

Subpart 3. Standards for Payment

Chapter 101. Standards for Payment for Nursing Facilities

Subchapter A. Abbreviations and Definitions

§10101. Definitions

A. This glossary contains a comprehensive list of abbreviations and definitions used in the requirements for payment for nursing facilities.

Abuse—the infliction of physical or mental injury or causing deterioration to such an extent that the resident's health, moral, and/or emotional well being is endangered. Cause of such deterioration may include but is not limited to the following: sexual abuse, exploitation, extortion of funds or other things of value, negligence.

Advance Directives—an instruction, such as a living will or durable power of attorney for health care, recognized under state law relating to the provisions of health care when the individual is incapacitated. Although usually done in writing state law provides that under some circumstances these directives may be orally.

Ancillary Services—services provided at or through the facility in addition to nursing services provided which includes, but is not limited to, podiatry, dental, audiology, vision, physical therapy, occupational therapy, psychological, social and planning services.

Applicant—an individual whose written application for Medicaid certification has been submitted to the agency but whose eligibility has not yet been determined.

Assistant Director of Nursing (ADON)—a licensed nurse responsible for providing assistance to the director of nursing (DON) in a nursing facility with a licensed bed capacity of 101 or more.

Attending Physician—a physician, currently licensed by the Louisiana State Board of Medical Examiners, designated by the resident or responsible party as responsible for the direction of overall medical care. This term shall also apply to any physician providing medical care for a resident in the absence of the resident's *attending physician*.

Bed Capacity—the total number of beds which can be set up in a nursing facility for the use of residents, based on bedroom criteria of square footage. The term "bed capacity" shall include isolation beds.

a. *Certified Beds*—beds certified for use for title XVIII/XIX by DHH/BHSF.

b. *Licensed Beds*—beds licensed for use by DHH/BHSF.

Bureau of Health Services Financing (BHSF)—the division within the Office of the Secretary of the Department of Health and Hospitals responsible for the administration of the Medicaid Program.

Call System—a system that audibly registers calls electronically from its place of origin (which means the resident's bed) to the place of receivership (which means the nurses' station).

Certification—a determination made by the Louisiana Department of Health and Hospitals, Bureau of Health Services Financing, Health Standards Section that a facility meets the necessary requirements to participate in Louisiana as a provider of Title XVIII (Medicare) and/or Title XIX (Medicaid) as a nursing facility.

Certified Nursing Assistant (CNA)—an individual who has completed an approved course taught by a qualified instructor consisting of at least 40 hours classroom and 40 hours clinical and taken a state approved written/competency. As of 1/1/90, all employed nurse aides must meet these qualifications, and aides employed after that date must complete the approved course within four months of the date of employment.

Change of Ownership (CHOW)—any change in the legal entity responsible for the operation of a nursing facility.

Charge Nurse—an individual who is licensed by the state of Louisiana to practice as an RN or LPN.

Chemical Restraint—the use of any medication listed in the schedules of legend drugs under Louisiana Revised Statute 40:964 as a substance having a depressant effect on the brain or central nervous system activity in order to prohibit inappropriate movement or behavior.

Code of Federal Regulations (CFR)—a publication by the federal government containing nursing requirements which facilities must comply with to receive payment under the Medicare/Medicaid Programs.

Comfortable Temperature—the capability to maintain a temperature for all seasons between 71 degrees and 81 degrees throughout the facility.

Controlled Drugs—drugs listed as being subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970.

Dentist—an individual currently licensed to practice dentistry in Louisiana under the provisions of current state statutes.

DHH—abbreviation for the Department of Health and Hospitals in Louisiana.

DHHS—abbreviation for the United States Department of Health and Human Services in Washington, D.C.

Dietary Manager (DM)—an individual who is a qualified dietician or a qualified food serve supervisor.

Dietitian (Qualified Consultant)—an individual certified as a registered *dietitian* by the Commission on Dietetic Registration and who is currently licensed by the Louisiana Board of Examiners in Dietetics and Nutrition.

Director of Nursing (DON)—a registered nurse licensed and registered by the state of Louisiana who directs and coordinates nursing services in a nursing facility.

