

NOTICE OF INTENT

Department of Health Bureau of Health Services Financing

Therapeutic Group Homes Licensing Standards (LAC 48:I.Chapter 62)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 48:I.Chapter 62 as authorized by R.S. 36:254 and R.S. 40:2009. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing the licensing standards for therapeutic group homes (TGHs) in order to: 1) clarify and update these provisions to be consistent with the standard language used in other licensing Rules and with standard processes; 2) update the comprehensive treatment plan provisions; and 3) establish provisions for inactivation of licensure due to non-declared disasters or emergencies and for TGH residents to attend school in an alternative setting.

Title 48

PUBLIC HEALTH-GENERAL Part I. General Administration Subpart 3. Licensing

Chapter 62. Therapeutic Group Homes

Subchapter A. General Provisions

§6201. Introduction

A. ...

B. ~~TGHs~~ Therapeutic group homes provide a 24 hours per day, seven days per week, structured and supportive living environment. The purpose of a ~~therapeutic group home~~ (TGH) is to provide community-based services in a secured, homelike environment to clients under the age of 21 who are determined to need psychiatric or psychological services.

C. ...

D. The goal of a ~~therapeutic group home~~ TGH is to maintain the client's connections to their community, yet receive and participate in a more intensive level of treatment in which the client lives safely in a 24-hour setting.

1. Community reintegration may be progressive and with individual consideration of the client's safety, prior involvement in and potential for aberrant and criminal activity, mental health status, and elopement consideration.

E. - E.6. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:401 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6203. Definitions

Active Treatment—implementation of a professionally developed and supervised comprehensive treatment plan that is developed no later than seven days after admission and designed to achieve the client's discharge from inpatient status within the shortest practicable time. To be considered active treatment, the services ~~must~~ shall contribute to the achievement of the goals listed in the comprehensive treatment plan. Tutoring, attending school, and transportation are not considered active treatment. Recreational activities can be considered active treatment when such activities are community based, structured and integrated within the surrounding community.

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

Department—the Louisiana Department of Health~~and Hospitals~~, or "~~DHH~~LDH."

Employed—performance of a job or task for compensation, such as wages or a salary. An employed person may be one who is contracted or one who is hired for a staff position.

Health Standards Section—the Louisiana Department of Health ~~and Hospitals~~, Health Standards Section or "HSS."

Non-Operational—the TGH location is not open for business operation as stated on the licensing application and business location signage.

Secretary—the secretary of the Louisiana Department of Health ~~and Hospitals~~, or his designee.

Time Out—the restriction of a ~~resident~~ client for a period of time to a designated area from which the ~~resident~~ client is not physically prevented from leaving, for the purpose of providing the ~~resident~~ client an opportunity to regain self-control.

Validated Complaint—~~a complaint received by DHH Health Standards Section and found to be substantiated~~ Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:402 (February 2012), amended LR 41:1293 (July 2015), amended by the

Department of Health, Bureau of Health Services Financing, LR
44:

Subchapter B. Licensing

§6207. General Provisions

A. All TGH providers shall be licensed by the Department of Health~~and Hospitals~~. The department is the only licensing authority for TGH providers in Louisiana. It shall be unlawful to operate as a therapeutic group home without possessing a current, valid license issued by the department. Each TGH shall be separately licensed.

B. A TGH license shall:

1. ...

2. be valid only for the TGH to which it is issued and only for the specific geographic address of that ~~facility~~TGH;

3. enable the provider to operate as a TGH within a specific ~~DHH~~LDH region;

B.4. - C.1. ...

2. There shall always be at least two employees on duty at the ~~facility~~TGH at all times.

D. - G. ...

H. No new TGH shall accept clients until the TGH has written approval and/or a license issued by HSS. If the ~~facility~~provider is currently maintaining a license as a child

residential facility from DCFS, the ~~facility~~ provider may remain operational under its DCFS license during the TGH application process.

I. Plan Review. Construction documents (plans and specifications) are required to be submitted and approved by both the OSFM and the Department of Health ~~and Hospitals~~ as part of the licensing procedure and prior to obtaining a license.

1. Applicable Projects. Construction documents require approval for the following types of projects:

a. - b. ...

c. major alterations ~~-i~~ i

i. Cosmetic changes to the TGH, such as painting, flooring replacement or minor repairs shall not be considered an alteration or substantial rehabilitation.

2. ...

a. Submittal Requirements

i. One set of the final construction documents shall be submitted to the OSFM for approval. The fire marshal's approval letter and final inspection shall be sent to the ~~DHH~~ LDH.

ii. One set of the final construction documents shall be submitted to ~~DHH~~ the OSFM, or its designated plan review entity, along with the ~~appropriate~~ required review fee and a "plan review application form" for approval.

b. Design Criteria. The project shall be designed in accordance with the ~~following criteria:~~regulations and requirements of LAC Title 51, Public Health Sanitary Code and of the OSFM applicable to residential facilities/group homes.

~~i. the latest OSFM adopted edition of the National Fire Protection Agency (NFPA) 101-Life Safety Code;~~

~~ii. the latest LSUCCC adopted edition of the International Building Code;~~

~~iii. the latest edition of the Americans with Disabilities Act (ADA) Standards;~~

~~iv. the current DHH licensing standards for therapeutic group home facilities;~~

~~v. the latest OPH adopted edition of the Louisiana State Plumbing Code;~~

~~vi. the latest edition of the State Sanitary Code regulations applicable to residential~~

~~facilities/group homes;~~i. - vi. Repealed.

c. Construction Document Preparation.

