

Chapter 74. Substance Abuse/Addictive Disorders Treatment Facilities

Subchapter A. General Provisions

§7401. Definitions and Acronyms

A. The following words and terms when used in this Chapter 74 shall have the following meanings, unless the context clearly states otherwise.

AADD—abuse/addiction disease/disorder.

Abuse—any act or failure to act that caused or may have caused injury to a client knowingly, recklessly, or intentionally, including incitement to act. Injury may include, but is not limited to: physical injury, mental disorientation, or emotional harm, whether it is caused by physical action or verbal statement.

Adequate/Sufficient—reasonable, enough, e.g., personnel to meet the needs of the clients currently enrolled in a specific program.

Accredited—the process of review and acceptance by an accreditation body or any additional SAMSHA approved accrediting body such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF) or Council on Accreditation (COA).

Adolescent—an individual between the ages of 13 and 17 inclusive who has not been emancipated by marriage or judicial decree. Incarcerated adolescents will be in accordance with incarceration guidelines.

Advertise—to solicit or induce to purchase the services provided by a treatment facility.

Adult—an individual 18 years of age or older, or an individual under the age of 18 who has been emancipated by marriage or judicial decree. Persons aged 16 and above may voluntarily seek and receive substance abuse services without parental consent.

At Risk—identification by the Office for Addictive Disorders (OAD) of greater potential for the use/abuse of alcohol and other drugs.

ATOD—alcohol, tobacco, and other drugs.

Board(s)—entities responsible for licensure/certification for specific professions (e.g., nursing, counselors, social workers, physicians, etc.). State of Louisiana boards are the only accepted credentialing organizations for all personnel.

Client/Patient/Consumer/Participant—any person assigned or accepted for prevention or treatment services furnished by a licensed facility as specified.

Compulsive Gambling—persistent and recurrent maladaptive gambling behavior that disrupts personal, family, community, or vocational pursuits, and is so designated by a court, or diagnosed by a licensed physician, licensed social worker, licensed psychologist, licensed professional counselor, or advanced practice registered nurse who is certified in mental health.

Consultation—professional oversight, advice, or services provided under contract.

Core Functions—the essential and necessary elements required of every abuse/addiction treatment facility.

a. *Assessment*—core function in which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan.

b. *Case Management*—core function in which services, agencies, resources, or people are brought together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contacts with other providers/facilities.

c. *Client Education*—core function in which information is provided to individuals and groups concerning alcoholism and other drug abuse, positive lifestyle changes, and the available services and resources.

d. *Client Orientation*—core function in which the client is informed regarding:

- i. general nature and goals of the program;
- ii. rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program;
- iii. availability of services;
- iv. costs; and
- v. client's rights.

e. *Consultation with Professionals*—core function in which functional relationship with counselors and other credentialed health care professionals is provided as required to assure comprehensive quality care for the client.

f. *Counseling (Individual/Group) Services*—core function in which appropriate support is provided to the client by those professionals qualified to provide therapeutic services. Special skills are used to assist individuals, families, or groups in achieving objectives through:

- i. exploration of a problem and its ramifications;

- ii. examination of attitudes and feelings;
- iii. consideration of alternative solutions; and
- iv. decision making and problem solving.

g. *Crisis Intervention Services*—core function in which appropriate assistance is rendered during emergencies, including 24-hour telephone coverage by a qualified counselor, to provide:

- i. telephone assistance to prevent relapse;
- ii. referral to other services; and
- iii. support during related crises.

h. *Intake*—core function in which information is gathered about a prospective client. Information is given to a prospective client about the treatment facility and facility's treatment and services.

i. *Referral*—core function in which appropriate services not provided by the facility are identified, and client/family is assisted to optimally utilize the available support systems and community resources.

j. *Reports and Record Keeping*—core functions in which results of the assessment and treatment planning are recorded. Written reports, progress notes, client data, discharge summaries and other client-related documentation is recorded in the client record.

k. *Screening*—core function in which the determination is made as to whether a client meets the program's admission criteria. Information such as the person's reason for admission, medical and substance abuse history, and other needed information, is used to determine client's need for treatment, and/or appropriateness of admission.

l. *Treatment Planning*—core function in which the counselor and the client:

- i. identify and rank problems needing resolution;
- ii. establish agreed upon immediate objectives and long-term goals; and
- iii. decide on a treatment process, frequency, and the resources to be utilized.

Core Requirements—as contained in this Chapter apply to all facilities licensed to provide substance abuse prevention, treatment, or detoxification. Sections 7401 - 7425 contain core requirements for all facilities and §7427 - §7457 contain additional requirements that apply to specific programs.

Counselor—qualified professional (QPS or QPC) as described in this document.

Counselor in Training (CIT)—a person currently registered with Louisiana State Board Certified Substance Abuse Counselor (LSBCSAC) Board and pursuing a course of training in substance abuse counseling including educational hours, practicum hours, and direct, on-site

supervision of work experience hours by a facility-employed QPS/QPC.

Department—the Louisiana Department of Health and Hospitals (DHH). The following is a list of pertinent sections:

a. Health Standards Section (HSS)—Section of Bureau of Health Services Financing, DHH that surveys, licenses, and serves as the regulatory body for health care facilities in the state.

b. Office for Addictive Disorders (OAD)—DHH office responsible for providing treatment and prevention services related to abuse/addiction disease/disorders.

c. Office of Public Health (OPH)—DHH Office that establishes and enforces various legislative health codes.

d. Office of Planning and Review (OPR)—DHH office which professionally reviews all floor plans and site plans prior to licensing to assure compliance with state laws and codes.

e. Program Integrity Section (PRS)—Section of Bureau of Health Services Financing, DHH responsible for investigating fraud and abuse.

Diagnosis—the act of identifying a disease (AA/DD) by a qualified licensed professional (licensed professional counselor, physician, social worker, advanced practice registered nurse, or psychologist) based on comprehensive assessment of physical evidence [if related to diagnosis], signs and symptoms, clinical and psychosocial evidence, and client/family history.

Doctorate-Prepared—an individual who has completed a Doctorate in social work, psychology, or counseling, but has not met the requirements for licensing by the appropriate state board.

Exploitation—act or process to use (either directly or indirectly) the labor or resources of a client for monetary or personal benefit, profit, or gain of another individual or organization.

Facility—provider of services, including all employees, consultants, managers, owners, and volunteers as well as premises and activities.

Joint Ventures—facilities funded/operated by both public and private sources. Joint ventures are classified as private entities.

LSBCSAC—Louisiana State Board Certified Substance Abuse Counselor.

Masters-Prepared—an individual who has completed a Masters Degree in social work or counseling, but has not met the requirements for licensing by the appropriate state board.

Medication Administration—preparation and giving of legally prescribed individual dose to client; observation and monitoring of client/client response to medication.

Medication Dispensing—compounding, packaging, and/or giving of legally prescribed multiple doses to client.

Medication-Prescription (Legend)—medication that requires an order from a licensed practitioner and that can only be dispensed by a pharmacist on the order of a licensed practitioner and requires labeling in accordance with R.S. 37:1161 et seq.

Medication-Nonprescription—medication which can be purchased over-the-counter without a licensed practitioner's order.

Minor—any person under the age of 18.

Office of State Fire Marshal (OSFM)—establishes and enforces various legislative building codes.

Off-Site Operation—either autonomous or semi-autonomous, that is related to parent facility and located in same or adjacent parish.

On Call—immediately available for telephone consultation and less than one hour from ability to be on duty.

On Duty—scheduled, present, and awake at the site to perform job duties.

Opioid Treatment Program—a program engaged in opioid treatment of individuals with an opioid agonist treatment medication.

Primary Prevention—focus on reducing the onset of incidences (rate of occurrences) of alcohol, tobacco, and other drug (ATOD) use by non-users, preventing the development of ATOD use problems, and enhancing individual strengths as an inoculant against ATOD use.

Program—a specific group of therapeutic services designed to deliver treatment/prevention to a defined client population.

Public—owned and operated by federal, state, or local government.

Sexual Exploitation—a pattern, practice, or scheme of conduct that can reasonably be construed as being for the purpose of sexual arousal or gratification or sexual abuse of any person.

Site/Premises—a single identifiable geographical location owned, leased, or controlled by a facility where any element of treatment is offered or provided. Multiple buildings may be contained in the license only if they are connected by walk-ways and not separated by public street or have different geographical addresses.

Staff—individuals who provide services for the facility in exchange for money or other compensation, including employees, contract providers, and consultants.

Standards—policies, procedures, rules, and other guidelines (i.e., standards of current practice) contained in this Chapter for the licensing and operation of substance abuse/addiction treatment facilities.

State Opioid Authority (SOA)—the agency designated by the governor or other appropriate official designated by the governor to exercise the responsibility and authority

within the state for governing the treatment of opiate addiction with an opioid drug.

Substance Abuse/Addiction Treatment/Prevention Facility—any facility which presents itself to the public as a provider of services related to prevention and/or treatment of the abuse/addiction of controlled dangerous substances, drugs or inhalants, alcohol, problem or compulsive gambling, or a combination of the above. Facility shall be licensed to provide treatment to clients diagnosed with abuse/addiction disease/disorders (AADD) and provide support and prevention intervention to families, the public, and to those individuals identified as having greater than normal risk for developing abuse/addiction disease/disorders.

Supervision—occupational oversight, responsibility and control over employee(s)/service delivery by critically watching, monitoring, and providing direction.

Take Home Dose(s)—an opioid agonist treatment medication dose dispensed to patients for unsupervised use for the day(s) the clinic is closed for business, including Sundays and state and federal holidays.

Therapeutic Privilege Dose(s)—an opioid agonist treatment medication dose dispensed for unsupervised use, by order of the medical director, to patients compliant with, and stable in, the treatment program for a period of not less than 30 days, under the conditions provided for in §7443.F.1.

Treatment Level—a group of treatments/services designed to positively impact a specific type/degree of abuse/addiction.

Unethical Conduct—conduct prohibited by the ethical standards adopted by DHH, state or national professional organizations or by a state licensing agency.

Unprofessional Conduct—any act or omission that violates commonly accepted standards of behavior for individuals or organizations.

Variance or Waiver—administrative decision by HSS or DHH secretary or designated personnel qualified to make the decision that failure (for limited time period), to meet a Minimum Standard cannot potentially cause harm to any client/citizen or interfere with quality treatment. Facility shall post all variances/waivers in conspicuous place.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by the Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1451 (July 2000), LR 31:669 (March 2005).

§7403. Licensing

A. General. Any facility which presents itself to the public as a provider of services related to the prevention and/or treatment for abuse/addiction of controlled dangerous

substances, drugs or inhalants, alcohol, problem or compulsive gambling, or a combination of the above is required to have a valid and current license prior to admitting any client.

B. Compliance. Each licensed facility must comply with the minimum requirements in order to remain licensed. In addition, each facility is required to have a copy of the minimum standards on-site, and all administrative and professional staff should be familiar with contents of this rule.

C. Exemptions

1. Hospitals, nursing homes, and federally-owned facilities are exempt from licensure.

2. State facilities are exempt from the following general requirements:

- a. licensure fees;
- b. budgetary/audit requirements;
- c. disclosure of ownership forms;
- d. planning, location requirements;
- e. governing body regulations; and
- f. liability insurance.

3. The Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) promulgated a rule requiring that all Opioid Treatment Programs (OTP) shall be accredited by an accreditation body approved by SAMHSA effective May 19, 2004 (*Federal Register*, Volume 66, Number 11, January 17, 2001). If an Opioid Treatment Program is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities or the Council on Accreditation, or any additional SAMSHA approved accrediting body and the OTP requests deemed status from the department, the department may accept such accreditation in lieu of its annual on-site resurvey if the facility forwards their findings to the state agency (i.e., Health Standards Section of the Department) within 30 days of its accreditation. This accreditation will be accepted as evidence of satisfactory compliance with all provisions except those expressed in §§7403.J, K, and L, 7405.A and B, 7407.A, 7409.D, 7411.A, 7413 et seq., and 7417.E.

4. The following set of circumstances can cause the state agency to perform a licensing survey on an accredited OTP:

- a. any valid complaints in the preceding 12-month period;
- b. addition of services;
- c. a change of ownership in the preceding 12-month period;
- d. issuance of a provisional license in the preceding 12-month period;

e. serious violations of licensing standards or professional standards of practice that were identified in the preceding 12-month period; or

f. reports of inappropriate treatment or service resulting in death or serious injury.

5. A state- or district-owned or operated substance abuse/addictive disorders facility operating in or with a state- or district-owned or operated mental health clinic shall be exempt from the physical space requirements for operating as separate entities.

a. This exemption shall apply to facilities created under the provisions of R.S. 28:911-920 or R.S. 28:831(c).

D. Adherence Requirements. Each facility shall adhere to requirements throughout the period of licensure. Any period of non-compliance may result in sanctions, denials, or corrective action.

E. Variance. Any variance granted by HSS shall:

1. be in writing;
2. cannot be retroactive;
3. be granted for a specific period of time, but less than one year; and
4. be listed on the facility license.

F. Off-Sites. Related facilities may share a name with the primary facility if a geographic indicator is added to the end of the facility name. All facilities must have a separate license from that issued to the parent facility.

1. Additional locations shall operate in the same or adjacent parish and shall meet the following conditions:

- a. OSFM/OPH approval;
- b. adequate professional staff to comply with all standards;
- c. adequate administrative and support staff to comply with all standards;
- d. personnel records may be housed at parent facility;
- e. client records may be housed at parent facility;
- f. telephone system to forward calls to parent facility;
- g. initial survey is required prior to opening, but annual/renewal survey may be by attestation;

2. License to operate at off-site location will be issued from HSS when the following criteria are met:

- a. adequate professional staff to operate at two or more locations;
- b. identified need for services by OAD; and
- c. submission of request for opening off-site and completed application and payment of applicable fees.

3. Treatment services shall be equal at all locations, however, off-site facilities may refer clients to parent facility to supplement core functions only when client is not expected to endure excessive expense or hardship to obtain required services.

4. Twenty-four hour off-site facilities shall meet and maintain compliance with all requirements for which the facility license is issued.

G. License Designation. A facility shall have written notification of restrictions, limitations, and services available to the public, community, clients, and visitors.

1. Twenty-Four-Hour Facilities. (May be designated for adults, adolescent, or parents/dependent children.)

- a. Detoxification Facilities
 - i. Medically Supported
 - ii. Non-medical (Social)
- b. Primary Treatment Facilities
 - i. In-patient Treatment
 - ii. Residential Treatment
- c. Community-Based Treatment Facilities
 - i. Halfway House
 - ii. Three Quarter House
 - iii. Therapeutic Community (Long Term Residential)

2. Outpatient Facilities

- a. Outpatient Counseling
- b. Intensive Outpatient Treatment
- c. Opiate Addiction Treatment

3. Additional Designations (conjointly approved by OAD/HSS in writing)

- a. Youth Based Programs
- b. Community Education Only

H. Services. The services shall be provided in accordance with license designation.

1. Any additional services provided on the premises shall be identifiable to the public as separate and apart from the licensed program.

2. Clients/families must be notified in writing upon admission when client will be housed in any building not covered in the license issued by DHH/HSS.

I. License Types

1. Full. A full license is issued only to those agencies that are in compliance with the minimum standards and all other licensure requirements. The license is valid until the date of expiration unless revoked or suspended prior to the date of expiration, or denied renewal.

2. **Provisional.** A provisional license is issued to those facilities that are not in compliance with the minimum standards when the termination of a license will occur if systemic changes fail to correct identified problems, provided that cited deficiencies are not detrimental to the health and safety of clients. A provisional license is valid for six months or until a designated termination date. Any license involved in an appeal process is automatically considered provisional.

J. **Display of License.** The current license shall be displayed on-site at each facility in full view of all clients and/or visitors. Any license issued by DHH supersedes previously issued licenses issued for the facility to operate under this chapter and deems those previously issued as invalid. Any facility displaying and/or using an invalid or altered license will be sanctioned.

K. **Notification of Change Requirements.** Any change listed below that is not reported in writing to HSS within 10 days is delinquent and subject to sanction. Written approval of changes by DHH is required to remain in compliance with licensure standards.

1. **Change of Ownership**

a. Include a copy of bill of sale, licensure fee, disclosure of ownership form, new application form, and information about relocation, name change, etc.

b. License is nontransferable; new owners must apply for a new license.

2. **New Construction and Renovations.** All plans must have prior approval of the Office for State Fire Marshal and DHH Office of Planning and Review.

3. **Address Change.** Change of address requires issuance of a replacement license. Prior approval is required, and is based on submitting requested information to HSS. The following information and documentation must be submitted to HSS for consideration of an address change:

a. a complete license application reflecting the new address;

b. a licensing fee of \$600 for outpatient programs and \$600 plus \$5 per bedroom for inpatient programs;

c. documentation to show that architectural plans and specifications on the new site have been reviewed and approved by the Division of Engineering and Architectural Services;

d. copies of on-site inspection reports performed by the Office of State Fire Marshal and Office of Public Health on the new site;

e. a letter-sized sketch of the new site's floor plan;

f. anticipated effective date of the move; and

g. advise HSS on whether the new site is part of another existing health care entity.

4. **Change of Services.** An application packet appropriate to the new service is required. An initial survey

may be required prior to issuance of new license at the discretion of HSS.

5. **Hours of Operation.** Written approval by HSS is required in advance of the change.

6. **Closure.** HSS and SOA must be informed of any closure except Sundays and state and federal holidays.

L. **Cessation of Business.** If at any time the facility decides to cease operations then the facility is responsible for surrendering the license and notifying HSS of the date of cessation of services and the permanent location of the records.

1. All active clients and pertinent information shall be transferred/referred to appropriate treatment facilities.

2. Written notification with license shall be sent to HSS within five working days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:1058.1-9.

HISTORICAL NOTE: Promulgated by the Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1453 (July 2000), LR 31:669 (March 2005), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 38:3215 (December 2012).

§7405. Fees

A. **General.** All fees must be submitted to DHH in the form of a company or certified check or money order, and is to be made payable to the Department of Health and Hospitals (DHH). All fees are nonrefundable and nontransferable.

1. **Fee Amounts.** The current fee schedule is available upon request.

2. **Initial Application.** The fee for the initial application process and initial licensure shall be submitted prior to consideration of the license application.

3. **Annual Renewal.** The fee is payable in advance of issuance of a renewal license.

4. **Change Fees.** A fee must accompany any request requiring the issuance of a replacement license.

B. **Late Fees.** Any fee for renewal, or any other fee, is delinquent after the due date and an additional fee shall be assessed beginning on the day after the date due. No license will be issued until all applicable fees are paid.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and 40:1058.1-9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the

Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1454 (July 2000), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 38:3215 (December 2012).