Drill—the act or exercise of training employees to be familiar with the emergency actions and signals required under varied conditions.

Drug Administration—an act in which a single dose of a prescribed drug or biological is given to a resident by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual dose to the proper resident, and promptly recording the time and dose given.

Drug Dispensing—an act which entails the interpretation of an order for a drug or biological and, pursuant to the order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological for a resident or for a service unit of the facility by a licensed pharmacist, physician or dentist.

Existing Buildings—for purposes of ANSI standard No. A 117.1 and minimum patient room size [see 405.1134 (c) and (e)] in nursing facilities or parts thereof whose construction plans are approved and stamped by the appropriate state agency responsible therefore before October 28, 1971.

Facility—an institution which provides services to residents which includes a Medicare skilled nursing facility (SNF), a swing bed hospital, and/or a nursing facility (NF).

Facility Administrator—an individual currently licensed and registered with the Board of Examiners for Nursing Facility Administrators and is engaged in the daily administration of a nursing facility.

Fiscal Intermediary—the private fiscal agent with which DHH contracts to operate the Medicaid management information system (MMIS). It processes the title XIX (Medicaid) claims for services provided under the Medicaid Program and issues appropriate payment.

Governing Body—board of directors, board of trustees, or any other comparable designation of an individual or group of individuals who have the purpose of owning, acquiring, constructing, equipping, operating and/or maintaining a nursing facility and exercising control over the affairs of said nursing facility.

Health Care Financing Administration (HCFA)—a division under DHHS responsible for administering the Medicare Program and overseeing and monitoring the state's Medicaid Program.

HSS—Health Standards Section of the Bureau of Health Services Financing.

Licensed Practical Nurse (LPN)—an individual currently licensed by the Louisiana State Board of Nurse Examiners for Practical Nurses.

Long Term Care (LTC)—long term care is a set of health care, personal care, and social services delivered over a sustained period of time to persons who have lost, or never acquired, some degree of physical or cognitive capacity, as measured by an index of functional ability.

MAR—abbreviation for medication administration record.

MDS—abbreviation for minimum data set.

Medicaid—Medicaid assistance provided under the state plan approved under title XIX of Social Security Act.

Medicaid Agency—the single state agency responsible for the administration of the Medicaid Program. In Louisiana, the Department of Health and Hospitals is the single state agency.

Medical Director—a physician licensed in Louisiana who directs and coordinates medical care in a nursing facility.

Medical Record Practitioner (MRP)—qualified consultant. A person who:

a. is eligible for certification as a registered record administrator (RRA), or an accredited record technician (ART), by the American Record Association under its requirements in effect on the publication of this provision; or

b. is a graduate of a school of medical record science that is accredited jointly by the Council on Medical Education of the American Medical Association and the American Medical Record Association.

Misappropriation of Resident Property—to take possession of, without permission, a resident's personal belongings.

Neglect—neglect is defined as the facility's of employee's failure to provide the proper or required medical care, nutrition, or other care necessary for an applicant/resident's well-being.

Non-Nursing Personnel—facility staff not assigned to give residents direct personal care. This includes administrators, secretaries, activity coordinators, social services designers, bookkeepers, cooks, janitors, maids, laundry workers, and yard maintenance workers.

Nursing Facility (NF)—the term "nursing facility" or "home" shall mean a private home, institution, building, residence, or other place serving two or more persons who are not related by blood or marriage to the administrator, whether operated for profit or not, and including those places operated by a political subdivision of the State of Louisiana which undertakes, through its ownership or management, to provide maintenance, personal care, or nursing for persons who, by reason of illness or physical infirmity or age, are unable to properly care for themselves. The term does not include the following:

a. a home, institution, or other place operated by the federal government or agency, thereof, or by the State of Louisiana;

b. a hospital, sanitarium, or other medical institution whose principal activity or business is the diagnosis, care, and treatment of human illness through the maintenance and operation of organized facilities thereof;

c. a hospital, sanitarium, or other institution whose principal activity or business is the care and treatment of persons suffering from tuberculosis or from mental diseases;

d. any municipal, parish, or private child welfare agency, maternity hospital, or lying-in-home required by law to be licensed by some other department or agency;

e. any sanitarium or institution conducted by and for Christian Scientists who rely on the practice of Christian Science for treatment and healing.

