance of medication errors is a matter of professional judgement. A significant medication error shall be determined based on the resident's condition, drug category, and frequency of error.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 37:1026.1 et seq.

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### **§10081. General Provisions**

A. The LDH establishes provisions for the use of MACs in LLCFs. The department shall maintain a registry of individuals who have, at a minimum:

1. passed a qualifying CNA examination and are in good standing;
2. successfully completed a state-approved MAC training course and competency evaluation administered by a state-approved testing source; and
3. passed drug screening/testing and a statewide criminal background/security check conducted by the Louisiana State Police, or its designee.

B. The MAC registry shall contain the following items:

1. a list of individuals who have successfully completed the approved MAC training curriculum and competency evaluation. Each individual listed shall have the following information maintained on the registry:

- a. name;
- b. address;
- c. Social Security number;
- d. telephone number;
- e. place of employment;
- f. date of employment;
- g. date employment ceased;
- h. state issued certification number;
- i. documentation of any investigation, if applicable, including findings of:

- i. abuse;
- ii. neglect;
- iii. extortion;
- iv. exploitation and misappropriation of property;
- v. significant medication errors; and
- vi. an accurate summary of findings after action on findings are final and after any appeal is ruled upon or the deadline for filing an appeal has expired;
- j. information relative to training and registry status which will be available through procedures established by the department; and
- k. a current, monitored e-mail address.

C. Registry. Employers shall use the registry to determine if a prospective hire is a MAC and if there is a finding that he/she has abused or neglected an individual being supported or misappropriated the individual's property or funds.

D. Change of Information. A MAC certificate holder shall notify the department as soon as possible but no later than 30 days after changing his or her address, telephone number, e-mail address, or name.

E. Arrest. A MAC, or his or her employer, if aware, shall immediately notify the department of any arrest in any state.

F. Letter of Certification. An initial letter of certification shall be valid for 12 months from the date of issuance.

G. A MAC may perform certain duties and functions delegated by a licensed RN and under direct supervision of a licensed nurse who is on-site and on duty at the LLCF. Although the performance of selected medication administration tasks are delegated to the MAC by the RN, the RN retains the accountability for the total nursing care of the resident, regardless of whether the care is provided solely by the RN or by the RN in conjunction with other licensed or unlicensed assistive personnel. The MAC shall:

1. function in accordance with applicable laws and rules relating to administration of medication and operation of a LLCF; and
2. comply with the department's rules applicable to such personnel used in a LLCF.

H. Persons employed as MACs in a LLCF shall comply with the requirements relating to CNAs as set forth in the Omnibus Budget Reconciliation Act of 1987, Public Law 100-203 and minimum licensure standards for nursing facilities, and CNA training and competency evaluation, or subsequent amendments.

I. Restriction. While on duty, a MAC's sole function shall be to administer medications to residents. Persons employed as medication attendants in a LLCF may not be assigned additional responsibilities. If medication administration has been completed, they may assist in other areas.

J. LLCFs may count the MAC in required nursing hours.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 37:1026.1 et seq.

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### **§10082. General Requirements**

A. Prior to application for a certificate under this Chapter, all persons shall:

1. be proficient in reading, writing, speaking, and understanding the English language at a minimum eighth grade level as evidenced by the MAC training program's required entry placement test scores.

2. be a citizen of the United States or a legal alien with appropriate documentation from the U.S. Department of Homeland Security;

3. be at least 18 years of age;

4. complete a required health and physical examination;

5. be a graduate of high school or have a general equivalency diploma;

6. be currently employed in a LLCF as a CNA on the first official day of an applicant's MAC training program;

7. have a minimum of one year experience in a LLCF; and

8. successfully pass a statewide criminal background/security check conducted by the State Police, or its designee, within 90 days of an applicant starting the MAC program and be free of abused substances as evidenced by periodic drug testing in accordance with the LLCF's policies and procedures. Verification of these results must be received by the training entity, documented, and maintained in the personnel file.

B. A MAC may not administer medication to a resident in a LLCF unless he/she:

1. holds a current certificate issued by the department under this Chapter and acts under the supervision of a person who holds a current license under state law which authorizes the licensee to administer medication; or

2. is currently enrolled in the state approved training course and is acting under the direct supervision of faculty.