Construction documents submitted to ~~DHH~~OSFM, or its designated plan review entity, shall be prepared ~~only by a Louisiana licensed architect or licensed engineer as governed by the licensing laws of the state for the type of work to be performed~~ in accordance with the regulations and requirements of LAC Title

51, Public Health Sanitary Code and of the OSFM applicable to residential facilities/group homes. ~~These documents shall be of an architectural or engineering nature and thoroughly illustrate the project that is accurately drawn, dimensioned, and contain noted plans, details, schedules and specifications. At a minimum the following shall be submitted:~~

~~i. site plans;~~

~~ii. floor plans. These shall include architectural, mechanical, plumbing, electrical, fire protection, and if required by code, sprinkler and fire alarm plans;~~

~~iii. building elevations;~~

~~iv. room finish, door and window schedules;~~

~~v. details pertaining to the ADA Standards; and~~

~~vi. specifications for materials.~~ i. - vi.

Repealed.

3. Waivers. The secretary of ~~DHH~~ LDH may, within his/her sole discretion, grant waivers to building and construction guidelines which are not part of or otherwise required under the provisions of the State Sanitary Code. The ~~facility must~~ provider shall submit a waiver request in writing to HSS. The ~~facility must~~ provider shall demonstrate how patient safety and quality of care offered is not compromised by the

waiver, and ~~must~~shall demonstrate the undue hardship imposed on the ~~facility~~TGH if the waiver is not granted. The ~~facility~~mustprovider shall demonstrate its ability to completely fulfill all other requirements of service. The department will make a written determination of the requests.

a. Waivers are not transferable in an ownership change and are subject to review or revocation upon any change in circumstances related to the waiver.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:403 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6209. Initial Licensing Application Process

A. ...

B. Currently licensed DCFS providers that are converting to TGHs ~~must~~shall comply with all of the initial licensure requirements, except plan review, and may be eligible for the exception to the bedroom space requirement of this Chapter.

C. An applicant ~~must~~shall submit a completed initial licensing application packet to the department, which shall include:

1. ...

2. a copy of the approval letter of the architectural ~~facility~~ plans for the TGH from the department and from the OSFM, and any other office/entity designated by the department required to review and approve the ~~facility's~~provider's architectural plans, ~~if the facility must go through plan review;~~

3. - 7. ...

8. ~~a~~an 8 1/2 x 11 inch floor sketch or drawing of the premises to be licensed;

9. ...

10. any other documentation or information required by the department for licensure, including but not limited to, proof of approvals from local agencies such as local zoning boards and ordinances.

D. - D.8. ...

E. If the initial licensing packet is incomplete when submitted, the applicant will be notified of the missing information and will have 90 days from receipt of the notification to submit the additional requested information. If the additional requested information is not submitted to the department within 90 days, the application will be closed. After an initial licensing application is closed, an applicant who is still interested in becoming a ~~PRTF~~must TGH provider shall

submit a new initial licensing packet with a new initial licensing fee to start the initial licensing process.

F. Once the initial licensing application packet has been approved by the department, notification of the approval shall be forwarded to the applicant. Within 90 days of receipt of the approval notification, the applicant ~~must~~shall notify the department that the TGH is ready and is requesting an initial licensing survey. If an applicant fails to notify the department within 90 days, the initial licensing application shall be closed. After an initial licensing application has been closed, an applicant who is still interested in becoming a TGH ~~must~~shall submit a new initial licensing packet with a new initial licensing fee to start the initial licensing process.

G. Applicants ~~must~~shall be in compliance with all appropriate federal, state, departmental or local statutes, laws, ordinances, rules, regulations and fees before the TGH provider will be issued an initial license to operate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:404 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6211. Types of Licenses

A. - A.4.a. ...

b. A provisional renewal license may be issued for the following reasons:

i. ...

ii. the existing licensed TGH has more than three ~~validated~~substantiated complaints in a one year period;

b.iii. - c.i. ...

ii. If the on-site follow-up survey determines that the TGH has not corrected the deficient practices or has not maintained compliance during the period of the provisional license, the provisional renewal license shall expire and the provider shall be required to begin the initial licensing process again by submitting a new initial license application packet and fee, if no timely informal reconsideration or administrative appeal of the deficiencies is filed pursuant to this Chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:404 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6213. Changes in Licensee Information or Personnel

A. Any change regarding the TGH's name, "doing business as" name, mailing address, phone number, or any combination thereof, shall be reported in writing to the department within five days of the change. Any change regarding the TGH name or "doing business as" name requires a change to the ~~facility~~ provider license and shall require a \$25 fee for the issuance of an amended license.

B. Any change regarding the ~~facility's~~ TGH's key administrative personnel shall be reported in writing to the department within five days of the change.

B.1. - C.2. ...

D. A TGH that intends to change the physical address of its geographic location is required to have plan review approval, Office of State Fire Marshal approval, Office of Public Health approval, compliance with other applicable licensing requirements, and an on-site licensing survey prior to the relocation of the ~~facility~~ TGH.

1. A written notice of intent to relocate ~~must~~ shall be submitted to HSS when the plan review request is submitted to the department for approval.

2. Relocation of the TGH's physical address results in a new anniversary date and the full licensing fee ~~must~~ shall be paid.

