

Chapter 82. Minimum Standards for Licensure of Hospice Agencies

Subchapter A. General Provisions

§8201. Definitions

A. The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

Activities of Daily Living (ADL's)—the following functions or self-care tasks performed either independently or with supervision or assistance:

- a. mobility;
- b. transferring;
- c. walking;
- d. grooming;
- e. bathing;
- f. dressing and undressing;
- g. eating; and
- h. toileting.

Acute/General Inpatient Care—short-term, intensive hospice services provided in an appropriately licensed facility to meet the patient's need for skilled nursing, symptom management or complex medical treatment.

Advance Directives—a witnessed document, statement, or expression voluntarily made by the declarant, authorizing the withholding or withdrawal of life-sustaining procedures. A declaration may be made in writing, such as a durable power of attorney for health care, a directive pursuant to patient self-determination initiatives, a living will, or by other means of communication such as an oral directive which either states a person's choices for medical treatment or, in the event the person is unable to make treatment choices, designates who shall make those decisions.

Advanced Practice Registered Nurse (APRN)—a nurse who is legally authorized to practice advanced practice nursing in the state and designated by the patient as the licensed medical practitioner responsible for his/her medical care.

Attending/Primary Physician—a person who is a doctor of medicine or osteopathy licensed to practice medicine in the state of Louisiana, who is designated by the patient as the physician responsible for his/her medical care.

Bereavement Services—organized services provided under the supervision of a qualified professional to help the family cope with death related grief and loss issues. This shall be provided for at least one year following the death of the patient.

Branch—an alternative delivery site from which a hospice agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the parent hospice agency and is located within a 50 mile radius of the parent agency and shares administration and supervision.

Care Giver—the person whom the patient designates to provide his/her emotional support and/or physical care.

Certified Nurse Aide (CNA) Registry—the state registry used to determine if a prospective hire who is a CNA has had a finding placed on the registry that he/she has abused or neglected a resident or misappropriated a resident's property or funds.

Cessation of Business—provider is non-operational and/or has stopped offering or providing services to the community

Chaplain—a member of the clergy.

Community—a group of individuals or a defined geographic area served by a hospice.

Continuous Home Care—care provided by the hospice during a period of crisis as necessary to maintain the terminally ill individual at home. A minimum of eight hours of care shall be furnished on a particular day to be considered continuous home care. Nursing care shall be provided for more than one half of the period of care and shall be provided by either a registered nurse or licensed practical nurse. Services may be provided by a homemaker or home health aide to supplement the nursing care. A registered nurse shall complete an assessment of the patient and determine that the patient requires continuous home care prior to assigning a licensed practical nurse, homemaker, or a hospice aide to a patient requiring continuous home care. This assignment must comply with accepted professional standards of practice.

Contracted Services—services provided to a hospice provider or its patients by a third party under a legally binding agreement that defines the roles and responsibilities of the hospice and service provider.

Core Services—nursing services, licensed medical practitioner services, medical social services, and counseling services, including bereavement counseling, dietary counseling, spiritual counseling, and any other counseling services provided to meet the needs of the individual and family. These services shall be provided by employees of the hospice, except that licensed medical practitioner services and dietary counseling services may be provided through contract. Core services also include support services, such as trained volunteers.

Department—the Department of Health (LDH).

Direct Service Worker (DSW)—an unlicensed person who provides personal care or other services and support to persons with disabilities or to the elderly to enhance their well-being, and who is involved in face-to-face direct contact with the person. Functions performed may include, but are not limited to, assistance in activities of daily living and personal care services. An example of a DSW may be a hospice or home health aide or homemaker.

Discharge—the point at which the patient's active involvement with the hospice program is ended and the program no longer has active responsibility for the care of the patient.

Do Not Resuscitate Orders—orders written by the patient's physician which stipulate that in the event the patient has a cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated or carried out.

Emotional Support—counseling provided to assist the person in coping with stress, grief, and loss.

Employee—an individual who may be contracted, hired for a staff position or a volunteer under the jurisdiction of the hospice.

Facility-Based Care—hospice services delivered in a place other than the patient's home, such as an inpatient hospice facility, nursing facility or hospital inpatient unit.

