LOUISIANA

Citation

SB 1560 (1997). Adult residential care facility: Louisiana Revised Statutes Annotated §2151 et seq.; LA administrative code title 48, §8901 et seq.

General Approach and Recent Developments

The regulations for adult residential care facilities, which include assisted living facilities, were initially approved in 1999, and created core requirements for adult residential care facilities plus three modules for assisted living facilities, personal care homes, and shelter care facilities. The modules contain separate requirements for administrators, staff training, and living units. The rules state that the purpose of the regulations is to promote the availability of appropriate services for elderly and disabled persons in a residential environment; to enhance the dignity, independence, privacy, choice, and decision-making ability of the residents; and to promote the concept of aging in place.

The regulations may be revised later in 2004 or 2005 to address issues related to caring for people with Alzheimer's disease, negotiated risk agreements and other issues. A report to the legislature was filed in response to legislation that directed that Department of Health and Hospital nurses who conduct nursing home surveys accompany Department of Social Service surveyors on a sample of facilities.

SUPPLY						
Category	2004		2002		2000	
	Facilities	Units	Facilities	Units	Facilities	Units
Assisted living facilities	67	4,157	66	3,906	66	3,119
Personal care homes	44	286	29	176	33	216
Shelter care homes	17	543	26	841	26	670

Definition

Adult residential care home means a publicly or privately operated residence that provides personal assistance, lodging, and meals (for compensation) to two or more adults who are unrelated to the residence licensee, owner, or director.

Assisted living home/facility means an adult residential care facility that provides room, board, and personal services, for compensation, to two or more residents that reside in individual living units which contain, at a minimum, one room with a kitchenette and a private bathroom.

Personal care home means an adult residential care facility that provides room, board, and personal services, for compensation, to two but not more than eight

residents in a congregate living setting and is in a home that is designed as any other private dwelling in the neighborhood.

Shelter care home means an adult residential care facility that provides room, board, and personal services, for compensation, to nine or more residents in a congregate living and dining setting.

Unit Requirements

Assisted living facilities must offer apartment style units with lockable doors to ensure privacy, dignity, and independence. Efficiency/studio units must provide 250 square feet excluding bathrooms and closets and may be shared by no more than two people by choice. Units with separate bedrooms shall have a living area of at least 190 square feet, excluding bathroom and closets. Each separate bedroom must have 120 square feet.

Personal care homes offer a home-like atmosphere with 100 square feet in single occupancy rooms and 70 square feet per resident for double occupancy rooms.

Shelter care facilities must have 100 square feet in single occupancy rooms and 160 square feet for double occupancy rooms. No more than two residents may share a room, and they must agree in writing to share a room. Facilities must have adequate toilet, bathing, and hand washing facilities in conformance with the state sanitary code.

Admission/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 may be accepted or retained if the resident can provide or arrange for care through appropriate private duty personnel, does not need continuous nursing care for more than 90 days, and the provider can meet the resident's needs. Facilities may not enter into contracts with outside providers to deliver health related services. These services must be arranged by the resident, family members, or the resident's representative. Residents must be discharged if a physician certifies that more than 90 days of continuous care is needed or the resident is a danger to himself or others.

Nursing Home Admission Policy

The State has criteria for skilled nursing care and two levels of intermediate care. The minimum criteria for admission to a nursing home include: requiring supervision or assistance with personal care needs, assistance in eating, administration of medications, injections less than daily, skin care, protection from hazards, mild confusion or withdrawal, medications for stable conditions or those requiring monitoring once a day, and stable blood pressure requiring daily monitoring. The determination is made by a physician based on his or her professional judgment of the above factors.

Services

Basic services provided include assistance with ADLs and IADLs, three meals a day, personal and other laundry, opportunities for individual and group socialization, housekeeping, services for residents who have behavior problems, recreation services, 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.

