

NOTICE OF INTENT

**Department of Health
Health Standards Section**

**Behavioral Health Service Providers
Licensing Standards
(LAC 48:I.Chapters 56 and 57)**

The Department of Health, Health Standards Section (the department), proposes to amend LAC 48:I.Chapters 56 and 57 and adopt §5706 as authorized by R.S. 36:254, R.S. 40:2151-2161. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The proposed Rule amends the provisions governing the licensing of behavioral health service providers in order to update evidence-based practice standards and requirements to be in compliance with those nationally recognized. This includes updating definitions, revising licensure and staffing requirements, establishing timeframes for conducting client assessments and completion of discharge summaries, updating program titles, and re-establishing criteria for operating a Pregnant and Parenting Women Program at multiple levels of care. The proposed Rule also clarifies opioid treatment programs' operational hours to comply with federal regulations.

Title 48

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

**Chapter 56. Behavioral Health Service Providers
Subchapter A. General Provisions**

§5601. Introduction

A. - C.3 ...

D. ~~Licensed substance use/addiction treatment facilities and mental health clinics have one year from the date of promulgation of the final Rule to comply with all of the provisions herein~~Repealed.

NOTE: ~~Existing licensed substance use/addiction treatment facilities and mental health clinics shall be required to apply for a BHS provider license at the time of renewal of their current license(s)~~ Repealed.

E. - E.18. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1682 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1379 (July 2017), LR 48:1276 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5603. Definitions

* * *

Addiction Outpatient Treatment Services ~~(American Society of Addiction Medicine (ASAM) Level 1.5)~~—an outpatient program that offers comprehensive, coordinated, professionally directed and defined addiction treatment services that may vary in level of intensity and may be delivered in a wide variety of settings. Services are provided in regularly scheduled sessions of fewer than nine contact hours a week.

~~Addictionologist~~ Addiction Specialist—a licensed physician who is either of the following:

1. ...
2. certified by the American Board of ~~Addiction Medicine~~ Preventive Medicine or the American Osteopathic Association.

~~Addictive Disorder~~—the repeated pathological use of substances including but not limited to alcohol, drugs, or tobacco, or repeated pathological compulsive behaviors, including but not limited to gambling, which cause physical,

psychological, emotional, economic, legal, social, or other harms to the individual afflicted with the addiction or to others affected by the individual's affliction. ~~Addiction~~ Addictive disorder includes instances where withdrawal from or tolerance to the substance or behaviors are present, and also instances involving use and abuse of substances.

* * *

Advanced Practice Registered Nurse (APRN)—a licensed registered nurse who meets the criteria for an *advanced practice registered nurse* as established by the Louisiana State Board of Nursing and is licensed as an *APRN* and in good standing with the Louisiana State Board of Nursing.

* * *

~~Ambulatory Withdrawal Management with Extended on-site Monitoring~~ Medically Managed Intensive Outpatient Treatment (ASAM Level ~~2-WM2.7~~)—an organized outpatient addiction treatment service that may be delivered in an office setting or health care or behavioral health services provider by trained clinicians who provide medically supervised evaluation, withdrawal management and referral services. The services are designed to treat the client's level of clinical severity to achieve safe and comfortable withdrawal from mood-altering chemicals and to effectively facilitate the client's entry into ongoing treatment and recovery. ~~The services are provided in conjunction with intensive outpatient treatment services (level 2.1).~~

* * *

Campus—for purposes of this Chapter, a location where BHS services are provided that is within the geographic service area as the licensed BHS provider. A campus may have multiple buildings ~~/multiple or~~ addresses as long as those buildings are

contiguous and not separated by public streets, and are within the same geographic service area as the licensed BHS provider.

* * *

Clinically Managed High-Intensity Residential Treatment

~~Services~~ (ASAM Level 3.5)—a residential program for adults that offers continuous observation, monitoring, and treatment by clinical staff designed to treat clients experiencing substance-related disorders who have clinically-relevant social and psychological problems, such as criminal activity, impaired functioning and disaffiliation from mainstream values, with the goal of promoting abstinence from substance use and antisocial behavior and affecting a global change in clients' lifestyles, attitudes and values.

Clinically Managed Low Intensity Residential Treatment

~~Services~~ (ASAM Level 3.1)—a residential program that offers at least five hours a week of a combination of low-intensity clinical and recovery-focused services for substance-related disorders. Services may include individual, group and family therapy, medication management and medication education, and treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the client into the worlds of work, education, and family life.

Clinically Managed Medium-Intensity Residential Treatment

(ASAM Level 3.5)—a residential program for adolescents that offers continuous observation, monitoring, and treatment by clinical staff designed to treat clients experiencing substance-related disorders who have clinically-relevant social and psychological problems, such as criminal activity, impaired functioning and disaffiliation from mainstream values, with the goal of promoting abstinence from substance use and antisocial

behavior and affecting a global change in clients' lifestyles, attitudes and values.

Clinically Managed Population Specific High-Intensity Residential Treatment Services (ASAM Level 3.3)—~~a residential program that offers at least 20 hours per week of a combination of medium-intensity clinical and recovery-focused services in a structured recovery environment to support recovery from substance-related disorders; is frequently referred to as extended or long term care~~Repealed.

Clinically Managed Residential Withdrawal Management (Social) (ASAM LEVEL 3.2-WM)—~~an organized residential program utilizing 24 hour active programming and containment provided in a non-medical setting that provides relatively extended, sub-acute treatments, medication monitoring observation, and support in a supervised environment for a client experiencing non-life threatening withdrawal symptoms from the effects of alcohol/drugs and impaired functioning and who is able to participate in daily residential activities~~Repealed.

* * *

Facility Need Review Approval—~~(FNA) the letter of approval from the Office of Behavioral Health (OBH) which is required for licensure applicants for opioid treatment programs prior to applying for a BHS provider license or~~ the letter of approval from the Facility Need Review (FNR) Committee within the department, which is required for licensure applicants in accordance with R.S. 40:2116, or current law, and the rules published thereto for psychosocial rehabilitation (PSR), Community Psychiatric Support and Treatment (CPST), and Opioid Treatment Program (OTP) services prior to applying for a BHS provider license.

* * *

Human Services District or Authority—an existing or newly created local ~~governmental-governing~~ entity with local accountability and management of behavioral health and developmental disabilities services as well as any public health or other services contracted to the district by the department.

Human Services Field—an academic program with a curriculum content in which at least 70 percent of the required courses are in the study of behavioral health or human behavior.

