John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of the Secretary

February 7, 2018

M E M O R A N D U M

TO: The Honorable John A. Alario, President, Louisiana Senate
The Honorable Taylor F. Barras, Speaker of the House
The Honorable Fred H. Mills, Jr., Chairman, Senate Committee on Health and Welfare
The Honorable Frank A. Hoffmann, Chairman, House Committee on Health and Welfare
The Honorable Eric LaFleur, Chairman, Senate Finance Committee
The Honorable Cameron Henry, Chairman, House Appropriations Committee

FROM: Rebekah E. Gee MD, MPH
Secretary

RE: Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Family Planning Services.

The Department published a Notice of Intent on this proposed Rule in the December 20, 2017 issue of the *Louisiana Register* (Volume 43, Number 12). A public hearing was held on January 25, 2018 at which only Louisiana Department of Health staff were present. No oral testimony was given or written comments received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the March 20, 2018 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification; and
3. the public hearing attendance roster.

REG/WJR/YE

Attachments (3)

NOTICE OF INTENT

Department of Health
Bureau of Health Services Financing

Family Planning Services
(LAC 50:XV.25501)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 50:XV.25501 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) requires that the Medicaid State Plan align with the State Plan amendment governing Medicaid expansion. In order to comply with CMS requirements, the Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing family planning services to remove the limitation on office visits for physical examinations for family planning and family planning-related services.

Title 50
PUBLIC HEALTH-MEDICAL ASSISTANCE
Part XV. Services for Special Populations
Subpart 17. Family Planning Services

Chapter 255. Services

§25501. Covered Services

A. Medicaid covered family planning services include:

1. office visits and necessary re-visits for physical examinations as it relates to family planning or family planning-related services;

2. - B.5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:1098 (June 2014), amended LR 41:379 (February 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

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 positive impact on family functioning, stability and autonomy as described in R.S. 49:972 as it will improve health outcomes by providing unlimited access to family planning and family planning-related services.

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 a positive impact on family functioning, stability and autonomy as described in R.S. 49:973 as it will reduce the financial burden for participants in need of family planning and family planning-related services.

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, 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 Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, January 25, 2018 at 9:30 a.m. in Room 173, 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

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

PUBLIC HEARING CERTIFICATION
January 25, 2018
9:30 a.m.

RE: Family Planning Services
Docket # 01252018-01
Department of Health
State of Louisiana

CERTIFICATION

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on January 25, 2018 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

Medicaid Policy and Compliance
Section

01/25/18
Date

Bienville Building • 628 N. Fourth St. • P.O. Box 629 • Baton Rouge, Louisiana 70821-0629
Phone: (225) 342-9500 • Fax: (225) 342-5568 • www.ldh.la.gov

LDH/BHSF PUBLIC HEARING

Topic – Family Planning Services

Date – January 25, 2018

PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Yolanda Ellis	628 N. 4th Street Baton Rouge, LA 70802	(225) 342-3920	LDH - Policy & Compliance
2.			
3.			
4.			
5.			
6.			

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of the Secretary

February 7, 2018

MEMORANDUM

TO: The Honorable John A. Alario, President, Louisiana Senate
The Honorable Taylor F. Barras, Speaker of the House
The Honorable Fred H. Mills, Jr., Chairman, Senate Committee on Health and Welfare
The Honorable Frank A. Hoffmann, Chairman, House Committee on Health and Welfare
The Honorable Eric LaFleur, Chairman, Senate Finance Committee
The Honorable Cameron Henry, Chairman, House Appropriations Committee

FROM: Rebekah E. Gee MD, MPH
Secretary

RE: Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Hospice Licensing Standards.

The Department published a Notice of Intent on this proposed Rule in the December 20, 2017 issue of the *Louisiana Register* (Volume 43, Number 12). A public hearing was held on January 25, 2018 at which only Louisiana Department of Health staff were present. No oral testimony was given or written comments received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the March 20, 2018 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification; and
3. the public hearing attendance roster.

REG/WJR/RKA

Attachments (3)

NOTICE OF INTENT

Department of Health
Bureau of Health Services Financing

Hospice Licensing Standards
(LAC 48:I.Chapter 82)

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 48:I.Chapter 82 as authorized by R.S. 36:254 and R.S. 40:2181-2191. 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 hospice licensing standards in order clarify and update these provisions to be consistent with other licensing Rules and processes and to ensure that they are promulgated in a clear and concise manner in the *Louisiana Administrative Code*.

Title 48

PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Licensing and Certification

Chapter 82. Minimum Standards for Licensure of Hospice Agencies

Subchapter A. General Provisions

§8201. Definitions

A. ...

Activities of Daily Living (ADL's)—the following

functions or self-care tasks performed either independently or with supervision or assistance:

a. - h. ...

***

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.

Bureau—Repealed.

***

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.

***

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.

***

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.

***

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.

***

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.

***

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.

***

Inpatient Services—Repealed.

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.

***

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. - f. ...

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.

***

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.

***

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

***

Sub-Unit—Repealed.

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.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2257 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8203. Licensing

A. Except to the extent required by §8205.A.1, it shall be unlawful to operate or maintain a hospice without first obtaining a license from the department. The Department of Health is the only licensing authority for hospice in the State of Louisiana.

B. - C.2. ...

a. At the sole discretion of the department, the provisional license may be extended for a period of time, not to exceed 90 days, in order for the facility to correct the noncompliance or deficiencies.

b. ...

c. LDH may re-issue a provisional license or

allow a provisional license to expire when the hospice fails to correct violations within 60 days of being cited, or at the time of the follow-up survey, whichever occurs first.

d. A provisional license may be issued by LDH for the following non-exclusive reasons:

i. - v. ...

e. Agency fails to submit assessed fees after notification by LDH.

f. ...

D. Display of License. The current license shall be displayed in a conspicuous place inside the hospice program office at all times. A license shall be valid only in the possession of the agency to which it is issued. A license shall not be subject to sale, assignment, or other transfer, voluntary or involuntary. A license shall not be valid for any hospice other than the hospice for which originally issued. If an agency has been issued a sublicense for its hospice inpatient facility, both license and sublicense shall be displayed.

E. Initial Licensure. All requirements of the application process shall be completed by the applicant before the application will be processed by LDH. Each hospice applicant shall obtain facility need review approval prior to submission of initial licensing application.

1. No application will be reviewed until the

application fee is received.

2. An initial applicant shall, as a condition of licensure, submit the following:

a. a complete and accurate Hospice Application Packet. (This packet may be printed from the LDH-Hospice webpage or may be purchased from LDH-HSS and contains the forms required for initial hospice licensure. The address provided on the application shall be the address from which the agency will be operating;

b. current required licensing fee by certified check, company check, or money order;

Note: Payment of any fees shall be submitted to the department's required payment source.

c. line of credit from a federally insured, licensed, lending agency for at least $75,000 as proof of adequate finances to sustain the hospice agency for at least six months;

d. proof of general and professional liability insurance, and worker's compensation of at least $300,000. The certificate holder shall be The Department of Health;

e. documentation of qualifications for administrator, director of nursing, and medical director. Any changes in the individuals designated or in their qualifications shall be submitted to and approved by LDH prior to the initial

survey;

f. ...

g. proof of statewide criminal background investigations conducted by the Louisiana State Police, or its designee, on the administrator and all owners. If a corporation, submit proof of statewide criminal background investigations conducted by the Louisiana State Police, or its designee, on all board of directors and principal owners; and

h. if the hospice agency is also applying for an inpatient facility, then an 8 1/2 x 11 inch drawing of the physical plant shall be submitted and any other documentation requested by the department for licensure of the agency.

F. Denial of Initial Licensure. An applicant may be denied an initial license for the following reasons:

1. - 3. ...

G. Provisional Initial Licensure. In the event that the initial licensing survey finds that the hospice agency is noncompliant with any licensing laws, rules or regulations, the department, in its sole discretion, may determine that the noncompliance does not present a threat to the health, safety, or welfare of the patients, and may issue a provisional initial license for a period not to exceed six months.

1. The provider shall be required to correct all such noncompliance or deficiencies prior to the expiration of

the provisional license.

a. If all such noncompliance or deficiencies are determined by the department to be corrected on a follow-up survey, a full license shall be issued.

b. If all such noncompliance or deficiencies are not corrected on the follow-up survey, the provisional license shall expire and the provider shall be required to begin the initial licensing process again by submitting a new application packet and fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2259 (December 1998), LR 25:2409 (December 1999), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8205. Survey

A. ...

1. Within 90 days after submitting its application and fee, the hospice shall complete the application process, shall become operational to the extent of providing care to only two outpatients, shall be in substantial compliance with applicable federal, state, and local laws, and shall be prepared

for the initial survey. If the applicant fails to meet this deadline, the application shall be considered closed and the agency shall be required to submit a new application packet including the license application fee.

2. The hospice agency that applies for an inpatient facility license shall not provide care to patients in the agency's inpatient hospice facility setting prior to the initial survey and achieving inpatient facility licensure.

3. The initial survey will be scheduled after the agency notifies the department that the agency had become operational and is ready for the survey as provided in §8205.A.1.

4. If, at the initial licensing survey, the agency is in substantial compliance with all regulations, a full license will be issued.

5. If, at the initial licensure survey, an agency has more than five violations of any minimum standards or if any of the violations are determined to be of such a serious nature that they may cause or have the potential to cause actual harm, LDH shall deny licensing.

