

Notices of Intent

NOTICE OF INTENT

Department of Culture, Recreation and Tourism Atchafalaya Trace Commission

Atchafalaya Trace Heritage Area Development Zone (LAC 25:XI.Chapter 3)

In accordance with the provisions of the Administrative Procedure Act (R.S. 49:950, et seq.) and the Atchafalaya Trace Commission (R.S. 25:1221-1226.6), the Atchafalaya Trace Commission hereby gives notice of intent to adopt the initial Rules of the Atchafalaya Trace Heritage Area Development Zone Review Board. The commission was established by Act 1440 of 1997 which enacted R.S. 25:1221-1225. The board was added by Act 112 of the First Extraordinary Session of 2002 enacting R.S. 25:1226-1226.6. The commission and board are situated in the Department of Culture, Recreation and Tourism and are domiciled in Baton Rouge. These proposed Rules implement the 2002 Act creating the Atchafalaya Trace Heritage Area Development Zone Program. The Atchafalaya Trace Heritage Area Development Zone Program establishes a system of tax exemptions and credits for heritage-based cottage industries in the Atchafalaya Trace Heritage Area.

The Department of Culture, Recreation and Tourism, Atchafalaya Trace Commission, in accordance with R.S. 25:1221-1226.6 and R.S. 49:950, et seq., hereby proposes to enact Chapter 3 of Part XI of Title 25 of the Louisiana Administrative Code, *Atchafalaya Trace Heritage Area Development Zone*. Notice of these proposed Rules is being given in response to legislation creating the Atchafalaya Trace Heritage Area Zone and Review Board.

Title 25

CULTURAL RESOURCES

Part XI. Office of the Secretary

Chapter 3. Atchafalaya Trace Heritage Development Zone

§301. Statement of Policy

A. In accordance with Act 112 of the First Extraordinary Session of 2002 enacting the Atchafalaya Trace Heritage Area Development Zone and pursuant to the Administrative Procedure Act, R.S. 49:950, et seq., the Atchafalaya Trace Commission adopts these Rules to provide for the application, review and recommendation process for heritage-based cottage industries in the Atchafalaya Trace Heritage Area to obtain tax credits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 25:1224.

HISTORICAL NOTE: Promulgated by the Department of Culture, Recreation and Tourism, Atchafalaya Trace Commission, LR 29:

§303. Purpose

A. The purpose and intent of this Chapter are:

1. to provide specific tax incentives for heritage-based cottage industries in the geographical area known as the Atchafalaya Trace Heritage Area; and

2. to assist individuals and businesses engaged in heritage-based commercial activities in obtaining capital and tax incentives through existing programs administered by federal, state, and local agencies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 25:1224.

HISTORICAL NOTE: Promulgated by the Department of Culture, Recreation and Tourism, Atchafalaya Trace Commission, LR 29:

§305. Definitions

Board Cthe Atchafalaya Trace Heritage Area Development Zone Review Board.

Commission Cthe Atchafalaya Trace Commission.

Cultural Heritage Cthose qualities that capture the traditions, customs, beliefs, history, folklore, ways of life, and material culture of the Atchafalaya Trace Heritage Area.

Department Cthe Department of Economic Development.

Development Zone Cthe Atchafalaya Trace Heritage Area Development Zone, which encompasses the territory of the following parishes in their entirety: St. Mary, Iberia, St. Martin, St. Landry, Avoyelles, Pointe Coupee, Iberville, Assumption, Terrebonne, Lafayette, West Baton Rouge, Concordia, and East Baton Rouge.

Full-Time Employee Ca person employed at the business for at least 32 hours per week.

Heritage-Based Cottage Industry Ca small business with no more than twenty full or part-time employees or an individual that is sustainably harnessing the Atchafalaya Trace Heritage Area's cultural heritage and natural heritage resources for purposes which include interpreting, accessing, developing, promoting, or reinforcing the unique character and characteristics of the heritage area. *Heritage-Based cottage industries* shall include lodging, including bed and breakfasts, camping, houseboats and recreational vehicle facilities; museums, including living museums and interpretive facilities; artists and craftsmakers of authentic or locally made products; authentic food packaging, production, and harvesting; music production and instrument making; historic homes, house museums, and historic sites; boat, canoe, kayak, and bicycle rentals; wild and scenic sites; hunting, fishing, and birding guide services; tour planning and cultural guide services; swamp tours, airboat tours, helicopter tours, plane tours, and balloon tours; retail facilities of authentic products, and agricultural tours. *Heritage-Based cottage industry* shall not include hotels, motels, restaurants, gaming facilities, churches, and housing. A *heritage-based cottage industry* may be a new, existing, or expanding business. In order to qualify as a *heritage-based cottage industry* for purposes of this Part, the owner of the business must be a resident of the Heritage Area Development Zone.

