

**Chapter 82. Minimum Standards for  
Licensure of Hospice Agencies**  
**Subchapter A. General Provisions**

**§8201. Definitions**

A. The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

*Activities of Daily Living (ADL's)*—the following functions or self-care tasks performed either independently or with supervision or assistance:

- a. mobility;
- b. transferring;
- c. walking;

- d. grooming;
- e. bathing;
- f. dressing and undressing;
- g. eating; and
- h. toileting.

*Acute/General Inpatient Care*—short-term, intensive hospice services provided in an appropriately licensed facility to meet the patient’s need for skilled nursing, symptom management or complex medical treatment.

*Advance Directives*—a witnessed document, statement, or expression voluntarily made by the declarant, authorizing the withholding or withdrawal of life-sustaining procedures. A declaration may be made in writing, such as a durable power of attorney for health care, a directive pursuant to patient self-determination initiatives, a living will, or by other means of communication such as an oral directive which either states a person’s choices for medical treatment or, in the event the person is unable to make treatment choices, designates who shall make those decisions.

*Advanced Practice Registered Nurse (APRN)*—a nurse who is legally authorized to practice advanced practice nursing in the state and designated by the patient as the licensed medical practitioner responsible for his/her medical care.

*Attending/Primary Physician*—a person who is a doctor of medicine or osteopathy licensed to practice medicine in the state of Louisiana, who is designated by the patient as the physician responsible for his/her medical care.

*Bereavement Services*—organized services provided under the supervision of a qualified professional to help the family cope with death related grief and loss issues. This shall be provided for at least one year following the death of the patient.

*Branch*—an alternative delivery site from which a hospice agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the parent hospice agency and is located within a 50 mile radius of the parent agency and shares administration and supervision.

*Care Giver*—the person whom the patient designates to provide his/her emotional support and/or physical care.

*Certified Nurse Aide (CNA) Registry*—the state registry used to determine if a prospective hire who is a CNA has had a finding placed on the registry that he/she has abused or neglected a resident or misappropriated a resident’s property or funds.

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

*Chaplain*—a member of the clergy.

*Community*—a group of individuals or a defined geographic area served by a hospice.

*Continuous Home Care*—care provided by the hospice during a period of crisis as necessary to maintain the terminally ill individual at home. A minimum of eight hours of care shall be furnished on a particular day to be considered continuous home care. Nursing care shall be provided for more than one half of the period of care and shall be provided by either a registered nurse or licensed practical nurse. Services may be provided by a homemaker or home health aide to supplement the nursing care. A registered nurse shall complete an assessment of the patient and determine that the patient requires continuous home care prior to assigning a licensed practical nurse, homemaker, or a hospice aide to a patient requiring continuous home care. This assignment must comply with accepted professional standards of practice.

*Contracted Services*—services provided to a hospice provider or its patients by a third party under a legally binding agreement that defines the roles and responsibilities of the hospice and service provider.

*Core Services*—nursing services, licensed medical practitioner services, medical social services, and counseling services, including bereavement counseling, dietary counseling, spiritual counseling, and any other counseling services provided to meet the needs of the individual and family. These services shall be provided by employees of the hospice, except that licensed medical practitioner services and dietary counseling services may be provided through contract. Core services also include support services, such as trained volunteers.

*Department*—the Department of Health (LDH).

*Direct Service Worker (DSW)*—an unlicensed person who provides personal care or other services and support to persons with disabilities or to the elderly to enhance their well-being, and who is involved in face-to-face direct contact with the person. Functions performed may include, but are not limited to, assistance in activities of daily living and personal care services. An example of a DSW may be a hospice or home health aide or homemaker.

*Discharge*—the point at which the patient’s active involvement with the hospice program is ended and the program no longer has active responsibility for the care of the patient.

*Do Not Resuscitate Orders*—orders written by the patient’s physician which stipulate that in the event the patient has a cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated or carried out.

*Emotional Support*—counseling provided to assist the person in coping with stress, grief, and loss.

*Employee*—an individual who may be contracted, hired for a staff position or a volunteer under the jurisdiction of the hospice.

*Facility-Based Care*—hospice services delivered in a place other than the patient’s home, such as an inpatient hospice facility, nursing facility or hospital inpatient unit.

*Family*—a group of two or more individuals related by ties of blood, legal status, or affection who consider themselves a family.

*Geographic Area*—area around location of licensed agency which is within 50 mile radius of the hospice premises. Each hospice shall designate the geographic area in which the agency will provide services.

*Governing Body*—the person or group of persons that assumes full legal responsibility for determining, implementing and monitoring policies governing the hospice's total operation. The governing body shall designate an individual who is responsible for the day-to-day management of the hospice program, and shall also ensure that all services provided are consistent with accepted standards of practice. Written minutes and attendance of governing body meetings are to be maintained.