B. Licensing Survey. An unannounced on-site visit, or any other survey, which may include home visits, may be conducted periodically to assure compliance with all applicable federal, state, and local laws and/or any other requirements.

C. Follow-up Survey. An on-site follow-up may be conducted whenever necessary to assure correction of violations. When applicable, LDH may clear violations at exit interview and/or by documentation review.

D. Statement of Deficiencies

1. The department shall issue written notice to the agency of the results of any surveys in a statement of deficiencies, along with notice of specified timeframe for a plan of correction, if appropriate.

2. Any statement of deficiencies issued by the department to a hospice agency shall be available for disclosure to the public 30 calendar days after the agency submits an acceptable plan of correction of the deficiencies or 90 calendar days after the statement of deficiencies is issued to the agency, whichever occurs first.

E. Complaint Investigations

1. The department shall conduct complaint investigations in accordance with R.S. 40:2009.13, et seq.

2. Complaint investigations shall be unannounced.

3. Upon request by the department, an acceptable plan of correction shall be submitted by the agency for any complaint investigation where deficiencies have been cited. Such plan of correction shall be submitted within the prescribed timeframe.

4. A follow-up survey may be conducted for any complaint investigation where deficiencies have been cited to ensure correction of the deficient practices.

5. The department may issue appropriate sanctions, including but not limited to, civil fines, directed plans of correction, provisional licensure, denial of license renewal, and license revocation for non-compliance with any state law or regulation.

6. The department's surveyors and staff shall be given access to all areas of the hospice agency and all relevant files during any complaint investigation. The department's surveyors and staff shall be allowed to interview any agency staff or patient as necessary or required to conduct the investigation.

F. Unless otherwise provided in statute or in this Chapter, the hospice agency shall have the right to an informal reconsideration for any deficiencies cited as a result of a survey or an investigation.

1. Correction of the deficient practice, of the violation, or of the noncompliance shall not be the basis for the reconsideration.

2. The informal reconsideration of the deficiencies shall be submitted in writing within 10 calendar days of receipt of the statement of deficiencies, unless otherwise provided for

in these provisions.

3. The written request for informal reconsideration of the deficiencies shall be submitted to the Health Standards Section.

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 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. The agency shall be notified in writing of the results of the informal reconsideration.

6. The request for an informal reconsideration of any deficiencies cited as a result of a survey or investigation does not delay submission of the required plan of correction within the prescribed timeframe.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR:15:482 (June 1989), amended LR 24:2260 (December 1998), LR 25:2409 (December 1999), LR 29:2800 (December 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8207. Revocation or Denial of Initial License or Renewal of License

A. The secretary of LDH may deny an application for a license, or refuse to renew a license or revoke a license in accordance with R.S. 40:2187-2188. An agency's license may not be renewed and/or may be revoked for any of the following:

1. - 7. ...

8. failure to submit fees including, but not limited to, annual fee, renewal fee, provisional follow-up fee, or change of agency address or name, or any fines assessed by LDH;

9. failure to allow surveyors entry to hospice agency or access to any requested records during any survey;

10. failure to protect patient from unsafe skilled and/or unskilled care by any person employed or contracted by the agency;

11. agency staff or owner has knowingly, or with reason to know, made a false statement of a material fact in:

a. application for licensure;

b. data forms;

c. clinical record;

d. matter under investigation by the department;

e. information submitted for reimbursement from any payment source;

f. the use of false, fraudulent or misleading advertising;

g. that the agency staff misrepresented or was fraudulent in conducting hospice business; or

h. convictions of a felony by an owner, administrator, director of nursing or medical director as shown by a certified copy of the record of the court of conviction of the above individual; or if the applicant is a firm or corporation, of any of its members or officers, or of the person designated to manage or supervise the hospice agency;

12. failure to maintain proper insurance; or

13. failure to comply with all reporting requirements in a timely manner.

13.a. - 15. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2260 (December 1998), LR 29:2800 (December 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8209. License Renewal Process

A. License shall be renewed annually.

B. ....

C. An agency seeking a renewal of its hospice license shall:

1. request a renewal packet from HSS if one is not received at least 45 days prior to license expiration;

2. complete all forms and return to HSS at least 30 days prior to license expiration;

3. submit the current annual licensure fees with packet. An application is not considered to have been submitted unless the required licensure fees are received.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2261 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8211. Notice and Appeal Procedure for Revocation of Licensure and Denial of Initial License or License Renewal

A. ...

B. Administrative Reconsideration

1. The hospice agency may request an administrative reconsideration of the violation(s) which support the department's actions.

a. The request for reconsideration shall be made, and received by the department, within 15 calendar days of receipt of notice.

2. The reconsideration shall be conducted by a designated official(s) of the department who did not participate in the initial decision to impose the actions taken.

a. Reconsideration shall be made solely on the basis of documents before the official and shall include the survey report and statement of violations, and all documentation the agency submits to the department at the time of the agency's request for reconsideration.

b. Oral presentations may be made by the department's spokesperson(s) and the agency's spokesperson(s).

c. The designated official shall have authority only to affirm the decision, to revoke the decision, to affirm part and revoke part, or to request additional information from either the department or the agency.

3. Correction of a violation shall not be a basis for reconsideration.

4. This process is not in lieu of the appeals process and may extend the time limits for filing an administrative appeal.

C. Administrative Appeal Process

1. Upon refusal of LDH to grant or renew a license

as provided in the current State Statutes, or upon revocation or suspension of a license, or the imposition of a fine, the affected agency, institution, corporation, person, or other group shall have the right to appeal such action by submitting a written request to the Division of Administrative Law (DAL) or its successor:

a. within 30 days after receipt of the notification of the refusal, revocation, suspension of a license, or imposition of a fine; or

b. within 30 days after receipt of the notification of the results of the administrative reconsideration of the department's action.

2. Hearings shall be conducted by the DAL in accordance with the Administrative Procedure Act (APA).

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2261 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8213. Fees

A. Any remittance submitted in payment of a required fee shall be in the form of a company or certified check or money

order made payable to the "Louisiana Department of Health".

B. Fee amounts are determined by LDH. (Check with LDH to determine the current required fees.)

C. Fees paid to LDH are not refundable.

D. A licensing fee is required for:

1. - 2. ...

3. a change of controlling ownership; and

4. a change of location.

E. Additional licensure fees are required for inpatient hospice facilities which includes the required licensing fee and per unit fee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2261 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8215. Changes

A. LDH shall be notified, in writing, of any of the following within five working days following the occurrence:

1. address/location (an inpatient hospice facility shall notify and receive approval by LDH prior to a change of address/location) - fee required;

2. - 5. ...

6. change in address of any branch office - fee required;

7. administrator (completed Key Personnel Change Form, obtained from LDH required);

8. director of nursing (completed Key Personnel Change Form required); or

9. cessation of business in accordance with the requirements of §8243.

B. Change of Ownership. A representative of the buyer shall request approval for a change of ownership prior to the sale.

1. Submit a written notice to LDH for a change of ownership. Change of ownership (CHOW) packets may be obtained from LDH. If the hospice had less than two active patients at the time of the most recent survey, and less than twenty new patients admitted since the last annual survey, the department may have issued a provisional license. Only an agency with a full license shall be approved to undergo a change of ownership.

2. Submit the following documents for a CHOW:

a. a new license application and the current licensing fee. The purchaser of the agency shall meet all criteria required for initial licensure for hospice in accordance with the provisions of §8203;

b. - c. ...

d. disclosure of ownership forms; and

e. a copy of the bill of sale and articles of incorporation.

3. Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2262 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8216. Emergency Preparedness

A. The hospice shall annually conduct and document an all hazard vulnerability or risk assessment for the agency's patients, both outpatient and inpatient.

B. The hospice shall develop an emergency responsiveness plan based on the risk assessment, inclusive of the following but not limited to:

1. preparation for evacuation;

2. training of employees;

3. patient and caregiver education and individual preparedness;

4. tracking of staff and patients;

5. communication and chain of command;

6. sheltering in place; and

7. coordination with local and state emergency operation offices;

C. The hospice shall update the "Louisiana At Risk Registry" or other current state required reporting mechanism as needed based on the following hospice patient criteria:

1. patients who live alone, without a caregiver and are unable to evacuate themselves;

2. patients with a caregiver physically or mentally incapable of carrying through on an evacuation order;

3. patients/caregivers without the financial means to carry through on an evacuation order; or

4. patients/caregivers refusing to evacuate.

D. The governing body shall be responsible to develop and annually review and document approval of the hospice agency's emergency plans, policies and procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

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

Subchapter B. Organization and Staffing

§8217. Personnel Qualifications/Responsibilities

A. Administrator. A person who is designated, in

writing, by the governing body as administratively responsible for all aspects of hospice operations. When the administrator serves more than one licensed agency, he/she shall designate, in writing, an alternate to serve as administrator for each site where he/she is not physically housed continuously. The administrator may not serve more than two licensed agencies. The alternate shall be a full-time, on-site employee of the hospice and shall meet the same qualifications as the administrator. The administrator and the director of nurses/alternates may be the same individual if that individual is dually qualified.

NOTE: Repealed.

1. Qualifications. The administrator shall be a licensed physician, a licensed registered nurse, a social worker with a master's degree, or a college graduate with a bachelor's degree and at least three years of documented management experience in health care service delivery. However, a person who was employed by a licensed Louisiana hospice as the administrator as of December 20, 1998 shall be exempt from these requirements as long as he/she remains employed by that hospice as the administrator. If the hospice is sold to, acquired by, or merged into another legal entity, such transaction shall have no effect on the exemption provided in the preceding sentence.

