

NOTICE OF INTENT

Department of Health Bureau of Health Services Financing

Support Coordination Providers Licensing Standards (LAC 48:I.Chapter 49)

The Department of Health, Bureau of Health Services Financing proposes to repeal and replace LAC 48:I.Chapter 49 as authorized by R.S. 36:254 and R.S. 40:2120.9. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950, et seq.

The Department of Health, Bureau of Health Services Financing proposes to repeal the provisions of Title 48, Part I, Chapter 49 of the *Louisiana Administrative Code* governing case management licensing standards and replace with provisions governing the licensing of support coordination providers to ensure that these provisions are consistent with other health care licensing requirements and are promulgated in a clear and concise manner in the *Louisiana Administrative Code*.

Title 48.

PUBLIC HEALTH-GENERAL

Part I. General Administration

Subpart 3. Licensing and Certification

Chapter 49. Support Coordination Providers Licensing Standards

Subchapter A. General Provisions

§4901. Introduction

A. Pursuant to the provisions of R.S. 40:2120.9, the Department of Health hereby establishes the minimum licensing standards for support coordination (SC) providers, previously known and licensed as Case Management agencies. These licensing provisions contain the minimum requirements for SC providers and are separate and apart from any other requirements established by the Medicaid Program for reimbursement purposes. These regulations do not apply to:

1. Managed care organizations (MCOs) contracted by the Department of Health (the department) to provide specified Medicaid benefits and services to eligible children and adults enrolled in Louisiana Medicaid; and

2. Support coordination agencies that only provide SC services to the Department of Health, Office of Aging and Adult Services (OAAS) waiver programs participants.

B. Any person or entity applying for an SC provider license or who is operating as a provider of support coordination services shall meet all of the licensing requirements contained in this Chapter to achieve or maintain licensure.

C. This Chapter repeals and replaces the previous case management (CM) licensing standards and is effective upon promulgation for new providers of support coordination services

and one year from the effective date of promulgation upon renewal of current providers' CM licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4903. Definitions

Cessation of Business-provider is non-operational and/or has stopped offering or providing services to the community.

Change of Ownership (CHOW)—the sale or transfer of all or a portion of the assets or other equity interest of an SC provider.

Client—an individual who is receiving services from a licensed SC provider.

Department—the Louisiana Department of Health (LDH) or any of its sections, bureaus, offices or its contracted designee.

Employed—performance of a job or task for compensation, such as wages or a salary. An employed person may be one who is contracted or one who is hired for a staff position.

Geographic Location—the LDH region in which the primary business location of the provider agency operates.

Governing Body—the person or group of persons who have legal authority for and/or ownership of the corporation of the Support Coordination agency and responsibility for agency

operations. A governing body assumes full legal authority and responsibility for the operation of the agency.

Health Standards Section (HSS)—the licensing and certification section of the Department of Health.

Individual Service Plan (ISP)—a service plan developed for each client that is based on a comprehensive assessment and/or plan of care (CPOC) which identifies the individual's strengths and needs in order to establish goals and objectives so that outcomes to service delivery can be measured. This plan of care and services may be referred to by another program specific name, as applicable.

LDH Region—the geographic administrative regions designated by the Department of Health.

Non-Operational—the SC provider location is not open for business operation on designated days and hours as stated on the licensing application and business location signage.

Service Area—the LDH administrative region in which the provider's geographic business location is located and for which the license is issued.

Support Coordination—services provided to individuals to assist them in gaining access to the full range of needed services including:

1. medical;
2. social;

3. developmental/educational; and
4. other supports services as stipulated by the department.

Support Coordination Provider-an agency licensed to provide support coordination services according to the requirements herein.

Support Coordinator-an individual employed by a licensed support coordination provider who utilizes an organized, coordinated system or process to assist clients in gaining access to a full range of needed services. This system shall be accomplished through the following activities:

1. intake;
2. assessment/reassessment;
3. service planning;
4. linkage;
5. monitoring/follow-up; and
6. transition/closure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4905. Licensure Requirements

A. All SC providers shall be licensed by the Department of Health except as indicated in §4901.A.1-2 of this Chapter. It

shall be unlawful to operate as a support coordination services provider without a license issued by the department. The LDH is the only licensing authority for SC providers in Louisiana.

B. An SC provider license shall:

1. be issued only to the individual or entity named in the license application;

2. be valid only for the SC provider to which it is issued and only for the specific geographic address of that provider;

3. enable the provider to render support coordination services in the LDH region specified in the approved licensing application;

4. be valid for one year from the date of issuance, unless revoked, suspended, modified or terminated prior to that date, or unless a provisional license is issued;

5. expire on the last day of the twelfth month after the date of issuance, unless timely renewed by the SC provider;

6. not be subject to sale, assignment, donation or other transfer, whether voluntary or involuntary; and

7. be posted in a conspicuous place on the licensed premises at all times.

C. The SC provider shall provide services only to those client populations:

1. specified on its license; and

2. residing in the provider's designated service area, LDH region and the provider's licensed location.

D. In order for the SC provider to be considered operational and retain licensed status, the provider shall meet the following conditions.

1. Each SC provider shall have a business location which shall not be located in an occupied personal residence and shall be in accordance with the following:

a. The identified business location shall be part of the licensed location of the SC provider and shall be in the LDH Region for which the license is issued.

b. The business location shall have at least one employee on duty at the business location during the days and hours of operation as stated on the licensing application and business location signage.

2. Each SC provider shall have at least one published business telephone number. Calls shall be returned within one business day.

3. Each SC provider shall have an accessible, monitored, and SC agency specific e-mail address.

E. A separately licensed SC provider shall not use a name which is substantially the same as the name of another SC provider licensed by the department. An SC provider shall not use a name which is likely to mislead the client or family into

believing it is owned, endorsed or operated by the State of Louisiana, as determined by the department.

F. The licensed SC provider shall abide by and adhere to any state law, rule, policy, procedure, manual or memorandum applicable to SC providers.

G. If applicable, the SC provider shall obtain facility need review approval prior to initial licensing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4907. Initial Licensure Application Process

A. An initial application for licensing as an SC provider shall be obtained from the department. A completed initial license application packet for support coordination provider services shall be submitted to and approved by the department prior to an applicant providing SC services.

B. The initial licensing application packet shall include:

1. a completed support coordination provider licensure application and the non-refundable licensing fee as established by the department;
2. a copy of a statewide criminal background check conducted by the Louisiana State Police or its designee,

including sex offender registry status, on all owners and administrators;

3. proof of financial viability, comprised of the following:

a. general and professional liability insurance; and

b. worker's compensation insurance;

4. a completed disclosure of ownership and control information form;

5. the days and hours of operation;

6. an organizational chart and names, including position titles, of key administrative personnel and governing body;

7. an 8x10 inch floor sketch of the office premises;

8. approval from the local fire authority for the building;

9. approval from the Office of Public Health (OPH) for occupancy; and

10. any other documentation or information required by the department and applicable for licensure.

C. Any person convicted of, or who has entered a plea of guilty or nolo contendere to, one of the following felonies is prohibited from being the owner or the administrator of an SC provider agency. A licensing application shall be denied by the

department if an owner or administrator of an SC provider agency has a felony conviction or has entered a plea of guilty or nolo contendere to a felony related to one of the following:

1. the violence, abuse, or negligence of a person;
2. the misappropriation of property belonging to another person;
3. cruelty, exploitation or the sexual battery of the infirmed;
4. a drug offense;
5. crimes of a sexual nature;
6. crimes involving a firearm or deadly weapon;
7. Medicare or Medicaid fraud; or
8. fraud or misappropriation of federal or state funds.

D. If the initial licensing packet is incomplete, the applicant shall be notified of the missing information and shall have 90 days from receipt of the notification to submit the required information.

1. If the required information is not submitted to the department within 90 days from receipt of the notification, the application shall become null and void.

2. If an initial licensing application is closed, an applicant who remains interested in becoming an SC provider shall submit a new initial licensing packet with a new initial

licensing fee to start the initial licensing process again, subject to any facility need review approval, if applicable.

E. Prior to scheduling the initial survey, applicants for SC licensure shall be:

1. fully operational;
2. in compliance with all SC licensing standards contained in this chapter;
3. in compliance with all applicable federal, state, and local laws and regulations; and
4. paid in full relative to all applicable fees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4909. Initial Licensing Surveys

A. Prior to the initial license being issued, an initial on-site licensing survey will be conducted to ensure compliance with the SC licensing standards.

B. In the event that the initial licensing survey finds that the SC provider is compliant with licensing laws, regulations and other required statutes, laws, ordinances, rules, regulations, and fees, the department shall issue a full license to the provider. The license shall be valid until the

expiration date shown on the license, unless the license is modified, revoked, suspended or terminated.