Natural Heritage Cone of those qualities that capture the environmental features of the Atchafalaya Trace Heritage Area, including man-made and natural resources and wildlife.

Part-Time Employee Ca person employed at the business for at least 20 hours per week.

Qualifying Employee—A full-time or part-time employee whose job duties are either:

1. primarily related directly to sustainably harnessing the cultural heritage or natural heritage resources of the Atchafalaya Heritage Area; or
2. secondarily related by virtue of performing a support function regarding the business activities related to sustainably harvesting the cultural heritage or natural heritage resources of the Atchafalaya Heritage Area.

Review Board—the Atchafalaya Trace Heritage Area Development Zone Review Board.

Small Business—any person or legal entity engaged in any trade, occupation, profession, commercial, mercantile, or industrial activity with no more than 20 full-time or part-time employees.

Sustainably Harnessing—utilizing a resource so as to not permanently deplete or damage that resource or permanently alter or damage the environment in which it occurs or grows.

AUTHORITY NOTE: Promulgated in accordance with R.S. 25:1224.

HISTORICAL NOTE: Promulgated by the Department of Culture, Recreation and Tourism, Atchafalaya Trace Commission, LR 29:

§307. Application for Tax Credit or Exemption

A. An applicant for tax credits or exemptions under R.S. 25:1226.4 shall provide the following:

1. name of business—this shall be the complete legal name of the business;
2. parent company, if applicable;
3. physical address:
 - a. principal place of business;
 - b. each location where significant operations of the business occur;
4. ownership information—this shall include all owners, either direct or through ownership of stock or partnership shares;
5. parish of residence for all owners listed in §307.A.4;
6. parish in which the principal place of business is located;
7. parish in which any significant operations of the business occur;
8. type of business entity;
9. contact information;
10. tax information:
 - a. federal tax identification number or social security number for all persons or entities listed in §307.A.4;
 - b. Louisiana Department of Revenue tax identification number;
 - c. Louisiana Unemployment Insurance identification number;
11. current employment information:
 - a. total number of employees:
 - i. full-time;
 - ii. part-time;
 - b. number of employees at each location listed in §307.A.3;
 - c. list of the names, job titles, and Social Security numbers of all employees;
12. description of business, including the business's use or access to cultural and natural heritage of the Atchafalaya Heritage Area;

13. gaming activities, if any, conducted by the business.
B. For each qualifying employee for which the new employee tax credit is claimed, provide the following:

1. name;
2. residence address;
3. parish of residence;
4. social security number;
5. hours worked per week at the business;
6. length of residence at address listed;
 - a. if length of residence is less than 30 days, provide previous residence address;
 - b. evidence of residence at listed address(es); examples include:
 - i. utility bills in employee's name at that address;
 - ii. voter registration card;
 - iii. driver's license;
 - iv. homestead exemption or property tax notice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 25:1224.

HISTORICAL NOTE: Promulgated by the Department of Culture, Recreation and Tourism, Atchafalaya Trace Commission, LR 29:

§309. Criteria for Reviewing Applications

A. The Review Board shall review the applications for tax credits and exemptions using the following criteria:

1. the specific cultural heritage resource or natural heritage resource being utilized;
2. the purpose for which the resource is utilized;
3. the relationship of that purpose or final product to the cultural heritage or natural heritage of the Atchafalaya Heritage Area;
4. the degree to which the purpose or final product relates to or expresses the unique character and characteristics of the Atchafalaya Heritage Area;
5. the location and ownership of the business;
6. the residence of the owner and each qualifying employee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 25:1224.

HISTORICAL NOTE: Promulgated by the Department of Culture, Recreation and Tourism, Atchafalaya Trace Commission, LR 29:

Family Impact Statement

The proposed Rules have no known impact on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budget;
5. the behavior and personal responsibility of children; and
6. the ability of the family or local government to perform the functions contained in the Rule.