E. Any request for a duplicate license ~~must~~ shall be accompanied by ~~a \$25~~ the required fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:405 (February 2012), amended LR 41:1293 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6215. Renewal of License

A. To renew a license, a TGH ~~must~~ shall submit a completed license renewal application packet to the department at least 30 days prior to the expiration of the existing current license. The license renewal application packet shall include:

A.1. - C. ...

D. The renewal of a license does not in any manner affect any sanction, civil fine, or other action imposed by the department against the ~~faeility~~ provider.

E. If an existing licensed TGH has been issued a notice of license revocation, suspension, or termination, and the ~~faeility's~~ sprovider's license is due for annual renewal, the department shall deny the license renewal application and shall not issue a renewal license.

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 38:406
(February 2012), amended by the Department of Health, Bureau of
Health Services Financing, LR 44:

§6217. Deemed Status

A. A licensed TGH may request deemed status from the
department. The department may accept accreditation in lieu of a
routine on-site licensing survey provided that:

1. ...

2. all services provided under the TGH license ~~must~~
shall be accredited; and

A.3. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 38:406
(February 2012), amended by the Department of Health, Bureau of
Health Services Financing, LR 44:

§6219. Licensing Surveys

A. Prior to the initial license being issued to the TGH,
an initial licensing survey shall be conducted on-site at the
facility to assure compliance with licensing standards. Except

for ~~facilities~~providers currently ~~maintain~~maintaining a license as a child residential facility from DCFS, a TGH shall not provide services to any ~~resident~~client until the initial licensing survey has been performed and the ~~facility~~provider found in compliance with the licensing standards. The initial licensing survey shall be an announced survey.

B. - E.5. ...

F. Surveyors and staff on behalf of the department shall be:

1. ...

2. allowed to interview any provider staff, ~~resident~~client, or participant as necessary to conduct the survey.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:406 (February 2012), amended LR 41:1293 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6221. Complaint Surveys

A. - B. ...

C. An acceptable plan of correction may be required by the department for any complaint survey where deficiencies have

been cited. If the department determines other action, such as license revocation is appropriate, a plan of correction may not be required and the ~~facility~~ TGH will be notified of such action.

D. A follow-up survey may be conducted for any complaint survey where deficiencies have been cited to ensure correction of the deficient practices. If the department determines that other action, such as license revocation, is appropriate, a follow-up survey may not be required. The ~~facility~~ TGH will be notified of any action.

E. ...

F. ~~DHH~~ LDH surveyors and staff shall be given access to all areas of the ~~facility~~ TGH and all relevant files during any complaint survey. ~~DHH~~ LDH surveyors and staff shall be allowed to interview any ~~provider~~ TGH staff, ~~resident~~ client, or participant, as necessary or required to conduct the survey.

G. A TGH which has been cited with violations or deficiencies on a complaint survey has the right to request an informal reconsideration of the validity of the violations or deficiencies. The written request for an informal reconsideration shall be submitted to the department's Health Standards Section. The department ~~must~~ shall receive the written request within 10 calendar days of the ~~facility's~~ provider's receipt of the notice of the violations or deficiencies.

H. A complainant shall have the right to request an informal reconsideration of the findings of the complaint survey or investigation that resulted from his/her complaint. The written request for an informal reconsideration shall be submitted to the department's Health Standards Section. The department ~~must~~ shall receive the written request within 30 calendar days of the complainant's receipt of the results of the complaint survey or investigation.

I. An informal reconsideration for a complaint survey or investigation shall be conducted by the department as an ~~administrative~~ desk review. The ~~facility~~ provider or complainant, as applicable shall submit all documentation or information for review for the informal reconsideration and the department shall consider all documentation or information submitted. There is no right to appear in person at the informal reconsideration of a complaint survey or investigation. Correction of the violation or deficiency shall not be the basis for the reconsideration. The provider and the complainant, as applicable, shall be notified in writing of the results of the informal reconsideration.

J. ...

~~1. To request an administrative appeal pursuant to R.S. 40:2009.16, the written request for the appeal shall be submitted to the Division of Administrative Law (DAL) and must~~

~~be received within 30 calendar days of the receipt of the results of the informal reconsideration.~~

~~a. The offer of the administrative appeal, if appropriate, as determined by the Health Standards Section, shall be included in the notification letter of the results of the informal reconsideration results. The right to administrative appeal shall only be deemed appropriate and thereby afforded upon completion of the informal reconsideration.~~

~~2. The administrative law judge shall not have the authority to overturn or delete deficiencies or violations and shall not have the authority to add deficiencies or violations.~~
1. - 2. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:407 (February 2012), amended LR 41:1293 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6223. Statement of Deficiencies

A. - A.2. ...

B. Any statement of deficiencies issued by the department to a TGH shall be available for disclosure to the public ~~30~~

~~calendar days~~ after the provider submits an acceptable plan of correction ~~of the deficiencies to the department~~ or ~~90~~30 calendar days after the ~~statement of deficiencies~~ survey/investigation is ~~issued to the provider~~conducted, whichever occurs first.

C. - C.3. ...

4. Except as provided for complaint surveys pursuant to R.S. 40:2009.11 et seq., and as provided in this Chapter for license denials, revocations, and ~~non~~denial of license renewals, the decision of the informal reconsideration team shall be the final administrative decision regarding the deficiencies. There is no administrative appeal right of such deficiencies.

5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:407 (February 2012), amended LR 41:1293 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6225. Cessation of Business

A. Except as provided in §6295 or 6297 of this Chapter, a license shall be immediately null and void if a TGH ceases to operate.