C. In the event that the initial licensing survey finds that the SC provider is noncompliant with any licensing regulations, or any other required rules or regulations and without systems of operation in place that present a potential threat to the health, safety, or welfare of the clients to be served, the department may deny the initial license.

D. In the event that the initial licensing survey finds that the SC provider is noncompliant with any licensing laws or regulations, or any other required rules or regulations, but the department in its sole discretion determines that the noncompliance does not present a threat to the operation of the agency or to the health, safety or welfare of the clients to be served, the department may issue a provisional initial license for a period not to exceed six months. The provider shall submit a plan of correction to the department for approval, and the provider shall be required to correct all such noncompliance or deficiencies prior to the expiration of the provisional license.

1. If all such noncompliance or deficiencies are corrected on the follow-up survey, a full license may be issued.

2. If all such noncompliance or deficiencies are not corrected on the follow-up survey, or new deficiencies affecting the health, safety or welfare of a client are cited, the

provisional license shall expire and the applicant shall be required to begin the initial licensing process again by submitting a new initial license application packet and the appropriate licensing fee.

E. The initial licensing survey of an SC provider shall be an announced survey. Follow-up surveys to the initial licensing surveys are unannounced surveys.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4911. Types of Licenses and Expiration Dates

A. The department shall have the authority to issue the following types of licenses:

1. Full Initial License. The department shall issue a full license to the SC provider when the initial licensing survey finds that the provider is compliant with all applicable licensing laws and regulations, and is compliant with all other applicable required statutes, laws, ordinances, rules, regulations and fees. The license shall be valid until the expiration date shown on the license, unless the license is modified, revoked, suspended or terminated.

2. Provisional Initial License. The department may issue a provisional initial license to the SC applicant when the

initial licensing survey finds that the SC provider is noncompliant with any applicable licensing laws or regulations or any other applicable required statutes, laws, ordinances, rules, regulations or fees, but the department determines that the noncompliance does not present a threat to the health, safety, or welfare of the clients.

3. Full Renewal License. The department may issue a full renewal license to an existing licensed SC provider who is in substantial compliance with all applicable federal, state, departmental and local statutes, laws, ordinances, rules, regulations and fees. The license shall be valid until the expiration date shown on the license, unless the license is modified, revoked, suspended or terminated.

B. The department, in its sole discretion, may issue a provisional license to an existing licensed SC provider for a period not to exceed six months. The department will consider the following circumstances in making a determination to issue a provisional license:

1. compliance history of the provider;
2. the number and acuity of substantiated complaints;
3. the SC provider has been issued a deficiency that involved placing a client at risk for serious harm or death;

4. the SC provider has failed to correct deficient practices within 60 days of being cited for such deficient practices or at the time of a follow-up survey; or

5. the SC provider is not in substantial compliance with applicable federal, state, departmental and local statutes, laws, ordinances, rules, regulations, and fees.

C. When the department issues a provisional license to an existing licensed SC provider, the provider shall submit a plan of correction to the HSS for approval, and the provider shall be required to correct such noncompliance or deficiencies prior to the expiration of the provisional license. The department shall conduct a follow-up survey, either on-site or by desk review, of the SC provider prior to the expiration of the provisional license.

1. If the follow-up survey determines that the SC provider has corrected the deficient practices and has maintained compliance during the period of the provisional license, the department may issue a full license for the remainder of the year until the anniversary date of the SC license.

2. If the follow-up survey determines that the non-compliance or deficiencies have not been corrected, or if new deficiencies that are a threat to the health, safety or welfare

of a client are cited on the follow-up survey, the provisional license may expire on its face.

3. The department shall issue written notice to the SC provider of the results of the follow-up survey.

D. If an existing licensed SC provider has been issued a notice of license revocation or termination, and the provider's license is due for annual renewal, the department shall deny the license renewal application and shall not issue a renewal license.

1. If a timely administrative appeal has been filed by the provider regarding the license revocation, suspension, or termination, the administrative appeal shall be suspensive, and the provider shall be allowed to continue to operate and provide services until such time as the administrative tribunal or department issues a decision on the license revocation, suspension, or termination.

2. If the secretary of the department determines that the violations of the SC provider pose an imminent or immediate threat to the health, welfare, or safety of a client, the imposition of such action may be immediate and may be enforced during the pendency of the administrative appeal. If the secretary of the department makes such a determination, the SC provider will be notified in writing.

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

E. The renewal of a license does not in any manner affect any sanction, civil monetary penalty or other action imposed by the department against the provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4913. Changes in Licensee Information or Personnel

A. An SC license shall be valid only for the person or entity named in the license application and only for the specific geographic address listed on the license application.

B. Any change regarding the SC provider's entity name, doing business as (DBA) name, mailing address, telephone number or any combination thereof, shall be reported in writing to HSS within five working days of the change.

C. Any change regarding the SC provider's key administrative personnel, e.g. the administrator, shall be reported in writing to HSS within 10 working days subsequent to the change and shall include the following:

1. name;
2. address;

3. hire date; and
4. qualifications.

D. A change of ownership (CHOW) of the SC provider shall be reported in writing to the department within five working days subsequent to the change. The license of an SC provider is not transferable or assignable and cannot be sold. The new owner shall submit the legal CHOW document, all documents required for a new license and the applicable licensing fee. Once all application requirements are met and approved by the department, a new license shall be issued to the new owner.

1. An SC provider that is under license revocation or provisional licensure may not undergo a CHOW.

2. If the CHOW results in a change of geographic address, an on-site survey may be required prior to issuance of the new license.

E. If the SC provider changes its name without a change in ownership, the SC provider shall report such change to the department in writing at least five working days prior to the change. The change in the SC provider name requires the issuance of a new SC provider license in the new name of the provider. Payment of the applicable fee is required to re-issue the license.

F. Any request for a duplicate license shall be accompanied by the required applicable fee.

G. If the SC provider changes the physical address of its geographic location without a change in ownership, the SC provider shall:

1. report such change to HSS in writing at least five working days prior to the change;
2. submit a new licensing application; and
3. pay the full licensing fee resulting in a new anniversary date;

NOTE: An on-site survey may be required prior to the issuance of the new license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4915. Renewal of License

A. The SC provider shall submit a completed license renewal application packet to the department at least 30 days prior to the expiration of the current license. The license renewal application packet shall include:

1. the completed license renewal application;
2. the non-refundable license renewal fee; and
3. any other documentation required by the department.

B. The department may perform an on-site survey and inspection upon annual renewal of a license.

C. Failure to submit a completed license renewal application packet prior to the expiration of the current license will result in the voluntary non-renewal of the SC license.

D. A CHOW shall not be conducted concurrent to the renewal of license. The renewal of the license shall be completed by the SC provider prior to processing of the CHOW packet by the department for the new provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4917. Survey Activities

A. The department, or its designee, may conduct periodic licensing surveys and other surveys as deemed necessary to ensure compliance with all laws, rules and regulations governing SC providers and to ensure client health, safety and welfare. These surveys may be conducted on-site or by administrative review and shall be unannounced.

B. The department shall also conduct complaint surveys. The complaint surveys shall be conducted in accordance with R.S. 40:2009.13, et seq.

C. The department may require an acceptable plan of correction from a provider for any survey where deficiencies have been cited, regardless of whether the department takes other action against the provider for the deficiencies cited in the survey. The acceptable plan of correction shall be approved by the department.

D. A follow-up survey may be conducted for any survey where deficiencies have been cited to ensure correction of the deficient practices.

E. The department may issue appropriate sanctions for noncompliance, deficiencies and violations of law, rules and regulations. Sanctions include, but are not limited to:

1. civil monetary penalties;
2. directed plans of correction; and
3. license revocation.

F. LDH surveyors and staff shall be:

1. given access to all areas of the provider agency, as necessary, and all relevant files during any survey; and
2. allowed to interview any provider staff, client or other persons as necessary or required to conduct the survey.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4919. Statement of Deficiencies

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

1. the most recent full licensing survey statement of deficiencies; and

2. any subsequent complaint survey statement of deficiencies.

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

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

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

2. The informal reconsideration of the deficiencies shall be requested in writing within 10 calendar days of receipt of the statement of deficiencies, unless otherwise provided in these standards.

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

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

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

6. Except as provided for complaint surveys pursuant to R.S. 40:2009.13 et seq., and as provided in these licensing provisions for license denials, revocations and denial of license renewals, the decision of the informal reconsideration team shall be the final administrative decision.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4921. Denial of License, Revocation of License, Denial of License Renewal

A. The department may deny an application for an initial license or a license renewal, or may revoke a license in

accordance with the provisions of the Administrative Procedure Act.