Interested persons may direct inquiries or submit written comments by June 19, 2003 to Adriane Kramer, Assistant Executive Director, Atchafalaya Trace Commission, Louisiana Department of Culture, Recreation and Tourism, P. O. Box 94361, Baton Rouge, LA 70804-9361; fax (225) 219-7770; or e-mail at akramer@crt.state.la.us.

Phyllis Mayo
Executive Director

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

**RULE TITLE: Atchafalaya Trace Heritage Area
Development Zone**

**I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO
STATE OR LOCAL GOVERNMENT UNITS (Summary)**

There is no anticipated cost to state or local governmental units.

**II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE
OR LOCAL GOVERNMENTAL UNITS (Summary)**

The total estimated revenue loss through FY 2005-06 is \$450,000 from the State General Fund. It is likely that a large number of potentially eligible businesses and individuals exist in the region because it encompasses 13 parishes, and these parishes include the cities of Baton Rouge and Lafayette as well as a number of smaller towns and municipalities. In order to realize at least a \$500,000 annual aggregate state tax loss, a combination of individuals, businesses and employee growth totaling 667 would be required. That level of participation probably cannot be achieved quickly.

**III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO
DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL
GROUPS (Summary)**

Owners of qualifying heritage-based small businesses will receive a tax credit of up to \$750 per year for five years, plus an additional \$750 per year for each new full-time (or two part-time) employees. This is a direct economic benefit to business owners. There is no cost for applying for the program.

**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)**

We anticipate that the program will have a positive effect on employment in the private sector. The tax credits are intended to encourage growth in heritage-based small businesses.

Phillip J. Jones
Secretary
0305#028

Robert E. Hosse
General Government Section Director
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 741C Louisiana Handbook for School
Administrators C Policy for Louisiana's Public
Education Accountability System
(LAC 28:I.901)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement an amendment to Bulletin 741, referenced in LAC 28:I.901.A, promulgated by the Board of Elementary and Secondary Education in LR 1:483 (November 1975). Act 478 of the 1997 Regular Legislative Session called for the development of an Accountability System for the purpose of implementing fundamental changes in classroom teaching by helping schools and communities focus on improved student achievement. The State's Accountability System is an evolving system with different components. The proposed changes more closely align the State's Accountability System with the "No Child Left Behind Act of 2002" follows.

Establishing a timeline for the release of School Performance Scores so that LEA's have time to plan and implement actions required in Corrective Actions Level II and III.

Title 28

EDUCATION

**Part I. Board of Elementary and Secondary Education
Chapter 9. Bulletins, Regulations, and State Plans**

Subchapter A. Bulletins and Regulations

§901. School Approval Standards and Regulations

A. Bulletin 741

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A) (10), (11), (15); R.S. 17:7 (5), (7), (11); R.S. 17:10, 11; R.S. 17:22 (2), (6).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education LR 1:483 (November 1975), amended by the Board of Elementary and Secondary Education in LR 28:269, 272 (February 2002); LR 28:991 (May 2002); LR 28:1187 (June 2002), LR 29:

**The Louisiana School and District
Accountability System**

2.006.03 A School Performance Score (SPS) shall be calculated for each school. This score shall range from 0-100 and beyond, with a score of 100 indicating a school has reached the 10-Year Goal and a score of 150 indicating a school has reached the 20-Year Goal. The lowest score that a given school can receive for each individual indicator index and/or for the SPS as a whole is "0".

For schools entering accountability after 1999, one year's data shall be used for schools formed in mid-cycle years and two year's data for other schools.

New schools with one year of test data shall be included in accountability. For attendance and dropout data, LEA's shall have the option of using:

- the district average for schools in the same category as the new school;
- data from the prior year, if whole grade levels from an existing school or schools moved to the new school.

During the summer of 1999 for K-8 schools, each school shall receive two School Performance Scores as follows:

- a score for regular education students, including gifted, talented, and Section 504 students;
- a score including regular education students AND students with disabilities eligible to participate in the CRT and/or NRT tests.

For the purpose of determining Academically Unacceptable Schools, during the summer of 1999 for K-8 schools, the School Performance Score that includes only regular education students shall be used.

Any references to Supplemental Educational Services in this policy apply to Title I schools only.