C. All MAC training and competency evaluation programs must be approved by the department. Each state-approved MAC training and competency evaluation program shall:

1. maintain qualified, approved RNs and LPNs for classroom and clinical instruction;

2. protect the integrity of the competency evaluations by keeping them secure;

3. utilize a pass rate of at least 80 percent for each individual student; and

4. assure the curriculum meets state requirements.

D. Clinical instruction shall be conducted in an approved LLCF with a ratio of no more than 5:1 under the direct supervision of the instructor.

E. Training programs that do not meet minimum standards and cannot provide an acceptable plan for correcting deficiencies shall be eliminated from participation.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 37:1026.1 et seq.

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### **§10083. Certification Requirements**

#### **A. Initial Certification**

1. be a CNA in good standing;

2. be employed in a MAC approved LLCF;

3. meet requirements set forth in §10082; and

4. complete the required MAC training program.

#### **B. Renewal Certification**

1. A MAC certificate holder shall:

a. be a CNA in good standing;

b. have no findings on the MAC registry;

c. submit the following documentation to the registry prior to the expiration date of the certificate:

i. a signed attestation acknowledging review of the current MAC requirements;

ii. documentation of having completed four hours of state-approved continuing education administered by an approved institution focusing on medication administration, prior to expiration of the certificate; and

iii. documentation of having worked at least 400 hours within the previous 12 months as a MAC in an LLCF.

C. Denial of Renewal. The department shall deny renewal of the certificate of a MAC who is in violation of this Chapter at the time of the application renewal.

D. Reciprocity. A person who holds a valid license or certificate as a medication attendant certified (MAC) issued by another state may be certified in Louisiana.

1. The applicant shall initially submit an application for reciprocity to the CNA registry as set forth in the CNA

training competency evaluation program, §10035 of this Chapter.

2. Once placed on the CNA registry in the state of Louisiana, the applicant may submit an application for reciprocity to the MAC Registry.

3. The application shall include a certified copy of the license or certificate for which the reciprocal certificate is requested.

4. The department shall contact the issuer of the MAC license or certificate to verify the applicant's status with the agency and confirm that:

a. the applicant holds a current and valid MAC license or certification in another state with a similar scope of practice;

b. the applicant has held the MAC license or certification in the other state for at least one year;

c. the other state required the applicant to pass an examination, or to meet education, training, or experience standards;

d. the other state holds the applicant in good standing;

e. the applicant does not have a disqualifying criminal record as determined by the department; and

f. the applicant does not have a disciplinary action or investigation pending in another state.

i. If the applicant has a disciplinary action or investigation pending, the department shall not issue or deny MAC certification to the person until the disciplinary action or investigation is resolved or the person otherwise meets the criteria for a MAC certification in this state to the satisfaction of the department.

E. Expired Certification. A MAC whose certificate has expired shall not perform medication administration until the certificate has been reissued. The following criteria shall be met and documentation submitted to the registry for consideration of certificate re-issuance:

1. Documentation of 400 employment hours worked within the last 12 months in a LLCF as a MAC; and

2. A signed attestation acknowledging review of the current MAC requirements within 30 calendar days of expiration of the certification; or

3. Documentation supporting completion of a minimum of 40 hours of re-orientation of medication administration and the job duties of the MAC within 12 months of expiration of certification to be provided by a MAC approved LLCF. At a minimum the re-orientation shall:

a. include authorized duties and prohibited duties described in this Subchapter, and the facility's medication administration policies;

b. be provided by a licensed RN who is employed by the LLCF in which the MAC is currently employed; and

c. include documentation of a competency evaluation through skills demonstration and written examination.

4. Failure to meet the certificate renewal or re-issuance requirements within 12 months from the expiration of the certification, will be considered a voluntary surrender of the MAC certification.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 37:1026.1 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:1415 (July 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:1249 (May 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 46:31 (January 2020), LR 49:692 (April 2023), amended by the Department of Health, Health Standards Section, LR 51:400 (March 2025).

#### **§10084. Coordinators, Instructors, and Trainers**

A. Program Coordinator. The state-approved MAC training program shall have a program coordinator who provides general supervision of the training received by the MAC trainees.

1. The program coordinator shall be an RN and shall have the following experience and qualifications:

a. a minimum of two years of nursing experience, of which at least one year must be in caring for the elderly or chronically ill, obtained through employment in any of the following:

- i. a LLCF unit;
- ii. a geriatrics department;
- iii. a chronic care hospital;
- iv. other long-term care setting; or

v. experience in varied responsibilities including, but not limited to, direct resident care or supervision and staff education; and

b. completion of Vocational Trade and Industrial Education (VTIE) or Career and Technical Trade and Industrial Education (CTTIE) licensure, "train the trainer" type program, or a master's degree or higher.

