

§6203. Definitions

Active Treatment—implementation of a professionally developed and supervised comprehensive treatment plan that is developed no later than seven days after admission and designed to achieve the client's discharge from inpatient status at the earliest possible time. To be considered active treatment, the services must contribute to the achievement of the goals listed in the comprehensive treatment plan. Recreation, tutoring, attending school, vocational services and transportation are not considered active treatment.

Comprehensive Treatment Plan—the comprehensive plan of care which is developed by the TGH for each client receiving services that includes all of the services each client needs, including medical/psychiatric, nursing, psychological and psychosocial therapies.

Core Mental Health Discipline—academic training programs in psychiatry, psychology, social work and psychiatric nursing.

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

DCFS—the Louisiana Department of Child and Family Services.

Direct Care Staff—any member of the staff, including an employee or contractor, that provides the services delineated in the comprehensive treatment plan. Food services, maintenance and clerical staff and volunteers are not considered as direct care staff.

Division of Administrative Law—the Louisiana Department of State Civil Service, Division of Administrative Law or "DAL."

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

Human Services Field/Mental Health-Related Field—an academic program with a curriculum content in which at least 70 percent of the required courses for the major field of study are based upon the core mental health disciplines.

Licensed Mental Health Professional (LMHP)—an individual who meets one of the following education and experience requirements:

1. a physician duly licensed to practice medicine in the state of Louisiana and has completed an accredited training program in psychiatry;
2. a psychologist licensed as a practicing psychologist under the provisions of R.S. 28:2351-2370;
3. a medical psychologist licensed to practice under the provisions of R.S. 37:1360.51 et seq.;
4. a social worker who holds a master's degree in social work from an accredited school of social work and is a licensed clinical social worker under the provisions of R.S. 37:2701-2718, as amended;
5. an advanced practice registered nurse licensed as a registered nurse in the state of Louisiana by the Board of Nursing who may practice to the extent that services are within the nurse's scope of practice:
 - a. is a nurse practitioner specialist in adult psychiatric and mental health and family psychiatric and mental health; or
 - b. is a certified nurse specialist in psychosocial, gerontological psychiatric mental health, adult psychiatric and mental health and child-adolescent mental health;
6. a licensed professional counselor who is licensed as such under the provision of R.S. 37:1101-1115;
7. a licensed marriage and family therapist who is licensed as such under the provisions of R.S. 37:1116-1121; or
8. a licensed addiction counselor who is licensed as such under the provisions of R.S. 37:3387.

Licensee—the person, partnership, company, corporation, association, organization, professional entity, or other entity to whom a license is granted by the licensing agency and upon whom rests the ultimate responsibility and authority for the conduct of and services provided by the TGH.

LSUCCC—the Department of Public Safety and Corrections, Louisiana State Uniform Construction Code Council.

Mental Health Professional (MHP)—an individual who is supervised by a LMHP and meets the following criteria as documented by the provider:

1. the individual has a Master of Social Work degree; or
2. the individual has a Master of Arts degree, Master of Science degree or a Master of Education degree in a mental health-related field and has a minimum of 15 hours of graduate level course work and/or practicum in applied intervention strategies/methods designed to address behavioral, emotional and/or mental problems. These hours may have been obtained as a part of, or in addition to, the master's degree.

OSFM—the Department of Public Safety and Corrections, Office of State Fire Marshal.

Passive Physical Restraint—the least amount of direct physical contact required on the part of a staff member to prevent a client from harming himself/herself or others.

Pretreatment Assessment (PTA)—the documented examination of a client which provides clinical information to support the medical necessity of the referral to the therapeutic group home and establishes that TGH services are the most appropriate services to meet the client's needs.

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

Supervising Practitioner—the qualified psychiatrist or psychologist who supervises and oversees the therapeutic group home's services and programs.