Intensive Outpatient Treatment Services (ASAM Level 2.1)—professionally directed assessment, diagnosis, treatment and recovery services provided in an organized non-residential treatment setting, including individual, group, family counseling and psycho-education on recovery as well as monitoring of drug use, medication management, medical and psychiatric examinations, crisis mitigation coverage and orientation to community-based support groups. Services may be offered during the day, before or after work or school, in the evening or on a weekend, and the program shall provide nine or more hours of structured programming per week for adults and six or more hours of structured programming per week for children/adolescents.

* * *

Licensed Mental Health Professional (LMHP)—pursuant to R.S. 40:2153, or current law, an individual who is currently licensed and in good standing in the state of Louisiana to practice within the scope of all applicable state laws, practice acts and the individual's professional license, as one of the following:

1. - 8. ...

Licensed Professional Counselor (LPC)—any person who holds himself out to the public for a fee or other personal gain, by any title or description of services incorporating the words "licensed professional counselor" or any similar term, and who

offers to render professional mental health counseling services denoting a client-counselor relationship in which the counselor assumes responsibility for knowledge, skill and ethical considerations needed to assist individuals, groups, organizations, or the general public, and who implies that he is licensed to practice mental health counseling pursuant to R.S. 37:1103 et seq., or current law.

* * *

Medically ~~Monitored Inpatient~~ Managed Residential Withdrawal Management (~~Medically Supported~~) (ASAM Level 3.7-WM)—a residential program for adults that provides 24-hour observation, monitoring and treatment delivered by medical and nursing professionals to clients whose withdrawal signs and symptoms are moderate to severe and thus require residential care, but do not need the full resources of an acute care hospital.

Medically ~~Monitored Intensive Inpatient Treatment Services (Co-occurring)~~ Managed Residential Treatment (ASAM Level 3.7)—a residential program for adults that provides a planned regimen of 24-hour professionally directed evaluation, observation, medical monitoring and addiction treatment to clients with co-occurring psychiatric and substance disorders whose disorders are so severe that they require a residential level of care but do not need the full resources of an acute care hospital. The program provides 24 hours of structured treatment activities per week, including, but not limited to, psychiatric and substance use assessments, diagnosis treatment, and habilitative and rehabilitation services.

* * *

~~Mothers with Dependent Children Program or Dependent Care~~ Pregnant and Parenting Women (PPW) Program—a program that is designed to provide substance use/addiction treatment to

pregnant women and mothers with dependent children who remain with the parent while the parent is in treatment.

* * *

On-site or Onsite~~the physical location of the licensed facility.~~

* * *

~~OSFM~~the Louisiana Department of Public Safety and Corrections (LDPSC), Office of State Fire Marshal (~~OSM~~OSFM).

OTP Practitioner—a physician, advanced practice registered nurse, ~~nurse practitioner,~~ or physician assistant (PA) who is currently licensed and in good standing to prescribe ~~and/or~~ and dispense medications for opioid use disorders, and who is acting within the scope of all applicable state and federal laws and the individual's professional license.

* * *

~~Partial Hospitalization Services~~High Intensity Outpatient Treatment (ASAM Level 2.5)—an organized outpatient service that delivers treatment to adolescents and adults. This level encompasses services that meet the multidimensional instability and complex needs of people with addiction and co-occurring conditions which do not require 24-hour care.

* * *

Psychosocial Rehabilitation (PSR)~~—face to face intervention with the client designed to assist with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with his/her mental illness~~Repealed.

* * *

State Opioid Authority (SOA)~~—the agency or other appropriate officials designated by the governor or his/her designee, to exercise the responsibility and authority within the state for governing the treatment of opiate addiction with~~

~~an opioid drug. The state opioid authority for the state of Louisiana is the Office of Behavioral Health~~[Repealed](#).

State Opioid Treatment Authority (SOTA)—the agency or other appropriate officials designated by the governor or his/her designee, to exercise the responsibility and authority within the state for governing the treatment of ~~opiate addiction~~opioid use disorder with an opioid drug. The SOTA for the state of Louisiana is ~~the~~ OBH.

* * *

Substance Use Disorder Facilities/Addiction Treatment Service—a service related to the screening, diagnosis, management, or treatment for the use of or addiction to controlled dangerous substances, drugs or inhalants, alcohol, ~~problem~~gambling, or a combination thereof; may also be referred to as substance use disorder service.

Take-Home Dose(s)—a dose of opioid agonist treatment medication dispensed by a dispensing physician or pharmacist to a client for unsupervised use, ~~including for use on Sundays, state and federal holidays, and emergency closures per LDH directive~~.

* * *

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1682 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1380 (July 2017), LR 46:587 (April 2020), LR 48:1277 (May 2022), LR 48:2755 (November 2022), LR 50:394 (March 2024), amended by the Department of Health, Health Standards Section, LR 51:534 (April 2025), amended by the Department of Health, Health Standards Section, LR 51:535 (April

2025), amended by the Department of Health, Health Standards Section, LR 51:

Subchapter B. Licensing

§5606. License Restrictions and Exceptions

A. - E.2. ...

F. Exceptions during a Gubernatorial Declared State of Emergency or Disaster

1. To ensure the health and safety of clients, and the coordination and continuation of services to clients, during a gubernatorial declared state of emergency or disaster in Louisiana, the department, through written notice sent electronically to licensed [behavioral health service \(BHS\)](#) providers, may allow a licensed BHS provider to operate and provide services to existing clients who are receiving outpatient BHS services and who have evacuated or temporarily relocated to another location in the state when the following apply:

a. ...

b. the client shall have been ~~a~~-an active client of the BHS provider as of the declared state of emergency or disaster, with an approved treatment plan;

1.c. - 4. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2162.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 46:588 (April 2020), amended LR 48:1281 (May 2022), LR 48:2756 (November 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5607. Initial Licensure Application Process

A. ...

B. The completed initial licensing application packet shall include:

1. - 11. ...

12. any other documentation or information required by the department for licensure including, but not limited to ~~+,~~ a copy of the facility need review (FNR) approval letter, if applicable;

~~a. documentation for opioid treatment programs, such as a copy of the OBH FNA letter; and~~

~~b. a copy of the FNR approval letter for providers of PSR/CPST~~ a. - b. Repealed;

B.13. - J.5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1688 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1381 (July 2017), LR 48:1282 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5611. Types of Licenses

A. The department has the authority to issue the following types of licenses.

1. - 3. ...