Family—a group of two or more individuals related by ties of blood, legal status, or affection who consider themselves a family.

Geographic Area—area around location of licensed agency which is within 50 mile radius of the hospice premises. Each hospice shall designate the geographic area in which the agency will provide services.

Governing Body—the person or group of persons that assumes full legal responsibility for determining, implementing and monitoring policies governing the hospice's total operation. The governing body shall designate an individual who is responsible for the day-to-day management of the hospice program, and shall also ensure that all services provided are consistent with accepted standards of practice. Written minutes and attendance of governing body meetings are to be maintained.

Health Standards Section (HSS)—the agency within the Department of Health responsible for regulation of licensed health care providers, agencies or facilities.

Home—a person's place of residence.

Homemaker—an individual who provides light housekeeping services to patients in their homes.

Hospice—an autonomous, centrally administered, medically directed program providing a continuum of home, outpatient, and homelike inpatient care for the terminally ill patient and his family. It employs an interdisciplinary team to assist in providing palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social, and economic stresses which are

experienced during the final stages of illness and during dying and bereavement.

Hospice Inpatient Facility—a facility where specific levels of hospice care ranging from residential to acute, including respite, are provided in order to meet the needs of the patient/family.

Hospice Inpatient Services—care and services available for pain control, symptom management and/or respite purposes that are provided for a patient either directly by the hospice agency or in a participating facility.

Hospice Physician—a person who is a doctor of medicine or osteopathy, and is currently and legally authorized to practice medicine in the State of Louisiana, designated by the hospice to provide medical care to hospice patients in lieu of their primary licensed medical practitioner.

Hospice Premises—the physical site where the hospice maintains staff to perform administrative functions, and maintains its personnel records, or maintains its patient service records, or holds itself out to the public as being a location for receipt of patient referrals.

Hospice Services—a coordinated program of palliative and supportive care, in a variety of appropriate settings, from the time of admission through bereavement, with the focus on keeping terminally ill patients in their place of residence as long as possible.

Informed Consent—a documented process in which information regarding the potential and actual benefit and risks of a given procedure or program of care is exchanged between provider and patient.

Interdisciplinary Team (IDT)—an interdisciplinary team or teams designated by the hospice, composed of representatives from all the core services. The IDT shall include at least a doctor of medicine or osteopathy, a registered nurse, a social worker, a pastoral or other counselor, and a representative of the volunteer services. The interdisciplinary team is responsible for participation in the establishment of the plan of care; provision or supervision of hospice care and services; periodic review and updating of the plan of care for each individual receiving hospice care, and establishment of policies governing the day-to-day provision of hospice care and services. If a hospice has more than one interdisciplinary team, it shall designate in advance the team it chooses to execute the establishment of policies governing the day-to-day provision of hospice care and services.

Interdisciplinary Team Conferences—regularly scheduled periodic meetings of specific members of the interdisciplinary team to review the most current patient/family assessment, evaluate care needs, and update the plan of care.

Louisiana At-Risk Registry—the reporting mechanism for hospice patients that require community assistance in emergency situations.

Louisiana Physician Order for Scope of Treatment (LaPOST)—a physician's order that documents the wishes

of a qualified patient for life-sustaining interventions, as well as the patient's preferred treatment for each intervention, on a form that is recognized, adopted, and honored across treatment settings in accordance with state laws.

Major Alteration—any repair or replacement of building materials and equipment which does not meet the definition of minor alteration.

Medical Social Services—include a comprehensive psychosocial assessment; ongoing support for the patient and family; and assistance with coping skills, anticipatory grief, and grief reactions.

Minor Alteration—repair or replacement of building materials and equipment with materials and equipment of a similar type that does not diminish the level of construction below that which existed prior to the alteration. This does not include any alteration to the function or original design of the construction.

Non-Core Services—services provided directly by hospice employees or under arrangement. These services include, but are not limited to:

- a. hospice aide and homemaker;
- b. physical therapy services;
- c. occupational therapy services;
- d. speech-language pathology services;
- e. inpatient care for pain control and symptom management and respite purposes; and
- f. medical supplies and appliances including drugs and biologicals.

