

## LOUISIANA

### Overview

The Louisiana Department of Health and Hospitals, Health Standards Section licenses adult day health care (ADHC) providers. No ADHC provider may be licensed to operate unless the Facility Need Review Program has granted approval for the issuance of an ADHC provider license.

Licensed ADHC providers may serve participants in two 1915(c) Medicaid waiver programs--Community Choices and the Adult Day Health Care waiver program--and other publicly-funded programs. They may also serve private pay participants.

Adult day care (ADC) is a licensed service for adults with developmental disabilities, which is funded through the New Opportunities waiver program. Because the focus of this regulatory review is on programs that serve older persons, licensing regulations for ADC are not included in this profile.

### Definitions

**Adult day health care** is a program that provides medical, nursing, social, and personal care services for a portion of the day to adults who have physical, mental, or functional impairments. Such services are rendered by utilizing licensed professionals in a community-based nursing center, and provide an alternative to--or a possible prevention or delay of--24-hour institutional care.

**Adult day health care center** is any place owned or operated for profit or non-profit by a person, society, agency, corporation, institution, or any group wherein two or more functionally impaired adults who are not related to the owner or operator of such agency are provided with ADHC services. An ADHC center must be operational for at least 5 hours each day of operation and at least 5 days per week.

### Parameters for Who Can Be Served

Providers may not admit participants whose presence would pose a documented health and safety risk to themselves or other ADHC participants. The Medicaid provider manual states that a participant can be discharged under the following circumstances:

- The health and welfare of the individual cannot be reasonably ensured through the provision of the ADHC waiver services within the individual's cost cap.

- It is not cost-effective to serve the individual in the ADHC waiver program.
- For the medical protection or the well-being of the participant or others.
- In an emergency situation (i.e., fire-related or weather-related damage).
- The health or welfare of the recipient is threatened.
- The ADHC provider is unable to furnish the services indicated in the recipient's Plan of Care after documented reasonable accommodations have failed.

## **Inspection and Monitoring**

ADHC providers must submit an initial licensing application packet of required information. Once approved by the Department of Health And Hospitals, the applicant must attend a mandatory preparatory training class conducted quarterly by the Department's Health Standards Section before the initial licensure survey will be conducted. Once the provider has successfully completed the class, the provider will be sent written notification with instructions for requesting the announced initial licensing survey.

Prior to the initial license being issued, an initial licensing survey is conducted on-site at the ADHC center to ensure compliance with ADHC licensing standards. If the initial licensing survey finds that the ADHC center is compliant with all licensing laws and regulations, and is compliant with all other required statutes, laws, ordinances, rules, regulations, and fees, the Department issues a full license for 1 year. The license is valid until the expiration date shown on the license, unless the license is modified, revoked, suspended, or terminated. The Department also may perform an on-site survey and inspection upon annual renewal of a license.

The initial licensing survey of an ADHC provider is an announced survey. Follow-up surveys to the initial licensing surveys are not announced. Once an ADHC provider has been issued an initial license, the Department conducts unannounced surveys at intervals it deems necessary to investigate complaints, to determine compliance with licensing regulations, and to ensure that any previously identified deficient practices have been corrected.

### ***Medicaid Requirements***

Services offered through the ADHC waiver program are closely monitored to ensure compliance with Medicaid policy as well as applicable state and federal regulations. Medicaid's Health Standards Section staff conducts on-site reviews of each provider agency. These reviews are conducted to monitor the provider agency's compliance with Medicaid's provider enrollment participation requirements, continued capacity for service delivery, quality, and appropriateness of service provision to the

waiver population, and the presence of the personal outcomes defined and prioritized by the participants.

The reviews include an examination of administrative records, personnel records, and a sample of participants' records to ensure that appropriate services are delivered and documented. In addition, provider agencies are monitored with respect to:

- Recipient access to needed services identified in the Plan of Care and Individualized Service Plan.
- Quality of assessment and service planning.
- Appropriateness of services provided including content, intensity, frequency, and recipient input and satisfaction.
- The presence of the personal outcomes as defined and prioritized by the recipient/guardian.
- Internal quality improvement.

On-site reviews are unannounced and conducted by Health Standards Section staff to ensure compliance with program requirements, and ensure that services provided are appropriate to meet participants' needs.

## Required and Optional Services

All ADHC programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Adult Day Health Care	
	Required	Optional
ADL Assistance	X	
Health Education and Counseling	X	
Health Monitoring/Health-Related Services	X	
Medication Administration	X	
Nursing Services	X	
Physical Therapy, Occupational Therapy, or Speech Therapy		
Skilled Nursing Services		
Social Services	X	
Transportation	X <sup>1</sup>	
1. Centers are expected to provide transportation to any client within their licensed region, but no participant, regardless of their region of origin, may be in transport for more than 1 hour on any single trip.		

## Medication Provisions

A registered nurse (RN) must serve on the interdisciplinary team and monitor participants' overall health needs. The RN serves as a liaison between the participant and medical resources, including the treating physician. The RN's responsibilities include medication review for each participant at least monthly and, when there is a change in the medication regime, to:

- determine the appropriateness of the medication regime;
- evaluate contraindications;
- evaluate the need for lab monitoring;
- make referrals to the primary care physician for needed monitoring tests;
- report the efficacy of the medications prescribed; and
- determine if medications are being administered properly in the center.

The RN must supervise medication administration to participants (both self-administration and staff administration) and approve the method of medication storage and record-keeping.

