Subpart 3. Licensing and Certification

Chapter 41. Expedited Licensing Process for Healthcare Facilities and Providers Licensed by the Department of Health

§4101. Definitions

**Applicant**—any person, partnership, corporation, unincorporated association or other legal entity currently operating, or planning to operate, any of the health care facilities or providers licensed by the Department of Health.

**Applicant Representative**—the person specified by the applicant on the application form authorized to respond to inquiries from the Department of Health regarding the expedited licensing process and to whom written notifications are sent relative to the status of the expedited licensing application.

**Approval**—a determination by the Department of Health that an application meets the criteria of the expedited licensing process.

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

**Health Standards Section (HSS)**—the section in the Department of Health responsible for licensing health care facilities and agencies, certifying facilities and agencies that apply for participation in the Medicaid (titles XIX and XXI) and Medicare (title XVIII) programs, and conducting surveys and inspections.

**Licensing**—deemed to include initial licensing of a provider or facility, licensure upon a change of ownership, licensing due to relocation or replacement facility, or licensing due to adding locations, off-sites, satellites, beds, units, fleet additions or services.

**Notification**—deemed to be given on the date on which an applicant representative receives notice from LDH of the expedited license determination, either electronically or by certified mail to the last known address of the applicant representative.

**Readiness Date**—the date that the applicant indicates to the HSS field office assigned scheduler that the facility or provider is ready for the licensing survey to be conducted by the department.


HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 44:2159 (December 2018).

§4103. General Provisions

A. Any person, partnership, corporation, unincorporated association or other legal entity currently operating, or planning to operate, any of the health care facilities or providers licensed by the department may seek an expedited licensing process as provided for in this Chapter.

B. The provisions of this Chapter shall apply to an applicant provider or facility for any of the health care facility or provider types licensed by the department.

C. The expedited licensing process provided for in this Chapter is at the discretion of the applicant provider or facility requesting such expedited process.

1. A request for the expedited licensing process is voluntary.

2. An applicant provider or facility shall not be delayed from the usual licensing and/or survey scheduling process and timeframe, if the expedited licensing process is not requested.

D. The department shall ensure that no applicant provider or facility seeking approval to apply for licensure pursuant to a pre-licensing facility need review approval process is affected by another provider of the same license type choosing the expedited licensing process instead of the regular licensing process.

E. The department shall not utilize existing employees who conduct regular licensing surveys to conduct any expedited licensing survey.


HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:2160 (December 2018).

§4105. Expedited Licensing Applications and Fees

A. Requests for expedited licensing applications shall be submitted to the LDH Health Standards Section (HSS) on the forms indicated for that purpose, containing such information as the department may require, and shall be accompanied by the specified fee as established in Paragraph E of this Section.

B. The applicant shall designate a representative on the expedited licensing process application.

1. The designated applicant representative shall be the only person to whom HSS will send written notification in matters relative to the status of the expedited licensing process.

2. If the applicant representative or his/her address changes at any time during the licensing process, it is the
responsibility of the applicant to notify HSS in writing of such change.

C. Documentation and correspondence related to the expedited licensing process may be submitted and received via electronic transmission to shorten the timeframe of the process.

D. The expedited licensing process fee is required at the time that the application is submitted to the department. The expedited licensing process fee shall be:

1. made payable to the Louisiana Department of Health; and

2. made in the manner required by the department on the expedited licensing process application.

E. The expedited licensing process fee shall be determined by the complexity and acuity of the requested licensing process and shall be assessed on a tiered basis pursuant to §4107 of this Chapter.


HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:2160 (December 2018).

§4107. Expedited Licensing Survey Types and Tiers

A. The fees associated with the expedited licensing process shall be assessed according to the following tiers.

1. Tier 1. Expedited licensing fee is set at $7,000.

2. Tier 2. Expedited licensing fee is set at $6,000.

3. Tier 3. Expedited licensing fee is set at $5,000.

B. Tier 1 expedited licensing processes include, but are not limited to, the following:

1. initial licensing of a hospital or off-site location of a hospital;

2. licensing of a replacement facility or location (or relocation) of the main campus of a hospital;

3. licensing of a replacement facility or location (or relocation) of an off-site campus of a hospital that has any of the following:
   a. licensed beds;
   b. surgical services; or
   c. an emergency department; and

4. initial licensing of the following:
   a. an ambulatory surgical center (ASC);
   b. an end stage renal disease (ESRD) facility;
   c. a rural health clinic (RHC);
   d. a nursing facility (NF); or
   e. a home and community-based services (HCBS) provider or an off-site or satellite location of the provider.