Beginning in 2003, for schools that may be subject to choice and/or Supplemental Educational Services provisions, the LDE shall annually release preliminary School Performance Scores and Corrective Action status at least two weeks prior to the first day of the school year following the school year in which the assessment data was collected. Final School Performance Scores will be issued during the fall semester each year.

Formula for Calculating an SPS [K-6]

The SPS for a K-6 school is calculated by multiplying the index values for each indicator by the weight given to that indicator and adding the total scores. In the example, [(66.0 * 60%) + (75.0 * 30%) + (50.0 * 10%)] = 67.1

Indicator	Index Value	Weight	Indicator Score
CRT	66.0	60%	39.6
NRT	75.0	30%	22.5
Attendance	50.0	10%	5.0
SPS = 67.1			

Criterion-Referenced Tests (CRT) Index Calculations

A school's CRT Index score equals the sum of the student totals divided by the number of students eligible to participate in state assessments times 4 (number of subjects). For the CRT Index, each student who scores within one of the following five levels shall receive the number of points indicated.

Advanced =	200 points
Mastery (Exceeding the Standard) =	150 points
Basic (Meeting the Standard) =	100 points
Approaching Basic (Approaching the Standard) =	50 points
Unsatisfactory =	0 points

Option I students: those students failing the 8th grade LEAP 21 that have been

- retained on the 8th grade campus
 - must retake all parts of the 8th Grade LEAP 21
- If, during spring testing, a repeating fourth grade student or Option I 8th grade student receives a score of Approaching Basic (Approaching the Standard) or above on a LEAP 21 test of mathematics, English language arts, science or social studies for which he/she received a score of Unsatisfactory the previous spring, the retaining school shall receive 50 incentive points per subject in its accountability index. A student may earn a maximum of 200 incentive points for his/her school. (No incentive points will be awarded for passing parts of tests in the summer school of the year they first failed in spring testing.)

Formula for Calculating a CRT Index for a K-8 School

1. Calculate the total number of points by multiplying the number of students at each
2. performance level times by the points for those respective performance levels, for all content areas and summing those products. Add to the sum any Incentive Points. Divide by the product of the total number of students eligible to be tested times the number of content area tests.
3. Zero shall be the lowest CRT Index score reported for accountability calculations.

Transition Years [K-8]

To accommodate the phase-in of the Social Studies and Science components of the CRT for Elementary and Secondary Accountability Cycles, the State Department of Education shall use following LEAP Test components when calculating the School Performance Scores (SPS) for K-8 :

Timelines/School Years			LEAP-CRT Index Components								
Cycle	Baseline SPS Data	Growth SPS Data	Grade								
			4				8				
			ELA	Math	Science	Social Studies	ELA	Math	Science	Social Studies	
1	1998-1999	2000-2001	✓	✓				✓	✓		
2	1999-2000 & 2000-2001	2001-2002 & 2002-2003	✓	✓	✓	✓	✓	✓	✓	✓	✓
3	2001-2002 & 2002-2003	2003-2004 & 2004-2005	✓	✓	✓	✓	✓	✓	✓	✓	✓

Norm-Referenced Tests (NRT) Index Calculations [K-8]

For the NRT Index, composite standard scores shall be used for computing the SPS. Index scores for each student shall be calculated, scores totaled, and then averaged together to get a school's NRT Index score.

NRT Goals and Equivalent Standard Scores

Composite Standard Scores Equivalent to Louisiana's 10- and 20-Year goals, by Grade Level *

		Grade			
Goals	Percentile Rank	3	5	6	7
10-Year Goal	55th	187	219	231	243
20-Year Goal	75th	199	236	251	266

NRT Formulas Relating Student Standard Scores to NRT Index [K-8]

Where the 10-year and 20-year goals are the 55th and 75th percentile ranks, respectively, and where SS = a student's standard score, then the index for that student is calculated as follows:

Grade 3:	Index 3 rd grade = (4.167 * SS) - 679.2 SS = (Index 3rd grade + 679.2)/4.167
Grade 5:	Index 5 th grade = (2.941 * SS) - 544.1 SS = (Index 5th grade + 544.1)/2.941
Grade 6:	Index 6 th grade = (2.500 * SS) - 477.5 SS = (Index 6th grade + 477.5)/2.500
Grade 7:	Index 7 th grade = (2.174*SS) - 428.3 SS= (Index 7th grade + 428.3)/2.174

Formula for Calculating an SPS for 9-12 and Combination Schools

The SPS for a 9-12 school shall be calculated by multiplying the index values for each indicator by the weight given to the indicator and adding the total scores. The formula is

$$\text{SPS} = (.60 * \text{CRT Adjusted Achievement Index}) + (.30 * \text{NRT Adjusted Achievement Index}) + (.05 * \text{Dropout Index}) + (.05 * \text{Attendance Index})$$

All intermediate results and the final result shall be rounded to the nearest tenth.