*Health Standards Section (HSS)*—the agency within the Department of Health responsible for regulation of licensed health care providers, agencies or facilities.

*Home*—a person's place of residence.

*Homemaker*—an individual who provides light housekeeping services to patients in their homes.

*Hospice*—an autonomous, centrally administered, medically directed program providing a continuum of home, outpatient, and homelike inpatient care for the terminally ill patient and his family. It employs an interdisciplinary team to assist in providing palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social, and economic stresses which are experienced during the final stages of illness and during dying and bereavement.

*Hospice Inpatient Facility*—a facility where specific levels of hospice care ranging from residential to acute, including respite, are provided in order to meet the needs of the patient/family.

*Hospice Inpatient Services*—care and services available for pain control, symptom management and/or respite purposes that are provided for a patient either directly by the hospice agency or in a participating facility.

*Hospice Physician*—a person who is a doctor of medicine or osteopathy, and is currently and legally authorized to practice medicine in the State of Louisiana, designated by the hospice to provide medical care to hospice patients in lieu of their primary licensed medical practitioner.

*Hospice Premises*—the physical site where the hospice maintains staff to perform administrative functions, and maintains its personnel records, or maintains its patient service records, or holds itself out to the public as being a location for receipt of patient referrals.

*Hospice Services*—a coordinated program of palliative and supportive care, in a variety of appropriate settings, from the time of admission through bereavement, with the focus on keeping terminally ill patients in their place of residence as long as possible.

*Informed Consent*—a documented process in which information regarding the potential and actual benefit and risks of a given procedure or program of care is exchanged between provider and patient.

*Interdisciplinary Team (IDT)*—an interdisciplinary team or teams designated by the hospice, composed of representatives from all the core services. The IDT shall include at least a doctor of medicine or osteopathy, a registered nurse, a social worker, a pastoral or other counselor, and a representative of the volunteer services. The interdisciplinary team is responsible for participation in the establishment of the plan of care; provision or supervision of hospice care and services; periodic review and updating of the plan of care for each individual receiving hospice care, and establishment of policies governing the day-to-day provision of hospice care and services. If a hospice has more than one interdisciplinary team, it shall designate in advance the team it chooses to execute the establishment of policies governing the day-to-day provision of hospice care and services.

*Interdisciplinary Team Conferences*—regularly scheduled periodic meetings of specific members of the interdisciplinary team to review the most current patient/family assessment, evaluate care needs, and update the plan of care.

*Louisiana At-Risk Registry*—the reporting mechanism for hospice patients that require community assistance in emergency situations.

*Louisiana Physician Order for Scope of Treatment (LaPOST)*—a physician's order that documents the wishes of a qualified patient for life-sustaining interventions, as well as the patient's preferred treatment for each intervention, on a form that is recognized, adopted, and honored across treatment settings in accordance with state laws.

*Major Alteration*—any repair or replacement of building materials and equipment which does not meet the definition of minor alteration.

*Medical Social Services*—include a comprehensive psychosocial assessment; ongoing support for the patient and family; and assistance with coping skills, anticipatory grief, and grief reactions.

*Minor Alteration*—repair or replacement of building materials and equipment with materials and equipment of a similar type that does not diminish the level of construction below that which existed prior to the alteration. This does not include any alteration to the function or original design of the construction.

*Non-Core Services*—services provided directly by hospice employees or under arrangement. These services include, but are not limited to:

- a. hospice aide and homemaker;
- b. physical therapy services;
- c. occupational therapy services;
- d. speech-language pathology services;

e. inpatient care for pain control and symptom management and respite purposes; and

f. medical supplies and appliances including drugs and biologicals.

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

*Palliative Care*—the reduction or abatement of pain or other troubling symptoms by appropriate coordination of all services of the hospice care team required to achieve needed relief of distress.

*Period of Crisis*—a period in which a patient requires predominately nursing care to achieve palliation or management of acute medical problems.

*Plan of Care (POC)*—a written document established and maintained for each individual admitted to a hospice program. Care provided to an individual shall be in accordance with the plan. The plan includes an assessment of the individual's needs and identification of the services including the management of discomfort and symptom relief.

*Representative*—an individual who has been authorized under State law to terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill individual who is mentally or physically incapacitated.

*Residential Care*—hospice care provided in a nursing facility, adult residential facility or any residence or facility other than the patient's private residence.

*Respite Care*—short-term care generally provided in a nursing facility or hospice facility to provide relief for the family from daily care of the patient.

*Spiritual Services*—providing the availability of clergy as needed to address the patient's/family's spiritual needs and concerns.