C. Tier 2 expedited licensing processes include, but are not limited to, the following:

1. initial licensing of the following:
   a. an adult residential care provider (ARCP) level 1, 2, 3 or 4;
   b. a crisis receiving center (CRC);
   c. an intermediate care facility for people with developmental disabilities (ICF/DD);
   d. a pediatric day health care (PDHC) facility;
   e. a home health agency (HHA) or an off-site or satellite location of a HHA;
   f. a hospice agency, an off-site or satellite location of a hospice agency or an inpatient hospice facility;
   g. a psychiatric residential treatment facility (PRTF);
   h. a therapeutic group home (TGH);
   i. a behavioral health services provider (BHSP);
   j. an adult day health care (ADHC) facility;
   k. a forensic supervised transitional residential and aftercare (FSTRA) facility;
   l. a pain management clinic (PMC);
   m. an adult brain injury (ABI) facility;
   n. an emergency medical transportation services (EMTS) provider; or
   o. any other provider or facility licensed by LDH;

2. licensing of a replacement facility or location (or relocation) of the following:
   a. an ASC;
   b. an ESRD facility;
   c. an RHC;
   d. a CRC;
   e. a NF; or
   f. an HCBS provider or an off-site or satellite location of the provider; and

3. licensing of additional units, services or beds, or other action at an existing licensed hospital, ASC, ESRD facility or NF that requires a physical environment survey.

D. Tier 3 expedited licensing processes include, but are not limited to, the following:

1. licensing of a replacement facility (or relocation) for the following:
   a. an ICF/DD;
   b. a PDHC;
   c. an ADHC facility;
d. an ARCP level 1, 2, 3 or 4;
e. an HHA or an off-site or satellite location of a HHA;
f. a hospice agency or an off-site or satellite location of hospice agency or an inpatient hospice facility;
g. a PRTF;
h. a TGH;
i. a BHSP;
j. a FSTRA facility;
k. a PMC;
l. an ABI facility; or
m. any other provider or facility licensed by LDH;

2. licensing additional units, services, beds, or other action an existing licensed ICF/DD, PDHC, HCBS provider, ADHC center, ARCP (levels 1, 2, 3 and 4), PRTF, TGH, BHSP, CRC, FSTRA facility, ABI facility, or other provider or facility licensed by the department that requires a physical environment survey, or a fleet addition for an EMTS provider.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:2160 (December 2018).

§4109. Expedited Licensing Application Review Process

A. If an applicant provider or facility submits an expedited licensing process application and pays all applicable fees in the required manner, the department shall prioritize the application. After priority review of the application, the department shall:

1. notify the applicant provider or facility of any missing documentation or information; or
2. notify the applicant of the approval of the completed expedited licensing application packet.

B. The department shall notify the applicant representative, upon approval of the completed expedited licensing application packet, that the applicant shall provide a readiness date for the expedited survey to the appropriate HSS field office.

C. The applicant shall not contact the HSS field office to schedule the expedited survey until notified of approval as provided for in Paragraphs A and B of this Section.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:2161 (December 2018).

§4111. Expedited Licensing Survey Process

A. Once the expedited licensing application packet has been approved, the department shall conduct the expedited licensing survey within 10 working days of the readiness date indicated by the applicant provider or facility, or such other time period to which the provider has agreed.

B. The expedited licensing survey shall be conducted in accordance with this Subchapter and applicable published licensing statutes, rules and regulations for the particular health care provider or facility type for which the applicant has applied.

C. The expedited licensing survey shall be scheduled and conducted in an expedited manner pursuant to the usual survey process, protocols and procedure.

D. The department shall provide written notification to the applicant representative of the results of the expedited licensing survey within 10 working days of the survey exit date. This notification may be made by electronic transmission.