§7407. Initial Licensure

A. Application Procedure. This process assures that the facility is capable of organizing, planning and carrying out an operation to provide the 12 core functions of counseling and other therapeutic services as designated on license. The entire application process must be completed within 90 days from the date of the original submission of the application in order to be approved. A completed application packet shall contain:

1. letter of intent that includes:
 - a. proposed date of operation;
 - b. program mission;
 - c. program description;
2. written Plan of Professional Services including a list of the 12 core functions of AA/DD treatment and a facility plan to furnish those services.
3. current application, disclosure forms and other forms with application fee.
4. written approval from the Office of Planning and Review for the proposed facility, if required.
5. a letter-size sketch of the floor plan.
6. jurisdictional approvals as required by:
 - a. Office of Public Health;
 - b. Office of State Fire Marshal;
 - c. municipal zoning and other approvals as applicable;
 - d. others, if necessary, (e.g., State Methadone Authority);
7. proof of general and professional liability insurance of at least \$500,000.
8. governing body information including names, addresses, telephone numbers of each member;
9. disclosure in writing of any financial and/or familial relationship with any other entity receiving third-party payor funds, or any entity which has previously been licensed in Louisiana;
10. organizational chart for all professional level personnel.

B. Exceptions. If a requirement is not applicable to the program being licensed, the applicant may list and mark "not applicable." HSS can assist by telephone, if additional answers are needed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1455 (July 2000).

§7409. Survey

A. General

1. All surveys shall be unannounced and may be in conjunction with other agency personnel and/or personnel from other local, state or federal agencies.

2. Any facility that cannot be surveyed when scheduled will be sanctioned unless prior arrangements are approved by HSS and will not be licensed until all fines are paid.

B. Initial

1. On-site survey of all aspects of the operation is required prior to the admission of any client for treatment at the facility.

2. DHH shall determine whether the facility is capable of becoming operational as indicated by compliance with all accepted standards of completed preparations and employment of all personnel, as well as securing all jurisdictional approvals.

3. Facility must become fully prepared for survey within six months of completion of application process.

4. Facility shall be staffed to admit clients and all personnel shall have received orientation.

5. Facility shall be fully prepared to begin admitting clients before requesting an on-site survey.

6. Facility shall meet all requirements of the Minimum Standards.

a. If survey findings indicate that facility has minor violations, a corrective plan of action shall be submitted before issuance of a license.

b. All client oriented corrections shall be completed before DHH issues a license.

c. All unlicensed direct care workers must have criminal history checks with appropriate action taken prior to initial survey.

7. Any facility that is not recommended for licensure following the on-site survey shall be required to submit another application fee and application packet for review prior to requesting a subsequent on-site survey.

8. No client may be admitted until the survey has been completed and facility has been notified that it is approved to admit clients. Health Standards surveyor shall notify the facility verbally as to whether it is appropriate to begin admitting clients or to await further direction by DHH.

C. Annual Survey. An on-site survey of all aspects of the facility is performed annually to assure and promote continuous adherence to standards.

D. Complaint Investigations. DHH shall determine the type and extent of investigation to be made in response to complaints in accordance with R.S. 40: 2009.13 et seq.

1. May be an internal investigation with a report submitted to DHH/HSS.

2. May be on-site focused or complete survey by DHH/OAD and/or DHH/HSS and other local, federal, and state agencies as appropriate.

E. Follow-up Surveys. On-site visit, or request for submission of documentation for desk review to assure that corrective actions have been completed as alleged in the submitted plan of corrections and/or to assure continued compliance between surveys.

F. Survey Results. All survey results become available for public inspection 60 days after the survey or on the date that an acceptable plan of correction is received from the facility, whichever is sooner. If violations of Minimum Standards are:

1. minor and do not directly involve client care, the facility may be allowed up to 60 days to make all necessary corrections;

2. not minor or if they directly affect client care, adverse action shall be implemented.

G. Plan of Corrections. Written allegations of correction are submitted from facility to HSS to describe actions taken by the facility in response to cited violations.

1. Required Components/Elements

a. Actions taken to correct any problems caused by deficient practice directed to a specific client.

b. Actions taken to identify other clients who may also have been affected by deficient practice, and to assure that corrective action will have positive impact for all clients.

c. Systemic changes made to insure that deficient practice will not recur.

d. Quality assurance plan developed to monitor to prevent recurrence.

2. Miscellaneous

a. All components of the corrective action plan must be specific and realistic, including the dates of completion.

b. Plan must be submitted as directed by HSS staff, usually within 10 days of the date of the survey, or the provider may be sanctioned.

c. Corrections must be completed within 60 days of survey unless directed to correct in less time due to danger or potential danger to clients/staff.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1455 (July 2000).

§7411. Annual License Renewal

A. License must be renewed at least annually. It is the responsibility of the facility to:

1. request a renewal packet from HSS if one is not received at least 45 days prior to license expiration;

2. complete all forms and return to HSS at least 30 days prior to license expiration;

3. submit annual licensure fee, if required, with renewal packet; and

4. submit proof of insurance with renewal packet.

B. Annual license renewal for Primary Prevention programs may be accomplished by attestation provided that:

1. the facility has had three consecutive years of deficiency-free surveys, and

2. Office for Addictive Disorders recommends attestation in writing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1456 (July 2000).

§7413. Adverse Actions

A. General. DHH reserves the right to suspend, deny (initial or renewal), or revoke any license at the discretion of the secretary or his/her designee. Facility owners and staff shall be referred to other entities, such as boards or state or federal enforcement agencies, when there is suspicion of illegal, unprofessional or unethical behavior. Any involuntary termination of licensure or voluntary termination to avoid adverse action automatically disqualifies that facility and those associated with the facility from applying for licensure for a period of at least one year.

B. Denial of Initial License. Denial of initial licensure shall be in accordance with R.S. 40:1058.5(A). Additionally, DHH shall not accept application for an additional facility with common owners, managers, or staff unless the original facility is in full compliance for one year without interruption and is not under investigation by any other agency.

C. Revocation or Denial of Renewal of License. License may be revoked or denied for the following nonexclusive reasons: [See also R.S. 40:1058.5(B)]

1. cruelty or indifference to the welfare of the clients;
2. misappropriation or conversion of the property of the clients;
3. violation of any provision of this Part or of the minimum standards, rules, or orders promulgated hereunder including, but not limited to:
 - a. serving more clients in the facility than authorized by license;
 - b. repeated failure to adhere to rules and regulations that resulted in issuance of a provisional license or other sanction;
 - c. serious violation of standards or current professional standards of practice;
 - d. failure to submit corrective action plans for identified violations;
 - e. reasonable cause to suspect that client health/safety is jeopardized;
 - f. reliable evidence that the facility:
 - i. falsified records;
 - ii. failed to provide optimum therapy in accordance with current standards of practice; or
 - iii. has bribed, solicited or harassed any person to use the services of any particular facility;
 - g. failure to submit required fees in a timely manner;
 - h. failure to cooperate with survey/investigation by DHH/authorized agencies;
 - i. failure to employ and utilize qualified professionals;
4. permitting, aiding, or abetting the unlawful, illicit, or unauthorized use of drugs or alcohol within the facility;
5. conviction or plea of nolle contendere by the applicant for a felony. If the applicant is an agency, the head of that agency must be free of such conviction. If a subordinate employee is convicted of a felony, the matter must be handled administratively to the satisfaction of HSS.
6. documented information of past or present conduct or practices of the facility which are detrimental to the welfare of the clients.

D. Provisional License. As described in § 7403.

E. Appeals.

1. Notice. HHS shall give at least 30 days notice of denial of renewal or revocation of license unless DHH determines that the health and/or safety of clients is in jeopardy. In the event that DHH determines that the health and/or safety of clients is in jeopardy, clients will be

removed from the facility immediately. No advance notice will be provided when health and/or safety are involved, and the facility may appeal within 30 days following the removal.

2. Administrative Reconsideration. Request must be submitted in writing to HSS (designee of DHH secretary) within 15 days of receipt of the notice of denial of renewal or revocation.

3. Administrative Appeal. Request must be submitted in writing to DHH, Office of the Secretary within 30 days of receipt of the notice of denial of renewal or revocation. Request for administrative reconsideration does not affect time frames for requesting administrative appeal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by the Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1456 (July 2000), LR 31:670 (March 2005).

Subchapter B. Core Requirements for All Programs

§7417. Organization and Administration

A. Administration Quality and Adequacy

1. Facility administration shall be qualified and adequate to assure adherence to all licensing standards.
2. Qualifications shall be determined by the complexity of the services being provided.
3. Facility compliance with licensing standards shall determine adequacy of available administrative oversight.
4. Facilities shall be organized so that administrative personnel do not perform any programmatic duties and/or make clinical decisions, unless licensed/certified to make clinical decisions.

B. Administrative Records. Record keeping shall be in accordance with accepted standards to assure the development and implementation of facility specific policies and procedures to adhere to all licensing standards.

1. Personnel (staff providing direct care to clients)
 - a. Annual health screens in accordance with OPH guidelines (includes Dietary workers when applicable).
 - b. Actual hours of work
 - c. Orientation/training/in-services
 - d. Disciplinary actions
 - e. Results of criminal background checks on all direct care staff

f. Verification of professional credentials, licensure/certification and renewals

g. Job descriptions/Performance expectations

2. Administrative Operations

a. Organizational chart

b. Mission and description of services

c. Payment methods in accordance with Wage and Hour Board

d. Proof of general and professional liability insurance in the amount of at least \$500,000

e. Projected plan of operations based on the findings of the facility specific to continuous improvement program

f. Written agreements with other entities to assure adherence to licensing standards and continuity of care

g. Written designation of facility administrator and clinical services director. Facility may have other job titles as desired, however, the above two positions are required for each facility.

3. Governing Body. All private providers shall have an identifiable governing body composed of adults who have legal authority over the policies and activities of the facility. Responsibilities include:

a. governing of all facility operations;

b. documentation to identify all members including name, address, telephone numbers with current updates as indicated;

c. maintenance of written minutes of all meetings of the governing body, including, but not limited to, date, time, location, participants, topics discussed, decisions reached, and actions taken, committee reports, and any other pertinent information;

d. annual documented review and appropriate actions on all policies, procedures, facility rules, goals, grievances, budget, internal and external evaluations, (including all survey findings);

e. codes of conduct to ensure professional, ethical and legal operations;

f. facility practices that ensure employees have necessary administrative support to provide therapeutic milieu for clients.

C. Ownership. Type of ownership must be identified.

1. Public—government entities (local, state, and federal)

2. Private—for profit or nonprofit

a. individual

b. corporation (individual, group of individuals, or publicly-owned stock)

c. church

d. council/organization

e. joint ventures/contractors

D. Facility Protocols. Each facility shall establish facility-specific, written policy and implement such policy in these areas.

1. General

a. Procedures to ensure the health, safety, and well-being of clients.

b. Procedures to ensure that clients receive optimum treatment in order to achieve recovery.

c. Criteria to assure access to care without over-utilization of services.

d. Protocols to assure uniform and quality assessment, diagnosis, evaluation, and referral to appropriate level of care.

e. Procedures to assure operational capability and compliance.

f. Procedures to assure that only qualified personnel are providing care within the scope of the core functions of substance abuse treatment.

g. Procedures to assure that delivery of services shall be cost-effective and in conformity with current standards of practice.

h. Procedures to assure confidentiality of client records.

2. Continuous Quality Improvement Program (CQIP). Facility shall:

a. have ongoing programs to assure that the overall function of the clinic is in compliance with federal, state, and local laws, and is meeting the needs of the citizens of the area, as well as attaining the goals and objectives developed from the mission statement established by the facility;

b. focus on improving patient outcomes and patient satisfaction;

c. have objective measures to allow tracking of performance over time to ensure that improvements are sustained;

d. develop/adopt quality indicators that are predictive of desired outcomes or are outcomes that can be measured, analyzed and tracked;

e. identify its own measure of performance for the activities it identifies as priorities in quality assessment and performance improvement strategy;

f. conduct distinct successful improvement activities proportionately to the scope and complexity of the clinic operations;

g. immediately correct problems that are identified through its quality assessment and improvement program that actually or potentially affect the health and safety of the clients;

h. make an aggressive and continuous effort to improve overall performance of clinic and personnel;

i. use the process of improvement (identification of client care and service components; application of performance measures; and continuous use of a method of data collection and evaluation) to identify or trigger further opportunities for improvement; and

j. use annual internal evaluation procedure to collect necessary data to formulate plan and quarterly meetings of staff committee (at least three individuals) to assess and choose which CQIP activities are necessary and set goals for the quarter, to evaluate the activities of the previous quarter, and to implement immediately any changes that would protect the clients from potential harm or injury.

3. Research or Non-traditional Treatment Modalities. Approval for exceptional procedures, treatment modalities, etc., shall be approved in accordance with federal and state guidelines.

4. Operational Requirements. The facility shall:

a. be fully operational for the business of providing substance abuse/addiction prevention/treatment during normal business hours and after hours as indicated/approved on original application or change notification approval;

b. be available as a community resource, and maintain current schedule of area support groups;

c. share space, telephones, or personnel with other entities only in compliance with R.S. 40: 2007.

d. have active clients who are receiving services at the time of any survey after the initial survey;

e. be able to accept referrals during hours of operation as specified on licensure application;

f. utilize staff to provide services based on the needs of their current caseload of clients;

g. have required staff on duty at all times during operational hours.

E. Required Facility Reporting. The facility director shall verbally/facsimile report these incidents to HSS within 24 hours of discovery. State-operated facilities are also required to follow OAD reporting policy:

1. fire and/or natural disasters;

2. any substantial disruption of program operation;

3. any death or serious injury of a client that may potentially be related to program activities; and

4. violations of laws, rules, and professional and ethical codes of conduct by facility personnel/volunteers.

F. Required Postings. The facility shall post a legible copy of the following documents in full view of clients, visitors, and employees:

1. the age appropriate Client Bill of Rights;

2. escape routes;

3. facility specific rules and responsibilities and grievance procedure;

4. current license and variances;

5. current activity schedule;

6. current survey findings.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1457 (July 2000).

§7419. Personnel Requirements

A. Standards of Conduct

1. The facility, and all personnel in accordance within individual professional licensure, shall:

a. protect the health, safety, rights, and welfare of clients;

b. provide services designated on license;

c. adhere to all applicable laws, regulations, policies, and procedures;

d. maintain required licenses, permits and credentials; and

e. adhere to professional and ethical codes of conduct.

2. Neither the facility nor any of its personnel shall:

a. commit an illegal, unprofessional or unethical act;

b. assist or knowingly allow another person to commit an illegal, unprofessional, or unethical act;

c. knowingly provide false or misleading information;

d. omit significant information from required reports and records or interfere with their preservation;

e. retaliate against anyone who reports a violation or cooperates during a review, inspection, investigation, hearings or related activity; or

f. interfere with Department reviews, inspections, investigations, hearings, or related activity. This includes taking action to discourage or prevent someone else from cooperating with the activity.

B. General

1. Referrals. Facility personnel shall report violations of laws, rules, and professional and ethical codes of conduct to HSS and to appropriate licensing board when applicable. The facility shall maintain records and have written policies

governing staff conduct and reporting procedures that comply with this §7419.

2. Staffing. A facility shall employ sufficient and qualified staff to meet the requirements and responsibilities required by licensure as well as the needs of each client being served.

3. Qualifying Experience. Any experience used to qualify for any position must be counted by using one year equals 12 months of full-time work. At no time will any professional staff be considered full time at two facilities.

4. Caseloads. All counselors (including full time, part time, and those who also have other duties) must have caseloads appropriate to available time, which shall be determined by the needs of the active clients and the level of treatment being provided.

5. Multiple Positions. A person may hold more than one position within the facility if that person is qualified to function in both capacities, and the required hours for each job are separate and apart for each position.

6. Credential Verification. Facility administration is responsible for assuring that all credentials are from accredited institutions, legal, and verified to deter the fraudulent use of credentials.

7. Clinical Services Director. A qualified professional supervisor or qualified professional counselor shall be designated, in writing, as responsible for supervising all treatment services and programs.

8. Contract Staff Services. Formal written agreements with professionals or other entities to provide services which may or may not be directly offered by facility staff are required for contract services. Both parties shall review and document review of each agreement annually.

C. Training

1. Orientation. Each employee shall complete at least eight hours of orientation prior to providing direct client care/contact. The content of the basic orientation provided to all employees at the time of employment with annual review shall include the following:

- a. policies/procedures and objectives of the facility;
- b. duties and responsibilities of the employee;
- c. organizational/reporting relationships;
- d. ethics and confidentiality;
- e. client s rights;
- f. standards of conduct required by the facility;
- g. information on the disease process and expected behaviors of clients;
- h. emergency procedures including disaster plan, evacuation;
- i. principals and practices of maintaining a clean, healthy and safe environment;

j. additional information as appropriate to job duties, type of client, etc;

k. universal precautions;

l. violent behavior in the workplace;

m. abuse/neglect;

n. overview of Louisiana licensing standards;

o. prevention overview, and

p. basic emergency care of ill or injured clients until trained personnel can arrive.

2. In-Service. This educational offering shall assist the direct care/contact workers to provide current treatment modalities, and serve as refresher for subjects covered in orientation. Documentation of attendance for at least three hours per quarter is required. Additional educational programs are encouraged.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1458 (July 2000).

§7421. Personnel Qualifications/Responsibilities

A. Qualified Professional Supervisor (QPS)

1. Qualifications

a. The following professionals who are currently registered with their respective Louisiana board:

- i. licensed psychologist;
- ii. licensed clinical social worker;
- iii. licensed professional counselor.

b. The following professionals who are currently registered with their respective Louisiana boards and who can demonstrate two years of professional level counseling experience, and one year of professional level substance abuse counseling, or 90 clock hours (six semester hours) of substance abuse training post-certification, including the twelve core functions from an accredited college or university, or an educational provider approved by DHH may function as QPS. Documentation shall be available from the facility upon request. The professionals eligible to become QPS's are listed below:

- i. board certified substance abuse counselor (BCSAC);
- ii. licensed physician (MD);
- iii. registered nurse (RN);
- iv. board-certified compulsive gambling counselor (BCCGC);

v. Masters-prepared social worker/counselor;

vi. Masters-prepared counselor under the supervision of a licensed psychologist, licensed professional counselor (LPC), or licensed clinical social worker (LCSW).

2. Responsibilities. The QPS shall:

a. provide direct client care utilizing the twelve core functions of the substance abuse counseling and/or specific functions related to professional license;

b. serve as resource person for other professionals counseling substance abuse clients;

c. attend and participate in care conferences, treatment planning activities, and discharge planning related to primary caseload and/or clients of professionals being supervised;

d. provide on-site and direct professional supervision of treatment and any counselor-in-training, including but not limited to, activities such as individual/group counseling, or educational presentations;

e. provide oversight and supervision of such activities as recreation, art/music, or vocational education, to assure compliance with accepted standards of practice;

f. function as patient advocate in all treatment decisions affecting the client;

g. be designated as the clinical services supervisor unless other QPS (facility) and/or actively supervise QPC if program does not require full-time supervisor;

h. assure that facility adheres to rules and regulations regarding all substance abuse treatment, e.g., group size, caseload, referrals, etc.;

i. provide only those services which are appropriate to their profession.

B. Qualified Professional Counselor (QPC)

1. Qualifications. A QPC is a professional who is employed in the treatment of abuse/addiction disorders and who is currently licensed/certified by the appropriate Louisiana board as one of the following professionals:

a. board certified substance abuse counselor (BCSAC);

b. Licensed clinical social worker (LCSW);

c. licensed professional counselor (LPC);

d. licensed psychologist;

e. licensed physician (MD);

f. registered nurse (RN);

g. board-certified compulsive gambling counselor (BCCGC);

h. Masters-prepared social worker/counselor ;

i. Masters-prepared counselor under the supervision of a licensed psychologist, licensed professional counselor (LPC), or licensed clinical social worker (LCSW).