Nursing Personnel—registered nurses, registered nurse applicants, graduate practical nurses, licensed practical nurses, clinical nurse associates, and ward clerks.

PASAAR—acronym for pre-admission screening and annual resident review.

Pharmacist—a person who:

a. is licensed as a *pharmacist* by the state in which he or she is practicing; and

b. has training or experience in the specialized functions of institutional pharmacy, such as residencies in hospital pharmacy, seminars on institutional pharmacy, and related training programs.

Physical Restraint—any manual method, physical or mechanical device material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to the body. It may include a geriatric chair, a locked room unless requested by the resident, bedrails, or any facility practice that meets the definition of a restraint.

Physician—an individual currently licensed by the Louisiana State Board of Medical Examiners.

Plan of Care—the coordinated, integrated treatment plan developed for each resident. It includes each discipline's approach to a specific problem/need, i.e., physician, nursing, social activities, dietary, rehabilitative, etc. Each discipline's approach is a component of the overall plan of care, e.g., social services component of the overall plan of care.

RAI—abbreviation for resident assessment instrument.

RAPS—abbreviation for resident assessment protocol summary.

Recipient—an individual who has been determined eligible for Medicaid.

Regional Health Standards Section—a team of Bureau of Health Services Financing professional staff responsible for conducting licensing and Medicare/Medicaid certification/recertification surveys in nursing facilities, as well as, complaint investigations, and other on-site inspections as needed. These professionals are also responsible for admission review functions in the title XIX

nursing facilities and the determination of the medical necessity for levels of care for Medicaid applicants/recipients.

Registered Nurse (RN)—an individual currently licensed by the Louisiana State Board of Nurse Examiners for Registered Nurses. This includes *registered nurse* applicants.

Representative Payee—an individual designated by the Social Security Administration to receive and disburse benefits in the best interest of and according to the needs of the resident.

Resident—an individual admitted to the nursing facility by and upon the recommendation of a physician and who is to receive the medical and nursing care ordered by the physician.

Resident Activities Director (RAD)—an individual certified as a *resident activity director* to direct the activity services of the nursing facility.

SNF—abbreviation for skilled nursing facility (Medicare only).

Social Service Designee (SSD)—an individual responsible for arranging or directly providing medically-related social services. (See responsibilities and qualifications under social services section.)

Sponsor—an adult relative, friend, or guardian of a resident who has an interest or responsibility in the resident's welfare.

Staffing—a joint meeting of the resident/responsible party and the facility's staff members involved in planning and implementing the overall plan of care.

SW—abbreviation for social worker.

Vendor Number—a seven digit number assigned to a licensed and certified provider who has enrolled with the state to participate in the Medicaid Program and receive payment for services rendered.

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- f. toileting—includes getting on and off the toilet, wiping, arranging clothing, etc.;
- g. personal hygiene (excludes baths/showers); and
- h. bathing (excludes washing of hair and back).

§10156. Level of Care Pathways

A. Several potential avenues of functional and medical eligibility shall be investigated by OAAS. These avenues are called pathways. The pathways are utilized to ensure consistency, uniformity, and reliability in making nursing facility level of care determinations. In order to meet the nursing facility level of care, an individual must meet eligibility requirements in only one pathway.

B. When specific eligibility criteria are met within a pathway, that pathway is said to have triggered. The Medicaid program defines nursing facility level of care for Medicaid eligible individuals as the care required by individuals who meet or trigger any one of the established level of care pathways described in this Subchapter. The pathways of eligibility focus on information used to determine if an individual has met or triggered a level of care pathway.

C. The level of care pathways elicit specific information, within a specified look-back period, regarding the individual's:

1. functional capabilities;
2. receipt of assistance with activities of daily living (ADL);
3. current medical treatments and conditions; and
4. other aspects of an individual's life.