Therapeutic Group Home (TGH)—a facility that provides community-based residential services to clients under the age of 21 in a home-like setting of no greater than eight beds under the supervision and oversight of a psychiatrist or psychologist.

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

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:402 (February 2012).

c. qualifications.

C. A change of ownership (CHOW) of a TGH shall be reported in writing to the department at least five days prior to the change of ownership.

1. In the event of a CHOW, the new owner shall submit the legal CHOW document, all documents required for a new license, and the applicable licensing fee. Once all of the application requirements are completed and approved by the department, a new license shall be issued to the new owner.

2. A PRTF that is under license revocation or denial of license renewal may not undergo a CHOW.

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

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

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

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:405 (February 2012).

§6213. Changes in Licensee Information or Personnel

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

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

1. Key administrative personnel shall include the:

- a. supervising practitioner;
- b. clinical director; and
- c. house manager.

2. The TGH provider's notice to the department shall include the individual's:

- a. name;
- b. hire date; and

§6219. Licensing Surveys

A. Prior to the initial license being issued to the TGH, an initial licensing survey shall be conducted on-site at the facility to assure compliance with licensing standards. Except for facilities currently maintain a license as a child residential facility from DCFS, a TGH shall not provide services to any resident until the initial licensing survey has been performed and the facility found in compliance with the licensing standards. The initial licensing survey shall be an announced survey.

B. Once an initial license has been issued, the department may conduct licensing and other surveys at intervals deemed necessary by the department to determine compliance with licensing standards and regulations, as well as other required statutes, laws, ordinances, rules, regulations, and fees. These surveys shall be unannounced.

C. A follow-up survey may be conducted for any survey where deficiencies have been cited to ensure correction of the deficient practices. The department shall issue written notice to the provider of the results of the follow-up survey.

D. An acceptable plan of correction may be required for any survey where deficiencies have been cited.

E. If deficiencies have been cited during a licensing survey, regardless of whether an acceptable plan of correction is required, the department may issue appropriate sanctions, including, but not limited to:

1. civil fines;
2. directed plans of correction; and
3. license revocations.

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

1. given access to all areas of the facility and all relevant files during any licensing survey or other survey; and
2. allowed to interview any provider staff, resident, or participant as necessary to conduct the survey.

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

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

§6221. Complaint Surveys

A. The department shall conduct complaint surveys in accordance with R.S. 40:2009.13 et seq., on any TGH, including those with deemed status.

B. Complaint surveys shall be unannounced surveys.

C. An acceptable plan of correction may be required by the department for any complaint survey where deficiencies have been cited. If the department determines other action, such as license revocation is appropriate, a plan of correction may not be required and the facility will be notified of such action.

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

E. The department may issue appropriate sanctions, including but not limited to, civil fines, directed plans of correction, and license revocations, for deficiencies and non-compliance with any complaint survey.

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

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

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

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

J. Except for the right to an administrative appeal provided in R.S. 40:2009.16(A), the informal reconsideration shall constitute final action by the department regarding the complaint survey or investigation, and there shall be no right to an administrative appeal.

1. To request an administrative appeal pursuant to R.S. 40:2009.16, the written request for the appeal shall be submitted to the Division of Administrative Law (DAL) and must be received within 30 calendar days of the receipt of the results of the informal reconsideration.

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:407 (February 2012).

§6223. Statement of Deficiencies

A. The following statements of deficiencies issued by the Department to the TGH shall be posted in a conspicuous place on the licensed premises:

1. the most recent annual survey statement of deficiencies; and
2. any complaint survey statement of deficiencies issued after the most recent annual survey.

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

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

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

2. The written request for informal reconsideration of the deficiencies shall be submitted to the Health Standards Section and will be considered timely if received by HSS within 10 days of the provider's receipt of the statement of deficiencies.

3. If a timely request for an informal reconsideration is received, the department shall schedule and conduct the informal reconsideration.