2. Responsibilities. The QPC shall:

a. provide direct care to clients utilizing the 12 core functions of substance abuse counseling and may serve as primary counselor to specified caseload;

b. serve as resource person for other professionals and paraprofessionals in their specific area of expertise;

c. attend and participate in client care conferences, treatment planning activities, and discharge planning;

d. provide on-site and direct professional supervision of any paraprofessional or inexperienced professional;

e. function as the patient advocate in all treatment decisions affecting the client;

f. prepare and write notes/other documents related to client recovery, e.g. assessment, progress notes, treatment plans, etc.; and

g. provide only those services that are appropriate to their profession.

C. Board Certified Prevention Specialist (BCPS)

1. Qualifications. Prevention Specialists shall be certified in accordance with requirements promulgated by the LSBCSAC.

s are employed and available at the

2. Responsibilities. Duties include:

a. program coordination;

b. education and training;

c. community organization;

d. public policy;

e. planning and evaluation; and

f. professional responsibility.

D. Counselor in Training (CIT)

1. Qualifications:

a. registered with the professional licensing board and in good standing at all times;

b. actively pursuing certification at all times; and

c. designated in writing as CIT by the facility and performing according to a written training plan under the auspices of the facility.

2. Responsibilities. The CIT shall:

a. provide direct client care utilizing the core functions of substance abuse counseling only under the on-site supervision of facility employed QPS/QPC.

b. not identify nor represent himself/herself as counselor.

c. not perform any duties of counselor independently, without on-site supervision of facility employed QPS/QPC.

d. never identify themselves as a consultant to any substance abuse facility.

3. Exceptions: CITs who have documented evidence of at least 40 hours of training (including orientation and the 12 core functions of substance abuse counseling) and 120 hours of direct supervision by QPS/QPC may perform counseling functions when the QPS/QPC is on duty or on-call and available for immediate assistance if needed.

E. Personnel in Training—Includes all students, persons working toward professional level licensing or certification in any profession listed in §7421 B., C., D., or F.

1. Qualifications:

a. current registration with appropriate LA Board when required, and in good standing at all times;

b. actively pursuing professional level preparations at all times; and

c. designated in writing by facility, and performing in accordance with a written training plan under the auspices of the facility.

2. Responsibilities. Duties include:

a. providing direct client care utilizing the standards developed by the professional board, and only under the direct supervision of the appropriate QPC or QPS;

b. providing only those services in which the student has been properly trained and deemed competent to perform by the supervising QPC or QPS.

F. Support Professional Staff. Support professional staff includes employees, consultants, contract employees, or volunteers who provide services in the capacity of their profession, including but not limited to, pharmacists, dietitians, physicians, nurses, social workers, teachers, counselors, or psychologists.

1. Qualifications:

a. currently unencumbered license/registration with appropriate Louisiana Board (may be approved specifically by licensing Board, if encumbered), and

b. a professional as recognized by the certifying entity, rather than assistant, aide, technician, associate, etc.

2. Responsibilities. Duties include:

a. those within their respective board's delineated scope of practice only.

b. in-service, staff training, consultation to paraprofessionals and professionals and direct supervision, as needed to improve the overall quality of care being provided.

G. Volunteer

1. Qualifications. Volunteers must be:

a. appropriately screened and supervised to protect clients and staff;

b. oriented to facility, job duties, other pertinent information;

c. appropriately trained to meet requirements of duties assigned;

d. given a job description or written agreement; and

e. identified as volunteers.

2. Responsibilities. Duties include:

a. direct care activities only when qualified facility personnel present;

b. errands, recreational activities;

c. individual assistance to support services; and

d. other appropriately assigned duties.

H. Medical Director. Every facility licensed shall have a designated medical director. Primary prevention programs are not required to designate a medical director.

1. Qualifications. The medical director shall have a current, valid license to practice medicine in Louisiana.

2. Responsibilities. Medical director shall:

a. provide services required by facility to meet the Standards.

b. provide oversight for facility policy/procedure and staff regarding the medical needs of the clients being served in accordance with the current standards of medical practice; and

c. retain ultimate responsibility for directing the specific course of medical treatment for all clients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1459 (July 2000).

§7423. Health and Safety

A. Infection Control

1. Facility shall protect staff, clients, and visitors from the potential/actual harm of infectious disease by the following policies and procedures:

a. Universal Precautions. Education, practice, and implementation shall be applied.

b. Infection control program to report, evaluate, and maintain documentation pertaining to the spread of infectious disease, including data collection and analysis,

corrective actions, and assignment of responsibility to designated medical staff person.

c. Strict adherence to all sanitation requirements.

2. Facility shall establish and maintain a clean and neat environment by the implementation of the following housekeeping policies and procedures:

a. Supplies/equipment shall be available to staff/clients.

b. Consistent and constant monitoring and cleaning of all areas of the facility shall be practiced.

c. Facility may contract for services necessary to maintain a clean and neat environment.

d. Directions shall be posted for sanitizing both kitchen and bathroom areas.

3. Domestic animals shall be:

a. properly vaccinated; and

b. managed in a way consistent with the goals of the program and the needs of the client, including those with allergies.

B. Sanitation

1. Food and waste shall be stored, handled, and removed in a way that will not spread disease, cause odor, or provide a breeding place for pests.

2. If there is evidence of pests, the facility shall contract for pest control.

3. Poisonous, toxic and flammable materials shall be labeled, stored, and used safely.

C. Safety

1. Environmental

a. The entire facility, including grounds, buildings, furniture, appliances, and equipment, shall be structurally sound, in good repair, clean, and free from health and safety hazards.

b. The facility shall comply with Americans with Disabilities Act (ADA).

c. The environment shall enhance client dignity and confidentiality.

d. The facility shall have adequate space, furniture, and supplies for the services described in the program description, including:

i. an adequate number of accessible drinking units;

ii. an adequate number of sanitized non-disposable or disposable hot/cold cups;

iii. clean, comfortable and appropriately furnished areas for various activities.

e. The facility shall have private counseling space. Staff shall have office space that is not required for other simultaneous activities.

f. The facility shall prohibit weapons of any kind on-site.

2. Evacuation/First Aid. The facility shall respond effectively during a fire or other emergency. Every program shall:

a. have emergency evacuation procedures that include provisions for the handicapped;

b. hold fire drills on each shift at least quarterly and correct identified problems promptly;

c. be able to clear the building safely and in a timely manner at all times;

d. post exit diagrams conspicuously throughout the program site;

e. post emergency numbers by all phones; and

f. have adequate first aid supplies that are visible and easy to access at all times.

3. Facility shall take all precautions possible to protect the staff, clients and visitors from accidents of any nature.

4. Facility shall have a written facility specific disaster plan, and staff shall be familiar with the contents of the plan as well as the location.

D. Emergency Care. Outpatient, Prevention and Education Programs may be exempt from these requirements if access to Emergency Medical Services is less than ten minutes.

1. At least one employee on site at each facility shall be certified in cardiopulmonary resuscitation and airway obstruction treatment and have training in dealing with out-of-hospital accidents and medical emergencies until emergency medical personnel and equipment can arrive at facility.

2. Facilities that have licensed nurses/physicians on duty during all hours of operation are exempt from this requirement.

E. Physical Plant Requirements

1. Required Inspections

a. The facility shall pass all required inspections and keep a current file of reports and other documentation needed to demonstrate compliance with applicable laws and regulations. The inspections must be signed, dated, and free of any outstanding corrective actions. The following inspections are required:

i. annual fire marshal inspection;

ii. annual inspection of the alarm system by a licensed contractor;

iii. quarterly fire alarm system test by facility staff;

iv. annual kitchen inspection by Office of Public Health;

v. gas pipe pressure test once every three years by the local gas company or a licensed plumber;

vi. annual inspection and maintenance of fire extinguishers by personnel licensed or certified to perform those duties; and

vii. regular inspections of elevators.

b. The following documentation shall be on file in facility:

i. certificate of occupancy as required by local authorities;

ii. DHH approval of the water supply/system;

iii. DHH approval of the sewage system; and

iv. documentation that the liquefied petroleum supply has been inspected and approved.

2. Fire Notification/Protection Systems

a. A fire detection, alarm, and communication system required for life safety shall be installed, tested, and maintained in accordance with the facility's occupancy and capacity classifications.

b. Fire alarm systems shall be installed by agents registered with Office of State Fire Marshal.

c. Alarms shall be loud enough to be heard above normal noise levels.

d. Fire extinguishers shall be mounted throughout the facility as required by code and approved by Office of State Fire Marshal.

i. Each laundry and walk-in mechanical room shall have at least one portable A:B:C extinguisher, and each kitchen shall have at least one B:C fire extinguisher.

ii. Each fire extinguisher shall have the required maintenance service tag attached.

e. Staff shall conduct quarterly inspections of fire extinguishers for proper location, obvious physical damage, and a full charge on the gauge.

3. Exterior Space Requirements. A provider shall:

a. ensure that all structures on the grounds of the facility that are accessible to clients are maintained in good repair and are free from an excessive hazard to health or safety;

b. maintain the grounds of the facility in an acceptable manner and ensure that the grounds are free from any hazard to health or safety;

c. store garbage and rubbish securely in non-combustible, covered containers that are emptied on a regular basis;

d. separate trash collection receptacles and incinerators from client activity areas and locate all containers so as to avoid being a nuisance to neighbors;

e. keep fences in good repair;

f. fence off or have natural barriers around areas determined to be unsafe, including steep grades, cliffs, open pits, swimming pools, high voltage boosters, or high speed roads.

4. Interior Space Requirements

a. Group Rooms. Seating for each client shall be provided with appropriate furnishings.

b. Leisure/Craft Areas. Materials appropriate to the clients being treated at the facility shall be stocked.

c. Bathrooms. Minimum facilities include:

i. adequate operational fixtures to meet Louisiana State Plumbing Code. All fixtures must be functional and have the appropriate drain and drain trap to prevent sewage gas escape back into the facility;

ii. an adequate supply of hot water for the number of clients and the program schedule. Hot water temperature at point of service to client shall be between 105 and 120 degrees Fahrenheit;

iii. toilets shall have seats and be located to allow access without disturbing other clients during sleeping hours and/or treatment sessions;

iv. adequate supply of toilet paper, towels, and soap;

v. doors to allow for individual privacy;

vi. external emergency release mechanism;

vii. safe and adequate supply of cold running water;

viii. safety mirrors attached to the walls at convenient heights and other furnishings necessary to meet the clients' basic hygiene needs;

ix. functional toilets, wash basins, and other plumbing or sanitary facilities which shall be maintained in good operating condition, and shall be kept free of any materials that might clog or otherwise impair their operation.

d. Administrative and Counseling Space

i. Administrative office(s) for records, secretarial work and bookkeeping shall be separate and secure from client areas.

ii. Space shall be designated to allow for private discussions and counseling sessions.

e. Doors and Windows. Outside doors, windows and other features of the structure necessary for safety and comfort of clients shall be secured for safety within 24 hours after they are found to be in a state of disrepair. Total repair should be effected as soon as possible.

i. A provider must have insect screening for all opened windows. This screening shall be readily removable in emergencies and shall be in good repair.

ii. All doors can be readily opened from both sides.

iii. All windows open to an outside view or a patio/porch area and are available for use as an alternate means of escape, if needed.

f. Storage. A provider shall:

i. ensure that there are sufficient and appropriate storage facilities;

ii. secure all potentially harmful materials.

5. Exits

a. Exit doors and routes shall be lighted and unobstructed at all times.

b. There shall be an illuminated "exit" sign over each exit. Where the exit is not visible, there shall be an illuminated "exit" sign with an arrow pointing the way.

c. Rooms for 50 or more people have exit doors that swing out.

d. No door may require a key for emergency exit. Locked facilities shall have emergency exit door releases as described in the Life Safety Code and/or approved by the Office of State Fire Marshal.

e. Windows shall provide a secondary means of escape.

f. Every building shall have at least two exits that are well separated.

g. Every multiple-story building shall have at least two fire escapes (not ladders) on each story that are well separated. Fire escapes shall:

i. be made of non-combustible material;

ii. have sturdy handrails or walls on both sides; and

iii. provide a safe route to the ground.

h. Stairs and ramps shall be permanent and have non-slip surfaces.

i. Exit routes higher than 30 inches (such as stairs, ramps, balconies, landings, and porches) shall have full-length side guards.

6. Electrical Systems. All electrical equipment, wiring, switches, sockets and outlets are maintained in good order and safe condition. Any room, corridor, stairway and exit within a facility is sufficiently illuminated.

a. The facility shall have adequate lighting to provide a safe environment and meet user needs.

b. Lighting shall be provided outside the building and in parking lots.

c. Light bulbs shall have shades, wire guards or other shields.

d. Emergency lighting shall illuminate "exit" routes.

7. Ventilation

a. The facility shall not use open flame heating equipment or floor furnaces, unvented space heaters, or portable heating units.

b. Occupied parts of the building, including kitchen and laundry areas, shall be air conditioned and temperature should remain between 65 degrees and 85 degrees Fahrenheit.

c. The entire facility shall be adequately ventilated with fresh air. Windows used for ventilation shall be screened.

d. Provider shall take all reasonable precautions to ensure that heating elements, including exposed hot water pipes, are insulated and installed in a manner that ensures the safety of clients and staff.

8. Plumbing

a. Safe, clean, cold drinking water shall be readily available to all clients.

b. The plumbing systems shall be designed, installed, operated and maintained in a manner that is designed to provide an adequate and safe supply of water for all required facility operations and to facilitate the complete and safe removal of all storm water and waste water.

9. Finishes and Surfaces

a. Lead-based paint or materials containing asbestos shall not be used.

b. Floor coverings must promote cleanliness, must not present unusual problems for the handicapped and have flame-spread and smoke development ratings appropriate to the use area (e.g. client's room versus exit corridor).

c. All variances in floors shall be easily identified by markings, etc. to prevent falls.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1-9, redesignated R.S. 40:1058.1-9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1461 (July 2000).

§7425. Rights, Abuse, Exploitation, and Neglect

A. Client's Rights. Involuntary hospitalization/commitment does not mean loss of your rights to make decisions about one's life. The client shall have the right to expect the following inclusive but not exclusive rights:

1. assistance with healing of family relationships;

2. protection from unsafe and/or unskilled care by any person associated with the facility;

3. protection from unqualified persons providing services under the auspices of treatment;

4. consideration and respect toward the client, family and visitors when those people treat the facility staff with respect and consideration;

5. protection of personal property approved by the facility; and

6. protection from retaliation when client exercises his or her rights.

B. Adult Bill of Rights. Adults have the right to:

1. a humane environment that provides reasonable protection from harm and appropriate privacy for personal needs;

2. be free from abuse, neglect, and exploitation;

3. be treated with dignity and respect;

4. appropriate treatment in the least restrictive setting available that meets individual needs;

5. be told about the program's rules and regulations before admission;

6. be told before admission:

a. the condition to be treated;

b. the proposed treatment;

c. the risks, benefits, and side effects of all proposed treatment and medication;

d. the probable health and mental health consequences of refusing treatment; and

e. other available treatments which may be appropriate;

7. accept or refuse treatment after receiving the explanation in paragraph 6 above;

8. change of mind at any time (unless specifically restricted by law);

9. a treatment plan designed to meet individual treatment needs, and the right to take part in developing that plan;

10. meet with staff to review and update the treatment plan on a regular basis;

11. refuse to take part in research without affecting regular care;

12. refuse unnecessary and/or excessive medication;

13. not to be restrained or placed in a locked room by self unless a danger to self or others;

14. have personal information kept confidential and to be told about the times when the information can be released without your permission;

15. communicate with people outside the facility. This includes the right to have visitors, to make telephone calls, and to send and receive sealed mail. This right may be restricted on an individual basis by one's doctor or the professional in charge of the program if it is necessary for treatment or for security, but even then the client may contact an attorney or DHH at any reasonable time;

16. be informed in advance of all estimated charges and any limitations on the length of services;

17. receive an explanation of treatment or rights while in treatment;

18. leave the facility within four hours of requesting release (if individual consented to treatment), unless a physician determines that he or she poses a threat of harm to self and others;

19. make a complaint and receive a fair response within a reasonable amount of time;

20. complain directly to DHH at any reasonable time;

21. get a copy of these rights before admission, including the address and phone number of DHH;

22. have rights explained in simple terms, in a way that can be understood, within 24 hours of being admitted.

C. Abuse, Neglect, and Exploitation

1. Reporting. All allegations of client abuse, neglect, and exploitation shall be reported verbally/facsimile within 24 hours, and confirmed in writing to HSS within seven days.

2. Abuse. Client abuse includes:

a. any sexual activity between facility personnel and a client;

b. corporal punishment;

c. nutritional or sleep deprivation;

d. efforts to cause fear;

e. the use of any form of communication to threaten, curse, shame, or degrade a client;

f. restraint that does not conform with these rules;

g. coercive or restrictive actions that are illegal or not justified by the client's condition taken in response to the client's request for discharge or refusal of medication or treatment; and

h. any other act or omission classified as abuse by Louisiana law.

3. Neglect. Neglect examples include:

a. failure to provide adequate nutrition, clothing, or health care;

b. failure to provide a safe environment free from abuse or danger;

c. failure to maintain adequate numbers of appropriately trained staff;

d. any other act or omission classified as neglect by Louisiana law.

4. Exploitation. Examples of exploitation include:

a. use of a client's personal resources, such as credit card, medical assistance card, or insurance card, to bill for inappropriate service;

b. use of the client's food stamps or other income to purchase food/services used primarily by others;

c. using the client to solicit money or anything of value from the public, or others.

5. Sexual Exploitation. It may include sexual contact, a request for sexual contact, or a representation that sexual contact or exploitation is consistent with or part of treatment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1463 (July 2000).

Subchapter C. Children/Adolescent Programs and Primary Prevention

§7427. Children/Adolescent Programs

A. General. Provisions in this §7427 apply to facilities that are inpatient, outpatient, or community based when service recipients are under 18 years of age. The following provisions are in addition to listed requirements for programs, and take precedence over conflicting requirements when services are provided to adolescents or children. Specific programs may have additional requirements in addition to those listed in this §7427.

1. The program lectures, and written materials shall be age-appropriate and easily understood by clients.

2. The program shall involve the adolescent's family or an alternate support system in the process or document why this is not appropriate.

3. Staff shall not provide, distribute, or facilitate access to tobacco products.

a. Staff shall not use tobacco products in the presence of adolescent clients.

b. The staff shall prohibit adolescent clients from using tobacco products on the program site or during structured program activities.

B. Staffing. The following staffing requirements are minimum standards and do not restrict the facility from utilizing additional employees.

1. Any facility employee who provides direct care to children/adolescents shall meet the requirements of the *Louisiana Children's Code Article 116*. Specifically, the employee may have no documented history indicating the possibility that he/she would endanger the child. Facility shall make every effort to determine criminal history of employees.

2. The facility shall ensure that only qualified professional staff (R.S. 40:1098.2) plan, supervise, or provide education or counseling or training in the emotional, mental health, and substance abuse problems to adolescents.

3. All direct care employees shall have training in human adolescent development, family systems, adolescent psycho-pathology and mental health, substance abuse in adolescents, and adolescent socialization issues.