2. - 2.f. ...

g. designate in advance the IDT he/she chooses to establish policies governing the day-to-day provisions of hospice care.

3. Continuing Education. The administrator shall annually obtain two continuing education hours relative to the administrator's role, including but not limited to the following topics:

a. Medicare and Medicaid regulations;

b. management practices;

c. labor laws; and

d. Occupational Safety and Health Administration rules, laws, etc.

B. - B.1. ...

2. Responsibilities. Under the supervision of a qualified professional, and as part of an organized program for the provision of bereavement services, the counselor shall implement bereavement counseling in a manner consistent with standards of practice. Services include, but are not limited to the following:

a. - c. ...

d. attend hospice IDT meetings; and

e. document bereavement services provided and progress of bereaved on a clinical progress note to be incorporated into the clinical record.

3. Continuing Education. The bereavement counselor shall annually obtain two continuing education hours relative to the bereavement counselor's role, including but not limited to the following topics:

a. death and dying cultures;

b. suicide;

c. compassion fatigue;

d. anticipatory grief;

e. patient survivors;

f. grief groups;

g. grief;

h. loss;

i. adjustment;

j. ethics; and

k. advanced directives and LaPOST.

C. - C.1. ...

2. Responsibilities. The dietitian shall implement dietary services based on initial and ongoing assessment of dietary needs in a manner consistent with standards of practice including, but not limited to, the following:

a. ...

b. collaborate with the patient/family, physician, registered nurse, and/or the IDT in providing dietary counseling to the patient/family;

c. - e. ...

f. participate in IDT conference as needed; and

C.2.g. - D. ...

1. Qualifications. Documented evidence of appropriate training and skills to provide spiritual counseling, such as Bachelor of Divinity, Master of Divinity or equivalent theological degree or training from an accredited school or university. An individual may qualify as a spiritual counselor without said degree if he/she has documented skills to provide spiritual counseling and has received equivalent training and supervision from an individual who meets one of the above qualifications.

2. Responsibilities. The counselor shall provide spiritual counseling based on the initial and ongoing assessment of spiritual needs of the patient/family, in a manner consistent with standards of practice including, but not limited to, the following:

a. ...

b. provide consultation, support, and education to the IDT members on spiritual care;

c. ...

d. attend IDT meetings.

3. Continuing Education. The spiritual counselor shall annually obtain at least two hours of continuing education

related to the following topics, including but not limited to:

a. end of life care;

b. cultural religious practices;

c. compassion fatigue;

d. suicide;

e. documentation;

f. ethics;

g. grief;

h. loss;

i. adjustment; and

j. advanced directives and LaPOST.

E. Director of Nurses (DON). A person designated, in writing, by the governing body to supervise all aspects of patient care, all activities of professional staff and allied health personnel, and responsible for compliance with regulatory requirements. The DON, or alternate, shall be immediately available to be on site, or on site, at all times during operating hours, and additionally as needed. If the DON is unavailable he/she shall designate a Registered Nurse to be responsible during his/her absence.

1. Qualifications. A registered nurse shall be currently licensed to practice in the State of Louisiana:

1.a. - 2.e.vi. ...

vii. assure participation in regularly

scheduled appropriate continuing education for all health professionals and hospice aides and homemakers;

E.2.e.viii. - F. ...

1. The hospice shall have a governing body that assumes full legal responsibility for determining, implementing and monitoring policies governing the hospice's total operation, inclusive of any inpatient hospice services.

2. - 3.e. ...

G. Hospice Aide/Homemaker. A qualified person who provides direct patient care and/or housekeeping duties in the home or homelike setting under the direct supervision of a registered nurse.

1. Qualifications. The hospice aide/homemaker shall meet one of the training requirements listed in §8217.G.1.a-c and shall meet all other requirements of §8217.G.1.d-g:

a. have current certified hospice and palliative nursing assistant (CHPNA) certification and have successfully completed a hospice aide competency evaluation; or

b. have successfully completed a hospice aide training program and have successfully completed a competency evaluation; or

c. have successfully completed a hospice aide competency evaluation; and

d. ...

e. have the ability to read, write, and carry out directions promptly and accurately;

f. competency shall be evaluated by a RN prior to hospice aide performing patient care; and

g. when employed by more than one agency, inform all employers and coordinate duties to assure highest quality when providing services to the patients; and

NOTE: The hospice aide competency evaluation is to be completed by a registered nurse prior to the hospice aide being assigned to provide patient care.

h. shall not have a finding of abuse, neglect or misappropriation placed against him/her on the Louisiana direct service worker (DSW) registry or the Louisiana certified nurse side (CNA) registry.

2. Responsibilities. The hospice aide/homemaker shall provide services established and delegated in the POC, record and notify the primary registered nurse of deviations according to standard practice including, but not limited to, the following:

a. perform simple one-step wound care if written documentation of in-service for that specific procedure is in the aide's personnel record. All procedures performed by the aide shall be in compliance with current standards of nursing practice;

b. - b.iv. ...

v. helping the patient with prescribed exercises which the patient and hospice aide have been taught by appropriate personnel; and

vi. ...

d. complete a clinical note for each visit, which shall be incorporated into the record at least on a weekly basis.

3. Restrictions. The hospice aide/homemaker shall not:

a. - b. ...

4. Initial Orientation. The content of the basic orientation provided to hospice aides shall include the following:

a. ...

b. duties and responsibilities of a hospice aide/homemaker;

c. the role of the hospice aide/homemaker as a member of the health care team;

d. - k. ...

NOTE: The orientation and training curricula for hospice aides/homemakers shall be detailed in a policies and procedures manual maintained by the hospice agency and provision of orientation and training shall be documented

in the employee personnel record.

5. Initial Training shall include the following areas of instruction for personal care and support:

a. - c. ...

d. procedures for maintaining a clean, healthful environment;

e. changes in the patients' condition to be reported to the supervisor;

f. confidentiality;

g. patients' rights and responsibilities; and

h. emergency preparedness.

6. In-service Training. Hospice aide/homemaker shall have a minimum of twelve hours of job-related in-service training annually specific to their job responsibilities within the previous twelve months.

a. at least two hours shall focus on end of life care annually; and

b. six of the twelve hours of job-related in service training shall be provided every six months.

7. In-service training may be prorated for employees working a portion of the year. However, part-time employees who worked throughout the year shall attend all twelve hours of in-service training. The in-service may be furnished while the aide is providing service to the patient, but shall be

documented as training.

H. Licensed Practical Nurse. The L.P.N. shall work under the direct supervision of a registered nurse and perform skilled nursing services as delegated by the registered nurse. The role of the L.P.N. in hospice is limited to stable hospice patients.

1. Qualifications. A licensed practical nurse shall be currently licensed by the Louisiana State Board of Practical Nurse Examiners with no restrictions:

a. - b. ...

c. when employed by more than one agency the LPN shall inform all employers and coordinate duties to assure quality provision of services.

2. - 2.g. ...

h. perform routine venipuncture (phlebotomy) if written documentation of competency is in personnel record. Competency shall be evaluated by an RN even if LPN has completed a certification course; and

i. receive orders from the licensed medical practitioner and follow those that are within the realm of practice for an LPN and within the standards of hospice practice.

3. Restrictions. An LPN shall not:

a. - e. ...

f. make aide assignments;

g. function as a supervisor of the nursing practice of any registered nurse; or

h. function as primary on-call nurse.

I. Medical Director/Physician Designee and Advanced Practice Registered Nurse

NOTE: Repealed.

1. The medical director/physician designee shall be a physician, currently and legally authorized to practice in the state, and knowledgeable about the medical and psychosocial aspects of hospice care. The medical director reviews, coordinates, and is responsible for the management of clinical and medical care for all patients, inclusive of any inpatient hospice patient.

NOTE: The medical director or physician designee may be an employee or a volunteer of the hospice agency. The hospice agency may also contract for the services of the medical director or physician designee.

a. Qualifications. A doctor of medicine or osteopathy licensed to practice in the state of Louisiana.

b. Responsibilities. The medical director or physician designee assumes overall responsibility for the medical component of the hospice's patient care program and shall include, but not be limited to:

i. serve as a consultant with the

attending physician regarding pain and symptom control as needed;

ii. serve as the attending physician if designated by the patient/family unit;

iii. review patient eligibility for hospice services;

iv. serve as a medical resource for the hospice interdisciplinary team;

v. act as a liaison to physicians in the community;

vi. develop and coordinate procedures for the provision of emergency care;

vii. provide a system to assure continuing education for hospice medical staff as needed;

viii. participate in the development of the POC prior to providing care, unless the POC has been established by an attending physician who is not also the medical director or physician designee;

ix. participate in the review and update of the POC, unless the plan of care has been reviewed/updated by the attending physician who is not also the medical director or physician designee. These reviews shall be documented;

x. develop and coordinate policies and procedures for the provision of patient care;

xi. attend IDT meetings;

xii. document evidence of active participation in the hospice program (i.e. performance of above responsibilities and time spent upon performance of those responsibilities); and

xiii. shall be readily available to the hospice staff.

c. Continuous Medical Education (CME).The medical director shall annually complete 2 hours of CME related to end of life care. Documentation of this CME shall be maintained in the medical director's personnel record.