4. Except as provided for complaint surveys pursuant to R.S. 40:2009.11 et seq., and as provided in this Chapter for license denials, revocations, and non-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 provider shall be notified in writing of the results of the informal reconsideration.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:407 (February 2012).

§6225. Cessation of Business

A. A TGH that intends to close or cease operations shall comply with the following procedures:

1. give 30 days advance written notice to:
 - a. HSS;
 - b. the prescribing physician; and
 - c. the parent(s) or legal guardian or legal representative of each client;
2. notify the department of the location where the records will be stored and the contact person for the records; and
3. provide for an orderly discharge and transition of all of the clients in the facility.

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

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:407 (February 2012).

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

A. In accordance with the provisions of the Administrative Procedure Act, the department may:

1. deny an application for an initial license;
2. deny a license renewal; or
3. revoke a license.

B. Denial of an Initial License

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

2. The department shall deny an initial license for any of the reasons in this Chapter that a license may be revoked or non-renewed.

C. Voluntary Non-Renewal of a License

1. If a provider fails to timely renew its license, the license expires on its face and is considered voluntarily surrendered. There are no appeal rights for such surrender or non-renewal of the license, as this is a voluntary action on the part of the provider.

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

- a. immediately provide written notice to the department of the number of clients that are receiving treatment at the TGH;
- b. immediately provide written notice to the prescribing physician and to every client, parent, legal guardian, or legal representative of the following:
 - i. voluntary non-renewal of the facility's license;
 - ii. date of closure of the facility; and
 - iii. plans for orderly transition of the client;
- c. discharge and transition of each client within 15 days of voluntary non-renewal; and
- d. notify the department of the location where records will be stored and the contact person for the records.

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

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

1. failure to be in substantial compliance with the TGH licensing laws, rules and regulations, or with other required statutes, laws, ordinances, rules, or regulations;
2. failure to comply with the terms and provisions of a settlement agreement or education letter with or from the department, the Attorney General's Office, any regulatory agency, or any law enforcement agency;
3. failure to uphold a client's rights whereby deficient practices result in harm, injury, or death of a client;
4. negligence or failure to protect a client from a harmful act of an employee or other client including, but not limited to:
 - a. mental or physical abuse, neglect, exploitation, or extortion;
 - b. any action posing a threat to a client's health and safety;
 - c. coercion;
 - d. threat or intimidation;
 - e. harassment; or
 - f. criminal activity;
5. failure to notify the proper authorities, as required by federal or state law, rules, or regulations, of all suspected cases of the acts outlined in §6227.D.4;
6. knowingly making a false statement in any of the following documentation, including but not limited to:

- a. application for initial license or renewal of license;
 - b. data forms;
 - c. records, including:
 - i. clinical;
 - ii. client; or
 - iii. provider;
 - d. matters under investigation by the department or the Office of Attorney General; or
 - e. information submitted for reimbursement from any payment source;
7. knowingly making a false statement or providing false, forged, or altered information or documentation to department employees or to law enforcement agencies;
8. the use of false, fraudulent or misleading advertising;
9. fraudulent operation of a TGH by the owner, administrator, manager, member, officer, or director;
10. an owner, officer, member, manager, administrator, director, or person designated to manage or supervise client care has pled guilty or nolo contendere to a felony, or has been convicted of a felony, as documented by a certified copy of the record of the court.
- a. For purposes of these provisions, conviction of a felony means a felony relating to any of the following:
 - i. violence, abuse, or neglect of another person;
 - ii. misappropriation of property belonging to another person;
 - iii. cruelty, exploitation, or sexual battery of a juvenile or the infirmed;
 - iv. a drug offense;
 - v. crimes of a sexual nature;
 - vi. possession or use of a firearm or deadly weapon; or
 - vii. fraud or misappropriation of federal or state funds, including Medicare or Medicaid funds;
11. failure to comply with all of the reporting requirements in a timely manner as required by the department;
12. failure to allow or refusal to allow the department to conduct an investigation or survey, or to interview provider staff or the residents;
13. interference with the survey process, including but not limited to, harassment, intimidation, or threats against the survey staff;
14. failure to allow or refusal to allow access to facility or resident records by authorized departmental personnel;

