Opening Statement

The Louisiana Department of Health, Health Standards Section, licenses four levels of adult residential care: personal care homes (Level 1), shelter care homes (Level 2), assisted living facilities (Level 3), and adult residential care (Level 4).

In 2010, responsibility for the licensing and regulation of adult residential care homes/facilities was transferred from the Department of Social Services to the Department of Health and Hospitals. Regulations for adult residential care homes/facilities went into effect in March 1999.

Legislative and Regulatory Update

There have been no recent regulatory or legislative updates finalized that would affect adult residential care providers (ARCP).

The legislature passed Act 43 (SB32), which goes into effect August 1, 2019, to update requirements for criminal background check for certified nurse aide trainees. Any educational institution or approved training program must conduct a criminal history background check on an applicant for the clinical preceptor nurse training program prior to acceptance to the program.

Additionally, the legislature passed Act 393 (HB 230) adding the crimes of “identity theft” and “abuse of persons with infirmities” to the list of offenses which would prohibit employment at certain health care facilities, including assisted living.

Regulations for ARCP were amended in October 2017. Revisions were made to definitions, ARCP policies and procedures requirements, ARCP general staffing requirements, staff training requirements, and resident personal space requirements. In July 2018, regulations were amended to revise provisions governing termination of residency agreements.
**Definition**

Adult residential care provider (ARCP) means a facility, agency, institution, society, corporation, partnership, company, entity, residence, person or persons, or any other group that provides adult residential care for compensation to two or more adults who are unrelated to the licensee or operator.

Adult residential care services include, at a minimum: assistance with activities of daily living, assistance with instrumental activities of daily living, lodging, and meals.

Level 1 ARCP – an ARCP that provides adult residential care for compensation to two or more residents but no more than eight who are unrelated to the licensee or operator in a setting that is designed similarly to a single-family dwelling.

Level 2 ARCP – an ARCP that provides adult residential care for compensation to nine or more residents but no more than 16 who are unrelated to the licensee or operator in a congregate setting that does not provide independent apartments equipped with kitchenettes, whether functional or rendered nonfunctional for reasons of safety.

Level 3 ARCP – an ARCP that provides adult residential care for compensation to 17 or more residents who are unrelated to the licensee or operator in independent apartments equipped with kitchenettes, whether functional or rendered nonfunctional for reasons of safety.

Level 4 ARCP – an ARCP that provides adult residential care for compensation to 17 or more residents who are unrelated to the licensee or operator in independent apartments equipped with kitchenettes, whether functional or rendered nonfunctional for reasons of safety. The moratorium on licensure of Level 4 adult residential care providers expired July 1, 2018.

**Disclosure Items**

The ARCP shall provide to prospective residents written information regarding conditions for residency, services, costs, fees and policies/procedures. This written information shall include, but is not limited to the following:

(1) The application process and the possible reasons for rejection of an application;

In 2018, HB 539 was enacted to create an expedited licensing process.

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(2) Types of residents suitable to the facility;

(3) Services offered and allowed;

(4) Resident’s responsibilities;

(5) Policy regarding smoking;

(6) Policy regarding pets;

(7) Fee structure, including but not limited to any additional costs for providing services to residents during natural disasters; and

(8) Criteria for termination of residency agreement.

**Facility Scope of Care**

The ARCP must provide or coordinate, to the extent needed or desired by each resident, the following services: assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs); meals; laundry; opportunities for individual and group socialization including regular access to the community resources; transportation; housekeeping, and a recreational program. It is the facility’s responsibility to ensure that needed services are provided, even if those services are provided by the resident’s family or by a third party or contracted provider.

Intermittent nursing services may be provided by level 4 ARCPs only.

**Third Party Scope of Care**

Residents may provide or arrange for care in the facility at their own expense that is not available through the facility as long as the resident remains in compliance with the conditions of residency. Health-related services above those allowed for by these regulations shall not be arranged for or contracted by a facility.

**Admission and Retention Policy**

ARCPs may not admit individuals whose conditions or care needs are beyond the scope of the facility’s capacity to delivery services and ensure residents’ health, safety and welfare. ARCPs may not admit residents with:

(1) Stage 3 or 4 pressure ulcers;

(2) Nasogastric tubes;

(3) Ventilator dependency;

(4) Dependency on BiPap, CPAP or other positive airway pressure devices without the ability to self-administer;
(5) Coma;

(6) Continuous IV/TPN therapy;

(7) Wound vac therapy;

(8) Active communicable tuberculosis; or

(9) Any condition requiring chemical or physical restraints.

Residents with a prohibited condition may remain in residence for up to 90 days provided that certain conditions are met.

Residents must be discharged if they are a danger to themselves or others or if the resident is transferred to another institution during which payment is not made to retain their bed at the facility. Residents must also be discharged if their mental or physical condition deteriorates to a level requiring services exceeding those agreed upon in the residency agreement and person-centered service plan; however, ARCPs may accept or retain residents in need of additional care beyond routine personal care if the resident can provide or arrange for his/her own care and this care can be provided through appropriate private-duty personnel. Additionally, the level of care required in order to accommodate the resident's additional needs must not amount to continuous nursing care (e.g., does not exceed 90 days).

**Resident Assessment**

The ARCP shall complete and maintain a pre-residency screening of prospective residents to assess their needs and appropriateness of residency. The assessment must include, for example, a screening of the resident’s physical and mental status, need for personal assistance, and need for assistance with ADLs and IADLs.