*State Certified Hospice Attendant*—a former inmate of a Louisiana state prison with a hospice provider license issued by the Department of Health who shall be eligible to be employed as a non-licensed person by a provider licensed to provide hospice services pursuant to the requirements of R.S. 40:2192 if the following provisions are satisfied:

a. the former inmate shall not have been convicted of a sex offense as defined by R.S. 27 15:541;

b. while incarcerated, the former inmate shall have been a caregiver in the licensed hospice program, with documentation of such, and successfully completed the training pursuant to subsection B of R.S.40:2192;

c. the former inmate shall hold a certification issued by the Department of Public Safety and Corrections;

d. the former inmate shall submit notice of his/her certification to the department in a manner prescribed by the Department of Health; and

e. there are no federal restrictions or prohibitions against the former inmate providing hospice services.

*Sublicense*—a license issued for the inpatient hospice facility that provides inpatient hospice services directly under the operation and management of the licensed hospice entity.

*Terminally Ill*—a medical prognosis of limited expected survival, of approximately six months or less at the time of referral to a hospice, of an individual who is experiencing an illness for which therapeutic strategies directed toward cure and control of the disease alone are no longer appropriate. Therapeutic strategies by the hospice agency are directed toward pain and symptom management of the terminal illness.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2181-2192.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 15:482 (June 1989), amended LR 24:2257 (December 1998), amended by the Department of Health, Bureau of Health Services Financing, LR 44:588 (March 2018), LR 46:344 (March 2020).

## Subchapter B. Organization and Staffing

### §8217. Personnel Qualifications/Responsibilities

A. *Administrator*—a person who is designated, in writing, by the governing body as administratively responsible for all aspects of hospice operations. When the administrator serves more than one licensed agency, he/she shall designate, in writing, an alternate to serve as administrator for each site where he/she is not physically housed continuously. The administrator may not serve more than two licensed agencies. The alternate shall be a full-time, on-site employee of the hospice and shall meet the same qualifications as the administrator. The administrator and the director of nurses/alternates may be the same individual if that individual is dually qualified.

1. Qualifications. The administrator shall be a licensed physician, a licensed registered nurse, a social worker with a master's degree, or a college graduate with a bachelor's degree and at least three years of documented management experience in health care service delivery. However, a person who was employed by a licensed Louisiana hospice as the administrator as of December 20, 1998 shall be exempt from these requirements as long as he/she remains employed by that hospice as the administrator. If the hospice is sold to, acquired by, or merged into another legal entity, such transaction shall have no effect on the exemption provided in the preceding sentence.

2. Responsibilities. The Administrator shall be responsible for compliance with all regulations, laws, policies and procedures applicable to hospice specifically and to Medicare/Medicaid issues when applicable:

- a. ensure the hospice employs qualified individuals;
- b. be on-site during business hours or immediately available by telecommunications when off-site conducting the business of the hospice, and available after hours as needed;
- c. be responsible for and direct the day-to-day operations of the hospice;
- d. act as liaison among staff, patients, and governing board;
- e. ensure that all services are correctly billed to the proper payer source;
- f. designate, in writing, an individual who meets the administrator qualifications to assume the authority and the control of the hospice if the administrator is unavailable; and
- g. designate in advance the IDT he/she chooses to establish policies governing the day-to-day provisions of hospice care.

3. Continuing Education. The administrator shall annually obtain two continuing education hours relative to the administrator's role, including but not limited to the following topics:

- a. Medicare and Medicaid regulations;
- b. management practices;
- c. labor laws; and
- d. Occupational Safety and Health Administration rules, laws, etc.

B. Counselor—Bereavement

1. Qualifications. Documented evidence of appropriate training, and experience in the care of the bereaved received under the supervision of a qualified professional.

2. Responsibilities. Under the supervision of a qualified professional, and as part of an organized program for the provision of bereavement services, the counselor shall implement bereavement counseling in a manner consistent with standards of practice. Services include, but are not limited to the following:

- a. assess grief counseling needs;
- b. provide bereavement information and referral services to the bereaved, as needed, in accordance with the POC;
- c. provide bereavement support to hospice staff as needed;
- d. attend hospice IDT meetings; and
- e. document bereavement services provided and progress of bereaved on a clinical progress note to be incorporated into the clinical record.

3. Continuing Education. The bereavement counselor shall annually obtain two continuing education hours relative to the bereavement counselor's role, including but not limited to the following topics:

- a. death and dying cultures;
- b. suicide;
- c. compassion fatigue;
- d. anticipatory grief;
- e. patient survivors;
- f. grief groups;
- g. grief;
- h. loss;
- i. adjustment;
- j. ethics; and
- k. advanced directives and LaPOST.

C. Counselor—Dietary

1. Qualifications. A registered dietician or person who meets the qualification standards of the Commission on Dietetic Registration of the American Dietetic Association.