B. - H. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:407 (February 2012), amended LR 41:1293 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6227. Denial of License, Revocation of License, or Denial of License Renewal

A. - B. ...

1. The department shall deny an initial license when the initial licensing survey finds that the TGH ~~provider~~ applicant is noncompliant with any licensing laws or regulations or with any other required statutes, laws, ordinances, rules or regulations and such noncompliance presents a potential threat to the health, safety, or welfare of the clients who will be served by the ~~faeility~~provider.

B.2. - C. ...

1. If a ~~provider~~-TGH fails to timely renew its license, the license expires on its face and is considered

voluntarily surrendered. There are no appeal rights for such surrender or non-renewal of the license, as this is a voluntary action on the part of the provider.

2. If a provider fails to timely renew its license, the ~~facility~~-TGH shall immediately cease providing services, unless the provider is actively treating clients, in which case the provider shall:

- a. ...
- b. immediately provide written notice to the prescribing physician and to every client, parent, legal guardian, or legal representative of the following:
 - i. voluntary non-renewal of the ~~facility's~~provider's license;
 - ii. date of closure of the facility; and
 - iii. plans for orderly transition of the client;
- c. - d. ...

3. If a TGH fails to follow these procedures, the owners, managers, officers, directors, and administrators may be prohibited from opening, managing, directing, operating, or owning a ~~PRTF~~-TGH for a period of two years.

D. Revocation of License or Denial of License Renewal. A TGH license may be revoked or may be denied renewal for any of the following reasons, including but not limited to:

1. - 11. ...

12. failure to allow or refusal to allow the department to conduct an investigation or survey, or to interview provider staff or the ~~residents~~clients;

13. ...

14. failure to allow or refusal to allow access to ~~facility~~the provider or ~~resident~~client records by authorized departmental personnel;

15. bribery, harassment, or intimidation of any ~~resident~~client or family member designed to cause that client or family member to use or retain the services of any particular TGH provider;

D.16. - F. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:408 (February 2012), amended LR 41:1294 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6229. Notice and Appeal of License Denial, License Revocation, Denial of License ~~Non~~-Renewal, and Appeal of Provisional License

A. Notice of a license denial, license revocation or denial of license ~~non~~-renewal shall be given to the provider in writing.

B. The TGH provider has a right to an informal reconsideration of the license denial, license revocation, or denial of license ~~non~~-renewal. There is no right to an informal reconsideration of a voluntary non-renewal or surrender of a license by the provider.

1. The TGH provider shall request the informal reconsideration within 15 calendar days of the receipt of the notice of the license denial, license revocation, or denial of license ~~non~~-renewal. The request for informal reconsideration ~~must~~ shall be in writing and shall be forwarded to the Health Standards Section.

2. The request for informal reconsideration ~~must~~ shall include any documentation that demonstrates that the determination was made in error.

3. - 7. ...

C. The TGH provider has a right to an administrative appeal of the license denial, license revocation, or denial of license ~~non~~-renewal. There is no right to an administrative appeal of a voluntary non-renewal or surrender of a license by the ~~provider~~ TGH.

1. The TGH shall request the administrative appeal within 30 calendar days of the receipt of the notice of the results of the informal reconsideration of the license denial, license revocation, or denial of license ~~non~~-renewal.

a. The TGH provider may forego its rights to an informal reconsideration, and if so, the ~~facility~~-TGH shall request the administrative appeal within 30 calendar days of the receipt of the notice of the license denial, license revocation, or denial of license ~~non~~-renewal.

2. The request for administrative appeal ~~must~~-shall be in writing and shall be submitted to the DAL or its successor. The request shall include any documentation that demonstrates that the determination was made in error and ~~must~~ shall include the basis and specific reasons for the appeal.

3. If a timely request for an administrative appeal is received by the DAL or its successor, the administrative appeal of the license revocation or denial of license ~~non~~-renewal shall be suspensive, and the provider shall be allowed to continue to operate and provide services until such time as the DAL issues a final administrative decision.

a. If the secretary of the department determines that the violations of the ~~facility~~-provider pose an imminent or immediate threat to the health, welfare, or safety of a ~~resident~~client, the imposition of the license revocation or

denial of license ~~non~~-renewal may be immediate and may be enforced during the pendency of the administrative appeal. The ~~facility~~-TGH shall be notified of this determination in writing.

4. Correction of a violation or a deficiency which is the basis for the denial, revocation, or denial of license ~~non~~-renewal shall not be a basis for the administrative appeal.

D. ...

E. If a timely administrative appeal has been filed by the provider on a license denial, denial of license ~~non~~-renewal, or license revocation, the DAL or its successor shall conduct the hearing pursuant to the ~~Louisiana~~-Administrative Procedure Act.

1. If the final DAL decision is to reverse the license denial, the denial of license ~~non~~-renewal, or the license revocation, the ~~facility's~~provider's license will be reinstated or granted upon the payment of any licensing fees or other fees due to the department and the payment of any outstanding sanctions due to the department.

2. If the final DAL decision is to affirm the denial of license ~~non~~-renewal or the license revocation, the provider shall discharge any and all clients receiving services according to the provisions of this Chapter. Within 10 days of the final agency decision, the ~~facility~~-provider shall notify the department's licensing section in writing of the secure and

confidential location of where the clients' records will be stored.

F. - G.2. ...

3. The provider shall request the informal reconsideration in writing, which shall be received by the HSS within five calendar days of receipt of the notice of the results of the follow-up survey from the department.

G.4. - H. ...