4. Provisional License. The department may issue a provisional license to a licensed BHS provider for a period not to exceed six months.

a. - f.ii. ...

g. If the provisional license expires, the provider shall be required to begin the initial licensing process by submitting the following:

i. - ii. ...

iii. facility need review approval, if applicable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1690 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1381 (July 2017), amended by the Department of Health, Health Standards Section, LR 51:

Subchapter D. Provider Operations

§5637. Client Records

A. - A.15. ...

B. Contents. The provider shall ensure that a client record, at a minimum, contains the following:

1. - 2. ...

3. all pertinent medical, psychological, social and other therapeutic information, including:

a. - l. ...

m. physicians', advanced practice registered nurses (APRNs'), physician assistants', or LMHPs' orders;

3.n. - 4.c. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1697 (September 2015), amended by the Department of Health, Health Standards Section, LR 51:534 (April 2025), amended by the Department of Health, Health Standards Section, LR 51:

Subchapter F. Admission, Transfer and Discharge

§5647. Admission Requirements

A. - B. ...

C. Pre-Admission Requirements

1. - 3. ...

4. The initial admission assessment shall contain the following:

a. - b.xiii. ...

c. physical examination or appropriate referral within 72 hours if indicated by the physician, nursing assessment, or screening process, unless indicated to occur sooner than 72 hours in specific levels of care;

C.4.d. - D.2.1. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1702 (September 2015), amended by the Department of Health, Health Standards Section, LR 51:

§5649. Transfer and Discharge Requirements

A. - D.6. ...

E. Discharge Summary. The BHS provider shall ensure that each client record contains a written discharge summary ~~that includes~~. The discharge summary shall be completed within 14 calendar days of the client leaving the program, and shall include:

E.1. - I.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1703 (September 2015), amended by the Department of Health, Health Standards Section, LR 51:

Subchapter G. Services

§5651. Treatment Protocols

A. - B. ...

C. Assessments shall be performed any time there is a significant change to the client's circumstances.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1704 (September 2015), amended by the Department of Health, Health Standards Section, LR 51:

§5653. Treatment Plan

A. Each client of the BHS provider shall have a treatment plan ~~linked to~~based on the assessment that contains:

1. - 7. ...

B. The BHS provider shall ensure that the treatment plan is in writing and is:

1. - 3. ...

4. signed by the LMHP or physician responsible for ~~developing~~ reviewing and approving the treatment plan; and

5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1704 (September 2015), amended by the Department of Health, Health Standards Section, LR 51:

Subchapter I. Physical Environment

§5669. Interior Space for Residential Facilities

A. - D.11.e. ...

E. The provider shall:

1. ...

2. require separate bedrooms and bathrooms for adults, and children/adolescents, except in the ~~Mothers with~~

~~Dependent Children~~ Pregnant and Parenting Women (PPW) Program,
and for males and females;

3. prohibit adults and children/adolescents from
sharing the same space, except in the ~~Mothers with Dependent
Children Program;~~ PPW Program;

4. - 7. ...

8. prohibit bunk beds in the following programs:

a. clinically managed medium-intensity
residential ~~withdrawal management~~ treatment (ASAM level ~~3.2-
WM3.5~~) for adolescents;

b. ~~C~~linically ~~M~~managed ~~H~~high ~~I~~intensity
~~R~~residential treatment ~~services~~ (ASAM level 3.5) for adults;

c. medically ~~monitored intensive managed~~
residential treatment ~~services~~ (ASAM level 3.7); and

d. medically ~~monitored inpatient managed~~
residential withdrawal management (ASAM level 3.7-WM).

F. - L. ...

AUTHORITY NOTE: Promulgated in accordance with R.S.
36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health
and Hospitals, Bureau of Health Services Financing, LR 41:1707
(September 2015), amended by the Department of Health, Bureau of
Health Services Financing, LR 43:1385 (July 2017), LR 48:1283
(May 2022), amended by the Department of Health, Health
Standards Section, LR 51:

Subchapter K. Additional Requirements for Children/Adolescent Programs

§5679. General Provisions

A. - A.7. ...

B. Staffing

1. All direct care employees shall have training in child and adolescent development, family systems, child and adolescent psycho-pathology and mental health, substance use in children and adolescents, and child and adolescent socialization issues.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1711 (September 2015), amended by the Department of Health, Health Standards Section, LR 51:

Subchapter L. Additional Requirements for Mental Health

Programs

§5689. Community Psychiatric Support and Treatment

A. - A.5. ...

B. Staffing Requirements

1. - b.ii. ...

2. Licensed Mental Health Professionals

~~a. The LMHP shall have experience in CPST services.~~

ba. The LMHP is responsible for providing clinical supervision of the CPST staff.

eb. The LMHP is responsible for rendering the assessment and treatment planning components of CPST.

3. - 3.b. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1713 (September 2015), amended by the Department of Health, Bureau of

Health Services Financing, LR 48:2758 (November 2022), amended by the Department of Health, Health Standards Section, LR 51:

Subchapter M. Additional Requirements for Substance Use/Addiction Treatment ~~Programs~~Services

* * *

§5693. General Requirements

A. - A.3. ...

B. Staffing

1. Medical Director

a. The provider shall ensure that its medical director is a licensed physician, with a current, unrestricted license to practice in the state of Louisiana, who:

i. is an ~~addictionologist~~addiction specialist; or

ii. meets all of the following:

(a). - (b). ...

(c). maintains a consulting relationship with an ~~addictionologist~~addiction specialist.

~~b. A PA may perform duties as designated by the supervising physician in accordance with the Louisiana State Board of Medical Examiners.~~

~~c. The APRN shall have a collaborative practice agreement with a physician in accordance with the Louisiana State Board of Nursing~~1.b. - c. Repealed.

2. - 3.d. ...

4. Optional Staff. An APRN providing addiction treatment services shall have a collaborative practice agreement. The agreement shall meet the requirements of the Louisiana State Board of Nursing, and any requirements of the licensed facility.

C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1714 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1387 (July 2017), amended by the Department of Health, Health Standards Section, LR 51:

§5695. Addiction Outpatient Treatment Program—(ASAM Level 1.5)

A. The BHS provider shall:

1. only admit clients clinically appropriate for ASAM level 1.5 into this program;

2. ...

3. review ~~and update~~ the treatment plan in collaboration with the client ~~as needed or at~~ a minimum of every 90 days or more frequently as needed, and document accordingly.