D. Activities of Daily Living Pathway

1. The intent of this pathway is to determine the individual's self-care performance in activities of daily living during a specified look-back period (e.g., the last seven days, last three days, etc. from the date the LOC assessment was completed), as specified in prescribed screening and assessment tools.

2. The ADL Pathway identifies those individuals with a significant loss of independent function measured by the amount of assistance received from another person in the period just prior to the day the LOC assessment was completed.

3. The ADLs for which the LOC assessment elicits information are:

- a. locomotion—moving around in the individual's home;
- b. dressing—how the individual dresses/undresses;
- c. eating—how food is consumed (does not include meal preparation);
- d. bed mobility—moving around while in bed;
- e. transferring—how the individual moves from one surface to another (excludes getting on and off the toilet and getting in and out of the tub/shower);

4. Since an individual can vary in ADL performance from day to day, OAAS trained assessors shall capture the total picture of ADL performance over the specified look-back period.

5. In order for an individual to be approved under the ADL Pathway, the individual must score at the:

- a. limited assistance level or greater on toilet use, transferring, or bed mobility; or
- b. extensive assistance level or greater on eating.

E. Cognitive Performance Pathway.

1. This pathway identifies individuals with the following cognitive difficulties:

- a. short term memory which determines the individual's functional capacity to remember recent events;
- b. cognitive skills for daily decision making which determines the individual's actual performance in making everyday decisions about tasks or activities of daily living such as:
 - i. planning how to spend his/her day;
 - ii. choosing what to wear; or
 - iii. reliably using canes/walkers or other assistive devices/equipment, if needed;
- c. making self understood which determines the individual's ability to express or communicate requests, needs, opinions, urgent problems, and social conversation, whether in speech, writing, sign language, or a combination of these (includes use of word board or keyboard).

2. In order for an individual to be approved under the cognitive performance pathway, the individual must have any one of the conditions noted below:

- a. be severely impaired in daily decision making (never or rarely makes decisions);
- b. have a short term memory problem and daily decision making is moderately impaired (e.g., the individual's decisions are consistently poor or unsafe, cues or supervision is required at all times);
- c. have a memory problem and is sometimes understood (e.g., the individual's ability is limited to making concrete requests);
- d. have a short-term memory problem and is rarely or never understood;
- e. be moderately impaired in daily decision making (e.g., the individual's decisions are consistently poor or unsafe, cues or supervision is required at all times) and the individual is usually understood (e.g., the individual has

difficulty finding words or finishing thoughts and prompting may be required);

f. be moderately impaired in daily decision making (e.g., the individual's decisions are consistently poor or unsafe, cues or supervision is required at all times) and the individual is sometimes understood, (e.g., his/her ability is limited to making concrete requests);

g. be moderately impaired in daily decision making (e.g., the individual's decisions are consistently poor or unsafe, cues or supervision is required at all times) and the individual is rarely or never understood;

h. be minimally impaired in daily decision making (e.g., the individual has some difficulty in new situations or his/her decisions are poor and requires cues and supervision in specific situations only) and the individual is sometimes understood (e.g., the individual's ability is limited to making concrete requests); or

i. be minimally impaired in daily decision making (e.g., the individual has some difficulty in new situations or his/her decisions are poor, cues and supervision are required in specific situations only) and the individual is rarely or never understood.

F. Physician Involvement Pathway

1. The intent of this pathway is to identify individuals with unstable medical conditions that may be affecting his/her ability to care for himself/herself.

2. The following are investigated for this pathway:

a. physician visits occurring during the 14-day look-back period (excluding emergency room exams); and

b. physician orders issued during the 14-day look-back period (excluding order renewals without change and hospital inpatient visits).

3. In order for an individual to be approved under the physician involvement pathway, the individual must have:

a. one day of doctor visits and at least 4 new order changes within the 14-day look-back period; or

b. at least 2 days of doctor visits and at least 2 new order changes during the 14-day look-back period.

4. Supporting documentation is required and must include:

a. a copy of the physician's orders; or

b. the home health care plans documenting the diagnosis, treatments and conditions within the designated time frames; or

c. the appropriate form designated by OAAS to document the individual's medical status and condition.