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

16. cessation of business or non-operational status; or

17. failure to repay an identified overpayment to the department or failure to enter into a payment agreement to repay such overpayment;

18. failure to timely pay outstanding fees, fines, sanctions, or other debts owed to the department; or

19. failure to maintain accreditation, or for a new TGH that has applied for accreditation, the failure to obtain accreditation.

E. If a TGH license is revoked or renewal is denied, (other than for cessation of business or non-operational status) or the license is surrendered in lieu of an adverse action, any owner, officer, member, director, manager, or administrator of such TGH may be prohibited from opening, managing, directing, operating, or owning another TGH for a period of two years from the date of the final disposition of the revocation, denial action, or surrender.

F. The denial of the license renewal application shall not affect in any manner the license revocation, suspension, or termination.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:408 (February 2012).

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

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

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

1. The TGH provider shall request the informal reconsideration within 10 calendar days of the receipt of the notice of the license denial, license revocation, or license non-renewal. The request for informal reconsideration must be in writing and shall be forwarded to the Health Standards Section.

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

3. If a timely request for an informal reconsideration is received by the Health Standards Section, an informal reconsideration shall be scheduled and the provider shall receive written notification of the date of the informal reconsideration.

4. The provider shall have the right to appear in person at the informal reconsideration and may be represented by counsel.

5. Correction of a violation or deficiency which is the basis for the denial, revocation or non-renewal shall not be a basis for reconsideration.

6. The informal reconsideration process is not in lieu of the administrative appeals process.

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

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

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

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

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

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

a. If the secretary of the department determines that the violations of the facility pose an imminent or immediate threat to the health, welfare, or safety of a resident, the imposition of the license revocation or license non-renewal may be immediate and may be enforced during the pendency of the administrative appeal. The facility shall be notified of this determination in writing.

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

D. If an existing licensed TGH has been issued a notice of license revocation and the provider's license is due for annual renewal, the department shall deny the license renewal. The denial of the license renewal does not affect in any manner the license revocation.

E. If a timely administrative appeal has been filed by the provider on a license denial, license non-renewal, or license revocation, the DAL or its successor shall conduct the hearing within 90 days of the docketing of the administrative

appeal. One extension, not to exceed 90 days, may be granted by the DAL or its successor if good cause is shown.

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

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

F. There is no right to an informal reconsideration or an administrative appeal of the issuance of a provisional initial license to a new TGH or a provisional license to an existing TGH. The issuance of a provisional license is not considered to be a denial of license, a denial of license renewal, or a license revocation.

G. A provider with a provisional initial license or an existing provider with a provisional license that expires due to noncompliance or deficiencies cited at the follow-up survey, shall have the right to an informal reconsideration and the right to an administrative appeal regarding the deficiencies cited at the follow-up survey.

1. The correction of a violation, noncompliance, or deficiency after the follow-up survey shall not be the basis for the informal reconsideration or for the administrative appeal.

2. The informal reconsideration and the administrative appeal are limited to whether the deficiencies were properly cited at the follow-up survey.

3. The provider shall submit a written request for informal reconsideration within five calendar days of receipt of the department's notice of the results of the follow-up survey.

a. The provider may forego its right to an informal reconsideration.

4. The provider shall submit a written request to the Division of Administrative Law or its successor for an administrative appeal within 15 calendar days of receipt of the department's notice of the results of the informal reconsideration.

a. If the provider has opted to forego the informal reconsideration process, a written request for an administrative appeal shall be made within 15 calendar days of receipt of the department's notice of the results of the follow-up survey.