B. Staffing. The provider shall ensure that:

1. ...

a. ~~physician services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider shall maintain documentation of such arrangement.~~Repealed.

2. - 4.

5. ...

a. ~~Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider shall maintain documentation of such arrangement.~~Repealed.

C. The BHS provider may provide long-term remission monitoring as a step-down from ASAM Level 1.5. The client shall have sustained remission of at least one year from a substance use disorder.

1. Long-term remission monitoring includes:

a. remission monitoring;

b. mental health screenings; and

c. re-intervention as indicated.

2. Frequency of visits shall be based on clinical need, including at least quarterly recovery management checkups.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1714 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:1286 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5697. Intensive Outpatient Treatment Programs—(ASAM Level 2.1)

A. The provider shall:

1. - 2. ...

3. maintain a minimum of 6 hours per week for children/adolescents, at a minimum of three days per week, with a maximum of 19 hours per week; ~~and~~

4. complete an initial treatment plan within the first three visits; and

5. review ~~and update~~ the treatment plan in collaboration with the client ~~as needed or at~~ a minimum of every 30 days or more frequently as needed, and document accordingly.

B. - B.5. ...

a. ~~Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider shall maintain documentation of such arrangement. Repealed.~~

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1714 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:1286 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5698. ~~Partial Hospitalization Services~~High Intensity Outpatient Treatment (substance use only) (ASAM Level 2.5)

A. The provider shall:

1. - 3.b. ...

4. review ~~and update~~ the treatment plan in collaboration with the client ~~as needed or at~~ a minimum of every 30 days or more frequently as needed, and document accordingly.

B. - B.5. ...

a. ~~Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider shall maintain documentation of such arrangement.~~Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 43:1387 (July 2017), LR 48:1286 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5699. ~~Ambulatory Withdrawal Management with Extended On-Site Monitoring~~Medically Managed Intensive Outpatient Treatment (ASAM Level ~~2-WM2.7~~) (Adults Only)

A. The BHS provider shall:

1. only admit clients clinically appropriate for ASAM level ~~2-WM2.7~~ into this program;

2. review ~~and update~~ the treatment plan in collaboration with the client ~~as needed or at~~ a minimum of every

30 days or more frequently as needed, and document accordingly;
and

3. ~~ensure that level 2 WM services are offered in conjunction with intensive outpatient treatment services (ASAM level 2.1)~~provide a minimum of 20 hours of services per week, comprised of medical and psychosocial services; and

4. have access onsite to perform biomedical capabilities.

B. - B.5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1715 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:1286 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5701. Clinically Managed Low-Intensity Residential Treatment Services ~~(ASAM Level 3.1)~~

A. The BHS provider shall:

1. only admit clients clinically appropriate for ASAM level 3.1 into its ~~Clinically Managed Low-Intensity Residential Treatment Services~~program;

2. offer ~~at least five hours per week of a~~ combination of low-intensity clinical and recovery focused services, including:

a. - d. ...

3. for adolescents, offer at least five hours of services per week;

4. for adults, offer nine to 19 hours of services seven days per week;

5. ensure that review the treatment plan ~~is reviewed~~ in collaboration with the client ~~at least a minimum of~~ every ~~90~~

30 days or more frequently as needed, and document accordingly;
and

46. provide case management that is:

a. provided by a care coordinator who is on duty
as needed; or

b. assumed by the clinical staff

B. - B.4.c. ...

C. The BHS provider may operate a PPW program.

1. A provider's PPW program shall:

a. meet the requirements of ASAM level 3.1;

b. provide weekly parenting classes where
attendance is required;

c. address the specialized needs of the parent;

d. provide education, counseling, and
rehabilitation services for the parent that further addresses:

i. the effects of chemical dependency on a
woman's health and pregnancy;

ii. parenting skills; and

iii. health and nutrition;

e. regularly assess parent-child interactions
and address any identified needs in treatment; and

f. provide access to family planning services.

2. Child Supervision

a. When the mother is not available, the
provider shall provide age-appropriate child supervision.

b. The provider shall ensure that its child
supervision is provided by either:

i. the provider's on-site program with all
staff members who:

(a). are at least 18 years old;

(b). have infant cardiopulmonary
resuscitation (CPR) certification; and

(c). have at least eight hours of training in the following areas prior to supervising children independently:

(i). chemical dependency and its impact on the family;

(ii). child development and age-appropriate activities;

(iii). child health and safety;

(iv). universal precautions;

(v). appropriate child supervision techniques; and

(vi). signs of child abuse; or

ii. a licensed day care provider pursuant to a written agreement with the provider.

c. The provider shall maintain a staff-to-child ratio that does not exceed:

i. 1:3 for infants (18 months and younger); and

ii. 1:6 for toddlers and children.

d. Child Specialist. The provider shall have a child specialist who:

i. is available to:

(a). provide staff training;

(b). evaluate effectiveness of direct care staff; and

(c). plan activities for at least one hour per week per child;

ii. has 90 clock hours of education and training in child development and/or early childhood education; and

iii. has one year of documented experience providing services to children.

e. Clients shall not supervise another parent's child or children without written consent from the legal guardian and staff approval.

f. Staff shall check all diapers frequently and change as needed. Staff shall dispose of the diapers in a sealed container and sanitize the changing area.

3. Clinical Care for Children. The provider shall:

a. address the specialized and therapeutic needs and care for the dependent children;

b. develop an individualized treatment plan to include goals, objectives, and target dates;

c. provide age-appropriate education, counseling, and rehabilitation services for children that address or include:

i. the emotional and social effects of living with a chemically dependent care-giver;

ii. early screening and intervention of high risk behavior and referrals for appropriate services when indicated;

iii. screening for developmental delays; and

iv. health and nutrition;

d. ensure that all children have access to medical care when needed;

e. ensure that children are administered medication according to the label by the parent or licensed staff qualified to administer medications;

f. ensure that if licensed staff administer medications, the provider:

i. obtains written consent from the parent to administer the prescribed and over the counter medications;

(a). written consent shall include information relative to dosage, route, etc.;

ii. assumes full responsibility for the proper administration and documentation of the medications; and

iii. ensures original labeled medication containers with name, dosage, route, etc. are obtained prior to medication administration;

g. maintain current immunization records and allergy records for each child at the program site; and

h. obtain consent for emergency medical care for each child at admission.