2. An advanced practice registered nurse (APRN), legally authorized to practice advanced practice nursing in the State, shall not function as the medical director of the hospice but may be the licensed medical practitioner of individual hospice patients and meet the requirements of §8217.I.1.b.i-xii.

a. The APRN shall not be the referring practitioner and shall not be the signer of certification of terminal illness (CTI).

b. - i. Repealed.

J. Social Worker

1. Qualifications. The social worker shall be an individual who holds a current, valid license as a social worker (LMSW) issued by the Louisiana State Board of Social Work

Examiners (LSBSWE), has master's degree from a school of social work accredited by the Council on Social Work Education, and who meets the following:

a. has at least one year of health care experience;

b. has documented clinical experience appropriate to the counseling and casework needs of the terminally ill;

c. shall be an employee of the hospice; and

d. when the social worker is employed by one or more agencies, he/she shall inform all employers and cooperate and coordinate duties to assure the highest performance of quality when providing services to the patient.

2. Responsibilities. The social worker shall assist the licensed medical practitioner and other IDT members in understanding significant social and emotional factors related to the patient's health status and shall include, but not be limited to:

a. assessment of the psychological, social and emotional factors having an impact on the patient's health status;

b. - c. ...

d. coordination with other IDT members and participate in IDT conferences;

e. - f. ...

g. acts as a consultant to other members of the IDT; and

h. ...

3. Continuing Education. The social worker shall annually obtain two hours of continuing education hours related to end of life care including but not limited to the following topics:

a. Medicare/Medicaid regulations;

b. psychosocial issues;

c. community resources/services;

d. death and dying;

e. family/patient dynamics;

f. ethics; and

g. advanced directives and LaPOST.

K. ...

1. Qualifications. A occupational therapist shall be licensed by the State of Louisiana and registered by the American Occupational Therapy Association.

2. Responsibilities. The occupational therapist shall assist the licensed medical practitioner in evaluating the patient's level of functioning by applying diagnostic and prognostic procedures including, but not limited to, the following:

a. provide occupational therapy in accordance with the licensed medical practitioner's orders and the POC;

b. ...

c. observe, record, and report to the licensed medical practitioner and/or interdisciplinary team the patient's reaction to treatment and any changes in the patient's condition;

d. instruct and inform other health team personnel including, when appropriate, hospice aides/homemakers and family members in certain phases of occupational therapy in which they may work with the patient;

e. ...

f. participate in IDT conference as needed with hospice staff; and

g. prepare written discharge summary when applicable, with a copy retained in patient's clinical record and a copy forwarded to the attending licensed medical practitioner.

3. - 3.a. ...

b. The occupational therapist and the occupational therapy assistant shall schedule joint visits at least once every two weeks or every four to six treatment sessions.

c. The occupational therapist shall review and

countersign all progress notes written by the licensed and certified occupational therapy assistant.

d. ...

e. The supervising occupational therapist is responsible for:

i. ...

ii. establishing the type, degree and frequency of supervision required in the hospice care setting.

L. ...

1. Qualifications. The occupational therapist assistant shall be licensed by the Louisiana Board of Medical Examiners to assist in the practice of occupational therapy under the supervision of a licensed Registered Occupational Therapist and have at least two years' experience as a licensed OTA before starting their hospice caseload.

M. Physical Therapist (PT). The physical therapist, when provided, shall be available to perform in a manner consistent with accepted standards of practice.

1. Qualifications. The physical therapist shall be currently licensed by the Louisiana State Board of Physical Therapy Examiners.

a. - c. Repealed.

2. Responsibilities. The physical therapist shall evaluate the patient's functional status and physical therapy

needs in a manner consistent with standards of practice to include, but is not limited to, the following:

a. ...

b. provide services within the scope of practice as defined by state law governing the practice of physical therapy, in accordance with the POC, and in coordination with the other members of the IDT;

c. observe, and report to the licensed medical practitioner and the IDT, the patient's reaction to treatment and any changes in the patient's condition;

d. instruct and inform participating members of the IDT, the patient, family/care givers, regarding the POC, functional limitations and progress toward goals;

e. ...

f. when physical therapy services are discontinued, prepare written discharge summary, with a copy retained in the patient's clinical record and a copy forwarded to the attending licensed medical practitioner;

g. participate in IDT conference as needed with hospice staff.

M.3. - N. ...

1. Qualifications. A physical therapy assistant shall be licensed by the Physical Therapy Board of Louisiana and supervised by a Physical Therapist.

2. Responsibilities. The physical therapy assistant shall:

a. - b. ...

c. participates in IDT conference as needed with hospice staff.

O. Registered Nurse (RN). The hospice shall designate a registered nurse to coordinate the implementation of the POC for each patient.

1. Qualifications. A licensed registered nurse shall be currently licensed to practice in the state of Louisiana with no restrictions:

a. have at least two years of full time experience as a registered nurse. However, two years of full time clinical experience in hospice care as a licensed practical nurse may be substituted for the required two years of experience as a registered nurse; and

b. be an employee of the hospice. If the registered nurse is employed by more than one agency, he/she must inform all employers and coordinate duties to assure quality service provision.

c. Repealed.

2. Responsibilities. The registered nurse shall identify the patient/family's physical, psychosocial, and environmental needs and reassess as needed but no less than

every 14 days:

a. - b. ...

c. collaborate with the patient/family, attending licensed medical practitioner and other members of the IDT in providing patient and family care;

d. - f. ...

g. if a home hospice/homemaker is assigned to a patient by the RN, in accordance with the POC, specific written instructions for patient care are to be prepared by the RN. All personal care services are to be outlined for the patient, in writing, by the RN in charge of that patient;

h. supervise and evaluate the hospice aide/homemaker's ability to perform assigned duties, to relate to the patient and to work effectively as a member of the health care team;

i. perform supervisory visits to the patient's residence at least every 14 days to assess relationships and determine whether goals are being met. A supervisory visit with the aide present shall be made at least annually. Documentation of the aide present supervisory visit shall be placed in the hospice aide's personnel record;

j. document supervision, to include the aide/homemaker-patient relationships, services provided and instructions and comments given as well as other requirements of

the clinical note;

k. annual performance review for each aide/homemaker documented in the individual's personnel record; and

l. annually conduct an on-site LPN supervisory visit with the LPN present. Documentation of such visit shall be kept in the LPN's personnel record.

3. Continuing Education. The registered nurse shall annually obtain at least two hours of continuing education hours related to end of life care.

P. ...

1. Qualifications. A speech pathologist shall:

a. - b. ...

2. Responsibilities. The speech pathologist shall assist the attending licensed medical practitioner in evaluation of the patient to determine the type of speech or language disorder and the appropriate corrective therapy in a manner consistent with standards of practice to include, but is not limited to, the following:

a. ...

b. observe, record and report to the attending licensed medical practitioner and the IDT the patient's reaction to treatment and any changes in the patient's condition;

c. ...

d. communicate with the registered nurse, director of nurses, and/or the IDT the need for a continuation of speech pathology services for the patient;

e. participate in IDT conferences;

f. ...

g. prepare written discharge summary as indicated, with a copy retained in patient's clinical record and a copy forwarded to the attending licensed medical practitioner.

Q. Volunteers. Volunteers play a vital role in enhancing the quality of care delivered to the patient/family by encouraging community participation in the overall hospice program. Volunteers that provide patient care and support services according to their experience and training shall do so in compliance with agency policies, and under the supervision of a designated hospice employee.

1. Qualifications. A mature, non-judgmental, caring individual supportive of the hospice concept of care, willing to serve others, and appropriately oriented and trained. Volunteers who are qualified to provide professional services shall meet all standards associated with their specialty area.

2. Responsibilities. The volunteer shall:

a. ...

b. provide input into the plan of care and interdisciplinary team meetings, as appropriate;

c. - e. ...

3. Training. The volunteers shall receive appropriate documented training which shall include at a minimum:

a. - n. ...

o. the role of the IDT; and

p. additional supplemental training for volunteers working in specialized programs (e.g. nursing facilities).

4. The hospice shall offer relevant in-service training on a quarterly basis and maintain documentation of such.

5. Pursuant to state law, requirements for minimum volunteer services shall be at least 5 percent of the total hours of service of the hospice agency.

R. Volunteer Coordinator. The hospice shall designate an employee of the agency who is skilled in organization and documentation as a volunteer coordinator.

1. Responsibilities. The volunteer coordinator shall be responsible for:

a. overseeing the volunteer program;

b. recruitment, retention, and education of volunteers;

c. coordinating the services of volunteers with

the patient and/or family; and

d. attending IDT meetings.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR:15:482 (June 1989), amended LR 24:2262 (December 1998), LR 25:2409 (December 1999), LR 29:2801 (December 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 44:.

Subchapter C. Patient Care Services

§8219. Patient Care Standard

A. Patient Certification. To be eligible for hospice care, an individual, or his/her representative, shall sign an election statement with a licensed hospice; the individual shall have a certification of terminal illness and shall have a plan of care (POC) which is established before services are provided.

B. Admission criteria. The hospice shall have written policies to be followed in making decisions regarding acceptance of patients for care. Decisions are based upon medical, physical and psychosocial information provided by the patient's attending licensed medical practitioner, the patient/family and the interdisciplinary team. The admission criteria shall include:

1. ...

2. certification of terminal illness (CTI) signed by the attending licensed medical practitioner and the medical director of the agency;

Note: The CTI shall not be signed by an APRN

B.3. - C. ...

1. An assessment visit shall be made by a registered nurse, who will assess the patient's needs with emphasis on pain and symptom control. This assessment shall occur within 48 hours of referral for admission, unless otherwise ordered by physician or unless a request for delay is made by patient/family.