## Staffing Requirements

**Type of Staff.** A full-time *director* is required to manage the center and ensure that all services provided are consistent with accepted standards of practice and that center policies are executed. The director must be accessible to center staff or to any representative of the Department of Health and Hospitals conducting an audit, survey, monitoring activity, or research and quality assurance.

Facilities are required to hire a *registered nurse* to provide medical care and supervision services for all participants but the RN does not have to be a full-time employee. Facilities are also required to hire a *program manager* to carry out the center's individualized program for each participant, and a *social service designee/social worker* to arrange medical and/or social services for participants. The social service designee/social worker and the program manager must be employed at least 10 hours a week in their respective capacities.

The latter three positions are considered to be "key staff," any one of whom may also serve as the director. Centers with a licensed capacity of 15 or fewer participants may designate one full-time staff person or full-time equivalent person to fill up to three "key staff" positions, and must employ at least one full-time person or full-time equivalent to fulfill key staff requirements.

Centers with a licensed capacity to serve 16-30 participants must employ at least two full-time persons or full-time equivalents to fulfill key staff requirements, and may designate one full-time staff person or full-time equivalent person to fill up to, but no more than, two "key staff" positions.

Centers with a licensed capacity to serve more than 30 participants must employ at least three full-time persons or full-time equivalents to fill key staff positions. Each key staff position must be filled with a full-time person or full-time equivalent.

The center must also designate one staff member who is employed at least 10 hours per week as a *food service supervisor* who is responsible for meal preparation and/or serving. A *direct service worker* is an unlicensed staff person who has face-to-face direct contact with participants and provides personal care or other services and support to them to enhance their well-being.

Volunteers and student interns are considered a supplement to the required staffing component and must be directly supervised by a paid staff member. They must also receive orientation and ongoing in-service training at least quarterly.

The Medicaid ADHC waiver program further requires that an adequate number of qualified direct service staff are present to ensure participants' health, safety, and well-being, and that staff possess direct care abilities, skills, and knowledge to adequately perform care and assistance as required by waiver program participants. Regardless of the program's licensed capacity, Medicaid requires that the RN or licensed practical nurse (LPN), the social service designee/social worker, the program manager, and the food service supervisor, all be full-time positions that cannot be occupied by one person.

**Staffing Ratios.** The direct service worker-to-participant ratio is a minimum of one full-time direct service worker to every nine participants.

As described above, center staffing requirements must be based on licensed capacity; however, the center must ensure that the following requirements are met regardless of the licensed capacity of the center:

- The RN or LPN must be on the premises daily for at least 8 hours, the number of hours the center is open, or during the time participants are present at the center, whichever is less.
- If the RN or LPN has been on duty at least 8 hours and participants are still present in the center, the RN or LPN may be relieved of duty; however, at least one key staff person must remain on duty at the center--either the social service designee/social worker or the program manager.
- A staff member certified in cardiovascular pulmonary resuscitation must be on the premises at all times while participants are present.

## Training Requirements

An ADHC center's orientation program must provide training for new employees to acquaint them with the center's philosophy, organization, program, practices, and goals. The orientation must also include instruction in safety and emergency procedures as well as the specific responsibilities of the employee's job. A center must document that all employees receive training on an annual basis in:

- the principles and practices of participant care;
- the center's administrative procedures and programmatic goals;
- emergency and safety procedures;
- protecting the participant's rights;
- procedures and legal requirements concerning the reporting of abuse and neglect;
- acceptable behavior management techniques;
- crisis management; and
- use of restraints (manual method, mechanical, or physical devices).

A center must ensure that each direct care staff person completes no less than 20 hours of face-to-face training per year. Orientation and normal supervision will not be considered to meet this requirement.

The Medicaid ADHC waiver program requires that the center's RN provides in-service training to both staff and participants on health-related matters.

## Location of Licensing, Certification, or Other Requirements

Department of Health and Hospitals website: Licensing, Regulations, Policies, and Procedures for Adult Day Health Care Centers

<http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1657>

*Adult Day Health Care Waiver Provider Manual*, Chapter Nine of the Medicaid Services Manual. Department of Health and Hospitals, Medicaid. [December 1, 2010]

<http://new.dhh.louisiana.gov/assets/docs/OAAS/Manuals/ADHCManual.pdf>

## Information Sources

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

# REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

## Files Available for This Report

### FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>  
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>  
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

### 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 <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf>  
Alaska <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf>  
Arizona <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf>  
Arkansas <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf>

California <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf>  
Colorado <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf>  
Connecticut <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf>

Delaware <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf>  
District of Columbia <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf>

Florida <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf>

Georgia <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf>

Hawaii <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf>

Idaho <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf>  
Illinois <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf>  
Indiana <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf>  
Iowa <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf>

Kansas <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf>  
Kentucky <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf>

Louisiana <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf>

Maine	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf</a>
Maryland	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf</a>
Massachusetts	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf</a>
Michigan	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf</a>
Minnesota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf</a>
Mississippi	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf</a>
Missouri	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf</a>
Montana	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf</a>
Nebraska	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf</a>
Nevada	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf</a>
New Hampshire	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf</a>
New Jersey	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf</a>
New Mexico	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf</a>
New York	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf</a>
North Carolina	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf</a>
North Dakota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf</a>
Ohio	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf</a>
Oklahoma	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf</a>
Oregon	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf</a>
Pennsylvania	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf</a>
Rhode Island	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf</a>
South Carolina	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf</a>
South Dakota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf</a>
Tennessee	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf</a>
Texas	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf</a>
Utah	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf</a>
Vermont	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf</a>
Virginia	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf</a>
Washington	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf</a>
West Virginia	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf</a>
Wisconsin	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf</a>
Wyoming	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf</a>