The following is an example of how this calculation shall be made:

$$[(.60 * 66.0) + (.30 * 75.0) + (.05 * 50.0) + (.05 * 87.5)] = 69.0.$$

Indicator	Index Value	Weight	Indicator Score
CRT	66.0	60%	39.6
NRT	75.0	30%	22.5
Attendance Index	50.0	5%	2.5
Dropout Index	87.5	5%	4.4
SPS			69.0

Transition Years [9-12]

To accommodate the phase-in of the grades 10 and 11 GEE 21 criterion-referenced tests, the Department shall use the following indicators:

Timelines/School Years			Indicators Included				
Cycle	Baseline SPS Data	SPS Data	Grade 9 NRT	Grade 10 CRT	Grade 11 CRT	Attendance	Dropout
1	2000-01	2002-03 ¹	✓	✓		✓*	✓*
2	2001-02 & 2002-03 (avg.)	2003-04 & 2004-05 (avg.)	✓	✓	✓	✓*	✓*
3	2003-04 & 2004-05 (avg.)	2005-06 & 2006-07 (avg.)	✓	✓	✓	✓*	✓*

*Indicates use of prior year data for these indexes.

¹The SPS at the beginning of cycle 2 shall be calculated using the average of the 2002 and 2003 NRT scores, the average of the 2002 and 2003 CRT scores, and the average of the 2001 and 2002 attendance and dropout data. The SPS for the beginning of cycle 2 shall be compared to the 2001 baseline SPS for determining growth.

Transition Years [Combination Schools]

Combination Schools are schools that contain a 10th and/or 11th grade and that also contain a 4th and/or 8th grade. To accommodate the phase-in of Social Studies and Science components of the CRT tests for Secondary Accountability Cycles, the Department shall use the following LEAP Test components when calculating the SPS for combination schools.

Cycle 1 Baseline SPS for Combination Schools	Cycle 2 SPS for Combination Schools
K-8 portion of school: 2 years averaged (2000 and 2001) of all CRT data	K-8 portion of school: 2 years averaged (2002 and 2003) of all CRT data.
9-12 portion of school: 1 year baseline data (2001) without grade 11 CRT	9-12 portion of school: 2 years averaged (2002 and 2003) of all CRT data.

Criterion-Referenced Tests (CRT) Index Calculations [9-12]

A high school's CRT Index score equals the sum of the eligible student totals divided by the number of tests those students were eligible to take. For the CRT Index, each student who scores within one of the following five levels shall receive the number of points indicated.

Advanced	200 points
Mastery (Exceeding the Standard)	150 points
Basic (Meeting the Standard)	100 points
Approaching Basic (Approaching the Standard)	50 points
Unsatisfactory	0 points

Norm-Referenced Tests (NRT) Index Calculations [9-12]

For the NRT Index, standard scores shall be used for computing the SPS. Index scores for each student shall be calculated, scores totaled, and then averaged together to get a high school's NRT Index score.

NRT Goals and Equivalent Standard Scores for Grade 9

Goal	Percentile Rank	Grade 9 Composite Standard Score
10-Year Goal	55 th	263
20-Year Goal	75 th	287

NRT Formulas Relating Student Standard Scores to NRT Index [9-12]

If the 10-Year and 20-Year Goals are the 55th and 75th percentile ranks respectively and if the SS = a student's standard score, the index for a grade 9 student is calculated as follows:

$$\text{Index } 9^{\text{th}} \text{ grade} = (2.083 * \text{SS}) - 447.8$$

$$\text{SS} = (\text{Index } 9^{\text{th}} \text{ grade} + 447.8) / 2.083$$

Only with the exception of grade 8 Option II students, all Louisiana students in grades three through eleven will participate in only one of the following state assessments on an annual basis:

- LEAP 21 or,
- GEE 21 or,
- Iowa On-Level or,
- LEAP Alternate Assessment B (LAA-B) or,
- LEAP Alternate Assessment (LAA)

Formula for Calculating the NRT and CRT Adjusted Achievement Index for a High School

1. Sum the number of points earned by all students. For the NRT, there shall be one score for each student: the NRT Index calculated from the student's composite standard score. For the CRT, students shall be taking two tests at each grade.
2. Divide the sum by the total number of students eligible to be tested times the number of content area tests. This calculation provides the raw achievement index for the grade.
3. Multiply the raw index by the product of the non-dropout rates from the previous year, for that grade and for all the previous grades. (See Examples below.) This operation means that the grade 9 NRT Index shall be multiplied by the grade 9 non-dropout rate + .07, the grade 10 CRT Index shall be multiplied by the grade 9 and grade 10 non-dropout rates rate + .07, and the grade 11 CRT Index shall be multiplied by the grade 9, grade 10 and grade 11 non-dropout rates rate + .07. Any Option II student who passes a previously failed portion of the CRT earns 50 Incentive Points for his/her high school. Add any Option II Incentive points to the NRT value after multiplying to adjust for dropouts. This operation shall yield the Adjusted Achievement Index.
4. Zero shall be the lowest NRT or CRT Adjusted Achievement Index score reported for accountability calculations.

The formula for calculating the NRT and CRT Adjusted Achievement Index for a High School is:

NRT Adjusted Achievement Index = Raw Achievement Index * (1-DO Gr 9 + .07)
 CRT Adjusted Achievement Index (Gr 10) = Raw Achievement Index * (1-DO Gr 9 + .07) * (1-DO Gr 10 + .07)
 CRT Adjusted Achievement Index (Gr 11) = Raw Achievement Index * (1-DO Gr 9 + .07) * (1-DO Gr 10 + .07) * (1-DO Gr 11 + .07)

Example 1 – Grade 9:

- Before beginning grade 9, a class has 50 students; by the end of September, 45 remain in the class. The grade 9 dropout rate is $(5/50) = .100$.
- The number of points earned on the NRT is 5000.
- The raw achievement index is $5000/45 = 111.1$.
- The adjusted achievement index is $111.1 \times (1 - .100 + .07) = 107.8$.

Example 2 – Grade 10:

- Another 5 students dropout before October of grade 10. The grade 10 dropout rate is $5/45 = .111$.
- The 40 students remaining in the class earn 10,000 points on the two CRT tests. The raw achievement index is $10,000/(40 * 2) = 125.0$.
- The adjusted achievement index is $125.0 \times (1 - .100 + .07) \times (1 - .111 + .07) = 116.3$.

Attendance Index Calculations for Grades 9-12

An Attendance Index score for each high school shall be calculated. The initial year's index shall be calculated from the prior year's attendance rates. Subsequent years' indexes indices shall be calculated using the prior two years' average attendance rates as compared to the State's goals.

Attendance Goals

	10-Year Goal	20-Year Goal
Grades 9-12	93%	96%

Attendance Index Formula for Grades 9-12

If the 10-Year and 20-Year Goals are 93% and 96% average attendance respectively and if the ATT = attendance percentage using the definition of attendance established by the Department of Education, the attendance index is calculated as follows:

Indicator (ATT 9-12) = (16.667 * ATT) – 1450.0.

Example:

- If the average attendance percentage is 94.3%, the Attendance Index would be $(16.667 * 94.3) - 1450.0 = 121.7$.

Zero shall be the lowest Attendance Index score reported for accountability calculations.

Dropout Index Calculations for Grades 9-12

A Dropout Index score for each high school shall be calculated. The initial year's index shall be calculated from the prior year's dropout rates. Subsequent years' indexes indices shall be calculated using the prior two years' average dropout rates as compared to the State's goals.

Dropout Goals

	10-Year Goal	20-Year Goal
Grades 9-12	7%	3%

Dropout Index Formula for Grades 9-12
Dropout Index = $187.5 - (12.5 \times \text{dropout rate})$

Example:

If the dropout rate is 4.5%, the Dropout Index would be $187.5 - (12.5 \times 4.5) = 131.3$.
Zero shall be the lowest Dropout Index score reported for accountability calculations.