2. The program coordinator shall supervise no more than two MAC training programs simultaneously and shall be on the premises where the program is being conducted for at least 50 percent of the duration of the program.

B. Instructors. Instructors shall be RNs or LPNs in a ratio such that not less than 50 percent of the instructors are RNs and shall hold a current, unencumbered Louisiana nursing license or PTP. Licensed practical (vocational) nurses, under the direct supervision of the coordinator, may provide classroom and clinical skills instruction and supervision of trainees if they have two years of experience in caring for the elderly and/or chronically ill of any age or have equivalent experience.

1. Such experience may be obtained through employment in:

- a. a LLCF;
- b. a geriatrics department;
- c. a chronic care hospital; or
- d. another long-term care setting.

2. Experience in resident care, supervision and staff education is preferred.

3. The ratio of instructors to trainees in clinical training shall not exceed 1:5 and the ratio of instructors to trainees in the classroom shall not exceed 1:15.

C. Program Trainers. Qualified resource personnel from the health field may participate as program trainers as needed for discussion or demonstration of specialized medication procedures.

1. Qualified resource personnel shall have a minimum of one year of experience in their health care field and shall be licensed, registered and/or certified, if applicable, and may include:

- a. registered nurses;
- b. licensed practical/vocational nurses;
- c. pharmacists;
- d. dietitians;
- e. LLCF administrators;
- f. gerontologists;
- g. physical therapists and occupational therapists;
- h. activities specialists; and
- i. speech/language/hearing therapists.

2. All program trainers shall have a minimum of one year of current experience in caring for the elderly and/or chronically ill of any age or have equivalent experience.

3. The training program may utilize other persons such as residents, experienced aides, and ombudsmen as resource personnel if these persons are needed to meet the planned program objectives or a specific unit of training.

#### D. Trainees

1. Each MAC trainee shall be clearly identified as a trainee during all clinical portions of the training. Identification should be recognizable to residents, family members, visitors and staff.

2. Trainees shall take the competency evaluation (through skills demonstration and written examination) within 30 days after completion of the training program. Trainees will be given a maximum of two opportunities within 90 days following completion of the training program to successfully complete the competency evaluation program.

3. If a trainee fails to successfully complete the competency evaluation program, he or she shall re-enroll in the approved training program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 37:1026.1 et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:1415 (July 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:1250 (May 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 46:31 (January 2020), LR 49:692 (April 2023).

### §10085. Training Curriculum

A. The goal of the MAC training and competency evaluation program is the provision of safe, effective and timely administration of medication to residents by MACs who are able to:

- 1. communicate and interact completely on a one-to-one basis with residents as part of the team implementing resident care;
- 2. demonstrate sensitivity to the resident's emotional, social and mental health needs through skillful, directed interactions;
- 3. exhibit behavior to support and promote the rights of residents; and
- 4. demonstrate proficiency in the skills related to medication administration.

B. Each MAC training program shall provide all trainees with a LLCF orientation that is not included in the required minimum 120 hours of core curriculum. The orientation program shall include, but not be limited to:

- 1. an explanation of the facility's organizational structure;
- 2. the facility's policies and procedures;
- 3. discussion of the facility's philosophy of care;
- 4. a description of the resident population; and
- 5. employee policies and procedures.

C. Core Curriculum. The curriculum content for the training program must include material which provides a basic level of knowledge and demonstrable skills for each individual completing the program. The content should include the needs of populations which may be served by an individual LLCF.

1. The core curriculum shall be a minimum of 120 hours in length which shall include a minimum of 45 clinical hours.

2. Each unit objective shall be behaviorally-stated for each topic of instruction. Each objective must state performance criteria which are measurable and will serve as the basis for the competency evaluation.

