

NOTICE OF INTENT

**Department of Health
Bureau of Health Services Financing**

**Crisis Receiving Centers
Licensing Standards
(LAC 48:I.Chapter 53 and 5415)**

The Department of Health, Bureau of Health Services Financing proposes to amend LAC 48:I.Chapter 53 and adopt §5415 as authorized by R.S. 36:254 and R.S. 40:2180.11 et seq. 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 and the U.S. Department of Justice signed an agreement on June 6, 2018, which required the department to develop and implement a crisis service system. In compliance with this agreement, the Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing crisis receiving centers (CRCs) to require CRCs to have separate wings and areas for voluntary and involuntary individuals and to create a licensure option for a voluntary-only CRC to only admit or receive individuals who are present on a voluntary basis.

Title 48

**PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Licensing**

Chapter 53. Level III Crisis Receiving Centers

Subchapter A. General Provisions

§5303. Definitions

Community Mental Health Center—a Medicare certified program as defined in 42 CFR §410.2. An entity that:

1. provides outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and clients of its mental health service area who have been discharged from inpatient treatment at a mental health facility;
2. provides 24-hour-a-day emergency care services;
3. provides day treatment or other partial hospitalization services, or psychosocial rehabilitation services;
4. provides screening for patients being considered for admission to state mental health facilities to determine the appropriateness of this admission;
5. meets applicable licensing or certification requirements for CMHCs in the state in which it is located; and
6. provides at least 40 percent of its services to individuals who are not eligible for benefits under title XVIII of the Social Security Act.

Department—the Louisiana Department of Health (LDH).

Level III Crisis Receiving Center (or Center or CRC)—an agency, business, institution, society, corporation, person or persons, or any other group, licensed by the LDH to provide crisis identification, intervention and stabilization services for people in behavioral crisis. CRCs receive, examine, triage, refer, or treat people in behavioral health crisis. A CRC shall have no more than:

1. 36 chairs for crisis stabilization/observation;

and

2. 24 beds for short term stay (three to seven

days).

- a. - b. Repealed.

NOTE: Refer to physical environment Section of this Chapter for physical space requirements.

Mental Health Emergency Room Extension (MHERE)—a mental health emergency room extension operating as a unit of a currently licensed hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:102 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:472 (April 2021), LR 48:

Subchapter B. Licensing

§5309. General Licensing Provisions

A. All entities providing crisis receiving services shall be licensed by LDH. It shall be unlawful to operate as a CRC without a license issued by the department. LDH is the only licensing authority for CRCs in Louisiana.

B. ...

C. The following entities are exempt from CRC licensure under this Chapter, so long as they are providing CRC services to existing clients:

1. community mental health centers (CMHCs);
2. - 3. ...
4. psychiatric residential treatment facilities;
5. - 6. ...
7. home and community based services (HCBS) waiver agencies limited to center-based respite;
8. substance use/addictive disorder facilities;
9. mental health clinics as defined in §5603;
10. ...

11. MHEREs; and
12. federally qualified health care centers (FQHCs).
13. Repealed.

D. - L. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:103 (January 2015), amended LR 48:

Subchapter I. Physical Environment

§5397. Interior Space

A. The CRC shall:

1. - 5. ...

6. maintain heating, ventilation and cooling systems in good order and safe condition to ensure a comfortable environment;

7. ensure that electric receptacles in client care areas are tamper-resistant or equipped with ground fault circuit interrupters; and

8. maintain separate wings or units for voluntary and involuntary individuals to include areas for admissions, sleeping, shower and toilet areas, and sally ports or other entry areas. Further, the CRC shall provide separate areas

(which may be accomplished by providing areas to voluntary individuals at different times than to involuntary individuals) for dining, recreational, educational, vocational, health care, and passageways, for voluntary and involuntary individuals.

B. - P.1. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 41:121 (January 2015), amended by the Department of Health, Bureau of Health Services Financing, LR 47:475 (April 2021), LR 48:

Chapter 54. Crisis Receiving Centers

Subchapter B. Voluntary-Only Crisis Receiving Center

§5415 Voluntary-Only Crisis Receiving Center

A. Any entity, organization, or person applying to be licensed as a CRC has the option to be licensed as a voluntary-only crisis receiving center (VO-CRC), wherein the licensed entity shall only admit or receive individuals who present voluntarily to the facility.

B. Individuals presenting to a VO-CRC shall have the ability to come and go to the facility for services as the individual deems appropriate; individuals shall not be required

to sign a formal voluntary admission form under R.S. 28:52 or successor statute.

C. A VO-CRC shall adhere to all the licensing requirements for CRCs, including Chapter 53 and Chapter 54 of this licensing Rule, with the following substitutions:

1. for §5367.C, a VO-CRC shall only receive individuals who present voluntarily to the unit/facility;
2. for §5367.F.1.b, a VO-CRC does not need to establish legal authority for the individual;
3. for §5397.A.8, the VO-CRC does not need to maintain separate spaces for involuntary and voluntary admissions or individuals, since the VO-CRC will only serve voluntary admissions or individuals; and
4. for §5397.G, a VO-CRC shall not have a seclusion room.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 40:2180.14.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 48:

Family Impact Statement

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.

Poverty Impact Statement

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.

Small Business Analysis

In compliance with Act 820 of the 2008 Regular Session of the Louisiana Legislature, the economic impact of this proposed Rule on small businesses has been considered. It is anticipated that this proposed Rule will have no impact on small businesses, as described in R.S. 49:978.1 et seq.

Provider Impact Statement

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.