1. The written notification of the expedited survey results shall include any licensing deficiencies, requirements for a plan of correction, and review and/or appeal rights as to the deficiencies, if applicable, pursuant to applicable licensing statutes, rules and regulations.
2. If deficiencies are cited at the expedited licensing survey, the department may, at its option:
   a. require a plan of correction and conduct a follow-up licensing survey;
   b. issue a provisional license, pursuant to applicable licensing regulations;
   c. issue a license denial, including appeal rights, pursuant to applicable licensing regulations.

HISTORICAL NOTE: Promulgated by the Department of Health, Bureau of Health Services Financing, LR 44:2161 (December 2018).

§4113. Expedited Licensing Survey Refunds

A. The department shall refund the expedited licensing process fee amount paid by an applicant provider or facility if the survey is not conducted within the time periods specified in §4111.A, unless such failure to conduct the survey is due to the unavailability of the facility or provider.

B. If the applicant facility or provider fails to be ready when the department begins to conduct the expedited licensing survey, the survey will be ended, no refund of the expedited licensing fee will be due, and the applicant facility or provider shall have the choice to:

1. re-submit a new expedited licensing process application and applicable fee; or
2. submit a regular licensing process application and applicable fee.

§4201. Introduction

A. The purpose of Adult Day Health Care (ADHC) services is to provide an alternative to or a possible prevention or delay of 24-hour institutional care by furnishing direct care for a portion of the day to adults who have physical, mental, or functional impairments. An ADHC shall be operational for at least five hours each day of operation. An ADHC center shall be operational for at least five days per week. An ADHC center shall protect the health, safety, welfare, and well-being of participants attending ADHC centers.

B. An ADHC center shall have a written statement describing its philosophy as well as long-term and short-term goals. The ADHC center program statement shall include goals that:

1. promote the participant's maximum level of independence;
2. maintain the participant's present level of functioning as long as possible, while preventing or delaying further deterioration;
3. restore and rehabilitate the participant to the highest level of functioning;
4. provide support and education for families and other caregivers;
5. foster participation, socialization and peer interaction; and
6. serve as an integral part of the community services network and the long-term care continuum of services.

§4203. Definitions

Accreditation—process by which an ADHC that is owned and operated by a PACE organization with an executed program agreement with CMS/LDH is deemed to meet ADHC licensing requirements.

Activities of Daily Living (ADL)—the functions or tasks which are performed either independently or with supervision, or assistance for mobility (i.e., transferring, walking, grooming, bathing, dressing and undressing, eating and toileting).

Adult Day Health Care (ADHC)—a medical model adult day health care program designed to provide services for medical, nursing, social, and personal care needs to adults who have physical, mental or functional impairments. Such services are rendered by utilizing licensed professionals in a community based nursing center.

Adult Day Health Care Center—any place owned or operated for profit or nonprofit by a person, society, agency, corporation, institution, or any group wherein two or more functionally impaired adults who are not related to the owner or operator of such agency are provided with adult day health care services. This center type will be open and providing services at least five continuous hours in a 24-hour day.

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

Change of Ownership (CHOW)—a change in the legal center/entity responsible for the operation of the ADHC center.

Chemical Restraint—any drug that is used for discipline or convenience and when it is not required to treat medical symptoms.

Complaints—allegations of noncompliance with regulations filed by someone other than the center.

Department—the Louisiana Department of Health (LDH) and its representatives.

Direct Care Staff—unlicensed staff who provide personal care or other services and support to persons with disabilities or to the elderly to enhance their well-being, and who are involved in face-to-face direct contact with the participant.

Director—the person designated by the governing body of the ADHC to:

1. manage the center;
2. insure that all services provided are consistent with accepted standards of practice; and
3. ensure that center policies are executed.

Direct Service Worker—an unlicensed staff 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 participant.

Elopement—to slip away or run away.

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

Full-Time Equivalent—40 hours of employment per week or the number of hours the center is open per week, whichever is less.

Functionally Impaired Adults—persons 17 years of age or older who are physically and/or mentally impaired and require services and supervision for medical, nursing, social, and personal care needs.