4. All direct care employees and volunteers shall be trained and competent to use personal and physical restraint.

C. Special Considerations

1. Facilities shall address the special needs of adolescents and protect their rights.

2. Adults and adolescents may be mixed for specific groups or activities when no conflict exists.

3. The facility shall obtain consent for admission and authorization to obtain medical treatment from parent or guardian prior to the time of admission for all clients under the age of majority.

4. If functional status of client is not age appropriate, facility shall provide additional supervision to provide for safety of all clients.

D. Minor's Bill of Rights. In accordance with the *Louisiana Children's Code, Article 116*; the minor has the right to:

1. an attorney and the right to communicate with that attorney in a private place at all times;

2. a copy of client rights in a language that can be reasonably understood;

3. receive and send letters, to receive and make telephone calls, to receive visitors (at least weekly);

4. spend a reasonable amount of money on small items, such as snacks, and soft drinks;

5. wear one's own clothes and keep personal things;

6. have a private space for personal belongings;

7. be disciplined in a way that is appropriate. Restraint and seclusion cannot be used to punish or discipline;

8. medicine that makes one feel better. If the medicine makes the minor feel bad, the individual should tell the nurse, doctor or client advocate;

9. treatment in a place that allows the most freedom possible;

10. treatment plan that is set up to meet individual needs;

11. leave the facility when condition improves enough so that treatment can be received in a less restrictive setting;

12. have a private doctor examine client at his or her own expense.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by the Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1464 (July 2000), LR 31:670 (March 2005).

Subchapter D. Core Requirements for Treatment Programs

§7431. Treatment/Detoxification Programs

A. General. If treating adolescents and/or children, follow §7427 in addition to other requirements.

B. Professional Staffing Standards. The following are the minimum staffing requirements for all treatment/detoxification programs and do not restrict any facility from utilizing additional staff. Specific programs may have additional staffing requirements.

1. Physician. Every licensed treatment or detoxification program shall have a designated medical director, who provides medical oversight of all care provided, participates in the development of policies and procedures of the facility, and provides medical care if needed. The following duties may be performed by a qualified advance practice registered nurse when in collaborative practice with the medical director. Additional duties include, non-exclusively:

- a. writing the admission/discharge orders, when required;
- b. writing/approving all prescription medication orders;
- c. writing and providing education regarding the protocols for administering all medications on-site, including non-prescription medications;
- d. supervising or providing services and care; and
- e. providing consultative and on-call coverage to assure health and safety of clients in the facility.

2. Nursing. Each facility shall have adequate nurses to provide nursing services when indicated by the diagnosis, nursing needs of the clients admitted to the facility, administration of medicines and/or treatments, and general physical health of clients. Adequate shall be defined as having nursing staff available whenever a client has needs requiring professional nursing skills.

3. Pharmacist. Any facility that dispenses/administers prescription medication on-site shall employ adequate staff to assure that any prescription medication administered and/or dispensed on-site shall meet the requirements of R.S. 37:1161 et seq. Facility shall have written agreement with a licensed pharmacist or licensed physician to provide on-site service and consultation and evaluation of medication policy and procedure of facility to dispense prescriptions, reconcile (administration and dispensing) inventories at least every 30 days, and to maintain medication records for at least three years.

4. Qualified Professional Supervisor (QPS). Every facility shall have QPS on-duty during operational hours at least one hour per week per counselor, two hours per week per counselor-in-training, and additionally as indicated by the needs of the active clients. Primary duties include supervising QPC's and CIT's during counseling sessions, treatment planning and counseling for clients who have complex needs/diagnoses. Specific additional requirements for 24-hour facilities are listed in the applicable section.

5. Qualified Professional Counselor (QPC). Each outpatient program shall have full-time QPC on duty during all hours of operation, and as determined by needs of the active clients, on-call after normal business hours. Specific requirements for 24-hour facilities are listed in the applicable section.

C. Treatment/Detoxification Protocols. All services shall be delivered according to a written plan and a posted activity schedule. The treatment program shall:

1. be age and culturally appropriate for the population served;
2. demonstrate effective communication and coordination;
3. provide for appropriate utilization of services;
4. be an environment that enhances the positive self-image of clients and preserves their human dignity;
5. administer/dispense medication safely and legally, only when prescribed or approved by the staff medical doctor or advanced practice registered nurse (APRN);
6. require professional participation in all required components of the treatment program;
7. assure that the hours of scheduled treatment activity meet requirements of the program license; and
8. utilize the 12 core functions of substance abuse counseling and other current standards of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and

Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1466 (July 2000).

§7433. Admission, Discharge, or Transfer

A. Admission Requirements. Initial Assessment and Diagnosis of specific abuse/addictive disorder/disease by the medical director or other licensed qualified professional (physician, advanced practice registered nurse-certified in mental health, licensed social worker, licensed professional counselor or licensed psychologist) as currently defined in the Diagnostic and Statistical Manual for Mental Disorders (DSM).

1. Initial Admission Diagnosis. Process shall contain:
 - a. physical examination within 72 hours when one is indicated by the M.D./nursing assessment/screening process.
 - b. laboratory examinations as required to prevent spread of contagious/communicable disease, and as indicated by physical examination or nursing assessment, including drug screening when history is inconclusive or unreliable.
 - c. medical/nursing assessment/history and screening interview.
 - d. psycho-social evaluation—QPC/QPS shall document a psycho-social history that provides a thorough understanding of the client's history and present status including:
 - i. circumstances leading to admission;
 - ii. alcohol and other drug use, past and present (including amount, frequency, route of administration, and time/date of last use);
 - iii. past psychiatric and chemical dependency treatment;
 - iv. significant medical history and current health status;
 - v. family and social history;
 - vi. current living situation;
 - vii. relationships with family of origin, nuclear family, and significant others;
 - viii. education and vocational training;
 - ix. employment history (including military) and current status;
 - x. legal history and current legal status;
 - xi. emotional state and behavioral functioning, past and present; and
 - xii. strengths, weaknesses, and needs.
 - e. intake screening to include: vocational, economic, educational, and criminal/arrest information; and
 - f. appropriate assignment to treatment modality with referral to other appropriate services as indicated.

- i. Clients shall have access to HIV counseling and testing services directly or through referral. Such counseling and testing shall be voluntary, anonymous/confidential, and not limited by ability to pay.

- ii. The program shall make testing for tuberculosis and sexually transmitted diseases available to all clients unless the program has access to test results obtained during the past year. The services may be provided directly or through referral as long as appropriate follow-up referral/care is also provided.

2. Additional Requirements. Additional admission requirements are:

- a. availability of appropriate physical accommodations;
- b. legal authority or voluntary admission;
- c. availability of professionals to provide services needed as indicated by the initial assessment and diagnosis; and
- d. written documentation that client/family consents to treatment and understands the diagnosis and treatment modality.

3. Client/Family Orientation. Each facility shall provide orientation, confidentially and efficiently, primarily by qualified professional, concerning:

- a. visitation;
- b. family involvement;
- c. safety;
- d. authorization to provide treatment;
- e. potential problems;
- f. projected duration of treatment;
- g. consequences of non-compliance;
- h. treatment methodology; and
- i. all pertinent information, including fees and consequences of non-payment of fees.

4. Re-admissions. Each facility shall have written re-admission standards which address criteria, length of stay, authorization to make exceptions, and crisis intervention.

B. Discharge Criteria. Each program shall develop and follow appropriate written criteria to decide when/how clients will be discharged or transferred to another level.

1. Indicators. The criteria shall utilize indicators to determine:

- a. satisfactory completion of the level;
- b. need for referral or transfer to another level or facility; and
- c. when client should be discharged before completing the program.

2. Discharge Plan. A written, client-specific plan to provide reasonable protection of continuity of services, that shall include:

- a. client transfer or referral/assignment to outside resources, continuing care appointments, crisis intervention assistance, and discharge summary;
- b. documented attempts to involve family or an alternate support system in the discharge planning process;
- c. planning before the client
- d. individual goals or activities to sustain recovery; and
- e. signature of the client or consenting person/guardian.

3. Discharge Summary. When client is being transferred to another level of treatment, two working days are allowed for completion. In other situations 30 days are allowed. The summary must be written, client specific, and include:

- a. needs and problems identified at the time of admission (may be attached);
- b. services provided;
- c. assessment of the client's progress towards goals;
- d. circumstances of discharge; and
- e. evidence that continuity of care recommended following discharge.

4. Request for Discharge. When such a request is received, the facility shall:

- a. not hold a voluntary client against the consentor/guardian's will;
- b. have written procedures for handling discharges and discharge requests that comply with applicable statutes;
- c. not try to keep a client in treatment by coercion, intimidation, or misrepresentation;
- d. not say or do anything to influence the client's decision that is not justified by the client's condition.

C. Transfer Process. Transfer procedures between two facilities to provide continuum of care which may be based on the compilation of client data rather than completing additional medical history/examination/physician orders, psycho-social assessment, treatment plan, and other pertinent information upon admission to inpatient or outpatient care.

1. Sender requirements:

- a. transfer all client information within two working days of transfer;
- b. notify the receiving facility (in writing) simultaneously with arrival of client any information that will be needed to care for client before transfer information arrives; and

c. request and receive approval from receiving facility prior to transfer.

2. Receiver requirements:

- a. provide client with orientation to facility; and
- b. update all information received in transfer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1467 (July 2000).

§7435. Client Records

A. Client Record Standards. The facility is required to maintain a clinical record according to current professional standards for each client.

1. Safeguards shall be in place to prevent unauthorized access, loss, and destruction.

2. Client record can be copied and/or transferred from one facility to another provided that client signs authorization for transfer of record and provided that confidentiality of information is strictly in adherence with 42 CFR, Part 2.

3. Client records shall be maintained at the facility where the client is currently active and for six months after discharge. Records may then be transferred to a centralized location for maintenance in accordance with standard practice and state and federal laws.

4. Confidentiality. Records shall be:

- a. accessible only to authorized personnel trained in confidentiality and others granted access by legal authority such as surveyors, investigators, etc.;
- b. not shared with any other entity unless approved in writing by client, except in medical emergencies; and
- c. kept in compliance with 42 CFR, Part 2.

5. Record-keeping Responsibility. A trained medical records person or professional shall be designated as responsible for the client records.

B. Contents. Client record shall accurately document treatment provided and client response in accordance with professional standards of practice at all times. This record shall contain all pertinent past and current medical, psychological, social and other therapeutic information.

1. Minimum client record requirements for Treatment/Detoxification Programs.

- a. Admission diagnosis and referral information;

b. Client information/ data - name, race, sex, birth date, address, telephone number, social security number, school/employer, and next of kin/emergency contact;

Screening—see *program specific requirements*.

d. Medical limitations, such as major illnesses, allergies; and

e. Attendance, participation in services/activities.

2. Additional Minimum Requirements for Client Treatment Records Contents

a. Initial assessment and diagnosis. See §7431.C.1.

b. Treatment plan. The plan is a written list of the client's problems and needs based on admission information and updated as indicated by progress or lack of progress. Additionally, the plan shall:

i. contain input from primary counselor and client within 72 hours after admission, then information from other disciplines added as client is evaluated and treated;

ii. be reviewed and revised as required, or more frequently as indicated by client needs;

iii. contain client-specific, measurable goals that are clearly stated in behavioral terms;

iv. contain realistic and specific expected achievement dates;

v. contain how facility will provide strategies/activities to help the client achieve the goals;

vi. be followed consistently by all staff members; and

vii. contain complete, pertinent information related to the mental, physical, and social needs of the client; and

c. Diagnostic laboratory and other pertinent information, when indicated.

d. Progress Notes. In accordance with current professional standards of practice, progress notes shall:

i. document implementation of the treatment plan and results;

ii. document services provided to the client. This may be done by filing a copy of the program schedule in the client record and documenting the client's level of participation in the progress notes;

iii. be completed weekly by the QPS/QPC to document progress toward stated treatment plan goals unless client is seen on a less frequent basis in accordance with the treatment plan; and

iv. be verified and co-signed by QPS/QPC when prepared or written by CIT.

e. Client Contact Report. The staff member involved in the incident shall prepare and file a written report.

f. Other pertinent information related to individual client as appropriate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1467 (July 2000).

§7437. Core Functions/Services

A. Core Functions. Core functions are: screening, intake, orientation, assessment, treatment planning, counseling, case management, crisis intervention, client education, referral, reports and record keeping, and consultation with professionals.

1. Assessment-core function in which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems, and needs for the development of the treatment plan. Collection of data from client and/or family/others sufficient to formulate an individualized and client-specific treatment plan or referral to appropriate level of care. Any assessment leading to a diagnosis shall be performed by a professional qualified to diagnose.

2. Case management-core function in which services, agencies, resources, or people are brought together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts with other providers/facilities.

3. Client education-core function in which information is provided to individuals and groups concerning alcoholism and other drug abuse, positive lifestyle changes, and the available services and resources. Educational group size is not restricted and may be offered as outreach program. Program shall:

a. follow a course outline that identifies lecture topics, activity schedule, and major points to be discussed;

b. include benefits of participation in appropriate self-help groups; and

c. not identify the activity as a counseling session.

4. Client orientation-core function in which the client is informed regarding:

a. general nature and goals of the program;

b. rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program;

c. availability of services;

d. costs; and

e. client's rights.

5. Consultation with professionals-core function in which functional relationship with counselors and other credentialed health care professionals is provided as required to assure comprehensive quality care for the client including, but not limited to, treatment of children, adolescents, or clients/family members who have complex problems or who are dually diagnosed with abuse/addiction disorder and mental illness.

6. Counseling (individual/group) services—core function in which appropriate support is provided to the client by those professionals qualified to provide therapeutic services.

a. Special skills are used to assist individuals, families, or groups in achieving objectives through:

- i. exploration of a problem and its ramifications;
- ii. examination of attitudes and feelings;
- iii. consideration of alternative solutions; and
- iv. decision making and problem solving.

b. Counseling session (individual, group, or family) is a documented interaction between qualified professional personnel and client or client and significant others.

c. All counseling groups shall be homogenous and no more than 12 clients.

d. Counseling sessions shall last at least 30 minutes.

7. Crisis intervention services—core function in which appropriate assistance during emergencies including 24-hour telephone coverage by qualified counselor to provide telephone assistance to prevent relapse, to provide referral to other services, and to provide support during related crises. Facilities may have written contract with another facility to provide coverage only if the caller is automatically transferred or given directions to reach professional assistance, or receive a call from a professional within a 30-minute time frame.

8. Intake-core function in which information is gathered about a prospective client. Information is given to a prospective client about the treatment facility and facility's treatment and services.

9. Referral-core function in which appropriate services not provided by facility are identified, and client/family is assisted to optimally utilize the available support systems and community resources. Facility shall provide appropriate resource information regarding local agencies to client/family upon need/request and/or procedures to access, including but not limited to, vocational services, community services, and organizations to support recovery such as transitional living services, transportation, and vocational services. Additionally, facility will be expected to:

a. provide access to appropriate health care and mental health services;

b. refer pregnant clients who are not receiving prenatal care to an appropriate health care provider and monitor follow-through; and

c. refer clients to ancillary services necessary to meet treatment goals.

10. Reports and record keeping-core functions in which results of the assessment and treatment planning are recorded. Written reports, progress notes, client data, and discharge summaries and other client related documentation is recorded in the client record. See §7435.

11. Screening-core function that is the determination of whether a client meets the program's admission criteria. It uses information such as the person's reason for admission, medical and substance abuse history, and other needed information to determine client's need for treatment, and/or appropriateness of admission.

12. Treatment planning-core function in which the counselor and the client:

- a. identify and rank problems needing resolution;
- b. establish agreed upon immediate objectives and long-term goals; and
- c. decide on a treatment process, frequency, and the resources to be utilized. Documentation of treatment planning process shall be in accordance with current standards of practice.

B. Services

1. Toxicology Services

a. Programs are required to have on-site or written agreement for toxicology services with a laboratory with appropriate Clinical Laboratories Improvement Amendments (CLIA) certification for testing.

b. If collection is performed on-site, facility shall have written protocols for collection of specimens in accordance with current standards of practice and have written approval by the testing laboratory.

c. The minimal set of substances required to be screened for toxicology are subject to annual approval by OAD.

2. Contract services. programs may use an outside source to provide any of the services listed above, however, the facility retains responsibility for the service.

3. Formal written agreements with professionals or other entities to provide services which may or may not be directly offered by facility staff:

a. are required for contract services;

b. both parties shall review and document review of each agreement annually;

c. the facility retains full responsibility for all services provided by contract, unless client is discharged from original facility and admitted to contract facility;

d. all services provided by contract shall meet the requirements of these standards and be provided only by qualified providers (licensed if required).

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1469 (July 2000).

Subchapter E. Outpatient Programs

§7439. Outpatient Counseling Programs

A. Purpose. Programs provide non-residential treatment services for clients who require on-going support on a regular or irregular basis, such as:

1. continuing care for those who have completed primary treatment and require minimal support to avoid relapse;
2. early intervention for those who have been identified as substance abusers and referred for education, activities, or support services designed to prevent progression of disease;
3. initial point of entry/reentry. Activities related to assessment, evaluation, diagnosis and assignment of level of care are provided, including transfer between facilities and/or treatment modalities, relapse assessment, and assignment to level of care;
4. combination of the above.

NOTE: Facility license is not required for individual or group practice of licensed counselors/therapists providing the above services under the auspices of their individual license(s).

B. Staffing. All requirements are in addition to §7431.

1. QPS-on-call as needed for crisis intervention.
2. QPC-hours of operation, and on-call as needed for crisis intervention.
3. Nursing and pharmacy not required, unless designated on license.
4. Caseload size is based on needs of the active clients to ensure effective, individualized treatment and rehabilitation. Approval by OAD or HSS is required in writing when caseload exceeds 50 active clients. For this standard, *active* is defined as being treated at least every 90 days.

C. Client Functional Status. Clients must be able to function independently in outpatient setting with appropriate support.

D. Special Considerations. When these services are court ordered, facility will provide all services in accordance with these licensing standards, maintain court related information, and initiate necessary communications to facilitate the court referral process.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1470 (July 2000).

§7441. Intensive Outpatient Treatment Programs

A. General

1. All requirements are in addition to core requirements. Any physical examination conducted by a physician pursuant to §7433.A.1.a may be conducted by telemedicine utilizing video conferencing technology provided that a licensed health care professional shall be in the examination room with the patient at the time of the video conference.

2. Outpatient treatment facilities offer increased levels of responsibility for clients to apply knowledge and to practice skills in structured and non-structured settings.

3. Organized and structured day/evening treatment sessions are offered for at least nine hours per week on three or more days per week.

B. Staffing. All requirements are in addition to §7431 unless otherwise noted .

1. Supervisor (QPS). Ten hours weekly during hours of operation.

2. Counselor (QPC). Counselor shall be on site during all hours of operation and available for crisis intervention as needed.

3. Caseload. Counselor shall have no more than 25 active clients unless written approval is granted by OAD or HSS. For this standard, *active* is defined as being treated at least every 30 days.

4. Groups (counseling) shall not exceed 12 clients, but may be smaller in keeping with the needs of the clients.

5. Facility may use outpatient counseling standards for those clients who do not receive intensive outpatient treatment, however, the client must meet criteria for functional status for outpatient counseling and be designated as counseling client.