2. Responsibilities. The dietician shall implement dietary services based on initial and ongoing assessment of dietary needs in a manner consistent with standards of practice including, but not limited to, the following:

- a. evaluate outcomes of interventions and document findings on a clinical progress note which is to be incorporated into the clinical record within one week of the visit;
- b. collaborate with the patient/family, physician, registered nurse, and/or the IDT in providing dietary counseling to the patient/family;
- c. instruct patient/family and/or hospice staff as needed;
- d. evaluate patient socioeconomic factors to develop recommendations concerning food purchasing, preparation and storage;
- e. evaluate food preparation methods to ensure nutritive value is conserved, flavor, texture and temperature principles are adhered to in meeting the individual patient's needs;
- f. participate in IDT conference as needed; and
- g. be an employee of the hospice agency.

D. Counselor—Spiritual

1. Qualifications. Documented evidence of appropriate training and skills to provide spiritual counseling, such as bachelor of divinity, master of divinity or equivalent theological degree or training from an accredited school or university. An individual may qualify as a spiritual counselor without said degree if he/she has documented skills to provide spiritual counseling and has received equivalent training and supervision from an individual who meets one of the above qualifications.

2. Responsibilities. The counselor shall provide spiritual counseling based on the initial and ongoing assessment of spiritual needs of the patient/family, in a manner consistent with standards of practice including, but not limited to, the following:

- a. serve as a liaison and support to community chaplains and/or spiritual counselors;
- b. provide consultation, support, and education to the IDT members on spiritual care;
- c. supervise spiritual care volunteers assigned to family/care givers; and
- d. attend IDT meetings.

3. Continuing Education. The spiritual counselor shall annually obtain at least two hours of continuing education related to the following topics, including but not limited to:

- a. end of life care;
- b. cultural religious practices;
- c. compassion fatigue;

- d. suicide;
- e. documentation;
- f. ethics;
- g. grief;
- h. loss;
- i. adjustment; and
- j. advanced directives and LaPOST.

E. *Director of Nurses (DON)*—a person designated, in writing, by the governing body to supervise all aspects of patient care, all activities of professional staff and allied health personnel, and responsible for compliance with regulatory requirements. The DON, or alternate, shall be immediately available to be on site, or on site, at all times during operating hours, and additionally as needed. If the DON is unavailable he/she shall designate a registered nurse to be responsible during his/her absence.

1. **Qualifications.** A registered nurse shall be currently licensed to practice in the state of Louisiana:

a. with at least three years' experience as a registered nurse. One of these years shall consist of full-time experience in providing direct patient care in a hospice, home health, or oncology setting; and

b. be a full time, salaried employee of only the hospice agency. The Director of Nurses is prohibited from simultaneous/concurrent employment. While employed by the hospice, he or she may not be employed by any other licensed health care agency.

2. **Responsibilities.** The registered nurse shall supervise all patient care activities to assure compliance with current standards of accepted nursing and medical practice including, but not limited to, the following:

- a. the POC;
- b. implement personnel and employment policies to assure that only qualified personnel are hired. Verify licensure and/or certification (as required by law) prior to employment and annually thereafter; maintain records to support competency of all allied health personnel;
- c. implement hospice policies and procedures that establish and support quality patient care, cost control, and mechanisms for disciplinary action for infractions;
- d. supervise employee health program;
- e. assure compliance with local, state, and federal laws, and promote health and safety of employees, patients and the community, using the following non-exclusive methods:
  - i. resolve problems;
  - ii. perform complaint investigations;
  - iii. refer impaired personnel to proper authorities;
  - iv. provide for orientation and in-service training to employees to promote effective hospice services and

safety of the patient, to familiarize staff with regulatory issues, and agency policy and procedures;

- v. orient new direct health care personnel;
- vi. perform timely annual evaluation of performance of health care personnel;
- vii. assure participation in regularly scheduled appropriate continuing education for all health professionals and hospice aides and homemakers;
- viii. assure that the care provided by the health care personnel promotes effective hospice services and the safety of the patient; and
- ix. assure that the hospice policies are enforced.

#### F. Governing Body

1. The hospice shall have a governing body that assumes full legal responsibility for determining, implementing and monitoring policies governing the hospice's total operation, inclusive of any inpatient hospice services.

2. No contracts/arrangements or other agreements may limit or diminish the responsibility of the governing body.

3. The governing body shall:

- a. designate an individual who is responsible for the day to day management of the hospice program;
- b. ensure that all services provided are consistent with accepted standards of practice;
- c. develop and approve policies and procedures which define and describe the scope of services offered;
- d. review policies and procedures at least annually and revise them as necessary; and
- e. maintain an organizational chart that delineates lines of authority and responsibility for all hospice personnel.

G. *Hospice Aide/Homemaker.* A qualified person who provides direct patient care and/or housekeeping duties in the home or homelike setting under the direct supervision of a registered nurse.