D. Minimum Curriculum. The training program shall be developed and conducted to ensure that each MAC, at a minimum, is able to demonstrate competency in the following areas including, but not limited to:

1. the basic principles of medication administration and the responsibilities of the MAC including:
  - a. the role and functions of a MAC;
  - b. the professional relationship between the MAC and the residents and their families; and
  - c. prohibited functions or duties;
2. definition of nurse delegation;
3. definition of the basic terms used in medication administration, including identification of the abbreviations used in medication orders and on the medication administration records;
4. review of the various forms of medications;
5. methods of medication administration including:
  - a. proper positioning of resident for various medication administrations; and
  - b. the value of good body alignment prior to and after medication administration;
6. requirements for proper storage and security of medications;
7. proper methods for disposal of drugs;
8. infection control;
9. basic anatomy and physiology;
10. the functions of the gastrointestinal, musculoskeletal, integumentary, nervous, sensory, renal and urinary, reproductive, cardiovascular, respiratory, and endocrine systems;
  - a. description of the common disorders associated with these systems; and
  - b. the effect of aging on these systems;
11. definition of pharmacology including:
  - a. medication classifications;
  - b. a description of a controlled drug and how administration of these drugs differ;
  - c. the cycle of a drug in the body; and
  - d. side effects of medications;
12. the safe administration of all forms of oral medication including:
  - a. a description of the difference among all forms of oral medication; and
  - b. special precautions observed when administering time-released capsules, enteric-coated tablets and oral suspensions;
13. appropriate procedures to follow when the resident is nothing by mouth (NPO), dysphagic, refuses the medication, vomits the medication, or has allergies;
14. application of topical medications and the standard precautions utilized in administering a topical medication;

15. the safe instillation of ophthalmic drops and ointments;
16. the safe administration of nose drops;
17. proper technique for administration of inhalant medications including:
  - a. a description of when the MAC may administer an inhalant;
18. the safe administration of a rectal suppository;
19. the safe administration of a vaginal medication;
20. developing proficiency in measuring liquid medications in a medicine cup or syringe;
21. measuring apical pulse and/or blood pressure (B/P) prior to medication administration;
22. the importance of the "chain of command;"
23. developing effective communication and interpersonal skills;
24. maintaining communication with the licensed nurse including:
  - a. a description of the situations that must be reported to the nurse;
25. the purpose of the clinical record and the importance of timely, clear and complete documentation in the medication administration record;
26. methods for avoiding medication errors:
  - a. reporting and documentation requirements when medication errors occur;
27. a resident's rights related to medication administration;
28. a discussion of the "rights" of medication administration;
29. the application and certification; and
30. violations of the laws and rules that may result in disciplinary action and/or loss of certification.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 37:1026.1 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:1416 (July 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:1250 (May 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 46:32 (January 2020), LR 49:693 (April 2023).

#### **§10086. Competency Evaluation**

A. A competency evaluation shall be developed by the training entity and conducted to ensure that each trainee, at a minimum, is able to demonstrate competencies taught in each part of the training curriculum.

B. Written examinations shall be provided by the training entity or organizations approved by the department. The examination shall reflect the content and emphasis of

the training curriculum and will be developed in accordance with accepted educational principles.

C. The entity responsible for the training and competency evaluation shall report to the registry the names of all individuals who have satisfactorily completed the curriculum after the training is completed. Within 15 days after a MAC has successfully completed the training and competency evaluation, the training entity shall notify the registry.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 37:1026.1 et seq.

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#### **§10087. Authorized Duties**

A. The MAC may perform certain duties and functions delegated by a licensed RN and under the direct supervision of a licensed nurse who is on-site and on duty. These authorized duties shall apply to MAC trainees under the supervision of the clinical instructor. The ratio of MACs to licensed nurses shall not exceed two medication attendants to one licensed nurse at any given time.

B. MACs may:

1. observe and report to the licensed nurse a resident's adverse reaction to a medication;
2. administer medications which require vital signs only with direct authorization from the licensed nurse prior to administration;
3. take and record vital signs prior to the administration of medication that could affect or change the vital signs;
4. in an emergency only, administer oxygen at 2 liters per minute per nasal cannula and immediately after the emergency, verbally notify the licensed nurse on duty and appropriately document the action and notification;
5. administer regularly prescribed medication only after personally preparing (setting up) the medications to be administered;
6. deliver and administer certain prescribed medications ordered by an authorized prescriber by the following methods:
  - a. orally;
  - b. topically (to intact skin only);
  - c. drops and sprays for the eye, ear or nose;
  - d. vaginally;
  - e. rectally;
  - f. transdermally;
  - g. by metered dose oral inhalation; or

h. sublingually;

7. record medications administered in the resident's chart and/or medication administration record;

8. chart medication effects and side effects;

9. administer medications which require vital signs, only with direct authorization from the licensed nurse prior to administration:

a. the results of the vital signs must be documented in the clinical record;

10. administer pro re nata (prn), as needed medications only with direct authorization of the licensed nurse;

11. measure prescribed liquid medication only if verified by the licensed nurse prior to administration; and

12. crush prescribed medications only if ordered by the physician and verified by the licensed nurse.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 37:1026.1 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:1416 (July 2008), amended by the Department of Health, Bureau of Health Services Financing, LR 46:32 (January 2020), LR 49:694 (April 2023).