B. Denial of an Initial License

1. The department may deny an initial license in the event that the initial licensing survey finds that the SC provider applicant is noncompliant with any applicable licensing laws or regulations, or any other required statutes or regulations that present a potential threat to the health, safety or welfare of the clients.

2. The department may deny an initial license for any of the reasons a license may be revoked or denied renewal pursuant to these licensing standards.

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

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

1. failure to be in substantial compliance with the SC licensing laws, rules and regulations;
2. failure to be in substantial compliance with other required statutes, laws, ordinances, rules or regulations;

3. failure to comply with the terms and provisions of a settlement agreement or educational letter;

4. failure to uphold client rights whereby deficient practices result in harm, injury or death of a client;

5. failure to protect a client from a harmful act of an employee or other client including, but not limited to:

a. mental or physical abuse, neglect, exploitation or extortion;

b. any action posing a threat to a client's health and safety;

c. coercion;

d. threat or intimidation;

e. harassment; or

f. criminal activity;

6. failure to notify the proper authorities, as required by federal or state law or regulations, of all suspected cases of the acts outlined in D.5 of this section;

7. knowingly making a false statement in any of the following areas, including but not limited to:

a. application for initial license or renewal of license;

b. data forms;

c. clinical records, client records or provider records;

d. matters under investigation by the department or the Office of the Attorney General; or

e. information submitted for reimbursement from any payment source;

8. knowingly making a false statement or providing false, forged or altered information or documentation to LDH employees or to law enforcement agencies;

9. the use of false, fraudulent or misleading advertising; or

10. an owner, officer, member, manager, administrator, director or person designated to manage or supervise client care has pled guilty or nolo contendere to a felony, or has been convicted of a felony, as documented by a certified copy of the record of the court;

a. for purposes of these provisions, conviction of a felony involves any felony conviction relating to:

i. the violence, abuse, or negligence of a person;

ii. the misappropriation of property belonging to another person;

iii. cruelty, exploitation or the sexual battery of the infirmed;

iv. a drug offense;

v. crimes of a sexual nature;

vi. a firearm or deadly weapon;
vii. Medicare or Medicaid fraud; or
viii. fraud or misappropriation of federal or
state funds;

11. failure to comply with all reporting requirements
in a timely manner, as required by the department;

12. failure to allow or refusal to allow the
department to conduct an investigation or survey or to interview
provider staff or clients;

13. interference with the survey process, including
but not limited to, harassment, intimidation, or threats against
the survey staff;

14. failure to allow or refusal to allow access to
provider, facility or client records by authorized departmental
personnel;

15. bribery, harassment, intimidation or solicitation
of any client designed to cause that client to use or retain the
services of any particular SC provider;

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

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

E. In the event that an SC provider license is revoked, renewal is denied, or the license is surrendered in lieu of an adverse action, any owner, board member, director or administrator, and any other person named on the license application of such SC provider is prohibited from owning, managing, directing or operating another SC agency for a period of two years from the date of the final disposition of the revocation, denial of renewal action, or surrender.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

\$4923. Notice and Appeal of License Denial, License Revocation and Denial of License Renewal

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

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

1. The SC provider shall request the informal reconsideration within 15 calendar days of the receipt of the

notice of the license denial, license revocation, or denial of license renewal. The request for informal reconsideration shall be in writing and shall be forwarded to the department's Health Standards Section. The request for informal reconsideration shall be considered timely if received by the Health Standards Section within 15 calendar days from the provider's receipt of the notice.

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

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

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

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

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

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

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

1. The SC provider shall request the administrative appeal within 30 days of the receipt of the results of the informal reconsideration.

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

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

3. If a timely request for an administrative appeal is received by the Division of Administrative Law, or its successor, the administrative appeal of the license revocation or denial of license renewal shall be suspensive, and the provider shall be allowed to continue to operate and provide

services until such time as the Division of Administrative Law, or its successor, issues a final administrative decision.

a. If the secretary of the department determines that the violations of the provider pose an imminent or immediate threat to the health, welfare or safety of a client, the imposition of the license revocation or denial of license renewal may be immediate and may be enforced during the pendency of the administrative appeal. If the secretary of the department makes such a determination, the provider will be notified in writing.

4. correction of a violation or a deficiency which is the basis for the denial, revocation or denial of license renewal shall not be a basis for an administrative appeal.

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

E. If a timely administrative appeal has been filed by the provider on a license denial, denial of license renewal or license revocation, the Division of Administrative Law, or its successor, shall conduct the hearing in accordance with the Administrative Procedures Act.

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

2. If the final decision is to affirm the license denial of renewal or license revocation, the provider shall discharge any and all clients receiving services according to the provisions of this Chapter.

a. Within 10 calendar days of the final decision, the provider shall notify HSS, in writing, of the secure and confidential location where the client records will be securely stored and the contact information for the custodian of said records.

F. There is no right to an informal reconsideration or an administrative appeal of the issuance of a provisional initial license to a new SC provider, or the issuance of a provisional license to an existing SC provider. A provider who has been issued a provisional license is licensed and operational for the term of the provisional license. The issuance of a provisional license is not considered to be a denial of license, denial of license renewal, or revocation of licensure.

G. A provider with a provisional initial license or an existing provider with a provisional license that expires due to

noncompliance or deficiencies cited at the follow-up survey, shall have the right to an informal reconsideration and the right to an administrative appeal, as to the validity of the deficiencies.

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

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

3. The provider shall request the informal reconsideration in writing, which shall be received by the Health Standards Section within five calendar days of receipt of the notice of the results of the follow-up survey from the department.

4. The provider shall request the administrative appeal within 15 calendar days of receipt of the notice of the results of the follow-up survey from the department. The request for administrative appeal shall be in writing and shall be submitted to the Division of Administrative Law, or its successor.

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

services and discharge clients unless the Division of Administrative Law, or its successor, issues a stay of the expiration.

a. The stay may be granted by the Division of Administrative Law, or its successor, upon application by the provider at the time the administrative appeal is filed and only after a contradictory hearing and only upon a showing that there is no potential harm to the clients being served by the provider.

6. If a timely administrative appeal has been filed by a provider with a provisional initial license that has expired, or by an existing provider whose provisional license has expired under the provisions of this Chapter, the Division of Administrative Law, or its successor, shall conduct the hearing in accordance with the Administrative Procedure Act.

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

b. If the final decision is to uphold the deficiencies and affirm the expiration of the provisional license, the provider shall discharge any and all clients receiving services.

i. Within 10 calendar days of the final decision, the provider shall notify HSS in writing of the secure and confidential location where the client records will be stored.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4925. Inactivation of License due to a Declared Disaster or Emergency

A. An SC provider licensed in a parish which is the subject of an executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766 may seek to inactivate its license for a period not to exceed one year, provided that the following conditions are met:

1. the licensed provider shall submit written notification to HSS within 60 days of the date of the executive order or proclamation of emergency or disaster that:

a. the SC provider has experienced an interruption in the provisions of services as a result of events that are the subject of such executive order or proclamation of emergency or disaster issued in accordance with R.S. 29:724 or R.S. 29:766;

b. the licensed SC provider intends to resume operation as an SC provider in the same service area;

c. includes an attestation that the emergency or disaster is the sole causal factor in the interruption of the provision of services;

d. includes an attestation that all clients have been properly discharged or transferred to another provider; and

e. provides a list of each client and where that client is discharged or transferred to;

2. the licensed SC provider resumes operating as an SC provider in the same service area within one year of the issuance of an executive order or proclamation of emergency or disaster in accordance with R.S. 29:724 or R.S. 29:766;

3. the licensed SC provider continues to pay all fees and costs due and owed to the department including, but not limited to, licensing fees and outstanding civil monetary penalties; and

4. the licensed SC provider continues to submit required documentation and information to the department.

B. Upon receiving a completed written request to inactivate an SC provider license, the department shall issue a notice of inactivation of license to the SC provider.

C. Upon completion of repairs, renovations, rebuilding or replacement, an SC provider which has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met.

1. The SC provider shall submit a written license reinstatement request to the licensing section of the department 60 days prior to the anticipated date of reopening.

- a. The license reinstatement request shall inform the department of the anticipated date of opening, and shall request scheduling of a licensing survey.

- b. The license reinstatement request shall include a completed licensing application with applicable required licensing fees.

2. The provider resumes operating as an SC provider in the same service area within one year.

D. Upon receiving a completed written request to reinstate an SC provider license, the department may conduct a licensing survey. If the SC provider meets the requirements for licensure and the requirements under this Section, the department shall issue a notice of reinstatement of the SC provider license.

E. No change of ownership in the SC provider shall occur until such SC provider has completed repairs, renovations,

rebuilding or replacement construction, and has resumed operations as an SC provider.

F. The provisions of this Section shall not apply to an SC provider which has voluntarily surrendered its license and ceased operation.