1. **Qualifications.** The hospice aide/homemaker shall meet one of the training requirements listed in §8217.G.1.a-c and shall meet all other requirements of §8217.G.1.d-g:

- a. have current certified hospice and palliative nursing assistant (CHPNA) certification and have successfully completed a hospice aide competency evaluation; or
- b. have successfully completed a hospice aide training program and have successfully completed a competency evaluation; or
- c. have successfully completed a hospice aide competency evaluation; and

d. exhibit maturity, a sympathetic attitude toward the patient, ability to provide care to the terminal patient, and ability to deal effectively with the demands of the job;

e. have the ability to read, write, and carry out directions promptly and accurately;

f. competency shall be evaluated by a RN prior to hospice aide performing patient care; and

g. when employed by more than one agency, inform all employers and coordinate duties to assure highest quality when providing services to the patients; and

NOTE: The hospice aide competency evaluation is to be completed by a registered nurse prior to the hospice aide being assigned to provide patient care.

h. shall not have a finding of abuse, neglect or misappropriation placed against him/her on the Louisiana direct service worker (DSW) registry or the Louisiana certified nurse side (CNA) registry.

2. Responsibilities. The hospice aide/homemaker shall provide services established and delegated in the POC, record and notify the primary registered nurse of deviations according to standard practice including, but not limited to, the following:

a. perform simple one-step wound care if written documentation of in-service for that specific procedure is in the aide's personnel record. All procedures performed by the aide shall be in compliance with current standards of nursing practice

b. provide assistance with mobility, transferring, walking, grooming, bathing, dressing or undressing, eating, toileting, and/or housekeeping needs. Some examples of assistance include:

i. helping the patient with a bath, care of the mouth, skin and hair;

ii. helping the patient to the bathroom or in using a bed pan or urinal;

iii. helping the patient to dress and/or undress;

iv. helping the patient in and out of bed, assisting with ambulating;

v. helping the patient with prescribed exercises which the patient and hospice aide have been taught by appropriate personnel; and

vi. performing such incidental household services essential to the patient's health care at home that are necessary to prevent or postpone institutionalization;

d. complete a clinical note for each visit, which shall be incorporated into the record at least on a weekly basis.

3. Restrictions. The hospice aide/homemaker shall not:

a. perform any intravenous procedures, procedures involving the use of Levine tubes or Foley catheters, or any

other sterile or invasive procedures, other than rectal temperatures or enemas;

b. administer medications to any patient.

4. Initial Orientation. The content of the basic orientation provided to hospice aides shall include the following:

a. policies and objectives of the agency;

b. duties and responsibilities of a hospice aide/homemaker;

c. the role of the hospice aide/homemaker as a member of the health care team;

d. emotional problems associated with terminal illness;

e. the aging process;

f. information on the process of aging and behavior of the aged;

g. information on the emotional problems accompanying terminal illness;

h. information on terminal care, stages of death and dying, and grief;

i. principles and practices of maintaining a clean, healthy and safe environment;

j. ethics; and

k. confidentiality.

NOTE: The orientation and training curricula for hospice aides/homemakers shall be detailed in a policies and procedures manual maintained by the hospice agency and provision of orientation and training shall be documented in the employee personnel record.

5. Initial training shall include the following areas of instruction for personal care and support:

a. assisting patients to achieve optimal activities of daily living;

b. principles of nutrition and meal preparation;

c. record keeping;

d. procedures for maintaining a clean, healthful environment;

e. changes in the patients' condition to be reported to the supervisor;

f. confidentiality;

g. patients' rights and responsibilities; and

h. emergency preparedness.

6. In-Service Training. Hospice aide/homemaker shall have a minimum of 12 hours of job-related in-service training annually specific to their job responsibilities within the previous 12 months:

a. at least two hours shall focus on end of life care annually; and



b. six of the twelve hours of job-related in service training shall be provided every six months.

7. In-service training may be prorated for employees working a portion of the year. However, part-time employees who worked throughout the year shall attend all 12 hours of in-service training. The in-service may be furnished while the aide is providing service to the patient, but shall be documented as training.

H. Licensed Practical Nurse. The LPN shall work under the direct supervision of a registered nurse and perform skilled nursing services as delegated by the registered nurse. The role of the LPN in hospice is limited to stable hospice patients.

1. Qualifications. A licensed practical nurse shall be currently licensed by the Louisiana State Board of Practical Nurse Examiners with no restrictions:

- a. with at least two years of full time experience as an L.P.N.
- b. be an employee of the hospice agency; and
- c. when employed by more than one agency the LPN shall inform all employers and coordinate duties to assure quality provision of services.

2. Responsibilities. The L.P.N. shall perform skilled nursing services under the supervision of a registered nurse, in a manner consistent with standards of practice, including but not limited to, such duties as follows:

- a. observe, record, and report to the registered nurse or director of nurses on the general physical and mental conditions of the patient;
- b. administer prescribed medications and treatments as permitted by State or Local regulations;
- c. assist the physician and/or registered nurse in performing specialized procedures;
- d. prepare equipment for treatments, including sterilization, and adherence to aseptic techniques;
- e. assist the patient with activities of daily living;
- f. prepare clinical and/or progress notes and incorporate them into the clinical record at least weekly;
- g. perform complex wound care if in-service is documented for specific procedure;
- h. perform routine venipuncture (phlebotomy) if written documentation of competency is in personnel record. Competency shall be evaluated by an RN even if LPN has completed a certification course; and
- i. receive orders from the licensed medical practitioner and follow those that are within the realm of practice for an LPN and within the standards of hospice practice.