1. A stay may be granted upon application by the provider at the time the administrative appeal is filed and only after a contradictory hearing and upon a showing that there is no potential harm to the ~~residents~~clients being served by the provider.

I. If a timely administrative appeal has been filed by a provider with a provisional initial license that has expired or by an existing provider whose provisional license has expired under the provisions of this Chapter, the DAL or its successor shall conduct the hearing pursuant to the ~~Louisiana~~ Administrative Procedure Act.

1. ...

2. If the final DAL decision is to uphold the deficiencies and affirm the expiration of the provisional license, the ~~facility~~provider shall discharge all clients receiving services. Within 10 calendar days of the final agency

decision, the provider shall notify HSS in writing of the secure and confidential location of where the client's records will be stored.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:409 (February 2012), amended LR 41:1294 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

Subchapter C. Administration and Organization

§6233. General Provisions

A. Purpose and Organizational Structure. The purpose of the TGH shall be clearly defined in a statement filed with the department. The statement includes the:

1. - 3. ...

4. geographical area served;

5. - 7. ...

8. an organizational chart of the ~~provider~~ TGH which clearly delineates the line of authority.

B. - B.4. ...

C. A TGH shall make any required information or records, and any information ~~reasonably~~ related to assessment of compliance with these requirements, available to the department.

D. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 38:410
(February 2012), amended by the Department of Health, Bureau of
Health Services Financing, LR 44:

§6237. Governing Body

A. - A.3. ...

B. The governing body of a TGH shall:

1. - 3. ...

4. designate qualified persons to act as supervising
practitioner and clinical director and delegate sufficient
authority to these persons to manage the ~~facility~~TGH;

5. - 7. ...

8. inform the department, or its designee, prior to
initiating any substantial changes in the services provided by
the provider; ~~and~~

9. ensure statewide criminal background checks in
accordance with R.S. 15:587.1~~;~~ and

10. ensure Direct Service Worker Registry checks in
accordance with LAC 48:I.Chapter 92.

C. - C.6. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:410 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6239. Policies and Procedures

A. The TGH shall have written policies and procedures approved by the owner or governing body, which ~~must~~shall be implemented and followed, that address at a minimum the following:

1. - 15. ...

B. A TGH shall have written personnel policies, which ~~must~~shall be implemented and followed, that include:

B.1. - D. ...

1. The ~~provider~~TGH shall develop and implement written policies and procedures for the management of behaviors to be used on facility-wide level, insuring that procedures begin with the least restrictive, most positive measures and follow a hierarchy of acceptable measures. The policies and procedures shall be provided to all ~~provider~~TGH staff and shall include:

a. - d. ...

E. House Rules and Regulations. A ~~provider~~-TGH shall have a clearly written list of rules and regulations governing conduct for clients in care and shall document that these rules and regulations are made available to each staff member, client and, where appropriate, the client's parent(s) or legal guardian(s). A copy of the Hhouse rules shall be given to clients and, where appropriate, the client's parent(s) or legal guardian(s) upon admission and shall be posted and accessible to all employees and clients.

F. Limitations on Potentially Harmful Responses or Punishments. A ~~provider~~-TGH shall have a written list of prohibited responses and punishments to clients by staff members and shall document that this list is made available to each staff member, client and, where appropriate, the client's parent(s) or legal guardian(s).

1. - 1.m. ...

n. any other cruel, severe, unusual, degrading or unnecessary ~~punishment~~discipline.

2. A ~~provider~~-TGH shall not ~~punish~~-discipline groups of clients for actions committed by an individual.

3. Children shall neither ~~punish~~-discipline nor supervise other children except as part of an organized therapeutic self-government program that is conducted in accordance with written policy and is supervised directly by

staff. Such programs shall not be in conflict with regulations regarding behavior management.

4. ~~Punishment~~Discipline shall not be administered by any persons who are not known to the client.

G. - I. ...

J. Copies of the behavior management policy, the prohibited response and ~~punishment~~discipline policy, including restraint prohibitions and time out procedures, shall be provided in duplicate to each new employee upon hiring. The employee shall sign both copies. The employee shall retain one copy and the provider shall retain the other copy in the employee's personnel record.

K. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:411 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6241. Personnel Records

A. A TGH shall have a personnel file in the facility for each staff member who provides services for the TGH~~in the facility~~. Each record shall contain:

1. - 5. ...

6. personnel actions, other appropriate materials, reports and notes relating to the individual's employment with the center; ~~and~~

7. the employee's starting and termination dates~~;~~
and

8. the results of criminal history and Registry checks.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:412 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

Subchapter D. Provider Responsibilities

§6247. Staffing Requirements

A. ...

B. The staff of a TGH ~~must~~ shall have the appropriate qualifications to provide the services required by its clients comprehensive treatment plans. Each member of the direct care staff may not practice beyond the scope of his/her license or certification.

C. - C.2. ...

3. A ratio of not less than one staff to five clients is maintained at all times; however, two staff ~~must~~ shall be on duty at all times with at least one being direct care staff when there is a client present.

D. - E.2.m. ...

F. Training. All staff shall receive training according to ~~facility-provider~~ policy at least annually and as deemed necessary depending on the needs of the clients. The TGH ~~must~~ shall maintain documentation of all training provided to its staff. The TGH shall meet the following requirements for training.

1. - 3. ...

4. Staff training ~~must~~ shall include training exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency safety situations.