G. Failure to comply with any of the provisions of this Section shall be deemed a voluntary surrender of the SC provider license and any applicable facility need review approval for licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4927. Inactivation of License due to a Non-Declared Disaster or Emergency

A. A licensed SC provider in an area or areas which have been affected by a non-declared emergency or disaster may seek to inactivate its license, provided that the following conditions are met:

1. the licensed SC provider shall submit written notification to HSS within 30 days of the date of the non-declared emergency or disaster stating that:

a. the SC provider has experienced an interruption in the provisions of services as a result of events that are due to a non-declared emergency or disaster;

b. the licensed SC provider intends to resume operation as an SC provider in the same service area;

c. the licensed SC provider attests that the emergency or disaster is the sole causal factor in the interruption of the provision of services; and

d. the licensed SC provider's initial request to inactivate does not exceed one year for the completion of repairs, renovations, rebuilding or replacement of the facility.

NOTE: Pursuant to these provisions, an extension of the 30 day deadline for initiation of request may be granted at the discretion of the department.

2. the licensed SC provider continues to pay all fees and costs due and owed to the department including, but not limited to, required licensing fees and outstanding civil monetary penalties and/or civil fines; and

3. the licensed SC provider continues to submit required documentation and information to the department, including but not limited to cost reports.

B. Upon receiving a completed written request to temporarily inactivate an SC license, the department shall issue a notice of inactivation of license to the SC provider.

C. Upon the provider's receipt of the department's approval of request to inactivate the provider's license, the provider shall have 90 days to submit plans for the repairs, renovations, rebuilding or replacement of the facility, if applicable, to the Office of the State Fire Marshal (OSFM) and OPH as required.

D. The licensed SC provider shall resume operating as an SC provider in the same service area within one year of the approval of renovation/construction plans by OSFM and OPH as required.

EXCEPTION: If the provider requires an extension of this timeframe due to circumstances beyond the provider's control, the department will consider an extension of the time period to complete construction or repairs. Such written request for extension shall show provider's active efforts to complete construction or repairs and the reasons for request for extension of provider's inactive license. Any approval for extension is at the sole discretion of the department.

E. Upon completion of repairs, renovations, rebuilding or replacement of the building, an SC provider which has received a notice of inactivation of its license from the department shall be allowed to reinstate its license upon the following conditions being met:

1. the SC provider shall submit a written license reinstatement request to the licensing section of the department;

2. the license reinstatement request shall inform the department of the anticipated date of opening and shall request scheduling of a licensing or physical environment survey, where applicable; and

3. the license reinstatement request shall include a completed licensing application with appropriate licensing fees.

F. Upon receiving a completed written request to reinstate an SC provider license, the department may conduct a licensing or physical environment survey. The department may issue a notice of reinstatement if the provider has met the requirements for licensure including the requirements of this Section.

G. No change of ownership shall occur until such SC provider has completed repairs, renovations, rebuilding or replacement construction and has resumed operations as an SC provider.

H. The provisions of this Section shall not apply to an SC provider which has voluntarily surrendered its license and ceased operation.

I. Failure to comply with any of the provisions of this Section shall be deemed a voluntary surrender of the SC provider license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4929. Cessation of Business

A. Except as provided in §4925 and §4927 of these licensing regulations, a license shall be immediately null and void if an SC provider becomes non-operational.

B. A cessation of business is deemed to be effective the date on which the SC provider ceased offering or providing services to the community and/or is considered non-operational.

C. Upon the cessation of business, the SC provider shall immediately return the original license to the department.

D. Cessation of business is deemed to be a voluntary action on the part of the provider. The SC provider does not have a right to appeal the closure of a license due to a cessation of business.

E. Prior to the effective date of the closure or cessation of business, the SC provider shall:

1. give 30 days' advance written notice to:

- a. each client or client's legal representative, if applicable;
- b. each client's physician;
- c. the LDH HSS;
- d. the LDH Office for Citizens with Developmental Disabilities (OCDD);
- e. the LDH Office of Aging and Adult Services (OAAS); and/or
- f. other licensed programs, as applicable.

2. provide for a safe and orderly discharge and transition for each of the SC provider's clients in accordance with the SC provider's discharge policy and in accordance with applicable statutes and regulations.

F. In addition to the advance notice, the SC provider shall submit a written plan for the disposition of client services related records for approval by the department. The plan shall include the following:

1. the effective date of the closure;
2. provisions that comply with federal and state laws on storage, maintenance, access and confidentiality of the closed provider's patients' medical records;
3. the name and contact information for the appointed custodian(s) who shall provide the following:

a. access to records and copies of records to the patient or authorized representative, upon presentation of proper authorization(s); and

b. physical and environmental security that protects the records against fire, water, intrusion, unauthorized access, loss and destruction.

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

H. Once any SC provider has ceased doing business, the provider shall not provide services until the SC provider has obtained a new initial SC provider license.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4931. Emergency Preparedness

A. A disaster or emergency may be a local, community-wide, regional or statewide event. Disasters or emergencies may include, but are not limited to:

1. tornados;
2. fires;
3. floods;

4. hurricanes;
5. power outages;
6. chemical spills;
7. biohazards;
8. train wrecks; or
9. declared health crisis.

B. Support coordination providers shall ensure that each client has an individual plan for dealing with emergencies and disasters and shall assist clients in identifying the specific resources available through family, friends, the neighborhood and the community.

C. Continuity of Operations. The SC provider shall have an emergency preparedness plan to maintain continuity of the provider's operations in preparation for, during and after an emergency or disaster. The plan shall be designed to manage the consequences of all hazards, declared disasters or other emergencies that disrupt the provider's ability to render support coordination services, or threatens the lives or safety of the provider's clients.

D. The provider shall follow and execute its emergency preparedness plan in the event of the occurrence of a declared disaster or other emergency.

E. If the state, parish or local Office of Homeland Security and Emergency Preparedness (OHSEP) orders a mandatory

evacuation of the parish or the area in which the provider is serving, the provider shall ensure that all clients are evacuated according to the client's individual plan and the provider's emergency preparedness plan.

F. Emergency Plan Review and Summary. The provider shall review and update its emergency preparedness plan, as well as each client's emergency plan at least annually.

G. The provider shall cooperate with the department and with the local or parish OHSEP in the event of an emergency or disaster and shall provide information as requested.

H. The provider shall monitor weather warnings and watches as well as evacuation orders from local and state emergency preparedness officials.

I. All provider employees shall be trained in emergency or disaster preparedness. Training shall include orientation, ongoing training and participation in planned drills for all personnel.

J. Upon request by the department, the SC provider shall submit a copy of its emergency preparedness plan and a written summary attesting how the plan was followed and executed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

Subchapter B. Administration and Organization

§4937. Governing Body

A. The SC provider shall have an identifiable governing body with responsibility for and authority over the policies and activities of the program/agency.

1. The SC provider shall have documents identifying all members of the governing body, their addresses, their terms of membership, officers of the governing body and terms of office of any officers.

2. The governing body shall be comprised of one or more persons and shall hold formal meetings at least twice a year.

3. There shall be written minutes of all formal meetings of the governing body and by-laws specifying frequency of meetings and quorum requirements.

B. The governing body of an SC provider shall:

1. ensure the provider's continual compliance and conformity with all relevant federal, state, local and municipal laws and regulations;

2. ensure that the provider is adequately funded and fiscally sound;

3. review and approve the provider's annual budget;

4. designate a person to act as administrator and delegate sufficient authority to this person to manage the agency;

5. formulate and annually review, in consultation with the administrator, written policies concerning the philosophy, goals, current services, personnel practices, job descriptions and fiscal management of the agency;

6. annually evaluate the administrator's performance;

7. have the authority to dismiss the administrator;

8. meet with designated representatives of the department whenever required to do so;

9. inform the Health Standards Section prior to initiating any substantial changes in the nature and scope of services provided by the SC provider; and

10. ensure accessibility of the administrator who shall be:

a. available in person or by telecommunication for all aspects of provider operation; or

b. designate in writing an individual to assume the authority and control of the provider if the administrator is temporarily unavailable.

C. An SC provider shall maintain an administrative file that includes:

1. documents identifying the governing body;
2. a list of members and officers of the governing body, along with their addresses and terms of membership;
3. minutes of formal meetings and by-laws of the governing body, if applicable;
4. a copy of the current license issued by the Health Standards Section;
5. an organizational chart of the SC provider which clearly delineates the line of authority;
6. all leases, contracts and purchases-of-service agreements to which the provider is a party;
7. insurance policies;
8. annual budgets and audit reports; and
9. a master list of all the community resources used by the provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4939. Policy and Procedures

A. The SC provider shall provide supervision and services that:

1. conform to the department's rules and regulations;

2. meet the needs of the clients as identified and addressed in the Individual Service Plan (ISP) or Comprehensive Plan of Care (CPOC);

3. provide for the full protection of clients' rights; and

4. promote the social, physical and mental well-being of clients;

B. The SC provider shall make any required information or records, and any information reasonably related to assessment of compliance with these requirements, available to the department.