2. - 2.c. ...

d. patient release of information;

e. patient's signed designation of attending licensed medical practitioner;

i. - iv. Repealed.

f. orientation of patient/caregiver, which includes:

i. advanced directives and LaPOST;

ii. agency services;

iii. patient's rights; and

iv. agency contact procedures; and

g. for an individual who is terminally ill, certification of terminal illness signed by the medical director

or the physician member of the IDT and the individual's attending physician.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2268 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8221. Plan of Care (POC)

A. Prior to providing care, a written plan of care is developed for each patient/family by the attending physician, the medical director, physician designee or the APRN and the IDT. The care provided to an individual shall be in accordance with the POC.

1. ...

2. The IDT member who assesses the patient's needs shall meet or call at least one other IDT member before writing the IPOC. At least one of the persons involved in developing the IPOC shall be a registered nurse or physician. Within two days of the assessment, the other members of the IDT shall review the IPOC and provide their input. This input may be by telephone. The IPOC shall be signed by the attending licensed medical practitioner and an appropriate member of the IDT.

3. At a minimum the POC shall include the following:

3.a. - 4. ...

5. The hospice shall designate a registered nurse to coordinate the implementation of the POC for each patient.

B. Review and Update of the Plan of Care. The plan of care is reviewed and updated at intervals specified in the POC, when the patient's health status changes, and a minimum of every 14 days for home care and every 7 days for general inpatient/continuous care, collaboratively with the IDT and the attending licensed medical practitioner.

Note: In the event that the day of the regularly scheduled IDT meeting falls on a holiday, 15 days is acceptable.

1. The hospice agency shall have policy and procedures for the following:

a. the attending licensed medical practitioner's participation in the development, revision, and approval of the POC is documented. This is evidenced by change in patient orders and documented communication between hospice staff and the attending licensed medical practitioner;

b. orders shall be signed and dated in a timely manner, not to exceed 14 days, unless the hospice has documentation that verifies attempts to get orders signed (in this situation up to 30 days will be allowed).

2. The agency shall have documentation that the

patient's health status and POC is reviewed and the POC updated, even when the patient's health status does not change.

C. Coordination and Continuity of Care. The hospice shall adhere to the following additional principles and responsibilities:

1. - 10. ...

11. maintenance of appropriately qualified IDT health care professionals and volunteers to meet patients need;

12. maintenance and documentation of a volunteer staff to provide administrative or direct patient care. The hospice shall document a continuing level of volunteer activity;

13. coordination of the IDT, as well as of volunteers, by a qualified health care professional, to assure continuous assessment, continuity of care and implementation of the POC;

14. - 15. ...

16. each member of the IDT accepts a fiduciary relationship with the patient/family, maintaining professional boundaries and an understanding that it is the responsibility of the IDT to maintain appropriate agency/patient/family relationships;

17. has a written agency policy to follow at the time of death of the patient; and

18. has written agency policies and procedures for

emergency response based on an all hazards risk assessment, inclusive of training for employees, patients and their caregivers.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2268 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8223. Pharmaceutical Services

A. - A.2. ...

3. Drugs and treatments are administered by agency staff only as ordered by the licensed medical practitioner.

B. - C. ...

D. Hospice provides the IDT and the patient/family with coordinated information and instructions about individual drug profiles.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2269 (December 1998), amended by the Department of Health, Bureau of

Health Services Financing, LR 44:

§8225. Pathology and Laboratory Services

A. Hospice provides or has access to pathology and laboratory services which comply with CLIA guidelines and meet patient's needs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2269 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8227. Radiology Services

A. Radiology services provided by hospice either directly; or under arrangements that shall comply with applicable federal and state laws, rules and regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2269 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8229. Discharge/Revocation/Transfer

A. ...

B. Discharge. Patient shall be discharged only in the following circumstance:

1. ...

2. patient relocates from the hospice's defined geographical service area;

3. if the safety of the patient or of the hospice staff is compromised. The hospice shall make every effort to resolve these problems satisfactorily before discharge. All efforts by the hospice to resolve the problem shall be documented in detail in the patient's clinical record; and

4. if the patient enters a non-contracted nursing facility or hospital and all options have been exhausted (a contract is not attainable or the patient chooses not to transfer to a facility with which the hospice has a contract, the hospice shall then discharge the patient. The hospice shall notify the payor source to document that all options have been pursued and that the hospice is not "dumping" the patient;

5. the hospice shall clearly document why the hospice found it necessary to discharge the patient.

C. Revocation. Occurs when the patient or representative makes a decision to discontinue receiving hospices services:

1. - 2. ...

3. if a patient or representative chooses to revoke

from hospice care, the patient shall sign a statement that he or she is aware of the revocation and stating why revocation is chosen.

D. - E.5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2269 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8231. Patient Rights and Responsibilities

A. - A.7. ...

8. confidentiality with regard to provision of services and all patient records, including information concerning patient/family health status, as well as social, and/or financial circumstances. The patient information and/or records may be released only with patient/family's written consent, and/or as required by law;

A.9. - B. ...

C. The patient has the responsibility to the best of their ability to:

C.1. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.

40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2270 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8233. Clinical Records

A. In accordance with accepted principles of practice the hospice shall establish and maintain a clinical record (either hard copy or electronic) for every individual receiving care and services. The record shall be complete, promptly and accurately documented, legible, readily accessible and systematically organized to facilitate retrieval. The clinical record shall contain all pertinent past and current medical, nursing, social, and other therapeutic information, including the current POC under which services are being delivered.

B. Hospice records shall be maintained in a distinct location and not mingled with records of other types of health care related agencies.

C. - E. ...

F. Records shall be maintained for six years from the date of discharge, unless there is an audit or litigation affecting the records. Records for individuals under the age of majority shall be kept in accordance with current state and

federal law.

G. ...

H. The clinical record shall contain a comprehensive compilation of information including, but not limited to, the following:

1. - 2. ...

3. written orders for admission and changes to the POC;

H.4. - J. ...

K. The agency may produce, maintain and store records either in paper documentation form or in electronic form. Records stored in electronic form shall be password protected.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2270 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

Subchapter D. Administration

§8235. Agency Operations

A. ...

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

the hospice.

2. ...

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. ...

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 eight hours a day, five days a week between 7:00 a.m. and 6:00 p.m. Hospice services are available 24 hours per day, seven days a week, which include, at a minimum:

a. professional registered nurse services;

1.b. - 2. ...

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. ...

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;

b. ...

c. shall not participate in door to door solicitation;

d. - e. ...

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 time-frames shall be followed as indicated in the Admission Procedures subsection;

h. ...

i. shall have policy and procedures for post-mortem care in compliance with all applicable federal, state, and local laws;

j. - k. ...

2. Hospice's responsibility to the patient shall include, but is not limited to, the following:

a. - f. ...

g. provide information on advanced directives and LaPost in compliance with all applicable federal, state, and local laws;

h. - o.v. ...

vi. patients shall be permitted to receive visitors at any hour, including small children.

3. - 3.b.iii. ...

iv. policies and procedures for storing, accessing, and distributing controlled drugs, supplies and

equipment;

3.b.v. - c. ...

d. maintain insurance and worker's compensation at all times;

e. - f. ...

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.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2271 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8237. Contract Services

A. ...

B. The hospice shall not at any time use contract employees as administrator/alternate or for the provision of core services, except that physician or physician designee

services may be provided through contract.

C. ...

D. Whenever services are provided by an outside agency or individual, a legally binding written agreement shall be effected. The legally binding written agreement shall include at least the following items:

1. - 3. ...

4. the delineation of the role(s) of the hospice and the contractor in the admission process, patient/family assessment, and the IDT conferences;

D.5. - G. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2272 (December 1998), LR 29:2801 (December 2003), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8239. Quality Assurance/Performance Improvement

A. ...

B. The hospice shall have written plans, policies and procedures addressing quality assurance and performance improvement.

C. Hospice shall monitor and evaluate its resource allocation regularly to identify and resolve problems with the utilization of its services, facilities and personnel.

D. Hospice shall follow a written plan for continually assessing and improving all aspects of operations which include:

D.1. - E. ...

F. The governing body and administration shall strive to create a work environment where problems can be openly addressed and service improvement ideas encouraged.

G. Quality assessment and improvement activities are based on the systematic collection, review, and evaluation of data which, at a minimum, includes:

1. - 2. ...

3. reports from staff, volunteers and patients about services;

G.4. - I. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2273 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8241. Branch Offices

A. No branch office may be opened without written approval from LDH.

B. ...

C. Each branch shall serve the same or part of the geographic area approved for the parent.

D. Each branch office shall have a registered nurse immediately available to be on site, or on site in the branch office at all times during stated operating hours.

E. All services provided by the parent agency shall be available in the branch.

F. - H. ...

I. Approval for branch offices will be issued, in writing, by LDH for one year and will be renewed at time of annual renewal if the branch office:

1. ...

2. serves only patients who are geographically nearer to the branch than to the parent office;

3. offers exact same services as the parent agency; and

4. if the parent office meets requirements for full licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health

and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2273 (December 1998), LR 25:2409 (December 1999), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8243. Cessation of Bussiness

A. Except as provided in §8245 and §8246 of these licensing regulations, a license shall be immediately null and void if a hospice ceases to operate. 1. - 2. Repealed.