C. Client Functional Status. Clients shall be able to function with limited supervision within their existing environment or in environments designed to provide support, but cannot independently maintain stability for at least 72 hours.

D. Special Considerations. Treatment plan review/adjustments shall be documented in progress notes weekly by counselor, and by other disciplines as needed to assure continuity of care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1471 (July 2000), amended by HCR No. 70 of the 2008 Regular Legislative Session.

§7443. Opiate Addiction Treatment Programs

A. General. All requirements are in addition to core requirements.

1. Opiate addiction treatment programs detoxify chronic opiate addicts from opiates and opiate derivatives and maintain the chronic opiate addict utilizing a synthetic narcotic until the client can achieve recovery through a spectrum of counseling and other supportive/rehabilitative services.

2. The goal of all opiate addiction treatment is complete abstinence by the client from all addictive substances, other than those prescribed through the treatment plan.

3. Treatment protocols require that the facility provide medically-approved and medically-supervised assistance to withdraw from the synthetic narcotic when:

- a. the client requests withdrawal;
- b. quality indicators predict successful withdrawal; and
- c. client or payor source suspends payment of fees.

4. Each facility is required to independently meet the requirements of the protocols established by OAD/State Opioid Authority.

5. Any program that fails to maintain any required licensure shall be also terminated immediately, pursuant to the provisions of §7413 entitled Adverse Actions.

6. Each program shall also comply with requirements of 42 CFR Part 8 unless the comparable state requirement is more stringent.

7. Each client shall have a documented physical evaluation and examination by a physician or advanced practice registered nurse as follows:

- a. upon admission;
- b. every other week until the client becomes physically stable;
- c. as warranted by patient response to medication during the initial stabilization period or any other subsequent stabilization period;
- d. annually thereafter; and
- e. any time that the client is medically unstable.

B. Treatment Phases/Specific Requirements

1. Initial Treatment. Intensive assessment and intervention phase lasting from three to seven days in duration. Services to be provided are:

- a. admission verification by physician that treatment is medically necessary as determined by physical examination and medical diagnosis (prior to administering of any medication).
- b. individual counseling;
- c. initial treatment plan including initial dose of medication and plan for treatment of critical health or social issues; and
- d. client orientation.

2. Early Stabilization. This phase is the first consecutive 90 days of treatment. Beginning on the third to seventh day of treatment (following initial treatment) through 90 days duration, the following shall be provided:

- a. frequent monitoring by a nurse of the client's response to medication in the first 90 days of treatment. This monitoring must be done at least weekly;
- b. individual counseling comprised of at least four individual counseling sessions during this phase;
- c. development of a treatment plan within 30 days with input by all disciplines, client and significant others; and
- d. random monthly drugs of abuse/alcohol screens.

3. Maintenance Treatment. This phase follows the end of early stabilization and lasts for an indefinite period of time. Services to be provided are:

- a. random monthly drug screens until the client has negative drugs-of-abuse screens for 90 days, consecutively. Thereafter, at least eight random drug abuse tests per year shall be performed, as well as random testing for alcohol when indicated. Clients who are allowed six days of therapeutic privilege doses shall be tested every month;
- b. continuous evaluation by the nurse of the client's use of medication/treatment from other sources;
- c. documented reviews of the treatment plan every 90 days in the first two years of treatment by the treatment team; and
- d. progress notes addressing response to treatment at least every 30 days.

4. Withdrawal. Medically supervised withdrawal from the synthetic narcotic with continuing care. This service is provided if and when appropriate. Services to be provided are:

- a. decreasing the dose of the synthetic narcotic to accomplish gradual, but complete withdrawal, as medically tolerated by the client;

b. counseling of the type and quantity determined by the indicators and the reason for the medically supervised withdrawal from the synthetic narcotic; and

c. discharge planning with continuity of care to assist the client to function without support of the medication and treatment activities.

C. Counseling. Type and quantity shall be based on the assessment and recommendations of the treatment team and shall meet the following requirements:

1. Written documentation shall support decisions of the treatment team including indicators such as positive drug screens, maladjustment to new situations, inappropriate behavior, criminal activity, and detoxification procedure.

2. All counseling shall be provided individually or in small (not to exceed 12 clients) homogenous groups provided that group counselor is familiar with all clients and documents all contacts in the client record.

3. Written criteria are used to determine when a client will receive additional counseling.

4. Counseling shall be provided when requested by client/family.

D. Staffing. All requirements are in addition to §7431.

1. Pharmacist. Licensed pharmacist or licensed dispensing physician, in accordance with R.S. 38:1161 et seq., shall:

a. dispense all medications;

b. reconcile administration and dispensing inventory records at least every 30 days; and

c. approve all transport devices for take home medications in accordance with the program's diversion control policy.

2. Nursing. All medications shall be administered by a practitioner licensed under state law and registered under the appropriate state and federal laws to administer opioid drugs, or by an agency of such a practitioner, supervised by and under the order of the licensed practitioner.

3. QPS. On-site five hours per week per 100 clients.

4. QPC. There must be a sufficient number of QPCs to meet the needs of the clients, but in no instance shall the ratio exceed 75 clients to one full-time QPC.

5. Physician. Sufficient hours on-duty and on-call as needed during hours of operation.

E. Client Admission Criteria

1. Facility shall verify that the client:

a. is at least 18 years old, unless the client has parental consent, and

b. meets the federal requirements, including exceptions, regarding determination that the client is currently addicted to opiates and has been addicted to opiates for at least one year prior to admission.

2. Physician Verification. The physician shall diagnose the client based upon:

a. referring medical history and diagnosis of chronic opiate addiction, as currently defined in the Diagnostic and Statistical Manual for Mental Disorders (DSM);

b. physical examination; and

c. documented history of opiate addiction.

F. Take Home and Therapeutic Privilege Dose(s). Determinations for therapeutic privilege dose(s) shall be made by the treatment team, documented in the client record, and ordered by the medical director.

1. Client Responsibilities/Considerations Factors. The following must be documented in the client record before a therapeutic privilege dose is authorized by the treatment team.

a. negative drug/alcohol screens for at least 30 days;

b. regularity of clinic attendance;

c. absence of serious behavioral problems;

d. absence of known drug related criminal activity during treatment;

e. stability of home environment and social relationships;

f. assurance that take home medication can be safely stored;

g. whether the benefit to the patient outweighs the risk of diversion.

2. Standard Schedule (if indicated)

a. After the first 30 days of treatment, and during the remainder of the first 90 days of treatment, one therapeutic privilege dose per week may be allowed if the treatment team and medical director determine, after consideration of the factors in §7443.F.1 above, that the therapeutic privilege dose is appropriate. Documentation of the determination and of the consideration of each of the factors listed in §7443.F.1 above must be contained in the client record.

b. In the second 90 days of treatment, two therapeutic doses per week may be allowed if the treatment team and medical director determine, after consideration of the factors in §7443.F.1 above, that the therapeutic privilege doses are appropriate. Documentation of the determination and of the consideration of each of the factors listed in §7443.F.1 above must be contained in the client record.

c. In the third 90 days of treatment, three therapeutic doses per week may be allowed if the treatment team and medical director determine, after consideration of the factors in §7443.F.1 above, that the therapeutic privilege doses are appropriate. Documentation of the determination and of the consideration of each of the factors listed in §7443.F.1 above must be contained in the client record.

d. In the final 90 days of treatment of the first year, four therapeutic doses per week may be allowed if the treatment team and medical director determine, after consideration of the factors in §7443.F.1 above, that the therapeutic privilege doses are appropriate. Documentation of the determination and of the consideration of each of the factors listed in §7443.F.1 above must be contained in the client record.

e. After one year in treatment, a six-day dose supply, consisting of take home doses and therapeutic doses, may be allowed once a week if the treatment team and medical director determine, after consideration of the factors in §7443.F.1 above, that the therapeutic privilege doses are appropriate. Documentation of the determination and of the consideration of each of the factors listed in §7443.F.1 above must be contained in the client record.

f. After two years in treatment, a 13-day dose supply, consisting of take home doses and therapeutic doses, may be allowed once every two weeks if the treatment team and medical director determine, after consideration of each of the factors in §7443.F.1 above, that the therapeutic privilege doses are appropriate. Documentation of the determination and of the consideration of each of the factors listed in §7443.F.1 above must be contained in the client record.

3. **Loss of Privilege.** Positive drug screens at any time for any drug other than those prescribed will require a new determination to be made by the treatment team regarding take-home doses and therapeutic privilege doses.

4. An exception to the standard schedule can only be granted for emergencies and severe travel hardships. The facility must request the exception and obtain approval for the exception from the appropriate federal agency. The facility must retain documentation in the client's clinical record which includes:

a. documentation by the physician as to the justification for the requested exception; and

b. documentation of the federal approval or the federal exception.

G. **Client Record.** Specific additional requirements for documentation include:

1. standards of clinical practice regarding medication administration/dispensing;

2. results of the five most recent drug screens with action taken for positive results;

3. physical status and use of additional prescription medication;

4. monthly or more frequently, as indicated by needs of the client, contact notes/progress notes which include employment/vocational needs, legal and social status, overall client stability; and

5. any other pertinent information.

H. **Training.** In addition to orientation as described in §7419, "Staffing Qualification/Requirements," all direct care employees shall receive training and demonstrate knowledge that includes:

1. symptoms of opiate withdrawal;

2. drug screens and collections, policies and procedures;

3. current standards of practice regarding opiate addiction treatment;

4. poly-drug addiction; and

5. information necessary to assure care is provided within accepted standards of practice.

I. **Temporary Transfers or Guest Dosing.** The facilities involved shall do the following.

1. The receiving facility shall verify dosage prior to administering medication.

2. The sending facility shall verify dosage and obtain approval/acceptance from receiving facility prior to client's transfer.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by the Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1471 (July 2000), LR 31:671 (March 2005).

Subchapter F. Twenty-Four Hour Facilities

§7445. Additional Core Requirements for twenty-four hour facilities

A. Physical Plant Requirements

1. **Kitchens.** Kitchens used for meal preparations by either staff or clients shall be appropriately sized and provided with the necessary equipment for the preparation, storage, serving and clean-up of all meals provided to the clients/staff. In addition, if clients prepare meals, additional equipment and space will be required. All equipment shall be maintained in working order.

a. Trash containers shall be made of metal or United Laboratories-approved plastic.

b. Trash containers in kitchens and dining area shall be covered.

2. **Staff Quarters.** Live-in staff shall have adequate, separate living space with a private bathroom (toilet, wash basin, and tub/shower).

3. **Leisure.** Allotted leisure space shall be adequate for the capacity designated on the license and approved by DHH-Engineering and Planning. Each living unit of any

residential facility shall contain a space for the free and informal use of clients. This space shall be constructed and equipped to meet programmatic goals.

4. Dining Area. Space shall be provided that permits clients, staff and guests to eat together in small groups and is clean, well-lighted, ventilated and attractively furnished.

5. Bedrooms. Mobile homes shall not be used for client sleeping areas. No more than four clients may occupy a designated bedroom space unless the floor plan is approved by DHH sections of Engineering and Professional Review, Fire Marshal, OAD and HSS. Sleeping areas shall have at least:

a. 80 usable square feet per person in single-occupancy rooms;

b. 60 usable square feet per person in multiple-occupancy rooms (or 50 square feet per person if bunk beds are used). Bunk beds shall not be used for Inpatient Primary Treatment programs;

c. doors for privacy and a functional window;

d. adequate personal storage space for each client, including space for hanging clothes and adequate drawer space;

e. a ceiling height of at least seven feet six inches in a bedroom space of a size consistent with square footage requirements above, even if part of the room has a ceiling less than 7 feet six inches tall.

f. bed of solid construction, appropriate to size and age of client, that has a clean, comfortable, non-toxic fire-retardant mattress that fits bed. Cots or other portable beds are to be used in emergencies only.

g. clean sheets, pillow, bedspread and blanket provided by the facility as needed or requested by the client unless the request is unreasonable. All linens must be in good repair and systematically removed from use when no longer usable;

h. enough room above the uppermost mattress of any bed to allow the occupant to sit up;

i. a door/escape window leading directly to the outside of the building.

6. Bathrooms. There shall be at least one sink, one tub or shower, and one toilet for every eight residents.

a. Showers and tubs shall have no-slip surfaces and curtains or other safe enclosures.

b. Items required for personal hygiene shall be provided in facilities unless clients are already in possession of such items.

7. Miscellaneous

a. Personal appliances shall be in good working order and inspected for safety hazards.

b. All clients shall have access to laundry services at reasonable cost or properly maintained laundry facilities.

8. Recreational Equipment. All 24-hour treatment facilities shall have access to reasonable outdoor recreational space and suitable recreational equipment.

9. Vehicles. Transportation shall be provided in a safe and reliable vehicle that is properly licensed, insured, and inspected, and driven by an appropriately licensed person. Vehicles must be adequately insured and operated in accordance with all applicable laws and regulations.

B. Dietary Services. Services are provided on-site under the direction of a qualified dietitian, who is available for telephone consultation whenever client is admitted and has physician orders for dietary restrictions/supplements.

1. General Requirements. The facility shall provide:

a. meal break after five consecutive hours of scheduled activities;

b. an OPH approved kitchen with continuous conditions/procedures to maintain all foods at temperatures and under conditions to assure safe, sanitary handling;

c. nutritious meals of adequate quality and quantity to meet the needs of each client, including religious and dietary restrictions;

d. at least three meals daily, with no more than 14 hours between any two meals;

e. at least an evening snack;

2. Dietitian. The dietitian shall:

a. approve menus and provide written guidelines for substitutions in advance;

b. provide staff in-service training as needed to assure quality meal service;

c. provide information to professional staff regarding dietary needs of specific clients and be available for consultation when necessary.

3. Facility. The facility shall:

a. serve meals in a relaxed atmosphere that promotes utilization of newly learned skills in socialization and communication;

b. maintain sanitation of dishes;

c. ensure that all dishes, cups and glasses used by clients are free from chips, cracks or other defects; and

d. ensure that animals are not permitted in food storage, preparation, and dining areas.

4. Responsibility. Facility retains responsibility to assure that meal preparation/service with client participation meets all requirements listed above and to supervise adequately to ensure compliance.

a. The program shall define duties in writing and have written instructions posted or easily accessible to clients.

b. If menu planning and independent meal preparation are part of the client's treatment program, a licensed dietitian shall:

- i. approve the client training curriculum; and
- ii. provide training or approve a training program for staff who instruct and supervise clients in meal preparation.

5. Contract Services. Meal preparation/service may be provided by contract service. However, facility is responsible for ensuring that all standards above are met.

C. Adolescent/Children Requirement.

1. Staffing. All requirements are in addition to §7431.

a. Twenty-four-hour facilities require that the qualified professional counselor ratio to clients shall be no higher than 1:8 during waking hours. A minimum of two staff persons shall be present at all times. A qualified professional counselor shall be on call at all times. Program sponsored activities away from the facility require staff to client ratio no higher than 1:5 with a minimum of two adults at all times.

b. Clients shall be under direct supervision at all times.

i. Onsite, staff shall be readily available at all times, preferably within eyesight or hearing distance. If clients are not within eyesight, staff shall conduct visual checks at least once every hour, including bed checks.

ii. Offsite, clients shall be within eyesight at all times.

2. Educational Resources. Programs for school age children shall provide Department of Education-approved opportunity for clients to maintain grade level and continuity of education during any treatment lasting longer than 14 days unless treatment occurs during school vacation.

3. Physical Plant

a. Residential facilities shall have separate bedrooms and bathrooms for adults and adolescents and for males and females.

b. Adults and adolescents shall not be housed in the same area.

4. Family Communications. The facility shall allow regular communication between an adolescent client and the client's family and shall not arbitrarily restrict any communications without clear, written, individualized clinical justification documented in the client record.

D. Dependent Care. A program that designed to provide substance abuse treatment to mothers with dependant children who remain with parent while the parent is in treatment.

1. Treatment Services

a. Weekly individual and group counseling or family therapy shall be conducted by qualified professional with appropriate experience.

b. Parenting classes shall be provided weekly. Attendance is required.

c. The program shall address the specialized needs of the parent and include services for children.

d. Education, counseling, and rehabilitation services shall address:

i. the effects of chemical dependency on a woman's health and pregnancy:

ii. parenting skills; and

iii. health and nutrition.

e. The program shall have a procedure to regularly assess parent-child interactions. Any identified needs shall be addressed in treatment.

f. Program staff shall provide access to family planning services.

2. Staffing. All requirements are in addition to §7431.

a. Qualified trained professionals shall provide constant supervision appropriate to age of each child.

b. The program shall provide or arrange for child care with a qualified provider while the parent participates in treatment activities. Before supervising children independently, the provider shall have infant CPR certification and at least eight hours training in the following areas:

i. chemical dependency and its impact on the family;

ii. child development and age-appropriate activities;

iii. child health and safety;

iv. universal precautions;

v. appropriate child supervision techniques; and

vi. signs of child abuse.

c. Every children's program shall have an employee or consultant who is available to provide staff training, evaluate effectiveness of direct care staff, and plan activities, etc. for at least one hour per week per child. This employee shall meet the following educational requirements:

i. 90 clock hours of education and training in child development and/or early childhood education; and

ii. one year of documented experience providing services to children.

d. When staff are responsible for children, the staff-to-child ratio shall not exceed 1:3 for infants (18 months and younger) and 1:6 for toddlers and children. Clients shall not supervise another parent's children without written consent from the legal guardian and staff approval.

3. Special Considerations

a. Staff shall not allow anyone except the legal guardian or a person authorized by the legal guardian to take a child away from the facility. If an individual shows documentation of legal custody, staff shall record the person's identification before releasing the child.

b. Facility shall have written policy/procedure regarding parent abuse and/or neglect of a child.

c. Residential programs shall not accept dependents over the age of 12 without specific variance approval of OAD and HSS.

d. Children over the age of six shall not share a bedroom with a member of the opposite sex who is not in the child's immediate family.

e. The program shall ensure that children are directly supervised by parents or qualified providers at all times.

f. The program shall have a written policy and a current schedule showing who is responsible for the children at all times.

g. The daily activity schedule shall include a variety of structured and unstructured age-appropriate activities.

h. The program shall provide a variety of age-appropriate equipment, toys, and learning materials.

i. School age children shall have access to school.

j. Standards protecting the health, safety, and welfare of clients also apply to their children.

k. Behavior management shall be fair, reasonable, consistent, and related to the child's behavior. Physical discipline is prohibited.

4. Safety Practices

a. The evacuation procedures shall include provisions for children approved by the fire marshal.

b. The program shall not allow children to use:

i. climbing equipment or swings on or near concrete or asphalt;

ii. toys that explode or shoot things;

iii. other sharp or dangerous items; or

iv. toys and equipment in disrepair.

c. The program shall have safeguards to prevent children from using toys that are dangerous because they are not age-appropriate.

d. The program site shall meet the additional physical plant requirements as required for children.