C. The SC provider shall allow designated representatives of the department, in performance of their mandated duties, to:

1. inspect all aspects of an SC provider's operations which directly or indirectly impact clients; and

2. conduct interviews with any staff member or client of the provider as necessary and relevant to conduct a survey.

D. The SC provider shall, upon request by the department, make available the legal ownership documents.

E. The SC provider shall have written policies and procedures approved by the owner or governing body, which shall be implemented and followed, that address at a minimum the following:

1. confidentiality and confidentiality agreements;

2. security of files;
3. publicity and marketing, including the prohibition of illegal or coercive inducement, solicitation and kickbacks;
4. personnel;
5. client rights;
6. grievance procedures;
7. emergency preparedness;
8. abuse and neglect; and
9. admission and discharge procedures.

F. The SC provider shall have written personnel policies, which shall be implemented and followed, that include:

1. a plan for recruitment, screening, orientation, ongoing training, development, supervision and performance evaluation of staff members;
2. written job descriptions for each staff position, including volunteers;
3. an employee grievance procedure;
4. abuse reporting procedures that require all employees to report any incidents of abuse or mistreatment, whether that abuse or mistreatment is done by another staff member, a family member, a client or any other person; and
5. a written policy to prevent discrimination.

G. The SC provider shall comply with all federal and state laws, rules and regulations in the development and implementation of its policies and procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4941. Business Location

A. The SC provider shall have a business location in the LDH Region for which the license is issued. The business location shall be a part of the physical geographic licensed location and shall be where the provider:

1. maintains staff to perform administrative functions;
 2. maintains the provider's personnel records;
 3. maintains the provider's client service records;
- and

4. holds itself out to the public as being a location for receipt of client referrals.

B. The business location shall have a separate entrance and exit from any other entity, business or trade, and shall have appropriate signage indicating the legal or trade name and address of the SC provider and days and hours of operation. The SC provider shall operate independently from any other business

or entity, and shall not share office space with any other business or entity.

1. The SC provider may share common areas with another business or entity. Common areas include foyers, kitchens, conference rooms, hallways, stairs, elevators or escalators when used to provide access to the provider's separate entrance.

C. The business location shall:

1. be commercial office space or, if located in a residential area, be zoned for appropriate commercial use and shall be used solely for the operation of the business;

2. have approval for occupancy from the Louisiana Office of Public Health;

3. have a published telephone number which is monitored, available and accessible 24 hours a day, seven days a week, including holidays;

4. have a business fax number that is operational 24 hours a day, seven days a week;

5. have internet access and a working, monitored e-mail address;

a. the e-mail address shall be provided to the HSS and updated as needed;

6. have hours of operation posted in a location outside of the business that is easily visible to clients receiving services and the general public; and

7. maintain and store client records in accordance with HIPAA's Security Rule (45 CFR Part 160 and Subparts A and C of Part 164) either electronically or in paper copy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4943. Admission of Clients

A. An SC provider shall have written admissions policies and criteria which shall include the following:

1. intake policy and procedures;
2. admission criteria and procedures;
3. admission criteria and procedures for minors;
4. policy regarding the determination of legal status, according to appropriate state laws, before admission;
5. the ages of the populations served;
6. the services provided by the SC provider; and
7. discharge criteria and procedures.

B. The written description of admissions policies and criteria shall be provided to the department upon request, and made available to the client and his/her legal representative.

C. The SC provider shall ensure that the client, the legal representative, where appropriate, or other persons are provided an opportunity to participate in the admission process and decisions.

D. The SC provider shall not refuse admission to any client on the grounds of race, national origin, ethnicity or disability.

E. The SC provider shall meet the needs of each client admitted to his/her program as identified and addressed in the client's ISP.

F. When refusing admission, a provider shall provide a written statement as to the reason for the refusal. This shall be provided to designated representatives of the department or to a client upon request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4945. Voluntary Transfers and Discharges

A. A client has the right to choose an SC provider. This right includes the right to be discharged from his current provider, be transferred to another provider and to discontinue services altogether.

B. Upon notice by the client or authorized representative that the client has selected another SC provider or has decided to discontinue services or moves from the geographic region serviced by the provider, the SC provider shall have the responsibility of planning for the client's voluntary transfer or discharge.

C. The transfer or discharge responsibilities of the SC provider shall include:

1. holding a transfer or discharge planning conference with the client, family, support coordinator, legal representative and advocate, if known, to facilitate a smooth transfer or discharge, unless the client declines such a meeting;

2. providing a current individual service plan (ISP). Upon written request and authorization by the client or authorized representative, a copy of the current ISP shall be provided to the client or receiving provider; and

3. preparing a written discharge summary. The discharge summary shall include, at a minimum, a summary on the health status, developmental issues, behavioral issues, social issues, and nutritional status of the client. Upon written request and authorization by the client or authorized representative, a copy of the discharge summary shall be disclosed to the client or receiving provider.

D. The written discharge summary shall be completed within five working days of the notice by the client or authorized representative that the client has selected another SC provider or has decided to discontinue services.

1. The SC provider's preparation of the discharge summary shall not impede or impair the client's right to be transferred or discharged immediately if the client so chooses.

E. The SC provider shall not coerce the client to stay with the provider or interfere in any way with the client's decision to transfer. Failure to cooperate with the client's decision to transfer to another SC provider may result in adverse action by the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4947. Involuntary Transfers and Discharges

A. The SC provider shall not transfer or discharge the client from the provider except under the following circumstances which constitute involuntary transfers or discharges:

1. the client's health has improved sufficiently or that the client is no longer appropriate to receive SC services;

2. the safety or health of a client(s) or provider staff is endangered;

3. the provider ceases to operate;

4. the client or family refuses to cooperate or interferes with attaining the objectives of the SC provider; or

5. the SC provider chooses to cease serving a particular client population so that certain services are no longer provided.

B. When the SC provider proposes to involuntarily transfer or discharge a client, compliance with the provisions of this Section shall be fully documented in the client's records.

C. An SC provider shall provide a written notice of the involuntary transfer or discharge to the client, a family member of the client if known or to the authorized representative if known, and the support coordinator if applicable.

1. The written notice shall be made at least 30 calendar days prior to the transfer or discharge.

2. When the safety or health of clients or provider staff is endangered, written notice shall be given as soon as practicable before the transfer or discharge.

3. The notice of involuntary discharge or transfer shall be in writing and in a language and manner that the client understands.

4. A copy of the notice of involuntary discharge or transfer shall be placed in the client's support coordination record.

D. The written notice of involuntary transfer or discharge shall include:

1. a reason for the transfer or discharge;
2. the effective date of the transfer or discharge;
3. an explanation of a client's right to personal and/or third party representation at all stages of the transfer or discharge process;

4. contact information for the Advocacy Center;
5. names of provider personnel available to assist the client and family in decision making and transfer arrangements;

6. the date, time and place for the discharge planning conference;

7. a statement regarding the client's appeal rights, when applicable;

8. the name of the director, current address and telephone number of the Division of Administrative Law (DAL), or its successor; and

9. a statement regarding the client's right to remain with the provider and not be transferred or discharged if an appeal is timely filed.

E. Appeal Rights for Involuntary Transfers or Discharges

1. If a timely appeal is filed with the DAL by the client or authorized representative disputing the involuntary discharge, the provider shall not transfer or discharge the client pursuant to the provisions of this Section.

2. The transfer or discharge of a patient prior to the period for filing an appeal or during the pendency of an appeal may result in revocation of the SC provider's license.

3. If a client files a timely appeal request, the DAL, or its successor, shall hold an appeal hearing in accordance with the Administrative Procedures Act (APA).

F. Client's Right to Remain with the SC Provider Pending the Appeal Process

1. If a client is given 30 calendar days written notice of the involuntary transfer or discharge and the client or authorized representative files a timely appeal, the client may remain with the provider and not be transferred or discharged until the DAL, or its successor, renders a decision on the appeal.

2. If a client is given less than 30 calendar days' written notice and files a timely appeal of an involuntary transfer/discharge based on the health and safety of individuals or provider staff being endangered, the client may remain with

the provider and not be transferred or discharged until one of the following occurs:

a. the DAL, or its successor, holds a pre-hearing conference regarding the safety or health of the staff or individuals; or

b. the DAL, or its successor, renders a decision on the appeal.