5. This pathway is approved for limited stay/length of service as deemed appropriate by OAAS.

G. Treatments and Conditions Pathway

1. The intent of this pathway is to identify individuals with unstable medical conditions that may be affecting a person's ability to care for himself/herself.

2. The following are investigated for this pathway:

a. stage 3-4 pressure sores during the 14-day look-back period;

b. intravenous feedings during the 7-day look-back period;

c. intravenous medications during the 14-day look-back period;

d. daily tracheostomy care and ventilator/respiratory suctioning during the 14-day look-back period;

e. pneumonia during the 14-day look-back period and the individual had associated need for assistance with IADLs, ADLs, or restorative nursing care;

f. daily respiratory therapy provided by a qualified professional during the 14-day look-back period;

g. daily insulin injections with two or more order changes during the 14-day look-back period; or

h. peritoneal or hemodialysis during the 14-day look-back period.

3. In order for an individual to be approved under the treatments and conditions pathway, the individual must have:

a. any one of the conditions listed in G.2.a-h above; and

b. supporting documentation for the specific condition(s) identified. Acceptable documentation must include:

i. a copy of the physician's orders; or

ii. the home health care plans documenting the diagnosis, treatments and conditions within the designated time frames; or

iii. the appropriate form designated by OAAS to document the individual's medical status and condition.

4. This pathway is approved for limited stay/length of service as deemed appropriate by OAAS.

H. Skilled Rehabilitation Therapies Pathway

1. The intent of this pathway is to identify individuals who have received, or are scheduled to receive physical therapy, occupational therapy or speech therapy.

2. In order for an individual to be approved under this pathway, the individual must:

a. have received at least 45 minutes of active physical therapy, occupational therapy, and/or speech therapy during the seven-day look-back period; or

b. be scheduled to receive at least 45 minutes of active physical therapy, occupational therapy, and/or speech therapy scheduled during the seven-day look-forward period.

3. Supporting documentation of the therapy received/scheduled during the look-back/look-forward period is required and must include:

- a. a copy of the physician's orders for the received/scheduled therapy;
- b. the home health care plan notes indicating the received/scheduled therapy;
- c. progress notes indicating the physical, occupational, and/or speech therapy received;
- d. nursing facility or hospital discharge plans indicating the therapy received/scheduled; or
- e. the appropriate form designated by OAAS to document the individual's medical status and condition.

4. This pathway is approved for limited stay/length of service as deemed appropriate by OAAS.

I. Behavior Pathway

1. The intent of this pathway is to identify individuals who have experienced repetitive behavioral challenges which have impacted his/her ability to function in the community during the specified screening/assessment look-back period.

2. The following are investigated for this pathway:

- a. wandering;
- b. verbally- or physically-abusive behavior;
- c. socially-inappropriate behavior; and
- d. delusions or hallucinations.

3. In order for an individual to be approved under the behavior pathway, the individual must have either:

a. exhibited any one of the following behaviors four or more days of the screening tool's seven-day look-back period:

- i. wandering;
- ii. verbally abusive;
- iii. physically abusive; or
- iv. socially inappropriate or disruptive; or

b. exhibited any one of the following behaviors during the assessment tool's three-day look-back period and behavior(s) were not easily altered:

- i. wandering;
- ii. verbally abusive;
- iii. physically abusive; or
- iv. socially inappropriate or disruptive; or

c. experienced delusions or hallucinations that impacted his/her ability to live independently in the community within the specific screening/assessment tool's look-back period.

J. Service Dependency Pathway

1. The intent of this pathway is to identify individuals who are currently in a nursing facility or receiving services through the Adult Day Health Care Waiver, the Community Choices Waiver, Program of All Inclusive Care for the Elderly (PACE) or receiving long-term personal care services.

2. In order for individuals to be approved under this pathway, the afore-mentioned services must have been approved prior to December 1, 2006 and ongoing services are required in order for the individual to maintain current functional status.

3. There must have been no break in services during this time period.

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