5. Health Practices

a. The program shall have procedures for isolating parents and children who have communicable diseases and providing them with appropriate care and supervision.

b. The program shall keep current immunization records for each child at the program site.

c. The program shall obtain a consent to obtain emergency medical care for each child at admission.

d. Each child shall have an assessment by a medical doctor and/or advanced practice registered nurse within 96 hours of admission. Copies of an assessment performed up to seven days before admission are deemed to meet this requirement.

e. The program shall provide potty chairs for small children and sanitize them after each use.

f. The program shall provide age-appropriate bathing facilities. Infants shall not be bathed in sinks.

g. Staff, volunteers, and parents shall use universal precautions when caring for children other than their own.

h. The program shall ensure that children are clean and appropriately dressed.

i. Staff shall check all diapers frequently, change without delay, and dispose of the diapers in a sealed container and sanitize the changing area.

j. The program shall provide an adequate diet for childhood growth and development, including two snacks per day.

k. Children's medication shall be given according to the label by the parent or a licensed health professional. The facility shall obtain written consent from the parent to administer the medication, as required. The facility shall assume full responsibility for the proper administration and documentation of medication.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1473 (July 2000).

§7447. In-patient Detoxification Programs

A. Types. All requirements are in addition to core requirements.

1. Medically Supported. Professional medical and nursing coverage available as determined by the needs of clients admitted for detoxification in a non-hospital residential setting.

2. Non-medical. Semi-skilled observation, monitoring and treatment by trained para-professionals, for those clients who have been medically approved, and whose detoxification process can be predicted.

NOTE: Medical detoxification is not covered under this licensure as it involves professional level continuous observation, monitoring and treatment for those clients whose detoxification process cannot be predicted due to unstable physical condition or other relevant conditions. Louisiana has only hospital-affiliated medical detoxification programs.

B. Staffing. All requirements are in addition to §7431, unless otherwise noted.

1. Medically Supported Detoxification. Facility shall have qualified professional medical, nursing, and other support staff necessary to provide services appropriate to the needs of clients being admitted to the program.

a. QPS—10 hours per week per 10 clients.

b. QPC—40 hours per week per 10 clients—may be combination of two or more professional disciplines.

2. Non-medical Detoxification—personnel shall consist of professional and other support staff who are adequate to meet the needs of the clients admitted to the facility.

a. QPS—available by telephone for consultation.

b. QPC—40 hours per week per 25 clients—may be combination of two or more professional disciplines.

3. Designated medical director may be consultative only.

C. Emergency Admissions. The admission assessment process may be delayed only until the client can be interviewed, but no longer than 24 hours unless seen by a physician. Facilities are required to orient direct care employees to monitor, observe and recognize early symptoms of serious illness and to access emergency services promptly.

D. Minimum Standards of Practice

1. History. The program shall obtain enough medical and psycho-social information about the client to provide a clear understanding of the client's present status. Exceptions shall be documented in client record.

2. Medical Clearance/Screening

a. Medically Supported. Medical history and physical examination completed during the 24 hours preceding admission is acceptable, if it is approved by the program's physician or advanced practice nurse. A medical history shall be completed within 24 hours and a physician's examination within 72 hours, unless emergency occurs.

b. Non-medical. Medical screening upon arrival, by First Responder, or equal as reflected in §7423. Health and Safety, with telephone access to RN or MD for instructions for the care of the client.

3. Toxicology/Drug Screening

a. Medically Supported. Physician may waive drug screening if and when client signs list of drugs being abused and understands that his/her dishonesty could result in severe medical reactions during detoxification process.

b. Non-medical. Clients who require drug screening shall be transferred to Medically Supported or Medical Detoxification Program until stabilized.

4. Stabilization Plan. Qualified professional shall identify the client's short term needs based on the detoxification history, the medical history, and the physical examination, if available and prepare a plan of action until client becomes physically stable.

5. Detoxification Plan

a. Medically Supported. The detoxification plan shall be reviewed and signed by the physician and the client, and shall be filed in the client's record within 24 hours of admission with updates as needed.

b. Non-medical. The detoxification plan shall be reviewed and signed by the counselor and the client, and shall be filed in the client's record within 24 hours of admission with updates as needed.

6. Detoxification Notes. The program shall implement the detoxification plan and document the client's response to and/or participation in scheduled activities. Notes shall include:

a. the client's physical condition, including vital signs;

b. the client's mood and behavior;

c. client statements about the client's condition and needs; and

d. information about the client's progress or lack of progress in relation to detoxification goals; and

e. additional notes shall be documented as needed.

7. Physicians' Orders When applicable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1476 (July 2000).

§7449. Primary Residential Treatment Programs

A. General. All requirements are in addition to core requirements. Programs shall include:

1. continuous monitoring, observation, and treatment modalities using the 12-step program design;

2. at least 25 hours of structured treatment activities per week including counseling and educational activities. At least three additional hours must be organized social and/or recreational activities.

B. Staffing. All requirements are in addition to §7431, with the exception of a pharmacist.

1. QPS-shall be on duty as needed, but at least 10 hours per week to assure close supervision and individualized treatment.

2. QPC-counselor shall be on-duty whenever counseling is being provided. If counseling is needed after customary hours, counselor shall be available to be on-duty.

3. Caseload shall not exceed 1:15. Size of counseling groups shall be determined by the needs of clients, but shall not exceed 12 clients.

C. Client Functional Status. Client shall be medically/mentally stable and/or without conditions other than AA/DD that require daily or more frequent monitoring, medications or treatments.

D. Special Requirements. Weekly treatment plan review with documentation by all appropriate disciplines at least once during the first two weeks of treatment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1476 (July 2000).

§7451. Inpatient Primary Treatment

A. General. All requirements are in addition to core requirements. Programs shall include:

1. Continuous monitoring, observation, and treatment modalities using the twelve-step program design or other models by appropriate medical and psychiatric support personnel.

2. At least 25 hours of structured treatment activities per week including counseling and educational activities. At least three additional hours must be organized social and/or recreational activities, and

3. Non-acute therapeutic regime including medical and psychiatric care, as needed.

B. Staffing. All requirements are in addition to §7431.

1. QPS—15 hours per week per 25 clients to also provide therapy.

2. QPC—40 hours per week per 15 clients.

3. Caseload shall not exceed 1:12 unless prior approved by OAD and HSS.

4. Nursing. Registered nurse is required at least 40 hours per week per 50 clients. Additionally, nursing functions may be supplemented by licensed practical nurses, if a registered nurse or physician is on-duty/on-call in accordance with §7401.

C. Client Functional Status. Clients may require psychiatric and/or medical /nursing care in addition to

substance abuse services. Facility may utilize tiered system with client progression to Residential Treatment level of care, however, client must meet the functional status requirements and the facility must designate.

D. Special Requirements

1. Weekly treatment plan review shall be documented by all disciplines involved in care of client to assure continuity of care.

2. Emergency Power. Facilities with capacity greater than 50 clients shall have a reliable, adequately sized emergency power system. The emergency power system is powered by a generator set or battery system, where permitted, to provide power during an interruption of normal electrical service.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1477 (July 2000).

§7453. Community-Based Programs

A. General. All requirements are in addition to core requirements. Programs shall include:

1. transitional living, support and counseling, room and board, social and recreational activities and vocational opportunities;

2. structured, drug-free environment to allow client to maintain or to improve upon the gains made during prior treatment or currently being made in treatment.

3. opportunities for the client to focus on re-socialization and to gradually resume responsibilities associated with independent living.

4. provision of services in Halfway and Three Quarter Houses.

B. Staffing. All requirements are in addition to §7431.

1. QPS-available by telephone for consultation.

2. QPC—counselor must be on-duty when majority of clients are awake and on-site. Caseload shall not exceed 1:25 unless prior approved by OAD and HSS.

3. House Manager-non-treatment, direct care person who supervises activities of the facility when the professional staff is on call, but not on duty. This person is required to have adequate orientation and skills to assess situations related to relapse and to provide access to appropriate medical care when needed.

C. Client Functional Status. Clients shall be capable of increasing life responsibilities or be additionally enrolled in primary treatment. If clients are admitted who are also

receiving primary treatment, then facility shall meet requirements of Residential Treatment and facility is expected to employ additional professional staff as needed.

D. Special Considerations. Treatment plan review shall be documented in progress notes monthly by all disciplines involved in care of client to assure continuity of care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1477 (July 2000).

§7455. Therapeutic Community (Long Term Residential)

A. General. All requirements are in addition to core requirements. Facilities shall provide:

1. highly structured environments designed to treat those clients who have demonstrated a pattern of recidivism or a need for long term residential treatment;

2. graduated levels of increasing responsibility, functional capacity, autonomy, privilege, and authority to promote emotional and interpersonal growth through experience or expectation, accountability, support, evaluation, and both favorable and unfavorable consequences for behavior.

B. Staffing. All requirements are in addition to §7431.

1. QPS—additionally, five hours per week to provide supervision and individual treatment as indicated.

2. QPC—40 hours per week per 20 clients.

3. Caseload-not to exceed 1: 20 unless prior approval granted by OAD and HSS.

4. Senior Clients-may be utilized as volunteers to assist in the recovery process, provided that facility staff is on-site and immediately available if needed.

C. Client Functional Status. Upon admission, client must require constant supervision and monitoring to maintain stability.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1057.1 - 9, redesignated R.S. 40:1058.1 - 9.

HISTORICAL NOTE: Promulgated by Health and Human Resources Administration, LR 2:154 (May 1976), amended by the Department of Health and Human Resources, Office of Hospitals, Bureau of Substance Abuse, LR 3:16 (January 1977), amended by the Department of Health and Human Resources, Office of the Secretary, Division of Licensing and Certification, LR 12:26 (January 1986), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 26:1477 (July 2000).

Chapter 5. Standards for Community Mental Health

Subchapter A. Centers and Clinics

§501. Governing Body and Management

A. General

1. The governing body of a community mental health center (other than centers operated by governmental agencies) shall, where practicable, be composed of individuals who reside in the centers' catchment area and who, as a group, represent the residents of that area taking into consideration their employment, age, sex and place of residence, and other demographic characteristics of the area. The board shall meet at least once a month. At least one-half of the members of the board shall be individuals who are not providers of health care.

2. In the case of a community mental health center operated by a governmental agency and not otherwise required by federal law or regulation, the agency director may be designated to assume the authority, role, and responsibility of the governing body. However, in such cases, there shall be an advisory board or committee to advise the director with respect to operations of the center. The advisory board or committee shall be composed of individuals who reside in the centers' catchment area, who are representative of the residents of the area as to employment, age, sex, place of residence, and other demographic characteristics, and at least one-half of whom are not providers of health care.

3. The governing body shall provide written documentation of its source of authority.

4. The governing body of a community mental health clinic shall be the same as the governing body of its parent center, and shall meet the requirements described for center governing bodies.

B. Responsibilities of the Governing Body

1. The governing body shall establish overall policy of the center (including a schedule of hours during which services will be provided), approve the centers' annual budget, and approve selection of a director for the center.

2. In addition, the governing body shall be responsible for:

- a. overall operation of the center;
- b. the adequacy and quality of patient care;
- c. the financial solvency of the center and the appropriate use of its funds; and
- d. the implementation of the standards set forth in this document through establishment of clear, written policy, rules and regulations.

3. The governing body shall assure that the center is in compliance with all federal, state, and local laws and regulations, and appropriate staff shall review and act promptly upon reports of authorized inspecting agencies.

C. Chief Executive Officer

1. The governing body shall appoint a chief executive officer or officers, whose qualifications, authority, and duties shall be defined in writing. Where more than one individual has direct administrative authority the administrative relationships, authority, and responsibilities shall be clearly delineated.

2. The chief executive officer shall be a psychiatrist or other physician, psychologist, nurse, social worker, or public health administrator with at least a master's degree in health, mental health, or an allied vocational field. If the director is not a psychiatrist or other physician with special knowledge in the care and treatment of emotionally disturbed persons, the ultimate responsibility for treatment and care of patients shall rest with a psychiatrist or other qualified physician who is directly accountable to the governing body.

3. The chief executive officer is responsible for:

- a. the general administration of the center or clinic within the policies, rules and regulations established by the governing body;
- b. the appropriate delegation of authority and responsibility and establishment of means of accountability on the part of subordinates;
- c. effective liaison between the governing body and the programs and staff of the center or clinic;
- d. providing the governing body and the staff with the information required for the proper discharge of their duties;
- e. sharing with the governing body and the staff the responsibility for providing high quality care for those who seek services;
- f. coordinating the standards review process and keeping the governing body informed of the results,

recommendations made, and actions necessary after the standards review;

g. such other responsibilities as the governing body may delegate.

D. Financing and Accounting Procedure

1. The governing body, through its chief administrative officer, shall provide for the control and use of the physical and financial resources of the center or clinic.

2. A budget should be approved by the governing body with participation of appropriate staff.

3. There shall be written policies and procedures for the control of accounts receivable and for the handling of cash.

4. There shall be written policies and procedures for collections of third party payments and documentation of attempts to collect same.

5. A current written schedule of rates and charges for all facility services shall be maintained and shall be available to all who use the services.

6. There should be an insurance program that provides the protection of the physical and financial resources of the facility.

7. There shall be written policies governing the control of inventories, including purchasing procedures and supply distribution.

8. An audit of financial operations of the facility shall be performed by an independent certified public accountant at least annually. (In the state system, audits of the legislative auditor shall satisfy this requirement.)

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§503. Goals, Policies, and Procedures

A. The Community Mental Health Center or Clinic shall formulate and specify in writing its goals, policies, and procedures so that its performance may be measured. Both short-term and long-term goals and plans shall be formulated. Goals, policies and procedures shall be evaluated periodically and shall relate to current operations of the facility.

B. The center or clinic must show in its written statement of goals, policies and procedures that the prevention and treatment of mental disorders, and the rehabilitation of persons suffering from these disorders, are the fundamental purposes of the facility.

C. Services of the center or clinic shall be available without regard to race, sex, creed, color, national origin, or ability to pay.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§505. Staff Composition and Organization

A. Composition

1. Composition of clinical staff shall be determined by the facility, based on an assessment of the needs of the community being served, the facility's goals, the programs provided, and applicable laws and regulations. The center or clinic shall clearly describe the basis for decisions related to staff size and assignment.

2. The staff shall be interdisciplinary, including but not limited to a physician (preferably a psychiatrist) who is responsible for directing and coordinating the medical care of patients, a social worker, a psychologist, and a registered nurse.

3. If the physician is not a psychiatrist, regular psychiatric consultation shall be provided. Supervision shall be provided by qualified professional personnel for all non-licensed and paraprofessional clinical staff.

B. Organization

1. The center or clinic shall have an organizational chart which specifies the relationships among the governing body, the director, the administrative staff, the clinical staff, and supporting services; their respective areas of responsibility; the lines of authority involved; and the types of formal liaison between the administrative and clinical staff. The organizational chart shall also reflect medical responsibility for the care of clients.

2. The administrative and clinical staff shall be organized to carry out effectively the policies and programs of the facility.

3. The organizational chart shall reflect relationships with affiliate agencies which provide services by these standards.

4. The organizational plan shall be reviewed at least annually.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§507. Personnel Policies and Records

A. Personnel policies and procedures shall be designed and established to promote the objectives of the center or clinic and to ensure that there is an adequate number of personnel to support high quality client care. The personnel policies shall be made available to all employees and discussed with each new employee.

B. There shall be written personnel policies including:

1. a general statement of center policies,
2. a general statement in regard to the authority and responsibility delegated to the center director;
3. methods of employment selection;
4. statements in regard to what actions or omissions constitute grounds for dismissal;
5. definitions of qualified mental health professionals;
6. a statement on the contents of personnel records, including documentation of in-service training, employment, and evaluations;
7. a statement on who has access to information in the personnel records;
8. statements on the setting of salaries, pay periods, and payroll deductions;
9. a statement on any required probationary period before permanent employment and any special terms or tenure in office;
10. a description of available retirement and insurance plans,
11. a statement on acceptable leave usage, leave accrual and holidays;
12. a statement on leave allowances for military obligations, jury duty, voting, and maternity;
13. a statement on the garnishment of wages and advancement of wages;
14. a statement on travel allowances, educational support, stipends and related procedures;
15. a statement on outside employment, private practice, and membership in professional organizations;
16. a statement on grievance or appeals procedures.

C. There shall be written procedures that provide for an employee to hear charges against him/her and to provide a defense in case of discipline or dismissal.

D. There shall be a written pay scale covering the various grades of positions and promotion steps within the grades for all clinic employees.

E. The performance of employees shall be evaluated at least annually and all pay scales and promotions shall be based on merit.

F. The center shall participate in the Social Security program or shall provide a retirement plan.

G. No applicants or employees shall be discriminated against by reasons of race, sex, age, creed, color, or national origin. All facilities shall have affirmative action programs. Facilities with 50 or more employees or facilities which receive \$50,000 or more annually in federal funds shall develop and implement written affirmative action programs.

H. There shall be a written job description for each position which includes the position title, the program or

unit, direct supervisor's title, degree of supervision, procedural responsibility, authority, salary range and qualifications. Job descriptions shall be available to the employees and reviewed at least annually.

I. Accurate and complete personnel records shall be maintained for each employee, including consultants. The personnel records shall contain support information documenting the reason for employment, the reason for promotions, the occurrence of at least an annual evaluation of performance, the documentation of any in-service training, and a job description.

J. There shall be regularly scheduled organized training programs for all center employees to update and enhance individual competencies and work effectiveness.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§509. Staff Development

A. There shall be appropriate programs of staff development for administrative, clinical and support personnel of the center or clinic.

B. Records shall be maintained indicating participation in such programs.

C. Staff development programs should include intramural activities as well as educational opportunities available outside the facility. Facility based programs shall be planned and scheduled in advance and held on a continuing basis. These activities shall be documented in order to evaluate their scope and effectiveness.

D. Staff development programs shall reflect all programmatic change in the facility and should contribute toward the preparation of personnel for greater responsibility and promotion.

E. There shall be appropriate orientation and training programs available for all new employees.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§511. Program Requirements

A. General

1. Community mental health centers shall provide for a comprehensive range of mental health services offered in a manner so that they are accessible to persons in need, and so that any person eligible for one element of services is eligible for all other elements of service, and that continuity of care is assured. Outpatient services and consultation and education services shall be offered directly by the center. Other services may be made available through appropriate written affiliation agreements provided that the affiliate

meets all requirements of these standards and complies with all pertinent local, state and federal laws and regulations.

2. Community mental health clinics may provide a more limited range of mental health services including at least outpatient treatment. However, if services mandatory for a center are not provided directly by the clinic, they shall be made available to residents of the area served by the clinic through the parent center. An appropriate current written plan shall be developed to assure the availability of such services through the parent center to residents of the area served by the clinic.

B. Elements of Service. Community mental health centers shall provide the following essential elements of service:

1. Inpatient Services

a. The inpatient facility shall be licensed under appropriate laws and regulations of the state of Louisiana.

2. Outpatient Services

a. A variety of outpatient services including both group and individual treatment shall be made available, based on an assessment of client demand and community need. In every case, outpatient services offered shall be planned based upon the individual needs of the patient derived from the assessment and documented in the treatment plan.

b. Outpatient services shall be promptly available during normal working hours. Clinics should additionally provide such services during evening hours for persons who are not able to utilize these services during normal working hours.

3. Partial Hospitalization Services

a. Partial hospitalization programs shall be utilized for one or more of the following purposes:

i. as an alternative to inpatient care;

ii. as a transitional program for rehabilitation of long-term patients;

iii. as a maintenance program for long-term patients;

iv. as an extension of outpatient services;

v. as a diagnostic and observational procedure.

b. Purpose of the partial hospitalization program shall be clearly stated in writing, and factors related to the program such as hours of operation, physical plant, staffing pattern, and program shall be written and based upon the stated purpose.

c. There shall be at least one professionally qualified clinical staff member on duty in the partial hospitalization program during all hours that it is in operation.