4. Child Services

a. The children's daily activity schedule shall include a variety of structured and unstructured age-appropriate activities.

b. School age children shall have access to school.

c. The health, safety, and welfare of the children shall be protected at all times.

d. Behavior management shall be fair, reasonable, consistent, and related to the child's behavior. Physical discipline is prohibited.

e. The children shall be well-groomed and dressed weather-appropriate.

f. An adequate diet for childhood growth and development, including two snacks per day, shall be provided to each child.

5. The program shall develop, implement, and comply with written policies and procedures that:

a. address abuse and/or neglect of a child;

b. prohibit children under the age of 18 months from sleeping in bed with their mothers;

c. require a current schedule showing who is responsible for the children at all times;

d. address isolating parents and children who have communicable diseases and providing them with appropriate care and supervision; and

e. identify those persons authorized to remove a child from the facility other than legal guardian or parent.

6. Safety and Emergency Preparedness (SEP)

a. The program shall develop and implement an SEP plan with provisions and services for the clients and children.

b. All toys and equipment shall be:

i. age appropriate;

ii. in good order and safe condition; and

iii. operated in accordance with manufacturer's recommendations.

c. Staff, volunteers, and parents shall use universal precautions at all times.

d. The provider shall ensure that only the legal guardian or a person authorized by the legal guardian may remove a child from the provider.

e. If an individual shows documentation of legal custody, staff shall record the person's identification before releasing the child.

7. Physical Environment

a. The program shall provide potty chairs for small children and sanitize them after each use.

b. The program shall provide age-appropriate bathing facilities. Infants shall not be bathed in sinks.

c. Each child shall be provided with his/her own bed.

d. Infants up to 18 months shall sleep in either a bassinet or cribs appropriate to the size of the child.

e. The provider shall provide a variety of age-appropriate equipment, toys, and learning materials for the children/adolescents.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1715 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:1286 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

**§5703. Clinically Managed Residential Withdrawal (Social)
(ASAM Level 3.2-WM)**

- ~~A. The provider shall:~~
- ~~1. only admit clients clinically appropriate for ASAM level 3.2-WM into its Clinically Managed Residential Withdrawal Management Program;~~
 - ~~2. screen each client upon arrival for at least the following to ensure proper placement:
 - ~~a. withdrawal potential;~~
 - ~~b. biomedical conditions; and~~
 - ~~c. cognitive/emotional complications;~~~~
 - ~~3. have at least one staff member on each shift trained in cardiopulmonary resuscitation (CPR);~~
 - ~~4. develop and implement an individualized stabilization/treatment plan in collaboration with the client that:
 - ~~a. shall be reviewed and signed by the UP and the client; and~~
 - ~~b. shall be filed in the client's record within 24 hours of admission;~~~~
 - ~~5. provide case management that is:~~

~~_____ a. provided by a care coordinator who is on duty as needed; or~~

~~_____ b. assumed by the clinical staff.~~

~~_____ B. Emergency Admissions~~

~~_____ 1. If a client is admitted under emergency circumstances, the admission process may be delayed until the client can be interviewed, but no longer than 24 hours unless assessed and evaluated by a physician.~~

~~_____ 2. The provider shall orient the direct care staff to monitor, observe and recognize early symptoms of serious illness associated with withdrawal management and to access emergency services promptly.~~

~~_____ C. Staffing. The provider shall ensure that:~~

~~_____ 1. there is a physician on call 24 hours per day, seven days per week and on duty as needed for management of psychiatric and medical needs of the clients;~~

~~_____ 2. there is a clinical supervisor available for clinical supervision when needed and by telephone for consultation;~~

~~_____ 3. there is at least one LMHP or UP available on site at least 40 hours per week; and~~

~~_____ 4. for adults:~~

~~_____ a. each LMHP/UP's caseload shall not exceed 1:25;~~

~~_____ b. there is at least one direct care aide per shift with additional as needed;~~

~~_____ 5. for children/adolescents:~~

~~_____ a. each LMHP/UP's caseload shall not exceed 1:16;~~

~~_____ b. there are at least two direct care aides per shift with additional as needed; and~~

~~c. the ratio of aides to clients shall not exceed 1:10~~Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1715 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:1286 (May 2022), repealed by the Department of Health, Health Standards Section, LR 51:

§5705. Clinically Managed Population Specific High-Intensity Residential Treatment (ASAM Level 3.3) (Adult Only)

~~A. The provider shall:~~

~~1. only admit clients clinically appropriate for ASAM level 3.3 into its Clinically Managed High-Intensity Residential Treatment Services;~~

~~2. offer at least 20 hours per week of a combination of high-intensity clinical and recovery-focused services;~~

~~3. ensure that the treatment plan is reviewed in collaboration with the client as needed or at a minimum of every 90 days and documented accordingly; and~~

~~4. provide case management that is:~~

~~a. provided by a care coordinator who is on duty as needed; or~~

~~b. assumed by the clinical staff.~~

~~B. Staffing. The provider shall ensure that:~~

~~1. there is a physician on call 24 hours per day and on duty as needed for management of psychiatric and medical needs;~~

~~2. there is a clinical supervisor available for clinical supervision when needed and by telephone for consultation;~~

~~3. there is 24 hour on call availability by an RN plus a licensed nurse on duty whenever needed to meet the professional nursing requirements;~~

~~4. there is a LMHP or UP on site 40 hours a week to provide direct client care;~~

~~5. each LMHP/UP caseload shall not exceed 1:12; and~~

~~6. there is at least one direct care aide on duty for each shift plus additional aides as needed.~~

~~C. Mothers with Dependent Children Program (Dependent Care Program)~~

~~1. A provider's Mothers with Dependent Children Program shall:~~

~~a. meet the requirements of ASAM level 3.3;~~

~~b. provide weekly parenting classes where attendance is required;~~

~~c. address the specialized needs of the parent;~~

~~d. provide education, counseling, and rehabilitation services for the parent that further addresses:~~

~~i. the effects of chemical dependency on a woman's health and pregnancy;~~

~~ii. parenting skills; and~~

~~iii. health and nutrition;~~

~~e. regularly assess parent-child interactions and address any identified needs in treatment; and~~

~~f. provide access to family planning services.~~

~~2. Child Supervision~~

~~a. The provider shall ensure that it provides child supervision appropriate to the age of each child when the mother is not available to supervise her child.~~

~~b. The provider shall ensure that its child supervision is provided by either:~~

~~i. the provider's on-site program with all staff members who:~~

~~(a). are at least 18 years old;~~

~~(b). have infant CPR certification; and~~

~~(c). have at least eight hours of training in the following areas prior to supervising children independently:~~