3. Restrictions. An LPN shall not:

- a. access any intravenous appliance for any reason;

- b. perform supervisory aide visit;
- c. develop and/or alter the POC;
- d. make an assessment visit;
- e. evaluate recertification criteria;
- f. make aide assignments;
- g. function as a supervisor of the nursing practice of any registered nurse; or
- h. function as primary on-call nurse.

I. Medical Director/Physician Designee and Advanced Practice Registered Nurse

1. The medical director/physician designee shall be a physician, currently and legally authorized to practice in the state, and knowledgeable about the medical and psychosocial aspects of hospice care. The medical director reviews, coordinates, and is responsible for the management of clinical and medical care for all patients, inclusive of any inpatient hospice patient.

NOTE: The medical director or physician designee may be an employee or a volunteer of the hospice agency. The hospice agency may also contract for the services of the medical director or physician designee.

a. Qualifications. A doctor of medicine or osteopathy licensed to practice in the state of Louisiana.

b. Responsibilities. The medical director or physician designee assumes overall responsibility for the medical component of the hospice's patient care program and shall include, but not be limited to:

- i. serve as a consultant with the attending physician regarding pain and symptom control as needed;
- ii. serve as the attending physician if designated by the patient/family unit;
- iii. review patient eligibility for hospice services;
- iv. serve as a medical resource for the hospice interdisciplinary team;
- v. act as a liaison to physicians in the community;
- vi. develop and coordinate procedures for the provision of emergency care;
- vii. provide a system to assure continuing education for hospice medical staff as needed;
- viii. participate in the development of the POC prior to providing care, unless the POC has been established by an attending physician who is not also the medical director or physician designee;
- ix. participate in the review and update of the POC, unless the plan of care has been reviewed/updated by the attending physician who is not also the medical director or physician designee. These reviews shall be documented;
- x. develop and coordinate policies and procedures for the provision of patient care;

- xi. attend IDT meetings;
- xii. document evidence of active participation in the hospice program (i.e. performance of above responsibilities and time spent upon performance of those responsibilities); and

xiii. shall be readily available to the hospice staff.

c. Continuous Medical Education (CME). The medical director shall annually complete two hours of CME related to end of life care. Documentation of this CME shall be maintained in the medical director's personnel record.

2. An advanced practice registered nurse (APRN), legally authorized to practice advanced practice nursing in the state, shall not function as the medical director of the hospice but may be the licensed medical practitioner of individual hospice patients and meet the requirements of §8217.I.1.b.i-xii.

a. The APRN shall not be the referring practitioner and shall not be the signer of certification of terminal illness (CTI).

J. Social Worker

1. Qualifications. The social worker shall be an individual who holds a current, valid license as a social worker (LMSW) issued by the Louisiana State Board of Social Work Examiners (LSBSWE), has master's degree from a school of social work accredited by the Council on Social Work Education, and who meets the following:

- a. has at least one year of health care experience;
- b. has documented clinical experience appropriate to the counseling and casework needs of the terminally ill;
- c. shall be an employee of the hospice; and
- d. when the social worker is employed by one or more agencies, he/she shall inform all employers and cooperate and coordinate duties to assure the highest performance of quality when providing services to the patient.

2. Responsibilities. The social worker shall assist the licensed medical practitioner and other IDT members in understanding significant social and emotional factors related to the patient's health status and shall include, but not be limited to:

- a. assessment of the psychological, social and emotional factors having an impact on the patient's health status;
- b. assist in the formulation of the POC;
- c. provide services within the scope of practice as defined by state law and in accordance with the POC;
- d. coordination with other IDT members and participate in IDT conferences;
- e. prepare clinical and/or progress notes and incorporate them into the clinical record within one week of the visit;

- f. participate in discharge planning, and in-service programs related to the needs of the patient;
- g. acts as a consultant to other members of the IDT; and

h. when medical social services are discontinued, submit a written summary of services provided, including an assessment of the patient's current status, to be retained in the clinical record.

3. Continuing Education. The social worker shall annually obtain two hours of continuing education hours related to end of life care including but not limited to the following topics:

- a. Medicare/Medicaid regulations;
- b. psychosocial issues;
- c. community resources/services;
- d. death and dying;
- e. family/patient dynamics;
- f. ethics; and
- g. advanced directives and LaPOST.

K. Occupational Therapist

1. Qualifications. An occupational therapist shall be licensed by the state of Louisiana and registered by the American Occupational Therapy Association.