Non-Operational—the hospice agency location is not open for business operation on designated days and hours as stated on the licensing application and business location signage.

Palliative Care—the reduction or abatement of pain or other troubling symptoms by appropriate coordination of all services of the hospice care team required to achieve needed relief of distress.

Period of Crisis—a period in which a patient requires predominately nursing care to achieve palliation or management of acute medical problems.

Plan of Care (POC)—a written document established and maintained for each individual admitted to a hospice program. Care provided to an individual shall be in accordance with the plan. The plan includes an assessment of the individual's needs and identification of the services including the management of discomfort and symptom relief.

Representative—an individual who has been authorized under State law to terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill individual who is mentally or physically incapacitated.

Residential Care—hospice care provided in a nursing facility, adult residential facility or any residence or facility other than the patient's private residence.

Respite Care—short-term care generally provided in a nursing facility or hospice facility to provide relief for the family from daily care of the patient.

Spiritual Services—providing the availability of clergy as needed to address the patient's/family's spiritual needs and concerns.

Sublicense—a license issued for the inpatient hospice facility that provides inpatient hospice services directly under the operation and management of the licensed hospice entity.

Terminally Ill—a medical prognosis of limited expected survival, of approximately six months or less at the time of referral to a hospice, of an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone are no longer appropriate. Therapeutic strategies by the hospice agency are directed toward pain and symptom management of the terminal illness.

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Hospice services are available 24 hours per day, 7 days a week, which include, at a minimum:

- a. professional registered nurse services;
- b. palliative medications;
- c. other services, equipment or supplies necessary to meet the patient's immediate needs.

2. Hospice provides on-call medical and nursing services to assess and meet changing patient/family needs, provide instruction and support, and conduct additional on-site assessment or treatment, 24 hours a day, 7 days per week.

- a. The on-call RN shall triage calls and may delegate to another employee as appropriate.

C. Policies and procedures:

1. shall be written, current, and annually reviewed by appropriate personnel;

2. shall contain policies and procedures specific to agency addressing personnel standards and qualifications, agency operations, patient care standards, problem and complaint resolution, purpose and goals of operation, the hospice's defined service area, as well as regulatory and compliance issues;

3. shall clarify the agency's prohibited use of social media. The policy shall ensure that all staff, either contracted or directly employed, receive training relative to the restrictive use of social media that includes, at a minimum, confidentiality of patient information, preservation of patient dignity and respect, protection of patient privacy and personal and property rights;

4. shall meet or exceed requirements of the minimum standards and all applicable federal, state, and local laws, including but not limited to criminal histories conducted by the Louisiana State Police, or its designee, on all non-licensed persons providing nursing care, health-related services, or supportive services to any patient; and

5. shall include a process for checking the direct service worker registry and the Louisiana certified nurse aide registry upon hiring an employee, and every six months thereafter, to ensure that non-licensed direct care staff do not have a finding placed against him/her of abuse, neglect, or misappropriation of funds of an individual. If there is such a finding on the DSW and/or CNA registry, the applicant shall not be employed nor does a current employee have continued employment with the hospice agency.

D. Operational Requirements

1. Hospice's responsibility to the community:

a. shall not accept orders to assess or admit from any source other than licensed physician or authorized physician representative (e.g. hospital discharge planner). Although the hospice may provide care to relatives of employees, the order to admit to the hospice shall be initiated by the primary attending physician;

Subchapter D. Administration

§8235. Agency Operations

A. Premises (see definition of Hospice Premises).

1. Staff shall be able to distinguish and describe the scope and delineation of all activities being provided by the hospice.

2. Staff working areas are to be designed so that when planning for services, patient confidentiality is maintained.

3. The hospice shall have a distinct telephone number. If the telephone number is shared with other health care related agencies, the telephone operator(s) shall demonstrate knowledge and ability to distinguish and direct calls to the appropriate persons. If an answering service is used after normal hours, there shall be evidence of distinct hospice staff and the answering service should be able to direct calls to the appropriate persons for each service.

4. The hospice shall not share office space with a non-health care related entity. When office space is shared with another health care related entity the hospice agency shall operate separate and apart.