~~(i). chemical dependency and its impact on the family;~~

~~(ii). child development and age-appropriate activities;~~

~~(iii). child health and safety;~~

~~(iv). universal precautions;~~

~~(v). appropriate child supervision techniques; and~~

~~(vi). signs of child abuse; or~~

~~ii. a licensed day care provider pursuant to a written agreement with the provider.~~

~~c. The provider shall maintain a staff-to-child ratio that does not exceed 1:3 for infants (18 months and younger) and 1:6 for toddlers and children.~~

~~d. Child Specialist. The provider shall have a child specialist who:~~

~~i. is available to provide staff training, evaluate effectiveness of direct care staff, and plan activities, for at least one hour per week per child;~~

~~ii. has 90 clock hours of education and training in child development and/or early childhood education; and~~

~~iii. has one year of documented experience providing services to children.~~

~~e. Clients shall not supervise another parent's child or children without written consent from the legal guardian and staff approval.~~

~~f. Staff shall check all diapers frequently and change as needed, dispose of the diapers in a sealed container and sanitize the changing area.~~

~~3. Clinical Care for Children. The provider shall:~~

~~a. address the specialized and therapeutic needs and care for the dependent children and develop an individualized treatment plan to address those needs, to include goals, objectives and target dates;~~

~~b. provide age-appropriate education, counseling, and rehabilitation services for children that address or include:~~

~~i. the emotional and social effects of living with a chemically dependent care-giver;~~

~~ii. early screening and intervention of high risk behavior and when indicated provide or make appropriate referrals for services;~~

~~iii. screening for developmental delays; and~~

~~iv. health and nutrition;~~

~~c. ensure that all children have access to medical care when needed;~~

~~d. ensure that children are administered medication according to the label by the parent or licensed staff qualified to administer medications; and~~

~~e. ensure that if licensed staff will be administering medications, the provider:~~

~~i. obtains written consent from the parent to administer the prescribed and over the counter medications, including identifying information relative to dosage, route, etc.;~~

~~ii. assumes full responsibility for the proper administration and documentation of the medications; and~~

~~iii. ensures original labeled medication containers with name, dosage, route, etc. are obtained prior to medication administration.~~

~~f. maintain current immunization records and allergy records for each child at the program site; and~~

~~g. obtain consent for emergency medical care for each child at admission.~~

~~4. Child Services~~

~~a. The daily activity schedule for the children shall include a variety of structured and unstructured age-appropriate activities.~~

~~b. School age children shall have access to school.~~

~~c. The health, safety, and welfare of the children shall be protected at all times.~~

~~d. Behavior management shall be fair, reasonable, consistent, and related to the child's behavior. Physical discipline is prohibited.~~

~~e. The children shall be well-groomed and dressed weather appropriate.~~

~~f. An adequate diet for childhood growth and development, including two snacks per day, shall be provided to each child.~~

~~5. The program shall develop, implement and comply with written policies and procedures that:~~

~~a. address abuse and/or neglect of a child;~~

~~b. prohibit children under the age of 18 months from sleeping in bed with their mothers;~~

~~c. require a current schedule showing who is responsible for the children at all times;~~

~~d. address isolating parents and children who have communicable diseases and providing them with appropriate care and supervision; and~~

~~e. identify those persons authorized to remove a child from the facility other than legal guardian or parent.~~

~~6. Safety and Emergency Preparedness~~

~~a. The program shall develop and implement an emergency preparedness plan that includes provisions and services for the clients and children.~~

~~b. The program shall ensure that all toys and equipment are age appropriate, in good order and safe condition, and in accordance with manufacturer's recommendations.~~

~~c. Staff, volunteers, and parents shall use universal precautions at all times.~~

~~d. The provider shall ensure that only the legal guardian or a person authorized by the legal guardian may remove a child from the provider.~~

~~e. If an individual shows documentation of legal custody, staff shall record the person's identification before releasing the child.~~

~~7. Physical Environment~~

~~a. The program shall provide potty chairs for small children and sanitize them after each use.~~

~~b. The program shall provide age appropriate bathing facilities. Infants shall not be bathed in sinks.~~

~~c. Each child shall be provided with his/her own bed.~~

~~d. Infants up to 18 months shall sleep in either a bassinet or cribs appropriate to the size of the child.~~

~~e. The provider shall provide a variety of age appropriate equipment, toys, and learning materials for the children/adolescents~~[Repealed](#).

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1716 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:1286 (May 2022) repealed by the Department of Health, Health Standards Section, LR 51:

§5706. Clinically Managed Medium-Intensity Residential

Treatment (ASAM 3.5) (Adolescents Only)

- A. The provider shall:
1. admit only adolescent clients clinically appropriate for ASAM level 3.5 into its program;
 2. review the treatment plan in collaboration with the client a minimum of every 30 days or more frequently as needed, and document accordingly;
 3. provide case management that is:
 - a. provided by a care coordinator who is on duty as needed; or
 - b. assumed by the clinical staff.
- B. Staffing. The provider shall ensure that:
1. a physician is on call 24 hours per day, seven days per week, and reports on duty as needed for management of psychiatric and medical needs of the clients;
 2. a clinical supervisor is available for clinical supervision when needed and by telephone for consultation;
 3. one licensed registered nurse is on call 24/7 to perform nursing duties for the provider;
 4. at least one LMHP or UP shall be on duty at least 40 hours per week;
 - a. Each LMHP/UP's caseload shall not exceed 1:8.

5. at least two direct care aides shall be on duty during all shifts with additional as needed;

a. The ratio of aides to clients shall not exceed 1:8. On therapy outings, the ratio shall be at least 1:5;

6. a psychologist shall be available when needed; and

7. a licensed nurse shall be on duty to meet the nursing needs of the clients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health, Health Standards Section, LR 51:

§5707. Clinically Managed High-Intensity Residential Treatment ~~Services~~ (ASAM Level 3.5) (Adults Only)

A. The provider shall:

1. admit only adult clients clinically appropriate for ASAM level 3.5 into its Clinically Managed High Intensity Residential Treatment ~~Services~~;

2. review the treatment plan ~~is reviewed~~ in collaboration with the client ~~as needed, or at~~ a minimum of every 30 days or more frequently as needed, and ~~documented~~ document accordingly;

3. provide case management that is:

a. ...

b. assumed by the clinical staff ~~;~~ and

4. provide a minimum of 20 hours per week of services.