Public Comments

Interested persons may submit written comments to Tasheka Dukes, RN, Health Standards Section, P.O. Box 3767, Baton Rouge, LA 70821. Ms. Dukes is responsible for responding to inquiries regarding this proposed Rule. The deadline for submitting written comments is at 4:30 p.m. on December 30, 2021.

Public Hearing

Interested persons may submit a written request to conduct a public hearing by U.S. mail to the Office of the Secretary ATTN: LDH Rulemaking Coordinator, Post Office Box 629, Baton Rouge, LA 70821-0629; however, such request must be received no later than 4:30 p.m. on December 10, 2021. If the criteria set forth in R.S. 49:953(A)(2)(a) are satisfied, the department will conduct a public hearing at 8:00 a.m. on December 29, 2021 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. To confirm whether or not a public hearing will be held, interested persons should first call Allen Enger at (225) 342-1342 after December 10, 2021. If a public hearing is to be held, all interested persons are invited to attend and present data, views, comments, or

arguments, orally or in writing. In the event of a hearing, 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.

Dr. Courtney N. Phillips

Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES

Person
Preparing
Statement: Veronica Dent Dept.: Health

Phone: 342-3238 Office: Bureau of Health Services Financing

Return
Address: P.O. Box 91030 Rule
Title: Crisis Receiving Centers

Baton Rouge, LA Licensing Standards

Date Rule
Takes Effect: February 20, 2022

SUMMARY
(Use complete sentences)

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 STATEMENTS SUMMARIZE ATTACHED WORKSHEETS, I THROUGH IV AND 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 21-22. It is anticipated that \$1,080 will be expended in FY 21-22 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 have no effect on revenue collections since the licensing fees, in the same amounts, will continue to be collected.

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

In compliance with the June 6, 2018 agreement between the Department of Health and the U.S. Department of Justice, this proposed rule amends the provisions governing crisis receiving centers (CRCs) to require CRCs to have separate wings and areas for voluntary and involuntary individuals and to create a licensure option for a voluntary-only CRC to only admit or receive individuals who are present on a voluntary basis. This proposed rule will be beneficial to CRC patients, since it separates individuals based on their admission status. It is anticipated that implementation of this proposed Rule will not result in any costs to crisis receiving centers in FY 21-22, FY 22-23, and FY 23-24, but will be beneficial by ensuring that licensure requirements for facilities that only admit voluntary patients are clearly and accurately promulgated in the *Louisiana Administrative Code*.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This rule has no known effect on competition and employment.


Signature of Agency Head or Designee

Tasheka Dukes, RN
Deputy Assistant Secretary,
LDH Health Standards Section
Typed Name & Title of Agency Head or Designee

10/29/2021
Date of Signature


Legislative Fiscal Officer or Designee

11/1/21
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 deliberation 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).

In compliance with the June 6, 2018 agreement between the Department of Health and the U.S. Department of Justice, this proposed rule amends the provisions governing crisis receiving centers (CRCs) to require CRCs to have separate wings and areas for voluntary and involuntary individuals and to create a licensure option for a voluntary-only CRC to only admit or receive individuals who are present on a voluntary basis.

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

The Department of Health and the U.S. Department of Justice signed an agreement on June 6, 2018, which required the department to develop and implement a crisis service system. In compliance with this agreement, the Department of Health, Bureau of Health Services Financing proposes to amend the provisions governing crisis receiving centers (CRCs) to require CRCs to have separate wings and areas for voluntary and involuntary individuals and to create a licensure option for a voluntary-only CRC to only admit or receive individuals who are present on a voluntary basis.

- C. Compliance with Act 11 of the 1986 First Extraordinary Session

- (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 21-22. In FY 21-22, \$1,080 is included 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) _____ Yes. If yes, attach documentation.

(b) _____ NO. If no, provide justification as to why this rule change should be published at this time

FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET

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

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

COSTS	FY 22	FY 23	FY 24
Personal Services			
Operating Expenses	\$1,080	\$0	\$0
Professional Services			
Other Charges			
Equipment			
Major Repairs & Constr.			
TOTAL	\$1,080	\$0	\$0

POSITIONS (#)

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 21-22, \$1,080 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 21	FY 22	FY 23
State General Fund	\$1,080	\$0	\$0
Agency Self-Generated			
Dedicated			
Federal Funds			
Other (Specify)			
TOTAL	\$1,080	\$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 THE ACTION PROPOSED.

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

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

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

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

FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET

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

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

REVENUE INCREASE/DECREASE	FY 22	FY 23	FY 24
State General Fund			
Agency Self-Generated			
Dedicated Funds*			
Federal Funds			
Local Funds			
TOTAL			

*Specify the particular fund being impacted.

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

FISCAL AND ECONOMIC IMPACT STATEMENT
WORKSHEET

III. COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS, SMALL
BUSINESSES, OR NONGOVERNMENTAL GROUPS

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

In compliance with the June 6, 2018 agreement between the Department of Health and the U.S. Department of Justice, this proposed rule amends the provisions governing crisis receiving centers (CRCs) to require CRCs to have separate wings and areas for voluntary and involuntary individuals and to create a licensure option for a voluntary-only CRC to only admit or receive individuals who are present on a voluntary basis. This proposed rule will be beneficial to CRC patients, since it separates individuals based on their admission status.

- B. Also provide an estimate and a narrative description of any impact on receipts and/or income resulting from this rule or rule change to these groups.

It is anticipated that implementation of this proposed Rule will not result in any costs to crisis receiving centers in FY 21-22, FY 22-23, and FY 23-24, but will be beneficial by ensuring that licensure requirements for facilities that only admit voluntary patients are clearly and accurately promulgated in the *Louisiana Administrative Code*.

IV. 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.

This rule has no known effect on competition and employment.