B. Hours of Operation

1. The hospice shall be required to have regular posted (in a prominent and easily accessible manner) business days and hours and be fully operational at least 8 hours a day, 5 days a week between 7 a.m. and 6 p.m.

- b. shall use only factual information in advertising;
 - c. shall not participate in door to door solicitation;
 - d. shall not accept as a patient any person who is not terminally ill;
 - e. shall develop policy/procedure for patients with no or limited payor source;
 - f. shall have policy and procedures and a written plan for emergency operations in case of disaster including that at any time the hospice has an interruption in services or a change in the licensed location due to an emergency situation, the hospice shall notify the HSS no later than the next stated business day;
 - g. provide all services needed in a timely manner, at least within 24 hours, unless orders by the licensed medical practitioner indicate otherwise. However, admission timeframes shall be followed as indicated in the admission procedures subsection;
 - h. is prohibited from harassing or coercing a prospective patient or staff member to use a specific hospice or to change to another hospice;
 - i. shall have policy and procedures for post-mortem care in compliance with all applicable federal, state, and local laws;
 - j. may participate as community educators in community/health fairs; and
 - k. may provide free non-invasive diagnostic tests, such as blood pressure screening.
2. Hospice's responsibility to the patient shall include, but is not limited to, the following:
- a. be in compliance with Minimum Standards and all applicable federal, state, and local laws at all times;
 - b. provide all Core services directly by the hospice agency and any non-core services required to meet the patient/family's needs;
 - c. act as the patient advocate in medical decisions affecting the patient;
 - d. protect the patient from unsafe skilled and unskilled practices;
 - e. protect the patient from being harassed, bribed, and/or any form of mistreatment by any employee or volunteer of the agency;
 - f. provide patient information on the patient's rights and responsibilities;
 - g. provide information on advanced directives and LaPost in compliance with all applicable federal, state, and local laws;
 - h. protect and assure that patient's rights are not violated;

- i. focus on enabling the patient remaining in the familiar surroundings of his/her place of residence as long as possible and appropriate;
 - j. encourage the patient/family to participate in developing the POC and provision of hospice services;
 - k. with the permission of the patient, include in the POC specific goals for involving the patient/family;
 - l. make appropriate referrals for family members outside the hospice's service area for bereavement follow-up;
 - m. whenever a hospice program manages and/or delivers care in a facility, ensure that an appropriate standard of care is provided to the patient in the facility, regardless of whether or not hospice is responsible for the direct provision of those services;
 - n. ensure that any facility where hospice care is provided meets appropriate licensing requirements and any payor source requirements when applicable;
 - o. ensure that any facility in which hospice care is provided have the following:
 - i. areas that are designed and equipped for the comfort and privacy of each patient and family member;
 - ii. physical space for private patient/family visiting;
 - iii. accommodations for family members to remain with the patient throughout the night;
 - iv. accommodations for family privacy after a patient's death;
 - v. decor which is homelike in design and function; and
 - vi. patients shall be permitted to receive visitors at any hour, including small children.
3. Responsibility of the hospice to the staff shall include, but is not limited to, the following:
- a. provide safe environment whenever the hospice knows or has reason to know that environment might be dangerous;
 - b. have safety and emergency preparedness programs that conform with federal, state, and local requirements and that include:
 - i. a plan for reporting, monitoring, and follow-up on all accidents, injuries, and safety hazards;
 - ii. documentation of all reports, monitoring activity, and follow-up actions, education for patient/family, care givers, employees and volunteers on the safe use of medical equipment;
 - iii. evidence that equipment maintenance and safety requirements have been met;
 - iv. policies and procedures for storing, accessing, and distributing controlled drugs, supplies and equipment;

- v. a safe and sanitary system for identifying, handling, and disposing of hazardous wastes; and
- vi. a policy regarding use of smoking materials in all care settings;
- c. have policies which encourage realistic performance expectations;
- d. maintain insurance and worker's compensation at all times;
- e. provide adequate time on schedule for required travel;
- f. meet or exceed Wage and Hour Board requirements;
- g. provide adequate information, in-service training, supplies, and other support for all employees to perform to the best of their ability;
- h. provide in-service training to promote effective, quality hospice care; and
- i. have training on the prohibited use of social media.

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