B. Staffing. The provider shall ensure that:

1. - 3. ...

4. there shall be at least one LMHP or UP on duty at least 40 hours per week. Each LMHP/UP's caseload shall not exceed 1:12;

5. ~~for adult staffing patterns:~~there shall be at least one direct care aide on duty on all shifts, with additional as needed; and

~~a. each LMHP/UP's caseload shall not exceed 1:12;~~

~~b. there shall be at least one direct care aide on duty on all shifts with additional as needed; and~~

~~c. there shall be at least one licensed nurse on duty during the day and evening shifts to meet the nursing needs of the clients. Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS provider shall maintain documentation of such arrangements.~~ - c.

Repealed;

6. ~~for children/adolescent staffing patterns:~~there shall be licensed nurses on duty to meet the needs of the clients:

~~a. each LMHP/UP's caseload shall not exceed 1:8~~at least two licensed nurses during weekday shifts; and

~~b. there shall be at least two direct care aides on duty during all shifts with additional as needed. The ratio of aides to clients shall not exceed 1:8. On therapy outings, the ratio shall be at least 1:5~~ at least one and a half full-time equivalent licensed nurses during night and weekend shifts.

~~c. there shall be a psychologist available when needed; and~~

~~d. there shall be a licensed nurse on duty to meet the nursing needs of the clients.~~

~~i. Nursing services may be provided directly by the BHS provider or may be provided or arranged via written contract, agreement, policy, or other document. The BHS~~

~~provider shall maintain documentation of such arrangementsc. -~~

d.i. Repealed.

C. The BHS provider may operate a PPW program.

1. A provider's PPW program shall:

a. meet the requirements of ASAM level 3.5;

b. provide weekly parenting classes where attendance is required;

c. address the specialized needs of the parent;

d. provide education, counseling, and rehabilitation services for the parent that further addresses:

i. the effects of chemical dependency on a woman's health and pregnancy;

ii. parenting skills; and

iii. health and nutrition;

e. regularly assess parent-child interactions and address any identified needs in treatment; and

f. provide access to family planning services.

2. Child Supervision

a. When the mother is not available, the provider shall provide age appropriate child supervision.

b. The provider shall ensure that its child supervision is provided by either:

i. the provider's on-site program with all staff members who:

(a). are at least 18 years old;

(b). have infant CPR certification; and

(c). have at least eight hours of training in the following areas prior to supervising children independently:

(i). chemical dependency and its impact on the family;

(ii). child development and age-appropriate activities;

(iii). child health and safety;

(iv). universal precautions;

(v). appropriate child supervision techniques; and

(vi). signs of child abuse; or

ii. a licensed day care provider pursuant to a written agreement with the provider.

c. The provider shall maintain a staff-to-child ratio that does not exceed:

i. 1:3 for infants (18 months and younger); and

ii. 1:6 for toddlers and children.

d. Child Specialist. The provider shall have a child specialist who:

i. is available to:

(a). provide staff training;

(b). evaluate effectiveness of direct care staff; and

(c). plan activities for at least one hour per week per child;

ii. has 90 clock hours of education and training in child development and/or early childhood education; and

iii. has one year of documented experience providing services to children.

e. Clients shall not supervise another parent's child or children without written consent from the legal guardian and staff approval.

f. Staff shall check all diapers frequently and change as needed. Staff shall dispose of the diapers in a sealed container and sanitize the changing area.

3. Clinical Care for Children. The provider shall:

a. address the specialized and therapeutic needs and care for the dependent children;

b. develop an individualized treatment plan to include goals, objectives, and target dates;

c. provide age-appropriate education, counseling, and rehabilitation services for children that address or include:

i. the emotional and social effects of living with a chemically dependent care-giver;

ii. early screening and intervention of high risk behavior and referrals for appropriate services when indicated;

iii. screening for developmental delays; and

iv. health and nutrition;

d. ensure that all children have access to medical care when needed;

e. ensure that children are administered medication according to the label by the parent or licensed staff qualified to administer medications;

f. ensure that if licensed staff administer medications, the provider:

i. obtains written consent from the parent to administer the prescribed and over the counter medications;

(a) Written consent shall include information relative to dosage, route, etc.;

ii. assumes full responsibility for the proper administration and documentation of the medications; and

iii. ensures original labeled medication containers with name, dosage, route, etc. are obtained prior to medication administration;

g. maintain current immunization records and allergy records for each child at the program site; and

h. obtain consent for emergency medical care for each child at admission.

4. Child Services

a. The children's daily activity schedule shall include a variety of structured and unstructured age-appropriate activities.

b. School age children shall have access to school.

c. The health, safety, and welfare of the children shall be protected at all times.

d. Behavior management shall be fair, reasonable, consistent, and related to the child's behavior. Physical discipline is prohibited.

e. The children shall be well-groomed and dressed weather-appropriate.

f. An adequate diet for childhood growth and development, including two snacks per day, shall be provided to each child.

5. The program shall develop, implement, and comply with written policies and procedures that:

a. address abuse and/or neglect of a child;

b. prohibit children under the age of 18 months from sleeping in bed with their mothers;

c. require a current schedule showing who is responsible for the children at all times;

d. address isolating parents and children who have communicable diseases and providing them with appropriate care and supervision; and

e. identify those persons authorized to remove a child from the facility other than legal guardian or parent.

6. Safety and Emergency Preparedness (SEP)

a. The program shall develop and implement an SEP plan with provisions and services for the clients and children.

b. All toys and equipment shall be:

i. age appropriate;

ii. in good order and safe condition; and

iii. operated in accordance with manufacturer's recommendations.

c. Staff, volunteers, and parents shall use universal precautions at all times.

d. The provider shall ensure that only the legal guardian or a person authorized by the legal guardian may remove a child from the provider.

e. If an individual shows documentation of legal custody, staff shall record the person's identification before releasing the child.