B. A cessation of business is deemed to be effective the date on which the hospice stopped offering or providing services to the community. 1. - 2. Repealed. C. Upon the cessation of business, the hospice shall immediately return the original license to the department.

D. Cessation of business is deemed to be a voluntary action on the part of the hospice. The hospice does not have a right to appeal a cessation of business.

E. Prior to the effective date of the closure or cessation of business, the hospice shall:

1. give 30 days' advance written notice to:

a. the HSS;

b. each patient's attending licensed medical practitioner; and

c. each patient or patient's legal

representative, if applicable; and

2. provide for an orderly discharge and transition of all of the patients in the hospice.

F. In addition to the advance notice of voluntary closure, the hospice shall submit a written plan for the disposition of all patient medical records for approval by the department. The plan shall include:

1. the effective date of the voluntary closure;

2. provisions that comply with federal and state laws on storage, maintenance, access, and confidentiality of the closed hospice's patients' medical records;

3. an appointed custodian(s) who shall provide the following:

a. access to records and copies of records to the patient or authorized representative, upon presentation of proper authorization(s); and

b. physical and environmental security that protects the records against fire, water, intrusion, unauthorized access, loss and destruction; and

4. public notice regarding access to records, in the newspaper with the largest circulation in close proximity to the closing hospice, at least 15 days prior to the effective date of closure.

G. If a hospice fails to follow these procedures, the

owners, managers, officers, directors, and administrators may be prohibited from opening, managing, directing, operating, or owning a hospice for a period of two years.

H. Once the hospice has ceased doing business, the hospice shall not provide services until the hospice has obtained facility need review approval and applied for initial licensure in accordance with requirements of this chapter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2274 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8245. Inactivation of Licensure due to a Declared Disaster or Emergency

A. A hospice agency licensed in a parish which is the subject of an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766 may seek to inactivate its license for a period not to exceed one year, provided that the following conditions are met:

1. the licensed agency shall submit written notification to the Health Standards Section within 60 days of the date of the executive order or proclamation of emergency or

disaster that:

a. the hospice agency has experienced an interruption in the provisions of services as a result of events that are the subject of such executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766;

b. the hospice agency intends to resume operation as a hospice in the same service area;

c. includes an attestation that the emergency or disaster is the sole causal factor in the interruption of the provision of services;

d. includes an attestation that all patients have been properly discharged or transferred to another agency or facility; and

e. provides a list of patients and where that patient is discharged or transferred to;

2. the agency resumes operating as a hospice in the same service area within one year of the issuance of an executive order or proclamation of emergency or disaster in accordance with R.S. 29:724, et seq. or R.S. 29:766, et seq.;

3. the hospice continues to pay all fees and cost due and owed to the department including, but not limited to, annual licensing fees and outstanding civil monetary penalties; and

4. the hospice continues to submit required documentation and information to the department.

B. Upon receiving a completed written request to inactivate a hospice license, the department shall issue a notice of inactivation of license to the hospice.

C. Upon completion of repairs, renovations, rebuilding or replacement, a hospice agency 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 hospice shall submit a written license reinstatement request to the licensing agency of the department 60 days prior to the anticipated date of reopening.

a. The license reinstatement request shall inform the department of the anticipated date of opening, and shall request scheduling of a licensing survey.

b. The license reinstatement request shall include a completed licensing application with appropriate licensing fees.

2. The agency resumes operating as a hospice in the same service area within one year.

3. - 6. Repealed.

D. Upon receiving a completed written request to reinstate a hospice license, the department shall conduct a

licensing survey. If the hospice meets the requirements for licensure and the requirements under this Section, the department shall issue a notice of reinstatement of the hospice license.

1. The licensed capacity of the reinstated license shall not exceed the licensed capacity of the hospice agency at the time of the request to inactivate the license.

E. No change of ownership of the hospice agency shall occur until such agency has completed repairs, renovations, rebuilding or replacement construction, and has resumed operations as a hospice agency.

F. The provisions of this Section shall not apply to a hospice agency which has voluntarily surrendered its license and ceased operation.

G. Failure to comply with any of the provisions of this Section shall be deemed a voluntary surrender of the hospice license and any applicable facility need review approval for licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2274 (December 1998), amended by the Department of Health, Bureau of

Health Services Financing, LR 44:

§8246. Inactivation of Licensure due to a Non-declared Disaster or Emergency

A. A hospice 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 hospice 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 hospice 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 hospice intends to resume operation as a hospice agency in the same service area;

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

d. the hospice'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 hospice 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 hospice 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 hospice license, the department shall issue a notice of inactivation of license to the hospice.

C. Upon receipt of the department's approval of request to inactivate the agency's license, the hospice shall have 90 days to submit plans for the repairs, renovations, rebuilding or replacement of the facility, if applicable, to the Office of the State Fire Marshal (OSFM) and the Office of Public Health (OPH) as required.

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

EXCEPTION: If the hospice requires an extension of this timeframe due to circumstances beyond the agency's control, the department will consider an extended time period to complete construction or repairs. Such written request for extension shall show the agency's active efforts to complete construction or repairs and the reasons for

request for extension of the agency'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 hospice 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 hospice 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 hospice license, the department may conduct a licensing or physical environment survey. The department may issue a notice of reinstatement if the agency has met the requirements for licensure including the requirements of this Subsection.

G. No change of ownership of the hospice shall occur until such hospice has completed repairs, renovations,

rebuilding or replacement construction and has resumed operations as a hospice facility.

H. The provisions of this Subsection shall not apply to a hospice 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 hospice license and any applicable facility need review approval for licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

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

Subchapter E. Hospice Inpatient Facility

§8247. Requirements for Licensure of Inpatient Hospice

A. Hospice inpatient services may be provided directly by the hospice or through arrangements made by the hospice. An agency is prohibited from providing hospice inpatient services only. A hospice that elects to provide hospice inpatient services directly is required to be licensed as a hospice agency and sublicensed as a hospice inpatient facility. Separate applications and fees are required. The application process to establish a hospice inpatient facility may be completed simultaneously with an application to provide hospice services.

B. An application packet shall be obtained from LDH.

1. A completed application packet for a hospice inpatient facility shall be submitted to and approved by LDH prior to an agency providing hospice services.

2. The application submitted shall include the current licensing fee plus any bed fees. All fees shall be in the form of a company check, certified check or money order made payable to LDH. All fees submitted are non-refundable. All state owned hospice facilities are exempt from fees.

3. ...

4. Each initial applicant or an existing hospice inpatient facility requesting a change of address shall have approval from the following offices prior to an on-site survey by this department.

a. Office of Public Health—Local Health Unit. All hospice inpatient facilities shall comply with the rules, *LAC Title 51, Public Health Sanitary Code* and enforcement policies as promulgated by OPH. It shall be the primary responsibility of OPH to determine if applicants are complying with those requirements. No initial license shall be issued without the applicant furnishing a certificate from OPH that such an applicant is complying with their provisions. A provisional license may be issued to the applicant if OPH issues the applicant a conditional certificate.

b. Office of the State Fire Marshal. All hospice inpatient facilities shall comply with the rules, established fire protection standards and enforcement policies as promulgated by OSFM. It shall be the primary responsibility of OSFM to determine if applicants are complying with those requirements. No license shall be issued or renewed without the applicant furnishing a certificate from OSFM that such applicant is complying with their provisions. A provisional license may be issued to the applicant if OSFM issues the applicant a conditional certificate.

C. New constructions shall be reviewed by OSFM for compliance with the applicable hospice licensing Rules.

1. All new construction, other than minor alterations for a hospice inpatient facility, shall be done in accordance with the specific requirements of OSFM and OPH regulations covering new construction, including submission of preliminary plans and the final work drawings and specifications shall also be submitted prior to any change in facility type.

2. No new hospice inpatient facility shall be constructed, nor shall major alterations be made to existing hospice inpatient facilities, or change in facility type be made without the prior written approval of, and unless in accordance with plans and specifications approved in advance by the Department of Health and the Office of State Fire Marshal. The

review and approval of plans and specifications shall be made in accordance with the requirements of OSFM to include:

a. copies of the approval letters of the architectural and the licensing facility plans from OSFM and any other office/entity designated by the department to review and approve the facility's architectural and licensing plan review;

b. a copy of the on-site inspection report with approval for occupancy by OSFM, if applicable; and

c. a copy of the on-site health inspection report with approval for occupancy from OPH. Before any new hospice inpatient facility is licensed or before any alteration or expansion of a licensed hospice inpatient facility can be approved, the applicant shall furnish one complete set of plans and specifications to OSFM, with fees and other information as required. Plans and specifications for new construction other than minor alterations shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer.

3. Notice of satisfactory review from OPH and OSFM for *Life Safety Code* (LSC) approval and licensing plan review constitutes compliance with this requirement if construction begins within 180 days of the date of such notice. This approval shall in no way permit and/or authorize any omission or deviation from the requirements of any restrictions, laws,

regulations, ordinances, codes, or rules of any responsible agency.

4. Repealed.

D. An agency seeking to renew its license shall:

1. request a renewal application packet from LDH if one is not received at least 45 days prior to the license expiration date;

D.2. -E. ...

F. An agency shall notify LDH, in writing, prior to a change in name of the agency, address change, or a change in the number of beds.

1. ...

2. The new facility location shall meet the same licensing requirements as those required for an initial survey including approval of building plans by OSFM and OPH.

G. -H. ...

I. Equipment and furnishings in an inpatient facility shall provide for the health care needs of the patient while providing a home-like atmosphere.