H. A provider with a provisional initial license or an existing provider with a provisional license that expires under the provisions of this Chapter shall cease providing

services and discharge the clients unless the DAL issues a stay of the expiration.

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

I. If a timely administrative appeal has been filed by a provider with a provisional initial license that has expired or by an existing provider whose provisional license has expired under the provisions of this Chapter, the DAL or its successor shall conduct the hearing within 90 days of the docketing of the administrative appeal. One extension, not to exceed 90 days, may be granted by the Division of Administrative Law if good cause is shown.

1. If the final DAL decision is to remove all deficiencies, the provider's license will be reinstated upon the payment of any licensing fees or other fees due to the department, and the payment of any outstanding sanctions due to the department.

2. If the final DAL decision is to uphold the deficiencies and affirm the expiration of the provisional license, the facility shall discharge all clients receiving services. Within 10 calendar days of the final agency decision, the provider shall notify HSS in writing of the secure and confidential location of where the client's records will be stored.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:409 (February 2012).

§6247. Staffing Requirements

A. There shall be a single organized professional staff that has the overall responsibility for the quality of all clinical care provided to clients, for the ethical conduct and professional practices of its members, as well as for accounting therefore to the governing body. The manner in which the professional staff is organized shall be consistent with the TGH's documented staff organization and policies and shall pertain to the setting where the TGH is located. The organization of the professional staff and its policies shall be approved by the TGH's governing body.

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

C. Staffing Ratios

1. All staffing shall be adequate to meet the individualized treatment needs of the clients and the responsibilities of the staff. Staffing schedules shall reflect overlap in shift hours to accommodate information exchange for continuity of client treatment, adequate numbers of staff reflective of the tone of the unit, appropriate staff gender mix and the consistent presence and availability of professional staff. In addition, staffing schedules should ensure the presence and availability of professional staff on nights and weekends, when parents are available to participate in family therapy and to provide input on the treatment of their child.

2. A TGH shall have a minimum of two staff on duty per shift in each living unit, with at least one staff person awake during overnight shifts with the ability to call in as many staff as necessary to maintain safety and control in the

facility, depending upon the needs of the current population at any given time.

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

D. The staff shall have the following acceptable hours and ratios:

1. Supervising Practitioner. The supervising practitioner's hours shall be adequate to provide the necessary direct services and to meet the administrative and clinical responsibilities of supervision and of directing the care in a TGH. The number of hours the supervising practitioner needs to be on-site is dependent upon the size of program and the unique needs of each individual client.

2. Clinical Director. The clinical director shall have adequate hours to fulfill the expectations and responsibilities of the clinical director.

3. Nurse. The TGH shall have at least one licensed nurse available to meet the nursing health care needs of the clients and who is on-call 24 hours a day and can be on-site within 30 minutes as needed.

4. Therapist. The ratio of the therapist to clients served shall be no greater than 1:16. Each therapist shall be available at least three hours per week for individual and group therapy and two hours per month for family therapy.

5. Direct Care Staff. The ratio of direct care staff to clients served shall be 1:4 with a minimum of two staff on duty per shift for an 8 bed capacity. This ratio may need to

be increased based on the assessed level of acuity of the youth or if treatment interventions are delivered in the community and offsite.

E. Orientation

1. All staff shall receive orientation prior to being assigned to provide client care without supervision.

2. Orientation includes, but is not limited to:

- a. confidentiality;
- b. grievance process;
- c. fire and disaster plans;
- d. emergency medical procedures;
- e. organizational structure;
- f. program philosophy;
- g. personnel policy and procedure;
- h. detecting and mandatory reporting of client abuse, neglect or misappropriation;
- i. detecting signs of illness or dysfunction that warrant medical or nursing intervention;
- j. basic skills required to meet the health needs and problems of the client;

k. crisis intervention and the use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening and verbal and observational methods to prevent emergency safety situations;

l. the safe use of time out and passive physical restraint (including a practice element in the chosen method); and

m. recognizing side effects of all medications including psychotropic drugs.