4. Emergency Services

a. The psychiatric facility shall have a written plan delineating the ways in which emergency services are provided for both physical and psychiatric emergencies. The emergency service may be provided by the facility or through clearly defined arrangements with another facility. When emergency services are provided by the facility itself, it shall be well organized, properly directed and integrated with the other services.

b. When emergency services are provided by an outside facility, the center shall delineate in its written plan the nature of emergency services available and the arrangements for referral or transfer to another facility. The written plan shall be available to all staff and shall clearly specify:

i. the staff of the center who are available and authorized to provide necessary emergency psychiatric or physical evaluations and initial treatment;

ii. the staff of the center who are authorized to arrange for referral or transfer to another facility when it is necessary;

iii. arrangements for exchange of records when important for the care of the patient;

iv. the location of the outside facility and appropriate personnel to be contacted;

v. the method of communication the between two facilities;

vi. arrangements to ensure that a patient requiring both medical and psychiatric care who is transferred to a non-psychiatric service or facility will receive further evaluation and/or treatment of his psychiatric problem;

vii. details regarding arrangements for transportation, when necessary, from the psychiatric facility to the facility providing emergency services;

viii. the policy for referral back to the referring facility of those patients needing continued psychiatric care after emergency treatment.

c. The written plan shall include policies regarding the notification of the patient's family of emergencies which arise and the arrangements which have been made for referral or transfer to another facility.

d. The patients and families being served by the facility shall be informed of the plan for emergency services. All patients and families who are receiving partial day or outpatient services should be informed of whom to contact or where to go for emergency services when the facility is closed.

5. Consultation and Education

a. In order to enhance the continuity of the patient's life within the community, the center shall maintain positive relationships and liaison with general community resources, and shall enlist the support of these resources to participate in community activities, as indicated. The facility shall participate in a network of other community services and

shall be responsive to community needs. In serving patients and their families, the facility shall collaborate with other community resources. There shall be a well organized plan for the facility's involvement with the community.

b. The center shall assume responsibility for making mental health information available to the public, in conjunction with other health and social agencies. The center shall work in conjunction with other agencies to provide information about a wide variety of mental health topics, such as new treatment methods and services available, factors that help prevent mental illness, better understanding of social problems contributing to emotional stress, and preventive services that are available.

c. The center shall engage in preventive approaches to mental health problems in a manner appropriate to its functions and its own stated goals. The facility should be involved in prevention in collaboration with schools, clinics, hospitals, welfare services and other institutions and agencies in the total community mental health program. In this regard the facility should cooperate with local citizens groups and organizations, as well as consumer representatives.

d. The center shall offer professional education and consultation to others. This includes other members of the community, whether medical, educational, legal, law enforcement, clerical, social or welfare personnel, who are working with persons who have psychiatric disorders. The aim of this educational consultation program should be geared toward prevention and toward enhancing the ability of other personnel to understand and help those suffering from mental illness. Where such preventive, research, consultation, or education programs are provided for other agencies or individuals within the community, there shall be appropriate records, and sufficient time and appropriately qualified staff shall be available to ensure quality and effective services.

e. The center shall have an ongoing role relating to the total community in providing consultation and planning for the total life experiences of persons in its care, and shall coordinate its planning with that of other agencies with whom these persons and their families are involved.

6. Community mental health centers should additionally provide the following specialized services:

a. a program of specialized services for the mental health of children, including a full range of diagnostic, treatment, liaison, and follow-up services;

b. a program of specialized services for the mental health of the elderly, including a full range of diagnostic, treatment, liaison, and follow-up services;

c. a program of assistance to courts, coroners, and other agencies for screening residents of the catchment area who are being considered for referral for inpatient psychiatric treatment, to determine if inpatient treatment is indicated, and to provide for alternate treatment through the center when appropriate;

d. a program of follow-up care for residents of the catchment area who have been discharged from mental health facilities;

e. a program of transitional care including halfway houses, foster care, and other forms of community based residential care for mentally ill individuals who are residents of the catchment area and who have been discharged from a mental health facility or would, without such services, require inpatient care;

f. unless it is determined that there is not sufficient need, or that need is being met otherwise, the center should provide programs for:

i. the prevention and treatment of alcoholism and alcohol abuse and for the rehabilitation and treatment of alcohol abusers and alcoholics;

ii. the prevention and treatment of drug addiction and abuse and for the rehabilitation of drug addicts, drug abusers, and other persons with drug dependency problems.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§513. Continuity of Care

A. Any person eligible for treatment within one element of services shall also be eligible for treatment within any other element of service.

B. Any patient within anyone element shall be transferred to any other element whenever such transfer is indicated by the patient's clinical needs.

C. Clinical information concerning a patient obtained within one element shall be made available to those responsible for that patient's treatment within any other element.

D. Those responsible for a patient's care within one element should, when practicable, continue to care for that patient within any of the other elements.

E. These requirements shall be met when the element of service is provided by an affiliate in the same manner as when the facility provides the services.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§515. Intake and Admission Policies

A. There shall be a written statement defining eligibility for services and clearly delineating intake or admission policies or procedures. The plan shall include descriptions of screening procedures, emergency care, crisis intervention, walk-in services, or other brief or short-term services provided.

B. A waiting list for admission should be avoided.

C. The admission staff shall assess the need for outpatient treatment in relation to the patients' needs, the services of the facility, family and community resources, and other forms of intervention available.

D. The patient shall participate in the intake process to the extent appropriate and in the decision that treatment is indicated.

E. The patient or his legal representative shall sign an authorization for his treatment at the time of admission.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§517. Assessment and Treatment Planning

A. The assessment of each patient shall include clinical consideration of each of his fundamental needs: physical, psychological, chronological age, development, family, educational, social, environment and recreational. Reports indicating appropriate assessment input from responsible clinical staff shall be made a part of the patient's clinical record.

B. There shall be a current written treatment plan, based upon the assessment and evaluation of each patient, which shall include:

1. a diagnostic statement including psychiatric diagnosis as well as pertinent social and medical diagnostic information;

2. a statement of identified problems;

3. long and short-term treatment goals related to the problems;

4. treatment modalities to be utilized;

5. identification of persons assigned to carry out treatment; and

6. signatures of the physician authorizing the treatment plan.

C. The treatment plan shall be reviewed at least every 180 days and shall be modified as frequently as patient assessment indicates the need for change.

D. The treatment plan shall reflect appropriate multi-disciplinary input by the staff.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§519. Clinical Patient Records

A. Purposes

1. Clinical patient records shall be written and maintained in order to:

- a. serve as a basis for planning for the patient;
- b. provide a means of communication among all appropriate staff who contribute to the patient's treatment;
- c. justify and substantiate the adequacy of the assessment process and to form the basis for the ongoing development of the treatment plan;
- d. facilitate continuity of treatment and enable the staff to determine, at a future date, what the patient's condition was at a specific time and what procedures were used;
- e. furnish documentary evidence of ordered and supervised treatments, observations of the patient's behavior, and responses to treatment;
- f. serve as a basis for review, study and evaluation of the treatment rendered to the patient;
- g. protect the legal rights of the patient, the facility, and clinical staff; and
- h. provide data, when appropriate, for use in research and education.

2. Where parents or other family members are involved in the treatment program, appropriate documentation shall exist for them although there may not have to be a separate record for each family member involved.

B. Content

1. While form and detail of the clinical record may vary, all clinical records shall contain all pertinent clinical information and each record shall contain at least:

- a. identification data and consent forms; when these are obtainable, reasons shall be noted;
- b. source of referral;
- c. reason for referral, e.g., chief complaint, presenting problem;
- d. record of the complete assessment;
- e. initial formulation and diagnosis based upon the assessment;
- f. written treatment plan;
- g. medication history and record of all medications prescribed;
- h. record of all medications administered by facility staff, including type of medication, dosages, frequency of administration, and person who administered each dose;
- i. record of adverse reactions and sensitivities to specific drugs;
- j. documentation of course of treatment and all evaluations and examinations;

k. periodic progress reports;

1. all consultation reports;

m. all other appropriate information obtained from outside sources pertaining to the patient;

n. discharge of termination summary; and

o. plan for follow-up documentation of its implementation.

2. Identification data and consent forms shall include the patient's name, address, home telephone number, date of birth, sex, next of kin, school and grade or employment information, date of initial contact and/or admission to the service, legal status and legal documents, and other identifying data as indicated.

3. Progress notes shall include regular notations by staff members, consultation reports and signed entries by authorized, identified staff. Notes and entries should contain all pertinent and meaningful observations and information. Progress notes by the clinical staff shall:

a. document a chronological picture of the patient's clinical course;

b. document all treatment rendered to the patient;

c. document the implementation of the treatment plan;

d. describe each change in each of the patient's conditions;

e. describe responses to and outcome of treatment; and

f. describe the responses of the patient and the family or significant others to any significant intercurrent events.

4. The discharge summary shall reflect the general observations and understanding of the patient's condition initially, during treatment, and at the time of discharge, and shall include a final appraisal of the fundamental needs of the patient. All relevant discharge diagnoses shall be recorded and coded in the standard nomenclature of the current revision *International Classification of Diseases Adapted for Use in the United States*.

5. Entries in the clinical records shall be made by all staff having pertinent information regarding the patient. Authors shall clearly sign and date each entry. Signature shall include job title or discipline. When mental health trainees are involved in patient care, documented evidence shall be in the clinical record to substantiate the active participation of supervisory clinical staff. Symbols and abbreviations shall be used only when they have been approved by the clinical staff and when there is an explanatory legend. Final diagnoses psychiatric, physical, and social shall be recorded in full, and without the use of either symbols or abbreviations.

C. Policies and Procedures

1. The facility shall have written policies and procedures regarding clinical records which shall provide that:

a. clinical records shall be confidential, current and accurate;

b. the clinical record is the property of the facility and is maintained for the benefit of the patient, the staff and the facility;

c. the facility is responsible for safeguarding the information in the record against loss, defacement, tampering or use of unauthorized persons;

d. the facility shall protect the confidentiality of clinical information and communications among staff members and patients;

e. except as required by law, the written consent of the patient, family or other legally responsible parties is required for the release of clinical record information; and

f. records may be removed from the facility's jurisdiction and safekeeping only according to the policies of the facility or as required by law.

2. There shall be evidence that all staff have received training, as part of new staff orientation and with periodic update, regarding the effective maintenance of confidentiality of the clinical record. It shall be emphasized that confidentiality refers as well to discussions regarding patients inside and outside of the facility. Verbal confidentiality shall be discussed as part of employee training.

D. Maintenance of Records

1. Appropriate clinical records shall be directly and readily accessible to the clinical staff caring for the patient. The facility shall maintain a system of identification and filing to facilitate the prompt location of the patient's clinical record.

2. There shall be written policies regarding the permanent storage, disposal and/or destruction of the clinical records of patients.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§521. Referrals

A. The center or clinic shall refer patients under its care to other resources when the patient has special needs the center cannot provide for or when another resource may be able to provide for those needs more adequately.

B. Referral policies shall be stated in writing, reviewed at least annually, and signed and dated by the reviewer(s). Referrals for clinical services shall be made only to appropriately licensed, certified, or accredited facilities or

clinicians. Staff shall have current first-hand knowledge of resources used for referral purposes.

C. The patient and family, to the extent appropriate, shall participate in the referral process. Staff shall discuss with them the nature of the referral, its intent, and what it will involve. The reactions of the patient and family shall be explored and dealt with. The compatibility of any referral effort with the overall plan of treatment shall be considered. Provision shall be made for minimizing any negative effects that may be anticipated for the patient or family, and, to the extent feasible, there shall be continuity in the patient's program of treatment and care.

D. When persons who are not patients of the center or clinic seek services which the facility is not in a position to provide, the facility shall assist in referral to another resource. The facility shall work with other agencies to foster the development of an appropriate spectrum of services within the community, as well as a community referral system. When permanently transferring a patient to another facility, adequate reports shall be made available to that facility after appropriate releases are obtained.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§523. Volunteer Program

A. In mental health centers or clinics where volunteers are utilized, there shall be an organized volunteer program and an appropriately qualified and experienced professional clinical staff member assigned to select, evaluate, and supervise the volunteer activities. The objectives and scope of the program and the authority and responsibilities of the volunteer coordinator shall be clearly stated in writing.

B. In addition to receiving general direction and guidance from the volunteer coordinator, volunteers shall be under the direct supervision of the staff of the service or unit utilizing their services. The volunteer coordinator shall:

1. assist staff in determining the need for volunteer services and in developing assignments;

2. plan and implement the program for recruitment of volunteers;

3. coordinate recruitment, selection, training, and referral of volunteers for placement in appropriate services or units;

4. inform staff as to proper, effective, and creative use of volunteers;

5. work to increase the readiness of salaries staff to effectively utilize volunteers;

6. keep staff and the community informed regarding volunteer services and activities; and

7. provide public recognition of volunteers.

C. There shall be an orientation program for all volunteers which shall familiarize them with the goals and programs of the facility and provide appropriate clinical orientation regarding the patients of the facility. The program shall include at least:

1. an explanation of the importance of confidentiality and protection of patients' rights; and
2. specific training in the type of work to be performed by the volunteer, with an explanation of the support system which exists within the facility.

D. Supervisory clinical staff shall be available to provide guidelines for volunteers in order to enhance volunteer-patient interactions and make the most effective use of this unique relationship. Communication practices shall insure that observations by volunteers are reported to the clinical staff responsible for the patients. Where appropriate, these observations shall be entered into the clinical record.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§525. Pharmaceutical Services

A. Provision of Services

1. The center or clinic shall provide or make formal arrangements for pharmaceutical services in accordance with applicable federal, state, and local laws and regulations. Facilities with a pharmacy which dispenses drugs for inpatient and/or outpatient use shall employ a registered pharmacist on a full-time or part-time basis. Facilities which do not maintain a pharmacy and which obtain drugs from a community pharmacy shall have a formal agreement with a registered pharmacist to provide consultation on a regular basis concerning the ordering, storage, administration, disposal, and recordkeeping of drugs throughout the facility.

2. The facility shall have a written statement describing the provision of pharmaceutical services to inpatients and outpatients.

3. Pharmaceutical policies and procedures shall include:

- a. provision of pharmacy services to inpatients and outpatients including storage, dispensing, administration, disposal, recordkeeping, and control of drugs in accordance with applicable federal, state, and local laws and regulations;
- b. the use of investigational drugs in the facility;
- c. the routine inspection of drug storage areas by the registered pharmacist;
- d. an automatic stop order policy for all drugs not specifically limited as to time or number of doses when ordered by the physician;
- e. the qualifications of persons authorized to administer drugs in the facility;

f. a procedure for reporting adverse drug reactions to the FDA;

g. the list of abbreviations and symbols approved for use in the facility;

h. recording of medication errors and adverse drug reactions and reporting them to the physician immediately;

i. provision for emergency pharmaceutical services;

j. functions and responsibilities of the pharmacist;

k. the use of controlled drugs in the facility; and

l. a list of physicians authorized to order medications for patients. The pharmacy manual shall be reviewed and revised at least annually.

B. Ordering, Dispensing, and Administration of Drugs

1. Medication shall be ordered only by the staff physicians and medical residents at the facility, dispensed only by a registered pharmacist, and administered only by appropriately licensed personnel.

2. Drugs shall be dispensed according to approved written policies and procedures and in accordance with federal, state, and local laws, and regulations. The pharmacist shall dispense from an original or a direct copy of the physician's order for medication.

3. Telephone and verbal orders for medications shall be given by an authorized physician only, and shall be accepted and written by another physician, a registered nurse, or a registered pharmacist; such action shall be limited to urgent circumstances. Telephone and verbal orders shall be signed by the responsible physician within 72 hours.

4. Orders involving abbreviations and chemical symbols shall be carried out only if the abbreviations and symbols appear on a standard list approved by the staff physicians at the facility.

5. The pharmacist shall maintain for each patient an individual patient medication profile which records all medications (prescription and nonprescription) dispensed including quantities and frequency of refills in addition to other pertinent information. The pharmacist shall review the drug regimen of each patient at least monthly or routinely when medication orders are received for possible drug interactions, allergies, administration errors, etc., and document the review. It is recommended that the pharmacist be actively involved in a program for providing information concerning the safe use of drugs to outpatients and to patients being discharged from the facility and in in-service education programs to facility personnel.

6. Labeling of drugs used throughout the facility shall be the responsibility of the pharmacist. Medication labels shall include the name of the patient; the name of the prescribing physician, the name and strength of the drug; the manufacturer or the trade name of the drug dispensed, the date of dispensing, the name or initials of the dispensing pharmacist, the name, address, and telephone number of the

issuing pharmacy, the prescription number, and when applicable, the directions for use of the drug.

7. Drugs brought into the facility by patients shall not be administered unless they are identified and labeled by a staff physician or a registered pharmacist and written orders to administer these specific drugs are given by a staff physician at the facility. If the drugs brought into the facility by a patient are not to be used, they shall be packaged, sealed, stored, and returned to the patient, his parents, or the responsible party at the time of discharge, if such action is approved by a staff physician at the facility.

8. Self-administration of medications by patients in the inpatient element of service shall be permitted only when specifically ordered by a staff physician and supervised by a member of the clinic staff.

9. The facility shall have a policy on provision of medications for patients leaving the facility on a "pass" or being discharged from the facility.

10. Investigational drugs shall be used only in accordance with applicable federal, state, and local laws and regulations. When investigational drugs are used, a central unit shall be established where essential information is maintained, including dosage form, dosage range, storage requirements, toxicology, use and contraindications. Proper records of their use shall be maintained. Investigational drugs shall be properly labeled and shall be used only under the direct supervision of the principal investigator with the approval of the research review committee. Nurses may administer these drugs only after they have been given the basic pharmacological information about the drug.

C. Drug Storage and Preparations Areas

1. The facility shall have adequate and properly controlled drug preparation areas, as well as locked storage areas accessible only to authorized personnel. A registered pharmacist shall make inspections at least monthly of all drug storage areas including, where applicable, emergency boxes and emergency carts. A record of these inspections including suggestions for improvement shall be maintained in the facility in order to verify that:

- a. poisons and drugs for external use are stored separately from internal and injectable medications;
- b. all drugs and biologicals are properly stored;
- c. outdated and discontinued drugs are removed from stock promptly;
- d. distribution and administration of all drugs are adequately documented;
- e. metric-apothecary weight and measure conversion charts are posted at each drug preparation area and wherever else necessary; and
- f. there is an emergency drug kit which is:
 - i. readily available to staff yet not accessible to patients;

- ii. properly controlled to assure completeness of content at all times;

- iii. content determined by staff physicians and the registered pharmacist.

2. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Security requirements shall be maintained in accordance with federal and state laws and all drugs shall be kept under lock and key. Poisons and external use preparations shall be stored separately from internal preparations. Medications requiring refrigeration which are stored in a refrigerator containing items other than drugs shall be kept in a separate compartment with proper security. Storage and recordkeeping of drugs listed in the current Comprehensive Drug Abuse Prevention and Control Act of 1970 shall be maintained in accordance with federal and state laws and regulations. Antidote charts and the telephone number of the regional poison control center shall be kept at all drug storage and preparation areas.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R. S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§527. Laboratory and Pathology Services

A. Laboratory and pathology services shall be provided either within the center or clinic or by written agreement with an outside facility to meet the needs of patients.