J. - K. ...

L. The hospice inpatient facility shall ensure the following:

1. ...

2. the facility has an acceptable, written all

hazards risk assessment and emergency preparedness plan. The plan shall include:

a. - c. ...

i. in the event of an evacuation, the facility shall have a method to release patient information consistent with the HIPAA Privacy Rule;

d. fire and/or other emergency drills, in accordance with the LSC;

e. procedures covering persons in the facility and in the community in cases of all hazards (i.e., hurricanes, tornadoes, floods); and

f. arrangements with community resources in the event of a disaster;

3. the facility shall design and equip areas for the comfort and privacy of each patient and family members. The facility shall have the following:

a. - c. ...

d. decor which is homelike in design and function; and

e. patients shall be permitted to receive visitors at any hour, including small children;

4. patient rooms are designed and equipped for adequate nursing care and the comfort and privacy of patients. Each patient's room shall:

a. be equipped with toilet and bathing facilities;

b. - c. ...

d. contain room decor that is homelike and non-institutional in design and function. Room furnishings for each patient shall include a bed with side rails, a bedside stand, an over-the-bed table, an individual reading light easily accessible to each patient and a comfortable chair. The patient shall be permitted to bring personal items of furniture or furnishings into their rooms unless medically inappropriate;

4.e. - 6.c.iii. ...

7. the hospice inpatient facility shall make provisions for isolating patients with infectious diseases. The hospice should institute the most current recommendations of The Centers for Disease Control and Prevention (CDC) relative to the specific infection(s) and communicable disease(s). The hospice provisions for isolating patients with infectious diseases shall include:

a. - b. ...

c. measures for prevention of infections, especially those associated with immunosuppressed patients and other factors which compromise a patient's resistance to infection;

d. - e. ...

f. isolation procedures and requirements for infected or immunosuppressed patients;

g. - m. ...

n. employee health policies regarding infectious diseases, and when infected or ill employees shall not render direct patient care;

8. ...

9. the hospice inpatient facility shall provide the following:

a. ...

b. hand washing facilities located convenient to each nurses' station and medication distribution station;

c. - j. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2274 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8249. Governing Body for Inpatient Hospice

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2276 (December 1998), repealed by the Department of Health, Bureau of Health Services Financing, LR 44:

§8251. Medical Director

Repealed. AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2277 (December 1998), repealed by the Department of Health, Bureau of Health Services Financing, LR 44:

§8253. Nursing Services

A. There shall be an organized nursing service that provides 24-hour nursing services. The nursing services shall be under the direction of the director of nursing and in accordance with the requirements of §8217.E.1-2.e.ix.

B. The inpatient facility shall have staff on the premises on a 24 hour a day, seven day a week basis when there are patients in the facility. The services provided shall be in accordance with the patient's plan of care. Each shift shall include two direct patient care staff, one of which shall be a registered nurse who provides direct patient care. The nurse to

patient ratio shall be at least one nurse to every eight patients. In addition there shall be sufficient number of direct patient care staff on duty to meet the patient care needs. When there are no patients in the hospice inpatient facility, the hospice shall have a registered nurse on-call to be immediately available to the hospice inpatient facility.

C. - E. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2277 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8255. Nutritional Services

A. - A.1.c. ...

2. The hospice inpatient facility shall have a dietary manager who is responsible for:

a. planning menus that meet the nutritional needs of each patient, following the orders of the patient's licensed medical practitioner and, to the extent medically possible, the recommended dietary allowances of the Food and Nutrition Board of the National Academy of Sciences. There shall be a current therapeutic diet manual approved by the dietician

and medical staff, and readily available to all medical, nursing, and food service personnel, which shall be the guide used for ordering and serving diets.

b. ...

3. A dietary manager shall meet one of the following:

a. - b. ...

c. has training and experience in food service supervision and management in the military or other service equivalent in content to a dietetic technician or dietetic assistant training program by correspondence or classroom, approved by the American Dietetic Association.

A.4. - B.1.b. ...

c. All food shall be stored, prepared, distributed and served under sanitary conditions to prevent food borne illness. This includes keeping all readily perishable food and drink at or below 40 degrees Fahrenheit, except when being prepared and served. Refrigerator temperatures shall be maintained at 40 degrees Fahrenheit or below; freezers at 0 degrees Fahrenheit or below.

d. Hot foods shall leave the kitchen or steam table at or above 140 degrees Fahrenheit. In-room delivery temperatures shall be maintained at 120 degrees Fahrenheit, or above for hot foods and 50 degrees Fahrenheit or below for cold

items. Food shall be covered during transportation and in a manner that protects it from contamination while maintaining required temperatures.

e. All equipment and utensils used in the preparation and serving of food shall be properly cleansed, sanitized and stored. This includes maintaining a water temperature in dish washing machines at 140 degrees Fahrenheit during the wash cycle (or according to the manufacturer's specifications or instructions) and 180 degrees Fahrenheit for the final rinse. Low temperature machines shall maintain a water temperature of 120 degrees Fahrenheit with 50 ppm (parts per million) of hypochlorite (household bleach) on dish surfaces. For manual washing in a 3-compartment sink, a wash water temperature of 75 degrees Fahrenheit with 50 ppm of hypochlorite or equivalent, or 12.5 ppm of iodine; or a hot water immersion at 170 degrees Fahrenheit for at least 30 seconds shall be maintained. An approved lavatory shall be convenient and equipped with hot and cold water tempered by means of a mixing valve or combination faucet for dietary services staff use. Any self-closing, slow-closing, or metering faucet shall be designed to provide a flow of water for at least fifteen seconds without the need to reactivate the faucet. Effective with the promulgation of these requirements, an additional lavatory shall be provided in the dishwasher area in newly constructed hospices

or in existing hospices undergoing major dietary alterations.

f. - g. ...

h. Toxic items such as insecticides, detergents and polishes shall be properly stored, labeled and used in accordance with manufacturer's guidelines.

i. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 15:482 (June 1989), amended LR 24:2277 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:

§8257. Pharmaceutical Services of Inpatient Hospice

A. ...

B. The hospice shall ensure that pharmaceutical services are provided by appropriate methods and procedures for the storage, dispensing and administering of drugs and biologicals. Whether drugs and biologicals are obtained from community or institutional pharmacists or stocked by the facility, the hospice facility is responsible for ensuring that pharmaceutical services are provided in accordance with accepted professional principles and appropriate federal, state, and local laws.

C. ...

D. Licensed pharmacist. The hospice shall employ a licensed pharmacist or have a formal agreement with a licensed pharmacist to advise the hospice on ordering, storage, administration, disposal, and record keeping of drugs and biologicals.

E. Orders for medications. A licensed medical practitioner's order shall be obtained for all medication administered to the patient.

1. If the medication order is verbal, the licensed medical practitioner shall give it only to a licensed nurse, pharmacist, or another physician; and the individual receiving the order shall record and sign it immediately.

2. All orders (to include telephone and/or verbal) are to be signed by the prescribing licensed medical practitioner in a timely manner, not to exceed 30 days.

F. Administering Medications. Patients shall be accurately identified prior to administration of a medication.

1. Medications are administered only by a physician, a licensed nurse; or the patient, if his/her attending licensed medical practitioner has approved self-administration.

2. Orders shall be checked at least daily to assure that changes are noted.

3. ...

4. Each patient has an individual medication administration record (MAR) on which the dose of each medication administered shall be properly recorded by the person administering the medication to include:

a. - e. ...

f. medications brought to the Hospice by the patient or other individuals for use by that patient shall be accurately identified as to name and strength, properly labeled, stored in accordance with facility policy and shall be administered to the patient only upon the written orders of the attending licensed medical practitioner;

g. medications shall not be retained at the patient's bedside nor shall self-administration be permitted except when ordered by the licensed medical practitioner. These medications shall be appropriately labeled and safety precautions taken to prevent unauthorized usage;

h. medication errors and drug reactions are immediately reported to the director of nurses, pharmacist and the licensed medical practitioner, and an entry made in the patients' medical record and on an incident report in accordance with facility policy. This procedure shall include recording and reporting to the licensed medical practitioner the failure to administer a medication, for any other reason than refusal of a patient to take a medication. The refusal of a patient to take a

medication should be reported during IDT conferences. If there is adverse consequence resulting from the refusal, this is to be immediately reported to the director of nurses, pharmacist and licensed medical practitioner, and an entry made in the patients' medical record and on an incident report in accordance with facility policy;

i. the nurse's station or medicine room for all hospice inpatient facilities shall have readily available items necessary for the proper administration and accounting of medications;

j. each hospice shall have available current reference materials that provide information on the use of medications, side effects and adverse reactions to drugs and the interactions between drugs.

G. Conformance with Medication Orders. Each hospice inpatient facility shall have a procedure for at least quarterly monitoring of medication administration. This monitoring may be accomplished by a registered nurse or a pharmacist, to assure accurate administration and recording of all medications.

1. ...

2. Medications shall be released upon discharge or transfer only upon written authorization of the attending licensed medical practitioner.

3. An entry of such release shall be entered in the

medical record to include medications released, amounts, who received the medications and signature of the person carrying out the release.

H. ...

1. In accordance with state and federal laws, all drugs and biologicals are stored in locked compartments under proper temperature controls and only authorized personnel have access to the keys. Separately locked compartments are provided for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and other drugs subject to abuse, except under single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

2. Controlled drugs no longer needed by the patient are disposed of in compliance with state requirements.

3. There shall be a secure drug or medicine room/drug preparation area at each nurses' station of sufficient size for the orderly storage of medications, both liquid and solid dosage forms and for the preparation of medications for patient administration within the unit. In the event that a drug cart is used for storage and administration of medication, the room shall be of sufficient size to accommodate placement of the cart.