#### **§10088. Prohibited Duties**

A. Medication attendants certified shall not:

1. administer any controlled dangerous substances (schedules II through V) as set forth by the Drug Enforcement Agency or the Louisiana Board of Pharmacy;

2. administer any medications by the following parenteral routes:

- a. intramuscular;
- b. intravenous;
- c. subcutaneous;
- d. intradermal; or
- e. other routes restricted in department rules;

3. administer any medication used for intermittent positive pressure breathing (IPPB) treatments;

4. administer an initial dose of a medication that has not been previously administered to a resident as determined by the clinical record;

5. calculate medication doses for administration;

6. administer medications or feedings by way of a tube inserted in a cavity of the body;

7. receive or assume responsibility for writing any verbal or telephone order from an authorized prescriber;

8. order new medications or medications whose directions have changed from the pharmacy;

9. apply topical medications that involve the treatment of skin that is broken;

10. steal, divert or otherwise misuse medication;
11. violate any provision of this Chapter;
12. procure or attempt to procure a certificate by fraudulent means;
13. neglect to administer prescribed medications in a responsible and timely manner;
14. perform a task involving the administration of a medication which requires:
  - a. an assessment of the patient's physical status;
  - b. an assessment of the need for the medication;
  - c. a calculation of the dose of the medication; or
  - d. the conversion of the dose;
15. perform a task involving the administration of a medication if the patient is unstable or has changing nursing needs, unless the supervising nurse is able to monitor the patient and the effect of the medication on the patient; or
16. administer medications if he/she is unable to do so with reasonable skill and safety to the resident if the resident is impaired by reason of excessive use of mood altering drugs, narcotics, chemicals or any other type of material.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 37:1026.1 et seq.

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#### **§10090. Suspension, Revocation, Denial of Renewal, or Reprimand**

A. The department may suspend, revoke, deny renewal of a certificate, or reprimand a certificate holder for a violation of this Chapter.

B. Grounds for disciplinary actions include, but are not limited to:

1. stealing, diverting or otherwise misusing medication;
2. procuring or attempting to procure a certificate by fraudulent means;
3. violating any provision of this Chapter; or
4. knowingly making false claims or providing false, forged, or altered information in the resident's medical record or providing false, forged, or altered documentation to the department.

C. Prior to institution of formal proceedings to revoke or suspend a certificate, the department shall give written notice to the certificate holder of the facts or conduct alleged to warrant revocation, suspension or rescission. The certificate holder shall be given an opportunity to participate in an informal dispute resolution process.

D. If denial, revocation or suspension of a certificate is proposed, the department shall give written notice that the certificate holder must submit a written request for a formal hearing within 30 days of receipt of the notice. If not, the right to a hearing shall be waived and the certificate shall be denied, revoked or suspended.

E. If the department suspends a MAC's certificate, the suspension shall remain in effect until the department:

1. determines that the reason for suspension no longer exists;
2. revokes the certificate; or
3. determines not to renew the certificate.

F. The department shall investigate prior to making a final determination on a suspended certificate. During the time of suspension, the suspended certificate holder shall not perform as a MAC in any capacity.

1. If a suspension overlaps a certificate renewal date, the suspended certificate holder shall be subject to the renewal procedures pursuant to the provisions of this Subchapter. However, the department shall not renew the certificate until it determines that the reason for suspension no longer exists.

G. If the department revokes or denies renewal of a certificate, a person may reapply for a certificate by complying with the provisions of this Chapter at the time of reapplication. The department may refuse to issue a certificate if the reason for revocation or denial of renewal continues to exist.

1. If a certificate is revoked or denied renewal, the certificate holder shall immediately return the certificate to the department.

H. When a MAC believes that the basis for the suspension, revocation, denial of renewal of his or her MAC certificate, or reprimand was based on wrongful accusation(s), the following procedure shall be followed:

1. The MAC may request an informal dispute resolution (IDR) within 15 calendar days of the receipt of the department's notice of violation. The request for an IDR must be made to the department in writing.