5. Staff ~~must~~ shall be trained and demonstrate competency before participating in an emergency safety intervention.

6. All training programs and materials used by the ~~facility-must~~ TGH shall be available for review by HSS.

G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:413 (February 2012), amended LR 41:1294 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6249. Personnel Qualifications and Responsibilities

A. - A.1. ...

a. A supervising practitioner shall be one of the following:

i. a physician with an unrestricted license to practice in Louisiana and who meets all of the following qualifications:

(a). ...

(b). if the physician holds an additional license(s) in another state or jurisdiction, that license(s) ~~must~~shall be unrestricted and be documented in the employment record;

(c). ...

(d). satisfactory completion of a specialized psychiatric residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME), as evidenced by a copy of the certificate of training or a letter of verification of training from the training director, which includes the exact dates of training and

verification that all ACGME requirements have been satisfactorily met. If training was completed in a psychiatric residency program not accredited by the ACGME, the physician ~~must~~ shall demonstrate that he/she meets the most current requirements as set forth in the American Board of Psychiatry and Neurology's Board policies, rules and regulations regarding information for applicants for initial certification in psychiatry;

ii. a psychologist/medical psychologist ~~must~~ shall have the following:

ii.(a). - 2.a. ...

b. The clinical director ~~must~~ shall have the appropriate qualifications to meet the responsibilities of the clinical director and the needs of the TGH's clients. A clinical director may not practice beyond his/her scope of practice license.

c. If the TGH treats clients with both mental health and substance abuse conditions, then the clinical director ~~must~~ shall have the training and experience necessary to practice in both fields.

2.d. - 4. ...

a. The TGH shall have a licensed registered nurse who shall supervise the nursing services of the TGH. He~~+~~ or She ~~must~~ shall be operating within his/her scope of practice

and have documented experience and training in the treatment of children or adolescents.

b. All nursing services ~~must~~ shall be furnished by licensed nurses. All nursing services furnished in the TGH shall be provided in accordance with acceptable nursing professional practice standards.

c. - c.v. ...

d. The responsibilities of all licensed nurses include, but are not limited to:

i. - 5.a.ii.(b). ...

b. The house manager's responsibilities include, but are not limited to the following:

i. supervising the activities of the ~~facility~~ TGH when the professional staff is on call, but not on duty;

ii. - 6. ...

a. All direct care staff shall have at least the following qualifications:

i. ...

ii. at least 18 years of age, but ~~must~~ shall also be at least three years older than all clients under the age of 18;

iii. a minimum of two years of experience working with ~~children~~ clients of the population served, be

equivalently qualified by education in the human services field, or have a combination of work experience and education with one year of education substituting for one year of experience;

iv. ...

v. be certified in crisis

prevention/management (example: CPI, Mandt, etc.); and

vi. be proficient in de-escalation

techniques; ~~and~~ and

vii. ~~be certified by the state of~~

~~Louisiana~~ Repealed.

b. - b.viii. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:414 (February 2012), amended LR 41:1294 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6253. Client Funds and Assets

A. - A.4. ...

B. If the TGH manages a client's personal funds, the ~~facility must~~ provider shall furnish a written statement listing the client's rights regarding personal funds to the client and/or his/her legal or responsible representative.

C. If a client chooses to entrust funds with the ~~facility~~TGH, the TGH shall obtain written authorization from the client and/or his/her legal or responsible representative for the safekeeping and management of the funds.

D. The TGH shall:

1. provide each client with an account statement upon request with a receipt listing the amount of money the ~~facility~~provider is holding in trust for the client;

D.2. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:417 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6255. Quality Improvement Plan

A. A TGH ~~provider~~ shall have a quality improvement (QI) plan which puts systems in place to effectively identify issues for which quality monitoring, remediation, and improvement activities are necessary. The QI plan shall include plans of action to correct identified issues including monitoring the effect of implemented changes and making needed revisions to the action plan.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 38:417
(February 2012) , amended by the Department of Health, Bureau of
Health Services Financing, LR 44:

Subchapter E. Admission, Transfer, and Discharge

§6259. Admission Requirements

A. - E. ...

F. Pretreatment Assessment. To be admitted into a TGH,
the individual ~~must~~ shall have received a pretreatment
assessment by the Medicaid Program, or its designee, that
recommends admission into the TGH. The TGH ~~must~~ shall ensure
that requirements for pretreatment assessment are met prior to
treatment commencing. The referral PTA shall contain clinical
information to support medical necessity to the therapeutic
group home and to establish that TGH is the most appropriate
service to meet the client's treatment needs.

G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 38:417

(February 2012) , amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6261. Transfer and Discharge Requirements

A. The goal of the ~~therapeutic group home~~ TGH is to return the client to a less restrictive level of service as early as possible in the development of the plan.

B. Discharge planning begins at the date of admission, and goals toward discharge shall be continually addressed in the multi-disciplinary team meetings and when the comprehensive treatment plan is reviewed. Discharge may be determined based on the client no longer making adequate improvement in this ~~facility~~ TGH (and another ~~facility~~ TGH being recommended) or the client no longer having medical necessity at this level of care.

C. - E.1.b. ...

c. preparing a written discharge summary. The discharge summary shall include, at a minimum, a summary on the health, developmental issues, behavioral issues, social issues, and nutritional status of the client. Upon written request and authorization by the client or authorized representative, a copy of the discharge summary shall be disclosed to the client or receiving provider. The written discharge summary shall be completed within five ~~working~~ business days of the notice by the client or authorized representative that the client has selected another provider or has decided to discontinue services. The

provider's preparation of the discharge summary shall not impede or impair the client's right to be transferred or discharged immediately if the client so chooses; and

d. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:418 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

Subchapter F. Services

§6265. General Provisions

A. Upon admission, the TGH ~~must~~shall conduct an Initial Diagnostic Interview. A nursing assessment shall be completed by a Registered Nurse within 24 hours of admission.

B. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:418 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6267. Comprehensive Treatment Plan

A. ...

B. The multi-disciplinary team shall be made up of at least the supervising practitioner, clinical director, registered nurse, and therapist. The client and the client's guardian/family shall be included as treatment planning members in the development of the comprehensive treatment plan and in the update of treatment goals as clinically indicated.

C. In the event the supervising practitioner is not present at a treatment team meeting during a review of a comprehensive treatment plan, the supervising practitioner ~~must~~ shall review and sign the comprehensive treatment plan within 10 calendar days following the meeting.

D. The ~~provider must~~ TGH shall have an original completed, dated and signed team meeting document with signatures of all who attended as well as evidence of invitations extended to the meeting, such as copies of letters, emails or service logs, as clinically indicated.

E. - G.5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:418 (February 2012), amended LR 41:1295 (July 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6271. Medications

A. All TGHs that store and/or dispense scheduled narcotics shall have a site-specific Louisiana controlled substance license and a United States Drug Enforcement Administration (DEA) controlled substance registration for the ~~facility~~ provider in accordance with the Louisiana Uniform Controlled Dangerous Substance Act and Title 21 of the United States Code.

B. The ~~facility~~ TGH shall have written policies and procedures that govern the safe administration and handling of all prescription and nonprescription medications.

C. The ~~provider~~ TGH shall have a written policy governing the self-administration of all medications. Such policy shall include provisions regarding age limitations for self-administration, multi-disciplinary team recommendations, and parental consent, if applicable. Those clients that have been assessed to be able to safely self-administer medications shall be monitored by licensed or qualified staff to ensure medication is taken as prescribed in the comprehensive treatment plan.

D. The ~~provider~~ TGH shall ensure that medications are either self-administered or administered by ~~qualified~~ licensed persons according to state law.

E. The ~~provider~~ TGH shall have a written policy for handling medication taken from the facility by clients on pass.

F. The ~~provider~~TGH shall ensure that any medication given to a client for therapeutic and medical purposes is in accordance with the written order of a physician.

F.1. - O. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:419 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6273. Food and Diet

A. - B. ...

C. Meals, whether prepared by the ~~facility~~provider or contracted from an outside source, shall meet the following conditions:

C.1. - N. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:420 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6275. Transportation

A. ...

B. Any vehicle used to transport clients, whether such vehicle is operated by a staff member or any other person acting on behalf of the ~~facility~~provider, shall be:

1. - 4. ...

C. The ~~facility~~provider shall have documentation of current liability insurance coverage for all owned and non-owned vehicles used to transport clients. The personal liability insurance of a ~~facility's~~provider's employee shall not be substituted for the required coverage.

D. Any staff member of the ~~facility~~TGH, or other person acting on behalf of the ~~facility~~TGH, who is operating a vehicle for the purpose of transporting clients shall be properly licensed to operate that class of vehicle in accordance with state law.

E. Upon hire, the ~~facility~~provider shall conduct a driving history record of each employee, and annually thereafter.

F. The ~~facility~~TGH provider shall not allow the number of persons in any vehicle used to transport clients to exceed the number of available seats with seatbelts in the vehicle.

G. The ~~facility~~TGH provider shall ascertain the nature of any need or problem of a client which might cause difficulties during transportation. This information shall be

communicated to agency staff responsible for transporting clients.

H. - H.3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:421(February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

Subchapter G. Client Protections

§6279. Client Rights

A. A TGH ~~must~~shall develop and implement policies to protect its client's rights and to respond to questions and grievances pertaining to these rights. A TGH and its staff shall not violate a client's rights.

B. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:421 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

Subchapter H. Physical Environment

§6285. General Provisions

A. Location of Therapeutic Group Homes. To ensure a more home-like setting, the TGH shall be located in a residential community to facilitate community integration through public education, recreation, and maintenance of family connections as applicable. The setting ~~must~~ shall be geographically situated to allow ongoing participation of the child's family. The child or adolescent ~~must~~ shall attend a school in the community (e.g., a school integrated with children not from the institution and not on the institution's campus). In this setting, the child or adolescent remains involved in community-based activities and may attend a community educational, vocational program or other treatment setting.

1. The child or adolescent may attend school in an alternative setting, as approved by the local parish school board and in accordance with state law, as applicable.

B. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:422 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6287. Interior Space

A. - D. ...

1. Single rooms ~~must~~ shall contain at least 80 usable square feet and multi-bed rooms shall contain at least 50 usable square feet per bed, ~~exclusive of fixed cabinets, fixtures, and equipment~~. Rooms shall have at least a 7 1/2 foot ceiling height ~~over the required area. In a room with varying ceiling height, only portions of the room with a ceiling height of at least 7 1/2 feet are allowed in determining usable space.~~

D.2. - O.2. ...

3. All gas heating units and water heaters ~~must~~ shall be vented adequately to carry the products of combustion to the outside atmosphere. Vents ~~must~~ shall be constructed and maintained to provide a continuous draft to the outside atmosphere in accordance with the recommended procedures of the American Gas Association Testing Laboratories, Inc.

4. All heating units ~~must~~ shall be provided with a sufficient supply of outside air so as to support combustion without depletion of the air in the occupied room.

P. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:422 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6291. Equipment

A. Equipment shall be clean and in ~~good repair~~ operating condition for the safety and well-being of the clients.

B. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:424 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

Subchapter I. Facility Operations

§6293. Safety and Emergency Preparedness

A. - A.1. ...

2. A ~~facility~~ provider shall ensure that all poisonous, toxic and flammable materials are safely stored in appropriate containers and labeled as to the contents. Such materials shall be maintained only as necessary and shall be used in such a manner as to ensure the safety of clients, staff and visitors.

3. ...

4. A ~~facility~~ provider shall ensure that a first aid kit is available in the facility and in all vehicles used to transport clients.

A.5. - B.1.i. ...

2. Continuity of Operations. The provider shall have a written emergency preparedness plan to maintain continuity of the ~~agency's~~provider's operations in preparation for, during and after an emergency or disaster. The plan shall be designed to manage the consequences of all hazards, declared disasters or other emergencies that disrupt the provider's ability to render care and treatment, or threatens the lives or safety of the clients.

3. ...

a. provisions for the evacuation of each client, delivery of essential services to each client, whether the client is in a shelter or other location or the provider has elected to shelter in place;

b. - f.v. ...

4. If the state, parish or local Office of Homeland Security and Emergency Preparedness (OHSEP) orders a mandatory evacuation of the parish or the area in which the ~~agency~~provider is serving, the ~~agency-provider~~ shall ensure that all clients are evacuated according to the ~~agency's~~provider's emergency preparedness plan.

5. - 8. ...

9. All TGH employees shall be trained in emergency or disaster preparedness and shall be knowledgeable of the provider's emergency preparedness policies and procedures.

Training shall include orientation, ongoing training and participation in planned drills for all personnel.

10. - 10.e. ...

11. At any time that the TGH has an interruption in services or a change in the licensed location due to an emergency situation, the provider shall notify the HSS no later than the next business day.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:424 (February 2012), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§6297. Inactivation of License due to a Non-Declared Emergency or Disaster

A. A licensed TGH provider in an area or areas which have been affected by a non-declared emergency or disaster may seek to inactivate its license, provided that the following conditions are met:

1. the licensed TGH provider shall submit written notification to the Health Standards Section within 30 days of the date of the non-declared emergency or disaster stating that:

a. the TGH provider has experienced an interruption in the provisions of services as a result of events that are due to a non-declared emergency or disaster;

b. the licensed TGH provider intends to resume operation as a TGH provider in the same service area;

c. the licensed TGH provider attests that the emergency or disaster is the sole causal factor in the interruption of the provision of services; and

d. the licensed TGH provider's initial request to inactivate does not exceed one year for the completion of repairs, renovations, rebuilding or replacement of the facility.

NOTE: Pursuant to these provisions, an extension of the 30-day deadline for initiation of request may be granted at the discretion of the department.

2. the licensed TGH provider continues to pay all fees and costs due and owed to the department including, but not limited to, annual licensing fees and outstanding civil monetary penalties and/or civil fines; and

3. the licensed TGH provider continues to submit required documentation and information to the department, including but not limited to cost reports.

B. Upon receiving a completed written request to temporarily inactivate a TGH provider license, the department

shall issue a notice of inactivation of license to the TGH provider.

C. Upon the provider's receipt of the department's approval of request to inactivate the provider's license, the provider shall have 90 days to submit plans for the repairs, renovations, rebuilding or replacement of the facility, if applicable, to the OSFM and the LDH-OPH as required.

D. The licensed TGH provider shall resume operating as a TGH provider in the same service area within one year of the approval of renovation/construction plans by the OSFM and the OPH as required.

EXCEPTION: If the provider requires an extension of this timeframe due to circumstances beyond the provider's control, the department will consider an extended time period to complete construction or repairs. Such written request for extension shall show the provider's active efforts to complete construction or repairs and the reasons for request for extension of the provider's inactive license. Any approval for extension is at the sole discretion of the department.

E. Upon completion of repairs, renovations, rebuilding or replacement of the facility, a TGH provider which has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met:

1. the TGH provider shall submit a written license reinstatement request to the licensing agency of the department;

2. the license reinstatement request shall inform the department of the anticipated date of opening and shall request scheduling of a licensing or physical environment survey, where applicable; and

3. the license reinstatement request shall include a completed licensing application with appropriate licensing fees.

F. Upon receiving a completed written request to reinstate a TGH provider license, the department may conduct a licensing or physical environment survey. The department may issue a notice of reinstatement if the provider has met the requirements for licensure including the requirements of this Subsection.

G. No change of ownership in the TGH provider shall occur until such TGH provider has completed repairs, renovations, rebuilding or replacement construction and has resumed operations as a TGH provider.

H. The provisions of this Subsection shall not apply to a TGH provider which has voluntarily surrendered its license and ceased operation.

I. Failure to comply with any of the provisions of this Subsection shall be deemed a voluntary surrender of the TGH provider license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2009.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:

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 have a no impact on family functioning, stability or autonomy as described in R.S. 49:972.

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 will have no impact on child, individual, or family poverty in relation to individual or community asset development as described in R.S. 49:973.

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 will have no impact on the staffing level requirements or qualifications required to provide the same level of service and no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Cecile Castello, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821 or by email to MedicaidPolicy@la.gov. Ms. Castello is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Tuesday, February 27, 2018 at 9:30 a.m. in Room 118, Bienville Building, 628 North Fourth Street, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

Rebekah E. Gee MD, MPH

Secretary