

## LOUISIANA

### Licensure Terms

Adult Residential Care Providers

### General Approach

All adult residential care facilities (RCFs) (also known as board and care facilities, assisted living facilities (ALFs), personal care homes, shelter care homes, foster homes, and other names) must be licensed, including facilities or agencies owned or operated by any governmental, profit, non-profit, private, or church organization.

The Department of Health and Hospitals, Health Standards Section, licenses four “levels” of adult residential care: personal care homes (Level 1), shelter care homes (Level 2), ALFs (Level 3), and adult residential care (Level 4).

The Level 4 licensing was adopted in December 2008 as a result of legislation filed in 2004 to launch a Medicaid-funded assisted living service. This “medical” model of adult residential care/assisted living allows for Level 4 facilities to administer medications (by licensed nursing personnel only) and perform limited nursing services--tasks that are not allowed in facilities licensed at Levels 1-3.

The regulations for adult residential care include: (1) core requirements for all four levels; and (2) separate requirements regarding administrators, staff training, and living units for the first three levels, which are described in this profile.

Requirements for Level 4 licensure are not included in this profile because the state imposed a 5-year moratorium on the Level 4 Adult Residential Care License on April 25, 2012. At the time the moratorium was enacted, only three providers in the state had applied for licensure under the Level 4 regulations and they were “grandfathered” under the moratorium’s provisions. Additionally, the state is currently revising the regulations--including those related to medication administration--and they are not expected to be finalized until late 2015.

Adult foster care is provided in a personal care home, which is a Level 1 adult residential care home (ARCH) that provides room and board and personal services to two but no more than eight residents in a group living and dining setting, and is located in a home that is designed as any other private dwelling in the neighborhood.

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*This profile includes summaries of selected regulatory provisions for adult residential care providers. The complete regulations are online at the links provided at the end.*

## Definitions

**Adult residential care provider** means a facility, agency, institution, society, corporation, partnership, company, entity, residence, person or persons, or any other group that provides residential care for compensation to two or more adults who are unrelated to the licensee or operator. Depending on the level of licensure, adult residential care includes but is not limited to the following services: lodging, meals, housekeeping, laundry, medication administration, intermittent nursing services, assistance with personal hygiene, assistance with transfers and ambulation, and assistance with dressing.

**Level 1. A personal care home** is an adult RCF that provides room and board and personal services to two but not more than eight residents in a group living and dining setting, and is located in a home that is designed as any other private dwelling in the neighborhood.

**Level 2. A shelter care home** is an adult RCF that provides room and board and personal services to nine or more residents in a group living and dining setting.

**Level 3. An assisted living home/facility** is an adult RCF that provides room and board and personal services to two or more residents who reside in individual living units that contain, at a minimum, one room with a kitchenette and a private bathroom.

**Level 4. An adult residential care facility** furnishes lodging, meals, housekeeping, laundry, medication administration, intermittent nursing service, and assistance with personal hygiene, transfers, ambulation, and dressing.

**Alzheimer's Special Care Unit (ASCU)** means any adult residential care provider that segregates or provides a special program or special unit for residents with a diagnosis of probable Alzheimer's disease or other dementia so as to prevent or limit access by a resident to areas outside the designated or separated area, or that advertises, markets, or otherwise promotes the facility as providing specialized Alzheimer's/dementia care services.

## Resident Agreements

The state requires providers to have admission agreements that specify the facility's policies and rules, the rights and responsibilities of the facility and resident, the

cost of basic and optional services and payment provisions, and the terms and conditions of continued occupancy.

## **Disclosure Provisions**

*No provisions identified.*

## **Admission and Retention Policy**

Residents may include those who need or wish to have available room, board, personal care, and supervision due to age, infirmity, physical disability, or social dependency. Residents with advanced or higher care needs beyond routine personal care may be accepted or retained if they can provide or arrange for care through appropriate private duty personnel, do not need continuous nursing care for more than 90 days, and if the provider can meet their needs.