4. - 5. ...

6. Sufficient artificial lighting shall be provided and the temperature of the medicine storage area shall not be lower than 48 degrees Fahrenheit or above 85 degrees Fahrenheit and the room shall be provided with adequate ventilation.

7. - 10.a. ...

b. External use only drugs shall be plainly labeled and stored separate from drugs and biologicals. No poisonous substance shall be kept in the kitchen, dining area, or any public spaces or rooms. This section shall not prohibit storage within the drug or medicine room of approved poisonous substances intended for legitimate medicinal use, provided that such substances are properly labeled in accordance with applicable federal and state law.

11. - 12.c. ...

d. There shall be records available to show amount received, name of patient and amount used, prescribing licensed medical practitioner, time of administration, name of individual removing and using the medication, and the balance on hand.

e. - f. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2181-2191.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health

Services Financing LR 15:482 (June 1989), amended LR 24:2278 (December 1998), amended 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 positive impact on family functioning, stability or autonomy as described in R.S. 49:972 by ensuring the safe and effective operation of hospice facilities.

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. These provisions 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 Thursday, January 25, 2018 at 9:30 a.m. in Room 173, 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

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

PUBLIC HEARING CERTIFICATION
January 25, 2018
9:30 a.m.

RE: Hospice Licensing Standards
Docket # 01252018-02
Department of Health
State of Louisiana

CERTIFICATION

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on January 25, 2018 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

Medicaid Policy and Compliance Section

01/25/18
Date

LDH/BHSF PUBLIC HEARING

Topic – Hospice Licensing Standards

Date – January 25, 2018

PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Brenda Blanchard	LDH - HSS	342-2471	HSS
2. Marion Stute	LDH - HSS	342-6446	HSS
3. Kristi Sarlls	LDH - Legal	3-1120	LDH Legal
4. Kirsten Clebert	LDH - OAAS	219-1149	OAAS
5.			
6.			

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of the Secretary

February 7, 2018

MEMORANDUM

TO: The Honorable John A. Alario, President, Louisiana Senate
The Honorable Taylor F. Barras, Speaker of the House
The Honorable Fred H. Mills, Jr., Chairman, Senate Committee on Health and Welfare
The Honorable Frank A. Hoffmann, Chairman, House Committee on Health and Welfare
The Honorable Eric LaFleur, Chairman, Senate Finance Committee
The Honorable Cameron Henry, Chairman, House Appropriations Committee

FROM: Rebekah E. Gee MD, MPH
Secretary

RE: Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Inpatient Hospital Services - Pre-Admission Certification.

The Department published a Notice of Intent on this proposed Rule in the December 20, 2017 issue of the *Louisiana Register* (Volume 43, Number 12). A public hearing was held on January 25, 2018 at which only Louisiana Department of Health staff were present. No oral testimony was given or written comments received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the March 20, 2018 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification; and
3. the public hearing attendance roster.

REG/WJR/RKA

Attachments (3)

NOTICE OF INTENT

Department of Health
Bureau of Health Services Financing

Inpatient Hospital Services
Pre-Admission Certification
(LAC 50:V.301)

The Department of Health, Bureau of Health Services Financing proposes to repeal LAC 50:V.301 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

Due to the implementation of managed care through the Healthy Louisiana program, pre-admission certification, concurrent review, and length of stay assignment are no longer required for admission of Medicaid recipients to non-state and state operated acute care general hospitals. The Department of Health, Bureau of Health Services Financing hereby amends the provisions governing inpatient hospital services in order to repeal provisions requiring pre-admission certification, concurrent review and length of stay assignment.

Title 50

PUBLIC HEALTH–MEDICAL ASSISTANCE
Part V. Hospital Services
Subpart 1. Inpatient Hospitals

Chapter 3. Pre-Admission Certification

§301. General Provisions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:66 (January 2010), amended LR 38:824 (March 2012), repealed by the Department of Health, Bureau of Health Services Financing, LR 44:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

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 no impact on family functioning, stability and 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, no direct cost 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 Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, January 25, 2018 at 9:30 a.m. in Room 173, 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

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

PUBLIC HEARING CERTIFICATION
January 25, 2018
9:30 a.m.

RE: Inpatient Hospital Services
Pre-Admission Certification
Docket # 01252018-03
Department of Health
State of Louisiana

CERTIFICATION

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on January 25, 2018 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

Medicaid Policy and Compliance
Section

01/25/18
Date

LDH/BHSF PUBLIC HEARING

Topic – Inpatient Hospital Services - Pre-Admission Certification

Date – January 25, 2018

PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Karen H. Barnes	LDH. Policy	342-3881	LDH - Policy
2.			
3.			
4.			
5.			
6.			

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Office of the Secretary

February 7, 2018

MEMORANDUM

TO: The Honorable John A. Alario, President, Louisiana Senate
The Honorable Taylor F. Barras, Speaker of the House
The Honorable Fred H. Mills, Jr., Chairman, Senate Committee on Health and Welfare
The Honorable Frank A. Hoffmann, Chairman, House Committee on Health and Welfare
The Honorable Eric LaFleur, Chairman, Senate Finance Committee
The Honorable Cameron Henry, Chairman, House Appropriations Committee

FROM: Rebekah E. Gee MD, MPH
Secretary

RE: Oversight Report on Bureau of Health Services Financing Proposed Rulemaking

In accordance with the Administrative Procedure Act (R.S. 49:950 et seq.) as amended, we are submitting the attached documents for the proposed Rule for Intermediate Care Facilities for Persons with Intellectual Disabilities - Supplemental Payments.

The Department published a Notice of Intent on this proposed Rule in the December 20, 2017 issue of the *Louisiana Register* (Volume 43, Number 12). A public hearing was held on January 25, 2018 at which only Louisiana Department of Health staff were present. No oral testimony was given or written comments received regarding this proposed Rule.

The Department anticipates adopting the Notice of Intent as a final Rule in the March 20, 2018 issue of the *Louisiana Register*.

The following documents are attached:

1. a copy of the Notice of Intent;
2. the public hearing certification; and
3. the public hearing attendance roster.

REG/WJR/CEC

Attachments (3)

NOTICE OF INTENT

Department of Health
Bureau of Health Services Financing

Intermediate Care Facilities for Persons with Intellectual Disabilities
Supplemental Payments
(LAC 50:VII.32917)

The Department of Health, Bureau of Health Services Financing proposes to repeal LAC 50:VII.32917 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. 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 promulgated a Rule which amended the provisions governing the reimbursement methodology for intermediate care facilities for persons with intellectual disabilities (ICFs/ID) in order to adopt provisions to establish supplemental Medicaid payments for services provided to Medicaid recipients residing in privately-owned facilities that enter into a cooperative endeavor agreement with the department and established upper payment limits for supplemental payments to private intermediate care facilities entering into a cooperative endeavor agreement with the department (*Louisiana Register*, Volume 43, Number 4). The department subsequently determined that it was necessary to withdraw the corresponding State Plan amendment 16-0022 from consideration by the U.S. Department of Health and Human

Services, Centers for Medicare and Medicaid Services. As a result, the department now proposes to amend the provisions governing the reimbursement methodology for ICFs/ID in order to repeal the provisions of the April 20, 2017 Rule.

Title 50

PUBLIC HEALTH–MEDICAL ASSISTANCE
Part VII. Long Term Care
Subpart 3. Intermediate Care Facilities for Persons with Intellectual Disabilities

Chapter 329. Reimbursement Methodology

Subchapter A. Non-State Facilities

§32917. Supplemental Payments

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 43:663 (April 2017), repealed LR 44:

Implementation of the provisions of this Rule may be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), if it is determined that submission to CMS for review and approval is required.

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 no impact on family functioning, stability and 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. These provisions 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 Jen Steele, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030 or by email to MedicaidPolicy@la.gov. Ms. Steele is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, January 25, 2018 at 9:30 a.m. in Room 173, 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

John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana

Louisiana Department of Health
Bureau of Health Services Financing

PUBLIC HEARING CERTIFICATION
January 25, 2018
9:30 a.m.

RE: Intermediate Care Facilities for Persons with Intellectual Disabilities
Supplemental Payments
Docket # 01252018-04
Department of Health
State of Louisiana

CERTIFICATION

In accordance with LA R.S. 49:950 et seq., the attached public hearing agenda, together with one digital recording of the public hearing conducted on January 25, 2018 in Baton Rouge, Louisiana constitute the official record of the above-referenced public hearing.

Medicaid Policy and Compliance Section

01/25/18
Date

Bienville Building • 628 N. Fourth St. • P.O. Box 629 • Baton Rouge, Louisiana 70821-0629
Phone: (225) 342-9500 • Fax: (225) 342-5568 • www.ldh.la.gov

LDH/BHSF PUBLIC HEARING

Topic - Intermediate Care Facilities for Persons with – Intellectual Disabilities – Supplemental Payments

Date – January 25, 2018

PERSONS IN ATTENDANCE

Name	Address	Telephone Number	AGENCY or GROUP you represent
1. Yolanda Ellis	628 N. 4th Street Baton Rouge, LA 70802	(225) 342-3920	LDH – Policy & Compliance
2.			
3.			
4.			
5.			
6.			