Dietary

Menus must be reviewed and approved by a nutritionist or dietician to assure nutritional appropriateness. Facilities must make reasonable accommodations to meet dietary requirements and religious and ethnic preferences; to make snacks, fruit, and beverages available when requested; and to provide meals in a resident's room (on a temporary basis). Medically prescribed special diets must be provided and planned or approved by a registered licensed dietician.

Agreements

Agreements must include: clear and specific occupancy criteria and procedures (admission, transfer, and discharge); basic services available; optional services available; payment provisions (covered and non-covered services; service packages; and á la carte, regular, and extra fees; payer; due date; funding source); modification provisions including at least a 30-day notice of rate changes; refund policy; authority of the licensing agency to examine records; general facility policies/house rules; responsibilities of the facility, resident, and family for overseeing medical care, purchasing supplies/equipment, and handling emergencies and finances; and the availability of a service plan. Facilities must allow review by an attorney.

Provisions for Serving People with Dementia

None specified. Regulations in this area may be developed later in 2004 or early 2005.

Medication Administration

Facilities may provide assistance with self-administration of medications, however, residents may be assisted with pouring or otherwise taking medications only if they are cognitive of what the medication is, what it is for, and the need for the medication. Residents may contract with an outside source for medication administration. Staff assisting with medications must have training on the policies and procedures for assistance.

Public Financing

A four-year pilot program approved by the legislature in 1997 to test the feasibility of covering assisted living under Medicaid has been deferred by budget problems. Legislation passed in 2000 extended authority for the project until 2005. Funds to implement the project have been requested in the 2005 budget, which was pending before the legislature. The project, intended to serve 60 people in two sites, will be implemented by the Department of Health and Hospitals. The project will include two assisted living facilities and serve elderly Medicaid beneficiaries who can no longer live at home because they need additional care with ADLs but do not require continuous nursing care and have no alternative under the traditional model except institutional care. The pilot "shall maximize the independence of the elderly while providing the assistance that the special needs of this population require." The bill defines assisted living as "a residential congregate housing environment combined with the capacity by in-house staff or others to provide supportive personal services, 24-hour supervision and assistance, whether or not such assistance is scheduled, social and health related services to maximize residents' dignity, autonomy, privacy, and independence and to encourage facility and community involvement." Residents must be offered a chance to live in private quarters with a lockable door, bedroom, kitchenette, and bathroom.

The RFP will request that bidders propose a flat monthly rate to serve beneficiaries. Room and board will be limited to the SSI payment, less $100 for personal needs. The State plans to use the 300 percent eligibility option.

Staffing

Providers must demonstrate that sufficient staff are scheduled and available to meet the 24-hour scheduled and unscheduled needs of residents and show adequate coverage for each day and night. Assisted living facilities and shelter care facilities must have at least one awake staff on duty at night.

Training

Administrators must be 21 years of age. Assisted living administrators must have a bachelor's degree plus two years of experience in the field of health, social, management administration, or in lieu of a degree, 6 years of experience and education or a master's degree in geriatrics, health care administration, or a human service related field.

Shelter care home administrators must have 2 years of college and 2 years experience or 4 years experience in lieu of college or a bachelor's degree. Personal care home administrators must have 2 years of college training plus 1 year experience or 3 years of experience in lieu of college or a bachelor's degree.

Staff. An orientation program shall include but not be limited to thorough coverage of the following areas: 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. Direct care staff orientation must cover training in resident care services (personal care), infection control, and any specialized training to meet resident needs. All direct care staff must receive certification in first aid. An annual training plan must be developed that includes the topics covered by the orientation.

Background Check

Licenses may be denied based on 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. Providers must include the results of a criminal history check in each employee's personnel file.

Monitoring

The Department of Health shall make at least annual inspections. Complaints are to be reviewed and investigated by the appropriate state agency.

Fees

The annual licensing fee for ALFs is $175 for two to four beds; $200 for five to eight beds; and $250 for nine or more beds. The fee for personal care homes is $200.

STATE RESIDENTIAL CARE AND ASSISTED LIVING POLICY: 2004

Files Available for This Report

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