The national definition of *dropout* shall be adhered to, but in certain instances the Louisiana Department of Education shall calculate an "Adjusted Dropout Rate" for accountability purposes.

School Performance Scores for Combination Schools

Combination Schools are schools that contain a 10th and/or 11th grade and that also contain a 4th and/or 8th grade.

The formula for calculating an SPS for Combination Schools is defined in the High School calculations.

Formula for Calculating a CRT Index for a Combination School

1. Calculate the CRT Index score for the K-8 portion of the school as instructed above in the K-8 directions.
2. Calculate the CRT Adjusted Index score for the 9-12 portion of the school as instructed above in the 9-12 directions.
3. Multiply the K-8 CRT Index by the number of students eligible to take the K-8 CRT times 4 (number of subjects). Multiply the 9-12 CRT Adjusted Index by the number of tests 9-12 students were eligible to take.
4. Sum the two products in step 3.
5. Divide the sum in step 4 by the sum of tests all students (K-12) were eligible to take.
[(K-8 CRT Index * number students eligible to test *4) + (9-12 CRT Adjusted Index * number of tests students were eligible to take)] / Total of tests K-12 students were eligible to take.

Formula for Calculating a NRT Index for a Combination School

1. Calculate the NRT Index score for the K-8 portion of the school as instructed above in the K-8 directions.
2. Calculate the NRT Adjusted Index score for the 9-12 portion of the school as instructed above in the 9-12 directions.
3. Multiply the K-8 NRT Index by the number of students eligible to take the K-8 NRT. Multiply the 9-12 NRT Adjusted Index by the number of 9-12 students eligible to take the NRT. Sum the two products. Divide the sum by the number of K-12 students eligible to take the NRT.
[(K-8 NRT Index * number students eligible to test) + (9-12 NRT Adjusted Index * number of students eligible to test)] / Total K-12 students eligible to test.

Formula for Calculating an Attendance Index for a Combination School

6. Calculate the Attendance Index for the K-8 portion of the school as instructed above in the K-8 directions.
7. Calculate the Attendance Index for the 9-12 portion of the school as instructed above in the 9-12 directions.
8. Multiply the K-8 Attendance Index by the K-8 enrollment total. Multiply the 9-12 Attendance Index by the 9-12 enrollment total. Sum the two products. Divide the sum by the number of K-12 students enrolled in the school.
[(K-8 Attendance Index * number of K-8 students) + (9-12 Attendance Index * number of 9-12 students)] / Total K-12 enrollment.

Formula for Calculating a Dropout Index for a Combination School

1. Calculate the Dropout Index for the K-8 portion of the school as instructed above in the K-8 directions.
2. Calculate the Dropout Index for the 9-12 portion of the school as instructed above in the 9-12 directions.
3. Multiply the K-8 Dropout Index by the 7-8 enrollment total. Multiply the 9-12 Dropout Index by the 9-12 enrollment total. Sum the two products. Divide the sum by the number of 7-12 students enrolled in the school.
[(K-8 Dropout Index * number of 7-8 students) + (9-12 Dropout Index * number of 9-12 students)] / Total 7-12 enrollment.

Corrective Actions

2.006.09 A school shall enter in Corrective Actions I if any of the following apply.

- It is Academically Below the applicable State Average and it did not make its Growth Target, or
- It is Academically Above the applicable State Average and has a Growth Label of School in Decline or No Growth.

A school that enters Corrective Actions shall receive additional support and assistance, with the expectation that extensive efforts shall be made by students, parents,

teachers, principals, administrators, and the school board to improve student achievement at the school. There shall be three levels of Corrective Actions.

All schools in Corrective Actions I shall provide pertinent information to the Louisiana Department of Education concerning steps they have taken to improve student performance in order to document activities related to Corrective Actions I and in light of recent proposed changes in federal programs. This information shall be required on an annual basis.