Providers may discharge residents when: (1) the resident's physician certifies that the resident needs continuous nursing care, other than on a temporary basis not to exceed 90 days, and the resident or responsible person is unable or unwilling to provide private duty care and assume full responsibility for such care. In this situation, plans for another placement must be made as soon as possible; (2) the resident's condition is such that he or she is a danger to self or others or is consistently disruptive to the peace and order of the facility, staff services, or other residents; or (3) when it comes to the provider's attention that a resident is being neglected due to the failure of the family or the contracted outside agency to provide needed services.

## **Services**

Providers must furnish adequate services and oversight/supervision, including adequate security measures, around the clock as needed for any resident.

Providers at Levels 1-3 are licensed to provide assisted living services that are described as a coordinated array of supportive personal services, 24 hour supervision and assistance (scheduled and unscheduled), activities, and health-related services that are designed to allow the individual to reside in the least restrictive setting of his/her choice, to accommodate individual resident's changing needs and preferences, to maximize the resident's dignity, autonomy, privacy and independence, and to encourage family and community involvement.

Basic services provided include assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), basic personal laundry services, opportunities for individual and group socialization and utilization of community

resources, housekeeping, transportation, services for residents who have behavior problems, recreational activities, and assistance with self-administration of medications.

Providers must plan or arrange for health assessments, health care monitoring, and assistance with health tasks as needed or requested. Facilities must have the capacity to provide transportation for medical services, personal services (barber/beauty), personal errands, and social/recreational activities.

### ***Service Planning***

Providers must complete a pre-admission appraisal of each applicant to assess his or her needs and appropriateness for admission. Once admitted, the provider must conduct an assessment of the resident's needs and preferences to develop a service plan. The service plan must include the scope, frequency, and duration of services and monitoring that will be provided to meet the resident's needs, and the staff/providers responsible for furnishing the services, inclusive of third-party providers.

The service plan must be revised when a resident's condition or preferences change. Providers must conduct a documented review of the service plan at least quarterly, and make changes at any time as needed.

### ***Third-Party Providers***

Family members may provide services not available through the facility, or residents may arrange for such care at their own expense, as long as the resident remains in compliance with the conditions of residency. Facilities may not arrange or contract for health-related services in addition to those allowed by regulation but they must ensure that the needed services are provided, even if those services are to be provided by the resident's family or by an outside source under contract with the resident.

## **Medication Provisions**

As allowed by state laws and regulations, staff may assist residents in the self-administration of prescription and non-prescription medication as agreed to in their contract or service plan. Assistance with self-administration of medication is limited to the following:

- The resident may be reminded to take his/her medication.
- The medication regimen, as indicated on the container, may be read to the resident.
- The dosage may be checked according to the container label.

- Staff may open the medicine container (i.e., bottle, medi-set, blister pack, etc.) if the resident lacks the ability to open the container.
- The resident may be physically assisted in pouring or otherwise taking medications, so long as the resident understands what the medication is and why they are taking the medication.

A resident's family, other relatives, or the resident's personal representative may transfer medication from the original container to a medication reminder container (pill organizer box), if desired by the resident. Residents may contract with an outside source for medication administration; however, facilities may not contract for this service.

Staff who provide assistance with the self-administration of medications by residents must have documented training on the medication assistance policies and procedures, including the limitations of this assistance. This training must be repeated at least annually.

## Food Service and Dietary Provisions

Facilities must provide three meals a day. Menus must be reviewed and approved by a nutritionist or dietician to ensure nutritional appropriateness. Facilities must make reasonable accommodations to meet dietary requirements and religious and ethnic preferences; to meet residents' temporary schedule changes and preferences; to make snacks, fruit, and beverages available when requested; and to provide meals in a resident's room, if needed on a temporary basis. The facility must furnish medically prescribed special diets for which it contracts in the resident's contract or service plan; these menus must be planned or approved by a registered licensed dietician.