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

1. Staff shall have ongoing education, training and demonstrated knowledge of at least the following:

a. techniques to identify staff and client behaviors, events, and environmental factors that may trigger emergency safety situations;

b. the use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations;

c. the safe use of time out for behavior management, including the ability to recognize any adverse effects as a result of the use of time out; and

d. the safe use of passive physical restraint (including a practice element in the chosen method).

2. Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required within 30 days of hire.

3. Training shall be provided only by staff who are qualified by education, training, and experience.

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

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

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

G. Staff Evaluation. The TGH shall complete an annual performance evaluation of all staff members. For any person who interacts with clients, the provider's performance evaluation procedures shall address the quality and nature of a staff member's relationships with clients.

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

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 38:413 (February 2012).

§6249. Personnel Qualifications and Responsibilities

A. Professional Staffing Standards. The following are the minimum staffing requirements for TGHs.

1. Supervising Practitioner

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

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

(a). an unrestricted drug enforcement agency (DEA) and Louisiana controlled substance license;

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

(c). board-certification in general psychiatry; and

(d). satisfactory completion of a specialized psychiatric residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME), as evidenced by a copy of the certificate of training or a letter of verification of training from the training director, which includes the exact dates of training and verification that all ACGME requirements have been satisfactorily met. If training was completed in a psychiatric residency program not accredited by the ACGME, the physician must demonstrate that he/she meets the most current requirements as set forth in the American Board of Psychiatry and Neurology's Board policies, rules and regulations regarding information for applicants for initial certification in psychiatry;

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

(a). an unrestricted license to practice psychology in Louisiana issued by the Louisiana State Board of Examiners of Psychologists under R.S. 37:2351 et seq., or an unrestricted license to practice medical psychology issued by the Louisiana State Board of Medical Examiners under R.S. 37.1360.51 et seq.;

(b). unrestricted DEA and Louisiana controlled substance licenses, if the supervising practitioner is a medical psychologist;

(c). demonstrated competence and experience in the assessment, diagnosis, and treatment of children and adolescents who have mental and emotional disorders or disabilities, alcoholism and substance abuse. Acceptable competence/experience is specialized training at the internship or post-doctoral level before licensure and/or being in the independent practice of child/adolescent psychology in private practice, as a consultant, or within an outpatient or inpatient treatment facility for a period of at least two years post-licensure.

b. A supervising practitioner's responsibilities shall include, but are not limited to:

i. reviewing the referral PTA and completing an initial diagnostic assessment at admission or within 24 hours of admission and prior to service delivery;

ii. assuming accountability to direct the care of the client at the time of admission and during the entire TGH stay;

iii. supervising the development of a comprehensive treatment plan in the seven days following admission.

iv. providing clinical direction in the development of the comprehensive treatment plan;

v. at least every 14 days or more often as necessary, providing:

(a). a face-to-face assessment/service to the client;

(b). a review of the need for continued care; and

(c). continued supervision of the comprehensive treatment plan;

vi. providing crisis management including supervision and direction to the staff to resolve any crisis of the client's condition;

vii. monitoring and supervising an aggressive plan to transition the client from the program into less intensive treatment services as medically necessary;

viii. providing 24-hour on call coverage, seven days a week;

ix. assuming professional responsibility for the services provided and assure that the services are medically appropriate.

2. Clinical Director

a. A clinical director shall be an LMHP.

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

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

d. Practitioners who meet the criteria of the clinical director may also serve as the TGH's therapist.

e. The responsibilities of a clinical director include, but are not limited to:

i. overseeing, implementing, and coordinating treatment services;

ii. continually incorporating new clinical information and best practices into the program to assure program effectiveness and viability;

iii. overseeing the process to identify, respond to, and report crisis situations on a 24-hour per day, 7 day per week basis;

iv. clinical management for the program in conjunction with and consultation with the supervising practitioner;

v. assuring confidentiality and quality organization and management of clinical records and other program documentation; and

vi. applying and supervising the gathering of outcome data and determining the effectiveness of the program.