7. Physical Environment

a. The program shall provide potty chairs for small children and sanitize them after each use.

b. The program shall provide age-appropriate bathing facilities. Infants shall not be bathed in sinks.

c. Each child shall be provided with his/her own bed.

d. Infants up to 18 months shall sleep in either a bassinet or cribs appropriate to the size of the child.

e. The provider shall provide a variety of age-appropriate equipment, toys, and learning materials for the children/adolescents.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1717 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:1287 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5709. Medically ~~Monitored Intensive Inpatient~~ Managed Residential Treatment Services (Co-occurring) (ASAM Level 3.7) (Adults Only)

A. The provider shall:

1. admit only clients clinically appropriate for ASAM level 3.7 into its ~~Medically Monitored Intensive Residential Inpatient Treatment Services~~program; and

2. ensure that:

a. a physical examination is conducted by a physician, PA, or APRN within 24 hours of admission; or

b. the provider's admitting physician reviews and approves a physical examination conducted by a physician, PA, or APRN within 24 hours prior to admission;

3. review the treatment plan ~~is reviewed and updated~~ in collaboration with the client ~~as needed, or at~~ a minimum of every 30 days or more frequently as needed, and ~~documented~~ document accordingly;

4. provide case management that is:

a. provided by a care coordinator who is on duty as needed; or

b. assumed by the clinical staff.

5. provide a minimum 20 hours of clinical services per week;

6. have onsite access to perform biomedical capabilities.

B. - B.8. ...

C. The BHS provider may provide ASAM level 3.7-WM as an optional service. If provided, the provider must meet all requirements under LAC I.5711.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1718 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:1287 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5711. Medically ~~Monitored Inpatient~~Managed Residential Withdrawal Management ~~(Medically Supported)~~ (ASAM Level 3.7-WM) (Adults Only)

A. The provider shall:

1. admit only clients clinically appropriate for ASAM level 3.7-WM into its ~~Medically Monitored Inpatient Withdrawal Management Program~~program;

A.2. - B.2. ...

C. Staffing

1. ...

2. Nursing

a. - c. ...

d. The provider shall ensure that its on-site nursing staff is solely responsible for ~~III.7D~~3.7-WM program and does not provide services for other levels of care at the same time.

2.e. - 5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1718 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:1287 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

Subchapter N. Additional Requirement for Substance Use/~~Addictive~~Addiction Residential Treatment Programs

* * *

§5712. Onsite Access to ~~Medication-Assisted Treatment~~Medications for Opioid Use Disorder

A. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:1287 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5719. Staffing

A. ...

B. House Manager

1. ...

2. The house manager shall:

a. ...

b. have at least two years qualifying experience working for a provider that treats clients with mental illness and/or ~~addiction~~addictive disorders;

c. - g. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

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

Services Financing, LR 41:1720 (September 2015), amended by the Department of Health, Health Standards Section, LR 51:

Subchapter O. Additional Requirements for Opioid Treatment Programs

* * *

§5723. General Provisions

A. - A.4. ...

B. OTPs shall have established operational hours for a minimum of six days per week, including one weekend day. Operational hours shall be approved by SOTA and indicated on the license application or change notification.

1. OTP closures are permissible on Sundays and the following holidays:

- a. New Year's Day;
- b. National Memorial Day;
- c. Juneteenth National Independence Day;
- d. Independence Day;
- e. Labor Day;
- f. Veterans Day;
- g. Thanksgiving Day; and
- h. Christmas Day.

2. Any modification to hours due to circumstances such as emergencies or Mardi Gras schedules shall be coordinated with the SOTA.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1720 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 43:1388 (July 2017), LR 48:1287 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:

§5727. Additional Staffing Requirements

A. - A.7.b.viii.

B. ~~Training. All direct care employees shall receive orientation and training for and demonstrate knowledge of the following, including, but not limited to:~~Repealed.

5. ~~Physician or APRN. There shall be a physician or APRN who is on site as needed or on call as needed during hours of operation.~~Repealed.

B. - B.6. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2151-2161.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:1721 (September 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 48:1288 (May 2022), amended by the Department of Health, Health Standards Section, LR 51:535 (April 2025), amended by the Department of Health, Health Standards Section, LR 51:

Family Impact Statement

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, or current law.

Poverty Impact Statement

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, or current law.

Small Business Analysis

In compliance with the Small Business Protection Act, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that implementation of this proposed Rule may result in an indeterminable increase in direct or indirect costs for BHS providers in FY 26, FY 27, and FY 28 depending, in part, on which level of substance use disorders services that the BHS providers offer. Potential costs are dependent upon expenses incurred to deliver services, including additional staffing.

Provider Impact Statement

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 implementation of this proposed Rule may result in an indeterminable increase in direct or indirect costs for BHS providers in FY 26, FY 27, and FY 28 depending, in part, on which level of substance use disorders services that the BHS providers offer. Potential costs are dependent upon expenses incurred to deliver services, including additional staffing.

Public Comments

Interested persons may submit written comments to Steffan W. Rutledge, Esq., Health Standards Section, Post Office Box 3767, Baton Rouge, LA 70821. Mr. Rutledge is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on October 30, 2025.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no

later than 4:30 p.m. on October 10, 2025. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, LDH will conduct a public hearing at 9:30 a.m. on October 28 2025 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after October 10, 2025. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. In the event of a hearing, parking is available to the public in the Galvez Parking Garage, which is located between North Sixth and North Fifth/North and Main Streets (cater-corner from the Bienville Building). Validated parking for the Galvez Garage may be available to public hearing attendees when the parking ticket is presented to LDH staff at the hearing.

Bruce D. Greenstein

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Behavioral Health Services Providers

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that implementation of this proposed Rule will have no programmatic fiscal impact to the state or local governmental units other than the cost of promulgation in FY 26. It is anticipated that \$6,804 SGR will be expended in FY 26 for the state's administrative expense for promulgation of this proposed Rule and the final Rule.

The proposed Rule amends the provisions governing the licensing of behavioral health service providers (BHSPs) in order to update evidence-based practice standards and requirements to be in compliance with those nationally

recognized. This includes updating definitions, revising licensure and staffing requirements, establishing timeframes for conducting client assessments and completion of discharge summaries, updating program titles, and re-establishing criteria for operating a Pregnant and Parenting Women Program at multiple levels of care. The proposed Rule also clarifies opioid treatment programs' operational hours to comply with federal regulations.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that implementation of this proposed Rule will have no impact on state or local revenue collections. This is a licensing Rule that does not add any licensing fees.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL BUSINESSES, OR NON-GOVERNMENTAL GROUPS (Summary)

It is anticipated that implementation of this proposed Rule may result in an indeterminable increase in direct or indirect costs for BHSPs in FY 26, FY 27, and FY 28 depending, in part, on which level of substance use disorders (SUD) services that the BHSPs offer. Potential costs are dependent upon expenses incurred to deliver services, including additional staffing.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that this proposed Rule may have an indeterminable impact on the staffing level requirements or qualifications required, depending on the level of service that BHSPs choose to provide.