**Medication Management**

Staff may supervise the self-administration of prescription and non-prescription medication. This assistance shall be limited to reminders, cueing, opening containers, assistance in pouring medication, and bringing containers of oral medications to residents. Assistance with self-administration may be provided by staff members who hold no professional licensure, as long as that employee has documented training on the policies and procedures for medication assistance, including the limitations of assistance, and this training must be completed at least annually.

Staff administration of medications may be provided by all levels of facilities. The facility shall administer medications to residents in
Square Feet Requirements
For level 1 and 2 facilities, each single occupancy bedroom must have a floor area of at least 100 net square feet and each multiple occupancy bedroom space has a floor area of at least 70 net square feet for each resident. Bathrooms and closets/wardrobes are not included in the calculation.

For level 3 and 4 facilities, efficiency/studio living units shall have a minimum of 250 net square feet of floor space, excluding bathrooms and closets/wardrobes. Living units with separate bedrooms shall have a living area (living/dining/kitchenette) of at least 190 net square feet, excluding bathroom and closets. Each separate bedroom shall have a minimum of 100 net square feet, excluding bathroom and closet or wardrobe space.

Residents Allowed Per Room
A maximum of two residents is allowed per resident unit. Both individuals shall agree in writing to this arrangement.

Bathroom Requirements
For level 1 and 2 facilities, there must be one bathroom for every four residents. For level 3 and 4 facilities, each apartment must have a separate and complete bathroom. Entrance to a bathroom from one bedroom shall not be through another bedroom. Grab bars and non-skid surfacing or stripes shall be installed in all showers and bath areas. Facilities shall provide public restrooms of sufficient number and location to serve residents and visitors.

Life Safety
### Staffing Requirements

ARCPs shall be staffed to properly safeguard the health, safety, and welfare of the residents and to meet the scheduled and unscheduled needs of residents. There are no staffing ratios. At a minimum, facilities shall have a director, a designated recreational/activity staff person, and a direct care staff person; however, one person may occupy more than one position, though not on the same shift at a level 2 through level 4 facility.

In ARCPs that offer staff medication administration and level 4 facilities, the ARCP shall provide a sufficient number of RNs and LPNs to provide services to all residents in accordance with each resident’s plan. Level 4 ARCPs must employ or contract with at least one RN to serve as the nursing director and manage the nursing services. The nursing director need not be physically present at all times; however, the nursing director or his or her designee shall be on call and readily accessible 24 hours a day. For employees who do not provide care in a special dementia care program, but who provide direct face-to-face care to residents are

### Unit and Staffing Requirements for Serving Persons with Dementia

Alzheimer's Special Care Unit (ASCU) means any adult residential care provider that segregates or provides a special program or special unit for residents with a diagnosis of probable Alzheimer's disease or other dementia so as to prevent or limit access by a resident to areas outside the designated or separated area, or that advertises, markets, or otherwise promotes the facility as providing specialized Alzheimer’s/dementia care services.

If an ARCP accepts residents with dementia or residents at risk of wandering, an enclosed area shall be provided adjacent to the facility so that the residents may go outside safely. Door locking arrangements to create secured areas may be permitted where the clinical needs of the residents require specialized protective measures for their safety, provided that such locking arrangements are approved by and satisfy requirements of the state.

Staff of adult residential care providers that operate Alzheimer's units or market a facility as providing Alzheimer’s/dementia care must have specified training. Staff who provide direct face-to-face care to residents shall be required to obtain at least eight hours of dementia-specific training within 90 days of employment and eight hours of dementia-specific training annually. Employees who have regular contact with residents, but who do not provide direct face-to-face care, shall be required to obtain at least four hours of dementia-specific training within 90 days of employment and two hours of dementia training annually.
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**Administrator Education/Training**

Directors shall be at least 21 years of age. For levels 1 and 2, the director must meet at least one of the following criteria upon date of hire:

1. At least an associate’s degree from an accredited college plus one year of experience in the fields of health, social services, geriatrics, management or administration;

2. Three years of experience in health, social services, geriatrics, management, administration; or

3. A bachelor’s degree in geriatrics, social services, nursing, health care administration or related field.

For levels 3 and 4, the director must meet at least one of the following criteria upon date of hire:

1. A bachelor’s degree plus two years of administrative experience in the fields of health, social services, or geriatrics;

2. Six years of administrative experience in health, social services, or geriatrics;

3. A master’s degree in geriatrics, health care administration, or in a human service related field; or

4. Be a licensed nursing facility administrator.

For level 4 ARCPs, the director shall have successfully completed an adult residential care/assisted living director certification/training program consisting of, at a minimum, 12 hours of training.

Directors shall complete 12 hours of continuing education per year in areas related to the field of geriatrics, person-centered care, specialized training in the population served, and/or supervisory/management techniques.

**Staff Education/Training**

Orientation for all staff must be completed within seven days; orientation and annual training thereafter must cover specified topics. Direct-care workers shall complete 12 hours of in-service training each year in areas relating to the facility's policies and procedures; emergency and evacuation procedures; residents' rights; first aid; procedures and legal requirements concerning the
reporting of abuse and critical incidents; resident care services; infection control; and any specialized training to meet residents' needs.

**Entity Approving CE Program**

None specified.

**Medicaid Policy and Reimbursement**

Medicaid does not cover home and community-based services in adult residential care facilities.

**Citations**

Louisiana Administrative Code, Title 48, Chapter 68: Adult Residential Care Providers [August 2018]
http://ldh.la.gov/assets/medicaid/hss/docs/ARCP/ARCP_LAC48_1_Chap68_Aug2018.pdf

Louisiana Legislature 2018 Regular Session. House Bill No. 539

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