## Staffing Requirements

**Type of Staff.** Each facility must have a *director*, designated *recreational/activity staff*, and *direct care staff*. Direct care staff may include care assistants, social workers, activities personnel, or other staff who clearly provide direct care services to residents on a regular basis. One person may occupy more than one position.

**Staff Ratios.** *No minimum ratios.* Facilities must be sufficiently staffed to properly safeguard residents' health, safety, and welfare. Providers must demonstrate that sufficient staff are scheduled and available to meet residents' 24-hour scheduled and unscheduled needs and show adequate coverage for each day and night shift. Assisted living and shelter care facilities must have at least one staff person on duty and awake 24 hours a day. A direct care staff person who is not in the facility, but who is on call, must not be included as direct care staff on any shift.

## Training Requirements

Directors must complete 12 hours of continuing education per year in areas related to the field of geriatrics, assisted living concepts, specialized training in the population served, and/or supervisory/management techniques.

An orientation program for all staff must include but not be limited to thorough coverage of the following topics: facility policies and procedures, emergency and evacuation procedures, residents' rights, procedures for and legal requirements concerning the reporting of abuse and critical incidents, and instruction in the specific responsibilities of each employee's job. The provider must review the procedures with existing staff at least once in each 12-month period.

The facility must provide an additional 5 days of supervised training for direct care staff. At a minimum this training must include training in resident care services (ADLs and IADLs), infection control, and any specialized training to meet resident needs. All direct care staff must be certified in adult first-aid within the first 30 days of employment.

The orientation and 5 days of supervised training meets the first year's annual training requirements. In subsequent years, the provider must ensure that each direct care worker receives annual training that includes the topics covered by the orientation and the additional 5 days of supervised training stated above.

## Provisions for Apartments and Private Units

***Shelter Care Facilities and Personal Care Homes.*** Apartment-style units are not required. Rooms are shared by no more than two residents, and in shelter care facilities they must agree in writing to share a room (husbands and wives do not have to sign such an agreement). There must be adequate toilet, bathing, and hand-washing facilities in accordance with the current edition of the state Sanitary Code.

***Assisted living facilities*** must offer apartment-style units with lockable doors to ensure privacy, dignity, and independence. Each unit must include at a minimum: (1) a food preparation area consisting of a sink with hot and cold running water, electrical outlets, mini refrigerator, cooking appliance (such as microwave or stove), food storage cabinets, and counter space; (2) an Americans with Disabilities Act-accessible private bath which includes a toilet, sink, and shower or tub; (3) dining/sitting/bedroom area; (4) storage/closet space; (5) an operating emergency call system (wired or wireless) that is easily accessible to the resident in the event of an emergency and that registers at a location that is monitored at all hours of the day and night; and (6) HVAC thermostats that can be individually controlled by the resident and at least one telephone outlet.

There must be no more than two bedrooms per living unit and residents in double-occupancy units must have the right to select their roommates. Entrance to a bathroom from one bedroom must not be through another bedroom. An efficiency/studio living unit or a bedroom designed for one individual may be shared with another individual only if he or she is a spouse/relative or live-in companion and only if both parties agree, in writing. Residents sharing a living unit with a two-person bedroom must be allowed to choose their roommate. Both individuals must agree, in writing.

## Provisions for Serving Persons with Dementia

***Dementia Care Staff.*** No provisions identified.

***Dementia Staff Training.*** Staff of facilities that operate ASCUs or market themselves as providing Alzheimer's/dementia care must have specified training. Staff who provide direct face-to-face care to residents must obtain at least 8 hours of dementia-specific training within 90 days of employment and 8 hours of dementia-specific training annually. The training must include the following topics: an overview of Alzheimer's disease and other dementias, communicating with persons with dementia, behavior management, promoting independence in ADLs, and understanding and dealing with family issues.

Staff who have regular contact with residents, but who do not provide direct face-to-face care, must obtain at least 4 hours of dementia-specific training within 90 days of employment and 2 hours of dementia training annually. This training must include the following topics: an overview of dementias and communicating with persons with dementia. Staff who have only incidental contact with residents must receive general written information provided by the facility on interacting with residents with dementia.