2. Responsibilities. The occupational therapist shall assist the licensed medical practitioner in evaluating the patient's level of functioning by applying diagnostic and prognostic procedures including, but not limited to, the following:

- a. provide occupational therapy in accordance with the licensed medical practitioner's orders and the POC;
- b. guide the patient in his/her use of therapeutic, creative, and self-care activities for the purpose of improving function, in a manner consistent with accepted standards of practice;
- c. observe, record, and report to the licensed medical practitioner and/or interdisciplinary team the patient's reaction to treatment and any changes in the patient's condition;
- d. instruct and inform other health team personnel including, when appropriate, hospice aides/homemakers and family members in certain phases of occupational therapy in which they may work with the patient;
- e. document each visit made to the patient and incorporate notes into the clinical record within one week of the visit;
- f. participate in IDT conference as needed with hospice staff; and
- g. prepare written discharge summary when applicable, with a copy retained in patient's clinical record

and a copy forwarded to the attending licensed medical practitioner.

### 3. Supervision of an Occupational Therapy Assistant

a. The occupational therapist shall conduct the initial assessment and establish the goals and treatment plan before the licensed and certified occupational therapy assistant may treat the patients on site without the physical presence of the occupational therapist.

b. The occupational therapist and the occupational therapy assistant shall schedule joint visits at least once every two weeks or every four to six treatment sessions.

c. The occupational therapist shall review and countersign all progress notes written by the licensed and certified occupational therapy assistant.

d. In the occupational therapist/occupational therapy assistant relationship, the supervising occupational therapist retains overall personal responsibility to the patient, and accountability to the Louisiana Board of Medical Examiners for the patients' care.

e. The supervising occupational therapist is responsible for:

i. assessing the competency and experience of the occupational therapy assistant;

ii. establishing the type, degree and frequency of supervision required in the hospice care setting.

### L. Occupational Therapy Assistant (OTA)

1. Qualifications. The occupational therapist assistant shall be licensed by the Louisiana Board of Medical Examiners to assist in the practice of occupational therapy under the supervision of a licensed registered occupational therapist and have at least two years' experience as a licensed OTA before starting their hospice caseload.

M. Physical Therapist (PT). The physical therapist, when provided, shall be available to perform in a manner consistent with accepted standards of practice.

1. Qualifications. The physical therapist shall be currently licensed by the Louisiana State Board of Physical Therapy Examiners.

2. Responsibilities. The physical therapist shall evaluate the patient's functional status and physical therapy needs in a manner consistent with standards of practice to include, but is not limited to, the following:

a. assist in the formation of the POC;

b. provide services within the scope of practice as defined by state law governing the practice of physical therapy, in accordance with the POC, and in coordination with the other members of the IDT;

c. observe, and report to the licensed medical practitioner and the IDT, the patient's reaction to treatment and any changes in the patient's condition;

d. instruct and inform participating members of the IDT, the patient, family/care givers, regarding the POC, functional limitations and progress toward goals;

e. prepare clinical and progress notes for each visit and incorporate them into the clinical record within one week of the visit;

f. when physical therapy services are discontinued, prepare written discharge summary, with a copy retained in the patient's clinical record and a copy forwarded to the attending licensed medical practitioner;

g. participate in IDT conference as needed with hospice staff.

### 3. Supervision of Physical Therapy Assistant (PTA)

a. The physical therapist shall be readily accessible by telecommunications.

b. The physical therapist shall evaluate and establish a written treatment plan on the patient prior to implementation of any treatment program.

c. The physical therapist shall treat and reassess the patient on at least every sixth visit, but not less than once per month.

d. The physical therapist shall conduct, once weekly, a face-to-face patient care conference with each PTA to review progress and modification of treatment programs for all patients.

e. The physical therapist shall assess the final treatment rendered to the patient at discharge and write a discharge summary.

### N. Physical Therapy Assistant (PTA)

1. Qualifications. A physical therapy assistant shall be licensed by the Physical Therapy Board of Louisiana and supervised by a physical therapist.

2. Responsibilities. The physical therapy assistant shall:

a. provide therapy in accordance with the POC;

b. document each visit made to the patient and incorporate notes into the clinical record at least weekly; and

c. participates in IDT conference as needed with hospice staff.

O. Registered Nurse (RN). The hospice shall designate a registered nurse to coordinate the implementation of the POC for each patient.

1. Qualifications. A licensed registered nurse shall be currently licensed to practice in the state of Louisiana with no restrictions:

a. have at least two years of full-time experience as a registered nurse. However, two years of full-time clinical experience in hospice care as a licensed practical nurse may be substituted for the required two years of experience as a registered nurse; and

b. be an employee of the hospice. If the registered nurse is employed by more than one agency, he/she must inform all employers and coordinate duties to assure quality service provision.