3. TGH Therapist

a. A TGH therapist shall be an LMHP or an individual with a Master's degree in social work, counseling, psychology or a related human services field.

b. The role and the responsibilities of the TGH Therapist include but are not limited to:

i. reporting to the clinical director and supervising practitioner for clinical and non-clinical guidance and direction;

ii. communicating treatment issues to the clinical director and to the supervising practitioner as needed;

iii. providing individual, group, family, psychotherapy and/or substance abuse counseling;

iv. assisting in developing/updating treatment plans for clients in TGH care in conjunction with the other multidisciplinary team members;

v. providing assistance to direct care staff and implementing the treatment plan when directed by the clinical director;

vi. providing clinical information to the multidisciplinary team and attending treatment team meetings; and

vii. providing continuous and ongoing assessments to assure clinical needs of clients and parents(s)/caregivers(s) are met.

4. Nursing Services

a. The TGH shall have a licensed registered nurse who shall supervise the nursing services of the TGH. He/She must be operating within his/her scope of practice and have documented experience and training in the treatment of children or adolescents.

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

c. The responsibilities of the registered nurse include, but are not limited to:

i. providing a nursing assessment within 24 hours of admission for each client;

ii. establishing a system of operation for the administration and supervision of the clients' medication and medical needs;

iii. training staff regarding the potential side effects of medications, including psychotropic drugs;

iv. coordinating psychiatric and medical care per physician's direction; and

v. monitoring and supervising all staff providing nursing care and services to clients.

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

i. reporting to the clinical director for programmatic guidance;

ii. reporting to the supervising practitioner as necessary regarding medical, psychiatric, and physical treatment issues;

iii. reviewing all medical treatment orders and implementing orders as directed;

iv. serving as a member of the multidisciplinary treatment team;

v. administering medications and monitoring the clients' responses to medications;

vi. providing education on medication and other health issues as needed;

vii. abiding by all state and federal laws, rules, and regulations; and

viii. identifying and assessing the clients for dental and medical needs.

5. House Manager

a. The house manager shall have the following qualifications:

i. be at least 21 years of age and at least 3 years older than the oldest client; and

ii. possess one of the following:

(a). a Bachelor's degree in a human services field and one year of documented employment with a health care provider that treats clients with mental illness; or

(b). two years of course work toward a Bachelor's degree in a human services field and two years of documented employment with a health care provider that treats clients with mental illness.

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

- i. supervising the activities of the facility when the professional staff is on call, but not on duty;
- ii. identifying, respond to, and report any crisis situation to the clinical director on a 24-hour, seven day per week basis;
- iii. reporting incidents of abuse, neglect and misappropriation to the clinical director;
- iv. assessing situations related to relapse;
- v. coordinating and consulting with the clinical director as needed; and
- vi. providing access to appropriate medical care when needed.

6. Direct Care Staff

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

- i. a high school diploma or equivalent;
- ii. at least 18 years of age, but must also be at least three years older than all clients under the age of 18;
- iii. a minimum of two years of experience working with children, be equivalently qualified by education in the human services field, or have a combination of work experience and education with one year of education substituting for one year of experience;
- iv. not have a finding on the Louisiana State Nurse Aide Registry and the Louisiana Direct Service Worker Registry against him/her;
- v. be certified in crisis prevention/management (example: CPI, Mandt, etc.);
- vi. be proficient in de-escalation techniques; and
- vii. be certified by the state of Louisiana.