G. The transfer or discharge responsibilities of the SC provider shall include:

1. holding a transfer or discharge planning conference with the client, family, support coordinator, legal representative and advocate, if known, in order to facilitate a smooth transfer or discharge;

2. development of discharge options that will provide reasonable assurance that the client will be transferred or discharged to a setting that can be expected to meet his/her needs;

3. preparing an updated ISP; and

4. preparing a written discharge summary. The discharge summary shall include, at a minimum, a summary of the health status, developmental status, behavioral issues, social issues and nutritional status of the client. Upon written request and authorization by the client or authorized

representative, a copy of the discharge summary and/or updated ISP shall be disclosed to the client or receiving provider.

H. The SC provider shall provide all services required prior to discharge that are contained in the final update of the individual service plan and in the transfer or discharge plan.

1. The SC provider shall not be required to provide services if the discharge is due to the client moving out of the provider's geographic region. The SC provider is prohibited from providing services outside of its geographic region without the department's HSS approval.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4949. Client Records

A. Client records shall be maintained either electronically or in paper form in the SC provider's office and shall be readily accessible to the provider and the surveyor.

B. The SC provider shall have a written record for each client which shall include:

1. identifying data including:
 - a. name;
 - b. date of birth;
 - c. address;

- d. telephone number;
 - e. social security number;
 - f. legal status;
 - g. proof of interdiction or continuing
tutorship, if applicable; and
 - h. other identifying information, if
applicable.
- 2. a copy of the client's ISP or Medicaid
comprehensive plan of care, as well as any modifications or
updates to the service plan;
- 3. the client's history including, where applicable:
 - a. family data;
 - b. next of kin;
 - c. educational background;
 - d. employment record;
 - e. prior medical history; and
 - f. prior service history;
- 4. the service agreement or comprehensive plan of
care (CPOC);
- 5. required assessment(s) and additional assessments
that the provider may have received or is privy to;
- 6. the names, addresses and telephone numbers of the
client's physician(s), dentist, or other pertinent health care
providers; and

7. a copy of any advance directive that has been provided to the SC provider or any physician orders relating to end of life care and services, such as Louisiana Physician Orders for Scope of Treatment (LaPOST).

C. Support coordination providers shall maintain client records for a period of no less than six years, unless the client is a minor, then in accordance with state record retention laws or regulations.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4951. Client Rights

A. Unless adjudicated by a court of competent jurisdiction, clients served by SC providers shall have the same rights, benefits and privileges guaranteed by the constitution and the laws of the United States and Louisiana.

B. There shall be written policies and procedures that protect the client's welfare, including the means by which the protections will be implemented and enforced.

C. Each SC provider's written policies and procedures, at a minimum, shall ensure the client's right to:

1. human dignity;

2. impartial access to treatment regardless of race, religion, sex, ethnicity, age or disability;

3. cultural access in accordance with client-specific needs;

4. have access to sign language interpretation, allow for the use of service animals and/or mechanical aids and devices that assist those clients in achieving maximum service benefits when the client has special needs;

5. privacy;

6. confidentiality;

7. access his/her records upon the client's written consent for release of information;

8. a complete explanation of the nature of services and procedures to be received, including:

a. risks;

b. benefits; and

c. available alternative services;

9. actively participate in services, including:

a. assessment/reassessment;

b. service plan development; and

c. discharge;

10. refuse specific services or participate in any activity that is against their will and for which they have not given consent;

11. obtain copies of the SC provider's complaint or grievance procedures;
12. file a complaint or grievance without retribution, retaliation or discharge;
13. be informed of the financial aspect of services, if appropriate;
14. be informed of the need for parental or guardian consent for treatment of services, if appropriate;
15. personally manage financial affairs, unless legally determined otherwise;
16. give informed written consent prior to being involved in research projects;
17. refuse to participate in any research project without compromising access to services;
18. be free from mental, emotional and physical abuse and neglect;
19. be free from chemical or physical restraints;
20. receive services that are delivered in a professional manner and are respectful of the client's wishes concerning their home environment;
21. receive services in the least intrusive manner appropriate to their needs;
22. contact any advocacy resources as needed, especially during grievance procedures; and

23. discontinue services with one provider and freely choose the services of another provider.

D. An SC provider shall assist in obtaining an independent advocate:

1. if the client's rights or desires may be in jeopardy;
 2. if the client is in conflict with the provider;
- or
3. upon any request of the client.

E. The client has the right to select an independent advocate, which may be:

1. a legal assistance corporation;
2. a state advocacy and protection provider;
3. a church or family member; or
4. any other competent key person not affiliated in any way with the licensed provider.

F. The client, client's family and legal guardian, if known, shall be informed of their rights, both verbally and in writing in a language they are able to understand.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4953. Grievance Procedures

A. The SC provider shall establish and follow a written grievance procedure to be used to formally resolve complaints by clients, their family member(s) or a legal representative regarding provision of services. The written grievance procedure shall be provided to the client.

1. The notice of grievance procedure shall include the names of organizations that provide free legal assistance.

B. The client, family member or legal representative shall be entitled to initiate a grievance at any time without fear of retaliation.

C. The provider shall periodically explain the grievance procedure to the client, family member(s) or a legal representative, utilizing the most appropriate strategy for ensuring an understanding of what the grievance process entails.

1. The provider shall provide the grievance procedure in writing and grievance forms shall be made available.

D. The administrator, or designee, shall investigate all grievances and shall make all reasonable attempts to address the grievance.

E. The administrator, or designee, shall issue a written report and/or decision within five business days of receipt of the grievance to the:

1. client;

2. client's advocate;
3. authorized representative; and
4. the person making the grievance.

F. Grievances shall be periodically reviewed by the governing body in an effort to promote improvement in these areas.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4955. Abuse Reporting

A. A provider shall have abuse reporting procedures which require all employees to report any incidents of abuse or mistreatment whether that abuse or mistreatment is done by another staff member or professional, family member, the client, or any other person.

B. There shall be written policies and procedures regarding abuse and neglect as defined by state and federal law.

1. The requirement that such acts of abuse and/or neglect shall be strictly prohibited.

2. Reporting Procedures

- a. Every provider employee, consultant or contractor who witness, learns of, is informed of, or otherwise has reason to suspect that an incident of abuse or neglect has

occurred, shall report such incident in accordance with state child protection, adult protection, and elderly protection laws and fully cooperate with the investigation of the incident and with local authorities and agencies, as applicable.

b. Every employee, contract or staff, shall be informed of his or her reporting responsibilities and trained in the procedures for reporting, upon employment and periodically as needed.

3. Any allegations of abuse and neglect by provider personnel shall be investigated internally.

a. Individuals under investigation shall not be part of the investigation.

b. The SC takes appropriate reporting action in the case of substantiated abuse in accordance with the SC provider's own reporting policy and applicable state law and regulations.

c. The results of such investigations shall be reviewed administratively and reported to the governing body, as appropriate.

d. Appropriate measures shall be taken to assure that the individual is protected from further abuse in accordance with the SC provider's own reporting policy and applicable state law and regulations.

4. Every employee, consultant, and contractor shall be given a written copy of the SC's policies and procedures on client abuse and neglect, upon employment and periodically as needed.

a. Documentation of policy review by each employee shall be maintained in the employee's personnel file.

b. Policies and procedures shall be made available to others upon request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

Subchapter C. Personnel

§4963. Support Coordinator Qualifications

A. Support coordinators, previously known as case managers, hired or promoted on or after one year from the effective date of promulgation of this section shall meet the following criteria for education and experience:

1. a bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education; or

2. a RN currently licensed in Louisiana with at least one year of paid nursing experience; or

3. a bachelor's or master's degree in a human service related field which includes psychology, education, counseling, social services sociology, philosophy, family and consumer sciences, criminal justice, rehab services, child development, substance abuse, gerontology and vocational rehabilitation; or

4. a bachelor's degree in liberal arts or general studies with a concentration of at least 16 hours in one of the fields listed in accordance with §4963.A.3.

B. All support coordinators shall be employees of the provider, either by contract or directly employed.

C. Support coordinator supervisors hired or promoted on or after one year from the effective date of promulgation of this section shall meet the following qualifications for education and experience:

1. a bachelor's or master's degree in social work from a program accredited by the Council on Social Work Education and two years of paid post degree experience in providing SC services; or

2. a RN currently licensed in Louisiana with at least two years of paid nursing experience; or

3. a bachelor's or master's degree in a human service related field which includes psychology, education, counseling, social services, sociology, philosophy, family and

consumer sciences, criminal justice, rehab services, child development, substance abuse, gerontology and vocational rehabilitation and two years of paid post degree experience in providing SC services; or

4. a bachelor's degree in liberal arts or general studies with a concentration of at least 16 hours in one of the fields listed in §4963.C.3 and two years of paid post degree experience in providing SC services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4965. Staff Training

A. Support coordinators shall receive necessary orientation and periodic training on the provision of SC services arranged or provided through the SC provider.