2. Responsibilities. The registered nurse shall identify the patient/family's physical, psychosocial, and environmental needs and reassess as needed but no less than every 14 days:

a. provide nursing services in accordance with the POC;

b. document problems, appropriate goals, interventions, and patient/family response to hospice care;

c. collaborate with the patient/family, attending licensed medical practitioner and other members of the IDT in providing patient and family care;

d. instruct patient/family in self-care techniques when appropriate;

e. supervise ancillary personnel and delegates responsibilities when required;

f. complete and submit accurate and relevant clinical notes regarding the patient's condition into the clinical record within one week of the visit;

g. if a home hospice/homemaker is assigned to a patient by the RN, in accordance with the POC, specific written instructions for patient care are to be prepared by the RN. All personal care services are to be outlined for the patient, in writing, by the RN in charge of that patient;

h. supervise and evaluate the hospice aide/homemaker's ability to perform assigned duties, to relate to the patient and to work effectively as a member of the health care team;

i. perform supervisory visits to the patient's residence at least every 14 days to assess relationships and determine whether goals are being met. A supervisory visit with the aide present shall be made at least annually. Documentation of the aide present supervisory visit shall be placed in the hospice aide's personnel record;

j. document supervision, to include the aide/homemaker-patient relationships, services provided and instructions and comments given as well as other requirements of the clinical note;

k. annual performance review for each aide/homemaker documented in the individual's personnel record; and

l. annually conduct an on-site LPN supervisory visit with the LPN present. Documentation of such visit shall be kept in the LPN's personnel record.

3. Continuing Education. The registered nurse shall annually obtain at least two hours of continuing education hours related to end of life care.

#### P. Speech Pathology Services

1. Qualifications. A speech pathologist shall:

a. be licensed by the state of Louisiana and certified by the American Speech and Hearing Association; or

b. completed the academic requirements and is in the process of accumulating the necessary supervised (as directed by the state certifying body) work experience required for certification. Evidence of this supervision will be retained in the non-certified speech pathologist's personnel folder.

2. Responsibilities. The speech pathologist shall assist the attending licensed medical practitioner in evaluation of the patient to determine the type of speech or language disorder and the appropriate corrective therapy in a manner consistent with standards of practice to include, but is not limited to, the following:

a. provide rehabilitative services for speech and language disorders;

b. observe, record and report to the attending licensed medical practitioner and the IDT the patient's reaction to treatment and any changes in the patient's condition;

c. instruct other health personnel and family members in methods of assisting the patient to improve and correct speech disabilities;

d. communicate with the registered nurse, director of nurses, and/or the IDT the need for a continuation of speech pathology services for the patient;

e. participate in IDT conferences;

f. document each visit made to the patient and incorporate notes into the clinical record within one week of the visit; and

g. prepare written discharge summary as indicated, with a copy retained in patient's clinical record and a copy forwarded to the attending licensed medical practitioner.

Q. Volunteers. Volunteers play a vital role in enhancing the quality of care delivered to the patient/family by encouraging community participation in the overall hospice program. Volunteers that provide patient care and support services according to their experience and training shall do so in compliance with agency policies, and under the supervision of a designated hospice employee.

1. Qualifications. A mature, non-judgmental, caring individual supportive of the hospice concept of care, willing to serve others, and appropriately oriented and trained. Volunteers who are qualified to provide professional services shall meet all standards associated with their specialty area.

2. Responsibilities. The volunteer shall:

a. provide assistance to the hospice program, and/or patient/family in accordance with designated assignments;

b. provide input into the plan of care and interdisciplinary team meetings, as appropriate;

c. document services provided as trained and instructed by the hospice agency;

- d. maintain strict patient/family confidentiality; and
- e. communicate any changes or observations to the assigned supervisor.

3. Training. The volunteers shall receive appropriate documented training which shall include at a minimum:

- a. an introduction to hospice;
- b. the role of the volunteer in hospice;
- c. concepts of death and dying;
- d. communication skills;
- e. care and comfort measures;
- f. diseases and medical conditions;
- g. psychosocial and spiritual issues related to death and dying;
- h. the concept of the hospice family;
- i. stress management;
- j. bereavement;
- k. infection control;
- l. safety;
- m. confidentiality;
- n. patient rights;
- o. the role of the IDT; and
- p. additional supplemental training for volunteers working in specialized programs (e.g. nursing facilities).

4. The hospice shall offer relevant in-service training on a quarterly basis and maintain documentation of such.

5. Pursuant to state law, requirements for minimum volunteer services shall be at least 5 percent of the total hours of service of the hospice agency.

R. Volunteer Coordinator. The hospice shall designate an employee of the agency who is skilled in organization and documentation as a volunteer coordinator.

1. Responsibilities. The volunteer coordinator shall be responsible for:

- a. overseeing the volunteer program;
- b. recruitment, retention, and education of volunteers;
- c. coordinating the services of volunteers with the patient and/or family; and
- d. attending IDT meetings.

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