B. When services are obtained from an outside facility, the facility shall be a hospital licensed by the state of Louisiana or an independent laboratory certified for Medicare by the state of Louisiana.

C. When laboratory services are provided within the facility, the facility shall meet federal certification standards for Medicare.

D. All patient laboratory or pathology tests shall be performed only upon written orders of a qualified physician, and reports for such tests shall be made a part of the patient's clinical record.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§529. Dietetic Services

A. Where applicable, there shall be an organized dietary department directed by qualified personnel and integrated with other departments of the center. Services shall be provided for the general dietary needs of the center, including the preparation of modified special diets.

B. There shall be one or more full-time registered dietitians or a part-time or consultant dietitian with therapeutic training giving a minimum of eight hours per

month in each facility which shall be sufficient to provide a food service meeting Division of Licensing and Certification section standards. A written contract between the facility and the consultant dietitian, and written records of each dietary consultation shall be on file in the administrator's office. In the absence of a full-time dietitian, there shall be a full-time qualified person responsible for directing the department's activities and integrating with other departments in the facility.

C. There shall be a systematic record of diets to be correlated with the medical records.

D. The dietary department shall have a dietary procedures manual containing objectives of the department, responsibilities of the department and its personnel, personnel policies, menu planning, food purchasing, food storage, care of equipment policies, and job descriptions.

E. All dietary personnel must obtain pre-employment and regular annual physical examinations to include serology, throat culture, and chest x-ray.

F. The dietary supervisor shall attend all routine department head meetings, help develop department policies and participate in the selection of dietary employees.

G. A dietitian or dietary consultant shall conduct dietary in-service training programs of the facility.

H. There shall be staff personnel on duty no less than 12 hours a day where applicable.

I. Facilities which contract with food management companies must comply with all dietary department rules and regulations of the Division of Licensing and Certification, Department of Health and Human Resources.

J. The facility shall provide sufficient desk space for proper planning. In addition, space must be available for the dietitian to provide private counseling or instruction as needed.

K. Acceptable isolation procedures for tray service in isolation areas shall be in writing and observed.

L. Dishwashing procedures shall be in writing and posted in the dishwashing area.

M. Written health inspections of the dietary department shall be on file within the facility.

N. Notation of compliance shall be given by the dietary supervisor to the facility administrator as to recommendations of the health inspector.

O. Sanitation and storage shall comply with state regulations governing sanitation for food establishments.

P. Diets

1. Menus shall be in writing, planned one week in advance, dated, posted, and corrected to read as served. They shall be filed as served for a period of six months and there shall not be more than 14 hours between the evening meal and breakfast.

2. Therapeutic diets shall be ordered, in writing, by the physician on the patient's chart. Nursing service shall order the diet, in writing, from the dietary department.

3. Trays shall be labeled with the patient's name and diet order.

4. A diet manual, approved by the state nutrition consultant, shall be available to dietary personnel at all times for reference.

5. If a full-time dietitian is not employed by the facility, the dietary consultant shall train the dietary supervisor in the use of the diet manual.

Q. The dietary department shall include the following facilities unless commercially prepared dietary services, meals, and/or disposables are to be used:

1. food preparation center which provide lavatory for handwashing purposes;
2. food serving facilities for patients and staff;
3. dishwashing room which provide commercial-type dishwashing equipment and lavatory;
4. potwashing facilities;
5. dry storage (three-day supply);
6. cart cleaning facilities;
7. cart storage area;
8. waste disposal facilities;
9. canwashing facilities;
10. dining facilities to provide 15 square feet per person seated;
11. dietitian's office;
12. janitor's closet to provide storage for housekeeping supplies and equipment, floor receptor or service sink; and
13. toilet room which is conveniently accessible for dietary staff.

R. If a commercial service will be used, dietary areas and equipment shall be designated to accommodate the requirements for sanitary storage, processing, and handling.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§531. Patient Rights

A. The clinic shall acknowledge the dignity and protect the rights of all patients and their families.

B. Each patient shall have the right to be served without discrimination as to age, sex, race, creed, color or national origin.

C. The patient and his family shall be encouraged to participate in the plans for treatment. The nature of treatment

and any specific risks involved shall be carefully explained, especially when the use of potentially hazardous drugs or somatic procedures is contemplated.

D. Except as required by law, no information, written or verbal, concerning the patient or his/her family shall be released or requested without a dated, signed, and witnessed statement made by the patient (or his agent) authorizing the clinic to do so. The statement of authorization shall indicate by name to whom or from whom information will be transmitted.

E. The rights and privacy of patients shall be safeguarded in regard to center or clinic visitors. Visits by educational or community groups shall be scheduled so as to minimally interrupt the patients' usual activities and therapeutic programs. Patients shall be informed of such visits in advance and cases shall never be discussed by name or within hearing of the patients.

F. Prior to using one-way mirrors, tape recorders, cameras, or audiovisual equipment for assessment, treatment, educational or evaluation purposes, center or clinic staff shall explain their function to the patient and receive his permission. There shall be written policies and procedures governing the use of such equipment to ensure confidentiality and protect the rights of patient against unauthorized disclosure of information.

G. Each request for service by an applicant shall be acknowledged. The applicant shall be notified whether or not service can be rendered and if not, what other resources might be available.

H. Each patient shall have the right to communicate freely with his/ her attorney and private physician and to have his/her case record made available to these individuals upon written request.

I. The following statement of patient rights enumerated in Louisiana Revised Statutes of 1950, 28:171, shall be adhered to as appropriate.

1. Every patient shall have the following rights regardless of adjudication of incompetency, a list of which shall be prominently posted in all hospitals or other treatment, evaluation and examination facilities. These rights shall also be brought to the attention of patients by such additional means as the Office of Hospitals (or its legal successors) may designate by regulations. Every patient shall have the right:

a. to wear his own clothes; to keep and use his personal possessions, including toilet articles; to keep and be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases; and to have access to individual storage spaces for his private use;

b. to correspond by sealed letter with people outside the hospital and to have access to reasonable amounts of letter writing materials and postage;

c. to be visited at all reasonable times;

d. to be employed at a useful occupation depending upon the patient's condition and available facilities;

e. to sell the products of his personal skill and labor at the discretion of the superintendent and to keep the proceeds thereof or to send them to his family;

f. to be discharged as soon as he has been restored to reason and has become competent to manage his own affairs. The medical director or superintendent of the treatment facility shall have the authority to discharge the patient without the approval of the court which committed him to the treatment facility;

g. to be visited in private by his attorney at all times;

h. to request an informal court hearing to be held within five days of receipt of the request. If the patient does not have an attorney of his own, the court shall appoint an attorney who shall represent the patient at the hearing. The purpose of the hearing shall be to determine whether or not the patient should be discharged from treatment;

i. to apply for a writ of habeas corpus;

j. to be visited and examined at his own expense by a physician designated by him or a member of his family or a near friend. The physician may consult and confer with the medical staff of the treating facility and have the benefit of all information contained in the patient's medical record.

2. The medical director or superintendent of the treating facility may for good cause only, deny a patient's rights under this Section, except that the rights enumerated in Clauses f, g, h, i and j shall not be denied under any circumstances.

3. A statement explaining the reasons for any denial of a patient's rights shall be immediately entered in his treatment record.

4. Each patient shall be entitled to exercise the right to dispose of property, execute legal instruments, enter into contractual relations and vote, unless he has been judged incompetent by a court and has not been restored to legal competency.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§533. Research and Human Rights Review

A. Centers or clinics whose goals include clinical research involving human subjects shall have a research review and/or human rights committee established by the governing body which shall insure that clinical research projects are carried out only if and when the general importance and the importance to the subject is proportionate to the risks and side effects to the subject.

B. The committee shall study each research proposal in advance of its implementation and state in writing the determination of acceptance or rejection of the proposal.

C. No person shall be the subject of clinical research without his knowledge and consent.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§535. Quality Assurance

A. Evaluation

1. The staff and administration shall work toward enhancing the quality of patient care through specified documented, implemented, and ongoing processes of quality assurance mechanisms. The quality of care shall be the responsibility of each member of the clinical staff, the clinical supervisory and leadership personnel, and the administration.

2. Formal quality assurance activities shall consist of three coordinated but distinct processes: individual case review procedures; clinical care evaluation studies; and utilization review. The organization of these review processes is dependent upon and varies with the goals, size, organizational structure, complexity, and resources of the facility.

B. Individual Case Review/Multidisciplinary Treatment Planning

1. Clinical case review meetings shall be held in regard to each patient frequently enough to ensure that each individual patient shall have a case review no later than one month after initiation of active treatment; subsequently at least every six months during the course of active treatment; and prior to termination of treatment. Individual case review shall be reflected and documented in the individual case record.

C. Clinical Care Evaluation Studies

1. The facility should conduct studies of aggregate patterns of patient care in order to identify gaps and deficiencies in service and determine efficacy of treatment; to define standards of care consistent with the goals of the facility; to identify individual cases which deviate from the standards; and to establish new methods based upon knowledge gained from such studies.

2. Written reports of such studies should be made to the chief administrative officer and to appropriate clinical staff.

D. Utilization Review

1. Each facility shall have a plan for and carry out utilization review. The overall objective shall be to maintain a high quality of patient care, achieve cost efficiency, and increase the effective utilization of the facility's services through the peer group study of patterns of care, the

development of empirical standards and the dissemination of the results of these studies to the staff. The facility shall choose and carry out a plan consistent with its own goals, size, organization and complexity. The plan shall be reviewed at least annually and signed and dated by the reviewer(s).

2. The utilization review shall cover the appropriateness of admission to services, the provision of certain patterns of services, and duration of services. Criteria shall be set for: selection of the cases to be reviewed and the means of sampling; duration of treatment; and the process of active treatment. The reviews may be carried out as a special function or combined with other quality control reviews, but meetings including utilization reviews shall be held at least monthly and records shall be kept.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S. 1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§537. Facilities Management

A. Basic Requirements

1. The buildings and the environment for mental health centers and clinics shall be constructed, maintained, and furnished in accordance with the provisions of applicable federal, state, and local laws and codes and amendments thereto.

2. The environment, including the use of the building(s), furnishings, decorations, and grounds of each facility shall be commensurate with the facility's treatment philosophy.

3. The facility shall be so located as to be near and readily accessible to the community and populations to be served.

4. Appropriate equipment and furnishings which are suitable for the type of treatment and services being conducted shall be installed and maintained.

B. Physical Environment. Emphasis is to be given to requirements which would pertain to the needs of patients and personnel housed in the facility. Items to be included but not limited to are designated herein:

1. buildings, the facility will provide a physical plant which is both safe and functional:

a. solidly construction with current approvals from state and local authorities;

b. patient and personnel safeguards;

c. isolation and detention facilities were applicable;

d. adequate floor space in sleeping, eating, treatment, and activity areas where applicable;

e. emergency power, gas, and water supply where applicable;

- f. proper laundry and disposal facilities where applicable;
- g. adequate corridor widths; and
- h. provision of adequate parking space.

C. Sanitary Environment. The facility shall provide and maintain a sanitary environment to avoid sources and transmission of contamination and infections.

D. Exemption. A state- or district-owned or operated mental health clinic operating in or with a state- or district-owned or operated substance abuse/addictive disorders facility shall be exempt from the physical space requirements for operating as separate entities.

1. This exemption shall apply to facilities created under the provisions of R.S. 28:911-920 or R.S. 28:831(c).

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and R.S. 28:567-573.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Bureau of Health Services Financing and the Office of Behavioral Health, LR 38:3214 (December 2012).

§539. Fire Control and Disaster Plan

A. Fire Control. The mental health center or clinic will maintain its premises free from fire hazards and promote a safe environment. Items to be included but not limited to are designated herein:

- 1. regular approval by inspectors;
- 2. fire prevention programs with fire control plans;
- 3. fire resistive buildings and/or sprinklers as required;
- 4. fire extinguishers;
- 5. rules for storage and handling of flammable agents;
- 6. proper storage facilities;
- 7. proper trash handling; and
- 8. provision and maintenance of adequate exits and exit ways.

B. Disaster Planning

1. Each facility shall have a written plan that specifies the agencies, organizations, and procedures for meeting potential emergencies and disasters, such as fire and natural disasters.

2. The plan shall provide for at least the following provisions:

- a. the assignment of staff personnel to specific tasks and responsibilities;
- b. individual instructions concerning the use of alarm systems, methods of notification of proper authorities and occupants of the building, and the proper use of special emergency equipment;

c. information and instructions relative to the methods of fire prevention and containment;

d. designation of escape routes and procedures;

e. orientation and information concerning the location of emergency equipment; and

f. other emergency measures which may be unique for specific areas of the state.

3. The written "fire control and disaster plan" and procedures shall be posted in conspicuous locations throughout the facility, and a copy shall be made available to all staff members.

4. There shall be documented information that fire drills are held at least quarterly on all shifts of the facility, at unannounced times, and under a variety of conditions in order to evaluate the effectiveness of the plan and procedures.

5. Shall meet minimum standards as required by the state fire marshal.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§541. Annual Review of Community Mental Health Centers

A. It shall be the responsibility of each facility to conduct an annual survey for the mental health needs of the catchment area and to provide to the state mental health authority an annual written report on steps undertaken to meet those needs which will include:

- 1. a review of changes occurring in the catchment area relating to community mental health programs;
- 2. a delineation of community needs and requirements in the future;
- 3. a description in writing of each center's goals and objectives based on response to the needs of the population for that catchment area updated for that year;
- 4. the statistical, clinical, fiscal, administrative, and operational information outlined in these standards.

B. At least annually, representatives from the state mental health authority will conduct an on-site visit of each community mental health facility. Such a site inspection of physical facilities, interviews with staff, audit of financial records, etc., is deemed appropriate by the state mental health authority to assure compliance with all standards covered in this manual.

1. Upon completion of the annual review based on previously submitted written reports and information gathered during a site visit, each center shall receive a report on that review from the state mental health authority, a copy of which will be submitted to the regional office of the

National Institute of Mental Health with one copy filed in the office of the state mental health authority.

2. Each report will note the manner in which each facility is meeting the requirements outlined above any deficiencies, recommendations for compliance, outstanding features, etc.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§543. Enforcement of Standards

A. If, as a result of the annual review, any center or clinic is found to be deficient in compliance with the standards established by the state mental health authority as set forth above, it shall then be the responsibility of the director of mental health or his designated appointee to provide consultative services to that facility or to utilize whatever other means may be deemed necessary to bring such centers or clinics within full compliance of the established standards at the earliest possible time.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).

§545. Definitions

Administrative Staff—the personnel who are primarily involved in management functions of the facility.

Admission—see intake or admission.

Assessment—clinical consideration and evaluation of a patient which may, but does not necessarily, include examinations and tests determined to be necessary by the professional clinical staff, based on the needs of the individual patient.

Clinical Staff—the personnel of the facility who are primarily directly involved in patient care and treatment services.

Community—the people, groups, agencies, and other facilities within the locality served by the psychiatric facility.

Community Mental Health Center—a facility operated under public or private non-profit auspices and providing a range of mental health services including but not limited to inpatient, outpatient, partial hospitalization, emergency, and consultation and education, to residents of a specific catchment area designated in the Louisiana Comprehensive Mental Health Plan.

Community Mental Health Clinic—a facility operated under public or private non-profit auspices and providing some elements of mental health service including at least outpatient services to residents of an assigned geographic area (usually smaller than a catchment area). Generally community mental health clinics are subordinate units of

mental health centers, and essential services not available at the clinic are available to the population served by the clinic through the parent center or its affiliates.

Consultant—one who provides professional advice or service upon request.

Consumer—the individual or community of individuals whose psychiatric needs are served by the facility either directly or indirectly or both.

Discipline—a system of rules, concepts, procedures, and philosophy that collectively describe a distinctive methodology in the areas of assessment and/or treatment of individuals with emotional or behavioral disorders or deviations.

Drug Administration—an act in which a single dose of an identified drug is given to a patient for immediate consumption.

Drug Dispensing—the issuance of one or more doses of prescribed medication in containers that are correctly labeled to indicate the name of the patient, the contents of the container, and all other vital information needed to facilitate correct patient usage and drug administration.

Follow-Up—maintenance of contact with a former patient, collection of information regarding a patient or reexamination of a patient following assessment and/or therapy.

Inpatient Facility—any facility or service offering 24-hour care to patients, regardless of the number of days per week the program is in operation. Examples are psychiatric hospitals, psychiatric units of general hospitals, and free-standing inpatient units in mental health centers.

Intake or Admission—the formal acceptance of an individual for assessment and/or therapeutic services provided by the facility.

May—term used in the interpretation of a standard to reflect an acceptable method that is recognized but not necessarily preferred.

Outpatient Service—any service providing individuals psychiatric treatment for emotional, mental, or behavioral problems without their admission to a partial day or inpatient service. The usual procedure involves periodic visits of a relatively short duration.

Partial Hospitalization—any service whose primary purpose is to provide a planned therapeutic milieu and other care and treatment services. The services are designed for nonresidential patients who spend only a part of a 24-hour period in the programs of the facility. Examples are day hospitals and night hospitals.

Physician—an individual with an M.D. degree who is licensed to practice medicine in all its phases.

Professional Staff—the personnel of the facility, either administrative or clinical, who are qualified by specific training and whose services or practices are governed by technical and ethical standards.

Program—a structured set of clinical activities designed to achieve specific objectives relative to the needs of the patients served by the facility.

Psychiatric Facility—an organization with a governing body, its own administration, and a mental health professional staff, and having as a primary function the assessment and/or treatment and rehabilitation of persons with emotional and/or behavioral disorders and/or deviations or disturbances in their development, and in which there are psychiatrists or other physicians who assume medical responsibility for all persons under the care of the facility. In any facility where medical responsibility for psychiatric patients rests with physicians other than psychiatrists, such physicians should have training or experience and demonstrated competence in caring for psychiatric patients.

Psychiatrist—doctor of medicine who specializes in the assessment and treatment of persons having psychiatric disorders, and who is fully licensed to practice medicine in the state in which he so practices. The individual shall have completed an approved three-year residency in psychiatry.

Psychologist—an individual who has a doctoral degree in psychology from a program in clinical psychology approved by the American Psychological Association; or who has been certified in the appropriate specialty by the American Board of Professional Psychology; or who has been licensed by the state examining board.

Registered Nurse—a nurse who is a graduate of an approved school of nursing and who is licensed by the state of Louisiana to practice as a registered nurse.

Research—organized program(s) directed towards the investigation and evaluation, whether basic or applied, of subjects related to the prevention, diagnosis, and treatment of psychiatric illness.

Shall or *Must*—term used to indicate a mandatory statement, the only acceptable method under the present standards.

Should—term used in the interpretation of a standard to reflect the commonly accepted method, yet allowing for the use of effective alternates.

Social Worker—an individual who is a graduate of an accredited graduate school of social work.

AUTHORITY NOTE: Promulgated in accordance with PL 94:63, the Community Mental Health Centers' Act of 1975 and R.S.1950, Title 28, §203.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of Mental Health, LR 13:246 (April 1987).