1. Orientation of at least 16 hours shall be provided by the provider to all staff, volunteers and students within five working days of employment which shall include, at a minimum:

- a. policies and procedures of the provider;
- b. confidentiality;
- c. documentation in case records;

- d. client rights protection and reporting of violations;
- e. abuse and neglect policies and procedures;
- f. professional ethics;
- g. emergency and safety procedures; and
- h. infection control including universal precautions.

B. Routine supervision shall not be considered training.

C. In addition to the minimum 16 hours of orientation, all support coordinators shall receive training during the first 90 calendar days of employment which is related to the target population to be served and specific knowledge, skills and techniques necessary to provide SC to the target population. This training shall be provided by an individual with demonstrated knowledge of the training topic and the target population. The training shall include, at a minimum:

- 1. assessment techniques;
- 2. service planning;
- 3. resource identification;
- 4. interviewing techniques;
- 5. data management and record keeping;
- 6. communication skills; and
- 7. development of the ISP which includes the comprehensive plan of care.

E. No new SC employee may be given sole responsibility for a client until this training is satisfactorily completed and the employee possesses adequate abilities, skills and knowledge of SC.

F. A support coordinator shall complete a minimum of eight hours of training per calendar year. Appropriate updates of topics covered in orientation and training for a new service coordinator maybe included in the required eight hours of annual training.

G. An SC supervisor shall satisfactorily complete eight hours of training per year. A new supervisor shall satisfactorily complete a minimum of 16 hours during orientation training on all of the following topics prior to assuming SC supervisory responsibilities:

1. professional identification/ethics;
2. process for interviewing, screening, and hiring staff;
3. orientation/in-service training of staff;
4. evaluating staff;
5. approaches to supervision;
6. caseload management ;
7. conflict resolution; and
8. documentation.

H. Documentation of all training shall be placed in the individual's personnel file. Documentation shall include an agenda and the name, date, title, and provider affiliation of the training presenter(s) and other sources of training.

I. The minimum hours for training required in this section are in addition to any other training hours that may be required by applicable rules and regulations of the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4967. Caseload Size Standards

A. Each full-time support coordinator shall have up to a maximum of 60 clients in a caseload unless a lower ratio exists in LDH or other applicable state or federal regulations for the population to be served.

B. Each support coordinator supervisor shall supervise a maximum of eight full-time support coordinators or a combination of full-time support coordinators and other human service staff under their direct supervision.

C. A supervisor may assist, if necessary, by carrying a caseload for each support coordinator supervised, but no greater than 12 clients at any time.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4969. Staff Supervision

A. Each SC provider shall have and implement a written plan for supervision of all SC staff. Supervision shall occur individually at least once per week per support coordinator. Supervisors shall review support coordinator's case records each month for completeness, compliance with these standards, and quality of service delivery.

B. Supervision of individual support coordinators shall include the following:

1. direct review, assessment, problem solving, and feedback regarding the delivery of SC services;
2. teaching and monitoring of the application of client centered SC principles and practices;
3. assuring quality delivery of services;
4. managing assignment of caseloads; and
5. arranging for or providing training as appropriate.

C. Supervision shall be accomplished by a combination of more than one of the following means:

1. individual, face to face sessions with staff to review cases, assess performance and give feedback;

2. sessions in which the supervisor accompanies an individual staff member to meet with clients. The supervisor assesses, teaches and gives feedback regarding the staff member's performance related to the particular client;

3. group face to face sessions with all SC staff to problem solve, provide feedback and support to support coordinators; and/or

4. by means of telecommunication.

D. Each supervisor shall maintain a file on each support coordinator supervised and hold supervisory sessions to ensure client outcomes. The file on the support coordinators shall include, at a minimum:

1. date and content of the supervisory sessions; and

2. results of the supervisory case review which shall address, at a minimum, completeness and adequacy of records, compliance with standards, and effectiveness of services.

E. Support coordinators shall be evaluated at least annually by their supervisor according to written policy of the provider on evaluating their performance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4971. Staff Plan and Staff Coverage

A. An SC provider shall have a written plan for recruitment, screening, orientation, ongoing training, development and supervision and performance evaluation of staff members, either contract or directly employed.

B. Sufficient staffing shall be provided to ensure a safe environment and adequacy of programming with consideration given to the geography of the setting, the number and needs of individuals served, and the intensity of services needed. Staff coverage shall be documented.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4973. Coordination of Client Services

A. Support Coordination shall consist of services to assist clients in gaining access to the full range of needed services, including medical, social, educational and other support services. There shall be ongoing services which shall be accomplished through the following activities:

1. Intake, which shall include determination of a client's eligibility for SC services as part of a targeted group

of consumers and the determination of need for SC services. All clients shall be interviewed no less than 14 calendar days of referral or less as program specific, if applicable, to the provider and participate in the initial ISP, whenever possible.

2. Assessment/reassessment, which shall include the collection and integration of formal/professional and informal information concerning a client's social, familial, medical, developmental, legal, educational, vocational, psychiatric and economic status, as appropriate, to assist in the formulation of the comprehensive, individualized written service plan.

a. The assessment process shall include input from the client/guardian, inclusive of the vision and goals of the client, and may include input from family members, friends, professionals, and service providers, as appropriate.

b. The assessment shall focus on the client's strengths, needs, vision and goals. The support coordinator shall make a face-to-face contact with the client as part of the assessment process.

c. The client's status shall be reassessed on an ongoing basis.

3. Service planning, which shall include the development of a comprehensive, individualized written plan of care and services is based on the needs, strengths, vision, and goals of the client identified during the assessment process.

a. The client/guardian shall actively participate with the support coordinator in development of the service plan with input from family members, professionals and service providers, as needed.

b. The objective of service planning shall be to promote consistent, coordinated, timely and quality service provision and to assist the person in achieving his/her goals in a manner that promotes independence, community work/living, and assure health and safety.

c. The service plan shall include, at a minimum, client strengths, needs, vision, and specific measurable goals and objectives with anticipated time-frames.

d. The service plan shall be completed within 35 calendar days of the intake interview for SC services, unless another timeframe exists in other applicable controlling state or federal regulations.

e. The written service plan shall be reviewed at least every 90 days and ongoing, as needed, to assure goals and services are appropriate to the client's needs identified in the assessment/reassessment process and updated as needed to address changes determined by the review.

4. Linkage, referral and follow-up which shall assure that the client has access to and is receiving the most

appropriate services available to meet needs as outlined in the service plan. Linkage shall include, but is not limited to:

- a. contacting the individual's support network including family, neighbors and friends to mobilize assistance for the individual; and

- b. locating or assisting the client in locating formal and informal service providers;

- c. advocacy, which may occur on behalf of the client when needed to assure the client has access to and receives appropriate services.

5. Monitoring/follow-up, which shall include ongoing interaction with the client/guardian, family members and professionals (as appropriate), and service providers to ensure that the agreed upon services are provided in a timely, coordinated and integrated manner and are adequate to meet the needs and stated goals of the service plan. The support coordinator shall make at least monthly contacts, either by telephone or other electronic means, or face-to-face contacts, as needed, with the client/guardian as part of the linkage and monitoring/follow-up process.

6. Transition/closure, which shall be a joint decision made by the service coordinator, client and/or family member, and other team members, when appropriate. Closure shall occur upon completion of all SC goals identified on the service

plan except when service coordination is a required component of a service or a required service or the client is no longer appropriate to receive SC services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

Subchapter D. Program Specific Provisions

§4981. Program Description

A. The provider shall have a clear, concise written program description, available to the public, detailing:

1. the overall philosophy of the program;
2. the long and short term goals of the program;
3. the types of clients to be served;
4. the intake and closure criteria;
5. there shall be written eligibility criteria for each of the services/programs provided;
6. the services to be provided;
7. a schedule of any fees for service which will be charged to the client;
8. a method of obtaining feedback from the client regarding client satisfaction with services;
9. an inventory of existing resources (both formal and informal) has been completed that identifies services within

the geographic area to address the unique needs of the population to be served. This inventory shall be updated at least annually;

10. demonstrated evidence that the program coincides with or is in agreement with existing state, regional, and local comprehensive service coordination and planning for the target population.

B. The provider shall make every effort to ensure that services and planning for each client shall be a comprehensive process involving appropriate staff, representatives of other agencies and providers, the client, and where appropriate, the legally responsible person, and any other person(s) significantly involved in the client's care on an ongoing basis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4983. Quality Improvement Plan

A. The SC provider shall develop and implement a continuous quality improvement plan that is designed to objectively assess and improve the quality of services for clients which includes the following components:

1. the capability to identify, assess, and correct problems, a time line for correction of deficiency and follow-up on the results of corrective action;

2. procedures to allow immediate response to identified problems.