***Dementia Facility Requirements.*** If a facility accepts residents with dementia or residents at risk of wandering, an enclosed area must be provided adjacent to the facility so that the residents may safely go outside.

## Background Checks

Prior to licensure and hiring, all board members, owners, and staff must have criminal background checks conducted in accordance with state law. Licenses may be denied or revoked based on: (1) a criminal conviction of any board member, owner, or staff if the act that caused the conviction would cause harm to a resident if repeated; or (2) a criminal conviction of any board member, owner or staff member against a resident if that board member, owner or staff member remains associated with the facility.

## Inspection and Monitoring

Before a license is issued, a licensure survey must be conducted to verify compliance with licensing standards. The Bureau of Licensing may perform an on-site survey and inspection upon annual renewal of a license and inspects facilities at regular intervals, not to exceed one year or such shorter periods as may be necessary, and without prior notice. Complaints are reviewed and investigated by the appropriate state agency. The Bureau develops and facilitates coordination of its inspections with other authorized local, state, and federal agencies making inspections of ARCHs.

## Public Financing

The state does not currently use Medicaid to cover services in RCFs under either the Medicaid State Plan or a 1915(c) waiver program, and does not supplement the federal Supplemental Security Income payment.

## Location of Licensing, Certification, or Other Requirements

*Louisiana Administrative Code*, Title 48, Chapter 88: Adult Residential Care Minimum Standards. [March 31, 1999]

<http://new.dhh.louisiana.gov/index.cfm/directory/detail/702>

*Louisiana Administrative Code*, Title 48, Chapter 68: Adult Residential Care Providers Licensing Standards, Alzheimer's Special Care Units. [August 20, 2009]

<http://new.dhh.louisiana.gov/assets/medicaid/hss/docs/ARCP/ARCDementiaTrngRuleLAReg200908.pdf>

## Information Sources

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Medical Certification Program Manager  
Department of Health and Hospitals  
Health Standards Section



# COMPENDIUM OF RESIDENTIAL CARE AND ASSISTED LIVING REGULATIONS AND POLICY: 2015 EDITION

## Files Available for This Report

### FULL REPORT

Executive Summary	<a href="http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary">http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary</a>
HTML	<a href="http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition">http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition</a>
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### SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alabama-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alabama-profile</a>
Alaska	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alaska-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alaska-profile</a>
Arizona	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arizona-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arizona-profile</a>
Arkansas	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arkansas-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arkansas-profile</a>
California	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-california-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-california-profile</a>
Colorado	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-colorado-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-colorado-profile</a>
Connecticut	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-connecticut-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-connecticut-profile</a>
Delaware	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-delaware-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-delaware-profile</a>
District of Columbia	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-district-columbia-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-district-columbia-profile</a>
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Louisiana	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-louisiana-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-louisiana-profile</a>
Maine	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maine-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maine-profile</a>
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North Carolina	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-carolina-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-carolina-profile</a>
North Dakota	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-dakota-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-dakota-profile</a>
Ohio	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-ohio-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-ohio-profile</a>
Oklahoma	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oklahoma-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oklahoma-profile</a>
Oregon	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oregon-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oregon-profile</a>
Pennsylvania	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-pennsylvania-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-pennsylvania-profile</a>
Rhode Island	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-rhode-island-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-rhode-island-profile</a>
South Carolina	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-carolina-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-carolina-profile</a>
South Dakota	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-dakota-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-dakota-profile</a>
Tennessee	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-tennessee-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-tennessee-profile</a>
Texas	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-texas-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-texas-profile</a>
Utah	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-utah-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-utah-profile</a>
Vermont	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-vermont-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-vermont-profile</a>
Virginia	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile</a>

Washington	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-washington-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-washington-profile</a>
West Virginia	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-west-virginia-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-west-virginia-profile</a>
Wisconsin	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wisconsin-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wisconsin-profile</a>
Wyoming	<a href="http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wyoming-profile">http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-wyoming-profile</a>