- b. The responsibilities of direct care staff include, but are not limited to:

- i. completing the required program orientation and training, and demonstrating competency prior to being assigned to direct care;
- ii. having a clear understanding of the treatment plan;
- iii. assisting clients in developing social, recreational, and other independent living skills as appropriate;
- iv. being aware of safety issues and providing safety intervention within the milieu;
- v. reporting all crisis or emergency situations to the clinical director or his/her designee in the absence of the clinical director;
- vi. reporting to the therapist or clinical director as necessary regarding treatment issues;

- vii. understanding the program philosophy regarding behavior management and applying this philosophy in daily interactions with clients in TGH care; and

- viii. having the ability to effectively implement de-escalation techniques.

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must review and sign the comprehensive treatment plan within 10 calendar days following the meeting.

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

E. The multi-disciplinary team shall identify any barriers to treatment and modify the plan in order to continue to facilitate active movement toward the time-limited treatment goals identified in the plan.

F. The TGH shall use a standardized assessment and treatment planning tool such as the *Child and Adolescent Needs and Strengths* (CANS).

G. Each client's treatment plan shall identify individualized strength-based services and supports. The individualized, strengths-based services and supports:

1. are identified in partnership with the client and his or her family and support system to the fullest possible extent and if developmentally appropriate;
2. are based on both clinical and functional assessments;
3. are clinically monitored and coordinated, with 24-hour availability;
4. are implemented with oversight from a licensed mental health professional; and
5. assist with the development of skills for daily living and support success in community settings, including home and school.

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§6269. Client Services

A. The TGH shall ensure services in the following areas to meet the specialized needs of the client:

1. psychological and psychiatric services;
2. physical and occupational therapy;
3. speech pathology and audiology; and
4. other medical and dental services as needed.

B. The TGH is required to provide at least 21 hours of active treatment per week to each client. This treatment must be provided by qualified staff.

C. The TGH shall have a written plan for insuring that a range of daily indoor and outdoor recreational and leisure opportunities are provided for clients. Such opportunities shall be based on both the individual interests and needs of the client and the composition of the living group. Recreational activities are not considered a part of the 21 required treatment hours.

§6267. Comprehensive Treatment Plan

A. Within seven days of admission, a comprehensive treatment plan shall be developed by the established multidisciplinary team of staff providing services for the client. Each treatment team member shall sign and indicate their attendance and involvement in the treatment team meeting. The treatment team review shall be directed and supervised by the supervising practitioner at a minimum of every 14 days.

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

C. In the event the supervising practitioner is not present at a treatment team meeting during a review of a comprehensive treatment plan, the supervising practitioner

1. The provider shall be adequately staffed and have appropriate recreation spaces and facilities accessible to clients.

2. Any restrictions of recreational and leisure opportunities shall be specifically described in the treatment plan, together with the reasons such restrictions are necessary and the extent and duration of such restrictions.

D. The TGH shall have a program to ensure that clients receive training in independent living skills appropriate to their age and functioning level. This program shall include instruction in:

1. hygiene and grooming;
2. laundry and maintenance of clothing;
3. appropriate social skills;
4. housekeeping;
5. budgeting and shopping;
6. cooking; and
7. punctuality, attendance, and other employment related matters.

E. The TGH shall have a written description regarding the involvement of the client in work including:

1. the description of any unpaid tasks required of the client;
2. the description of any paid work assignments including the pay scales for such assignments;
3. the description of the provider's approach to supervising work assignments;
4. assurance that the conditions and compensation of such work are in compliance with applicable state and federal laws; and
5. all work assignments shall be in accordance with the client's treatment plan.

F. The provider shall assign as unpaid work for the client only housekeeping tasks similar to those performed in a normal family home. Any other work assigned shall be compensated at a rate and under such conditions as the client might reasonably be expected to receive for similar work in outside employment.

G. When a client engages in off-grounds work, the provider shall maintain written documentation that:

1. such work is voluntary and in accordance with the client's treatment plan;
2. the clinical director approves such work;
3. such work is supervised by qualified personnel; and
4. the conditions and compensation of such work are in compliance with applicable state and federal laws;

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