B. Pertinent findings of quality improvement activities shall be reported to the governing body, executive/provider director.

C. The chief administrator shall have the responsibility for the implementation and coordination of the quality improvement process. Duties shall be specified.

D. Administrative review and any required corrective action shall be conducted as required.

E. The quality improvement plan and process shall be reviewed and evaluated at least annually to determine the need for and the mechanisms for improving the plan.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4985. Self-Advocacy

A. An SC provider shall make efforts to ensure that a client understands his/her rights in matters such as access to services, appeals, grievances, and protection from abuse.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

§4987. Advocacy

A. An SC provider shall ensure that an advocate is provided to the client whenever the client's rights or desires may be in conflict or jeopardy with the provider or when requested by the client and/or guardian.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2120.9.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 45:

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.

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.

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 this proposed Rule will have no impact on the staffing level requirements or qualifications required to provide the same level of service, no direct or indirect cost to the provider to provide the same level of service, and will have no impact on the provider's ability to provide the same level of service as described in HCR 170.

Interested persons may submit written comments to Cecile Castello, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821 or by email to MedicaidPolicy@la.gov. Ms. Castello is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at close of business, 4:30 p.m., on April 1, 2019.

The department will conduct a public hearing at 9:30 a.m. on March 28, 2019 in Room 118 of the Bienville Building, which is located at 628 North Fourth Street, Baton Rouge, LA. All interested persons are invited to attend and present data, views, comments, or arguments, orally or in writing. 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.

Rebekah E. Gee MD, MPH

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

Person

Preparing

Statement: Veronica Dent

Phone: 342-3238

Dept.: Health

Office: Bureau of Health Services
Financing

Return P.O. Box 91030

Address: Baton Rouge, LA

Rule Title: Support Coordination Providers
Licensing Standards

Date Rule Takes Effect: May 20, 2019

SUMMARY

In accordance with Section 953 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a fiscal and economic impact statement on the rule proposed for adoption, repeal or amendment. The following summary statements, based on the attached worksheets, will be published in the Louisiana Register with the proposed agency rule.

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 other than the cost of promulgation for FY 18-19 as these licensing provisions are separate and apart from any other requirements established by the Medicaid Program for reimbursement purposes. It is anticipated that \$9,396 will be expended in FY 18-19 for the state's administrative expense for promulgation of this proposed rule and the final rule.

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

It is anticipated that the implementation of this proposed rule will not affect federal revenue collections or licensing fee collections.

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

This proposed Rule repeals the provisions of Title 48, Part I, Chapter 49 of the Louisiana Administrative Code governing case management licensing standards and replaces with provisions governing the licensing of support coordination providers to ensure that these provisions are consistent with other health care licensing requirements and are promulgated in a clear and concise manner in the Louisiana Administrative Code. It is anticipated that the implementation of this proposed rule will not result in economic costs to support coordination providers for FY 18-19, FY 19-20 and FY 20-21, but will be beneficial by providing accurate, clearly identified licensing standards.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.



Signature of Agency Head
or Designee

Cecile Castello
Health Standards Section Director
Typed name and Title of
Agency Head or Designee



Legislative Fiscal Officer
or Designee



Date of Signature



LDH/BHSF Budget Head



Date of Signature

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

The following information is required in order to assist the Legislative Fiscal Office in its review of the fiscal and economic impact statement and to assist the appropriate legislative oversight subcommittee in its deliberations on the proposed rule.

- A. Provide a brief summary of the content of the rule (if proposed for adoption or repeal) or a brief summary of the change in the rule (if proposed for amendment). Attach a copy of the notice of intent and a copy of the rule proposed for initial adoption or repeal (or, in the case of a rule change, copies of both the current and proposed rules with amended portions indicated).

This proposed Rule repeals the provisions of Title 48, Part I, Chapter 49 of the Louisiana Administrative Code governing case management licensing standards in its entirety and replaces with provisions governing the licensing of support coordination providers to ensure that these provisions are consistent with other health care licensing requirements and are promulgated in a clear and concise manner in the Louisiana Administrative Code.

- B. Summarize the circumstances that require this action. If the action is required by federal regulations, attach a copy of the applicable regulation.

The Department of Health, Bureau of Health Services Financing proposes to repeal the provisions of Title 48, Part I, Chapter 49 of the Louisiana Administrative Code governing case management licensing standards and replace with provisions governing the licensing of support coordination providers to ensure that these provisions are consistent with other health care licensing requirements and are promulgated in a clear and concise manner in the Louisiana Administrative Code.

- (1) Will the proposed rule change result in any increase in the expenditure of funds? If so, specify amount and source of funding.

No. It is anticipated that implementation of this proposed rule will have no programmatic fiscal impact to the state other than the cost of promulgation for FY 18-19. It is anticipated that \$9,396 will be expended in FY 18-19 for the state's administrative expense for promulgation of this proposed rule and the final rule.

- (2) If the answer to (1) above is yes, has the Legislature specifically appropriated the funds necessary for the associated expenditure increase?

- (a) _____ If yes, attach documentation.
(b) _____ If no, provide justification as to why this rule change should be published at this time.

FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET

I. A. COST OR SAVINGS TO STATE AGENCIES RESULTING FROM THE ACTION PROPOSED

1. What is the anticipated increase or (decrease) in cost to implement the proposed action?

COST	FY 18-19	FY 19-20	FY 20-21
PERSONAL SERVICES			
OPERATING EXPENSES	\$9,396	\$0	\$0
PROFESSIONAL SERVICES			
OTHER CHARGES			
REPAIR & CONSTR.			
POSITIONS (#)			
TOTAL	\$9,396	\$0	\$0

2. Provide a narrative explanation of the costs or savings shown in "A.1.", including the increase or reduction in workload or additional paperwork (number of new forms, additional documentation, etc.) anticipated as a result of the implementation of the proposed action. Describe all data, assumptions, and methods used in calculating these costs.

In FY 18-19, \$9,396 will be spent for the state's administrative expense for promulgation of this proposed rule and the final rule.

3. Sources of funding for implementing the proposed rule or rule change.

Source	FY 18-19	FY 19-20	FY 20-21
STATE GENERAL FUND	\$9,396	\$0	\$0
SELF-GENERATED			
FEDERAL FUND			
OTHER (Specify)			
Total	\$9,396	\$0	\$0

4. Does your agency currently have sufficient funds to implement the proposed action? If not, how and when do you anticipate obtaining such funds?

Yes, sufficient funds are available to implement this rule.

B. COST OR SAVINGS TO LOCAL GOVERNMENTAL UNITS RESULTING FROM THIS PROPOSED ACTION.

1. Provide an estimate of the anticipated impact of the proposed action on local governmental units, including adjustment in workload and paperwork requirements. Describe all data, assumptions and methods used in calculating this impact.

This proposed rule has no known impact on local governmental units.

FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET

2. Indicate the sources of funding of the local governmental unit that will be affected by these costs or savings.

There is no known impact on the sources of local governmental unit funding.

II. EFFECT ON REVENUE COLLECTIONS OF STATE AND LOCAL GOVERNMENTAL UNITS

- A. What increase or (decrease) in revenues can be expected from the proposed action?

REVENUE INCREASE/DECREASE	FY 18-19	FY 19-20	FY 20-21
STATE GENERAL FUND			
AGENCY SELF-GENERATED			
RESTRICTED FUNDS*			
FEDERAL FUNDS			
LOCAL FUNDS			
Total			

***Specify the particular fund being impacted**

- B. Provide a narrative explanation of each increase or decrease in revenue shown in "A". Describe all data, assumptions, and methods used in calculating these increases or decreases.

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NON-GOVERNMENTAL GROUPS

- A. What persons or non-governmental groups would be directly affected by the proposed action? For each, provide an estimate and a narrative description of any effects on costs, including workload adjustments and additional paperwork (number of new forms, additional documentation, etc.)

This proposed Rule repeals the provisions of Title 48, Part I, Chapter 49 of the Louisiana Administrative Code governing case management licensing standards and replaces with provisions governing the licensing of support coordination providers to ensure that these provisions are consistent with other health care licensing requirements and are promulgated in a clear and concise manner in the Louisiana Administrative Code.

- B. Also, provide an estimate of any revenue impact resulting from this rule or rule change to these groups.

It is anticipated that the implementation of this proposed rule will not result in economic costs to support coordination providers for FY 18-19, FY 19-20 and FY 20-21, but will be beneficial by providing accurate, clearly identified licensing standards.

V. EFFECTS ON COMPETITION AND EMPLOYMENT

Identify and provide estimates of the impact of the proposed action on competition and employment in the public and private sectors. Include a summary of any data, assumptions and methods used in making these estimates.

It is anticipated that the implementation of this proposed rule will not have an effect on competition and employment.