2. The IDR shall be designed:

- a. to provide an opportunity for the MAC to informally discuss the accusations that make the basis for the suspension, revocation, denial of renewal of his or her MAC certificate, or reprimand;
- b. for the department to offer alternatives based on corrections or clarifications, if any; and
- c. for the MAC to evaluate the necessity for seeking an administrative hearing.

3. An IDR meeting shall be arranged within 20 days of the request.

4. During the IDR, the MAC shall be afforded the opportunity to:



- a. speak with the department's IDR personnel;
- b. review pertinent documents on which the alleged violation is based;
- c. ask questions;
- d. seek clarifications; and
- e. provide additional information.

I. Within 30 calendar days after receipt of the department's notice of violation or the notice of the results of an IDR, the MAC may request an administrative hearing. The request for administrative hearing shall be in accordance with the procedures set forth in §10071 of this Chapter.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 36:254 and R.S. 37:1026.1 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 34:1417 (July 2008), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:1250 (May 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 46:33 (January 2020), LR 49:695 (April 2023), amended by the Department of Health, Health Standards Section, LR 51:401 (March 2025).

#### **§10091. Provider Participation and Responsibilities**

A. An LLCF with a license that is in good standing with the department may apply to the department to utilize MACs. Upon receipt of a facility's application, the department shall review the facility's compliance history.

B. If a facility is non-compliant with program regulations, the department shall take into consideration the findings that resulted in the facility's noncompliance before making a determination whether or not to allow the facility to utilize MACs. Emphasis shall be placed on deficiencies cited in the area of medication administration such as significant medication errors, medication error rates and repeat deficiencies of such.

C. The department may deny a facility's request to use MACs if it is determined that, based upon the compliance history, the safety and well-being of residents would be jeopardized. If the facility is denied participation, the facility may ask for a reconsideration and review of the circumstances which contributed to the denial of the application.

1. knowingly making false claims, or providing false, forged, or altered information or documentation to the department, law enforcement, or authorized agencies shall permanently render revocation of the LLCF's participation in the MAC program.

D. The following application information shall be submitted to the HSS for consideration of approval of MAC utilization:

- 1. the number of beds for the entire LLCF and beds per unit;
- 2. the total resident capacity for the LLCF;
- 3. the type of LLCF;

4. policy and procedure describing the plan for orientation, utilization of MACs, tracking and trending of medication errors for MACs, including orientation of all staff to the role of MACs;

5. documentation of the number and type of medication errors in the year prior to the utilization of MACs; and

6. a statement that the LLCF will utilize the MACs in accordance with the department's rules and regulations and will provide evaluation information as indicated.

E. An approved licensed long-term care facility shall have written policies and procedures that at a minimum, address the MAC's role, responsibilities, authorized duties, prohibited duties, and medication errors.

F. A facility's application that is not complete within 90 calendar days of receipt by the department shall be considered null and void.

G. The provider shall complete and send the appropriate form or approved electronic submission to the registry to verify the MAC's employment or cessation of employment.

H. When a change of ownership (CHOW) occurs, the new owner or the administrator, or the administrator's designee, shall be responsible for ensuring that all reporting of the MAC's employment or cessation of employment to the registry is current.

I. Disqualification of MAC Program. The department may sanction a facility and/or revoke a facility's participation in the MAC program for a period of two years, if it is determined by the department that:

1. Based upon the facility's compliance history, the safety and well-being of residents were jeopardized by the facility's non-compliance with federal, state, or local laws and regulations.

2. The facility has provided false statements and/or documentation concerning the facility's MAC program.

3. The facility has not provided an acceptable plan for correcting deficiencies.

J. If the facility's participation has been revoked, the facility may ask for a reconsideration and review of the circumstances that contributed to the revocation of participation in the MAC program.

K. If the facility has not utilized a MAC within its facility and/or served as a MAC clinical site within a two year period, the facility's MAC program shall be considered voluntarily terminated.

L. A licensed long-term care facility who has lost its MAC program may re-apply to participate in the MAC program upon the end of the two year period of the prohibition timeframe. If the facility's participation in the MAC program has been revoked for providing false statements or documentation, the facility may not reapply for reinstatement.

Title 48, Part I

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HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 49:696 (April

2023), amended by the Department of Health, Health Standards Section, LR 51:401 (March 2025).