Requirements for Schools in Corrective Actions I

1. A Revised or New School Improvement Plan

All Louisiana schools were required to have a School Improvement Plan in place by May of 1998. Those schools placed in Corrective Actions I shall be required to review and either revise or rewrite completely their plan, with the assistance of a District Assistance Team, and submit it to the Division of School Standards, Accountability, and Assistance. The plan shall contain the following essential research-based components:

- a. a statement of the school's beliefs, vision, and mission;
- b. a comprehensive needs assessment that shall include the following quantitative and qualitative data:
 - student academic performances on standardized achievement tests (both CRT and NRT) and performance/authentic assessment-disaggregated by grade vs. content vs. exceptionality;
 - demographic indicators of the community and school to include socioeconomic factors;
 - school human and material resources summary that includes teacher demographic indicators and capital outlay factors;
 - interviews with stakeholders: principals, teachers, students, parents;
 - student and teacher focus groups;
 - questionnaires with stakeholders (principals, teachers, students, parents) measuring conceptual domains outlined in school effectiveness/reform research;
 - classroom observations;
- c. measurable objectives and benchmarks;
- d. effective research-based methods and strategies;
- e. parental and community involvement activities;
- f. a professional development component aligned with assessed needs;
- g. external technical support and assistance;
- h. evaluation strategies;
- i. coordination of resources and analysis of school budget (possible redirection of funds);
- j. an action plan with time lines and specific activities.

2. Assurance pages

Each school in Corrective Actions I shall be required to provide assurances that it worked with a District Assistance Team to develop its School Improvement Plan, and that the plan has the essential components listed above. Signatures of the team members shall also be required.

3. A quarterly Monitoring of the Implementation of the School Improvement Plan

District Assistance Teams shall assist schools in Corrective Actions I in monitoring the implementation of their School Improvement Plan. All schools in Corrective Actions I shall be required to submit to the Louisiana Department of Education a quarterly report on the implementation of their School Improvement Plan in paper and/or electronic format.

4. An Annual Evaluation of the Level of Implementation of the School Improvement Plan

This evaluation shall be required on an annual basis. The Louisiana Department of Education shall make every effort to see that the information is collected in a manner that shall be of assistance to the schools and that shall provide feedback to them as they strive to improve student achievement.

A school shall enter Corrective Actions Level II if:

- It is Academically Unacceptable.

A school shall remain in Corrective Actions Level II if:

- It is Academically Unacceptable, made its Growth Target, and it was in Corrective Actions II the previous cycle. A school in Corrective Actions Level II shall begin the remedies required at this level upon the initial identification of the school for Corrective Actions Level II.
- If a school's initial identification for Corrective Actions Level II occurs with the summer preliminary School Performance Score release, the school shall offer choice and/or state approved Supplemental Educational Services prior to the first day of school of that school year.
- If a school's initial identification for Corrective Actions Level II occurs with the fall final School Performance Score release, the school shall offer choice and/or state approved Supplemental Educational Services in January of that school year.
- If a school is wrongly identified through the summer preliminary School Performance Score release, the school shall:
 - Continue in their choice obligations for the remainder of that school year, but shall be released from these obligations for the following school year.
 - Continue in their state approved supplemental service obligations for the remainder of the semester, but shall be released from these obligations for the following semester.

Corrective Actions Level II: All schools in Corrective Actions II are labeled Academically Unacceptable. All schools in Corrective Actions II must adhere to the requirements of schools in Corrective Actions I; however, Corrective Actions II schools must submit to the Louisiana Department of Education a Monthly Monitoring of the Implementation of the School Improvement Plan. Beginning in 2003, upon initial identification for Corrective Actions II, schools shall offer choice according to the choice provisions in section 2.006.11 of this policy.

Corrective Actions Level II: A highly trained Distinguished Educator (DE) shall be assigned to a school by the State. The DE shall work in an advisory capacity to help the school improve student performance. The DE shall make a public report to the school board of recommendations for school improvement. Districts shall then publicly respond to these recommendations.

In the interim year of each accountability cycle, Corrective Actions Level II schools that do not attain at least 40% of their Growth by the first day of the school year if the initial identification occurs with the summer preliminary School Performance Score release or in January if the initial identification occurs with the fall final School Performance Score release.

A school shall enter Corrective Actions Level III if:

- It was in Corrective Actions Level II the previous cycle, and Academically Unacceptable, and it did not make its Growth Target.

A school in Corrective Actions Level III shall begin the remedies required at this level upon the initial identification of the school for Corrective Actions Level III.

- If a school's initial identification for Corrective Actions Level III occurs with the summer preliminary School Performance Score release, the school shall continue to offer choice and shall offer state approved Supplemental Educational Services prior to the first day of school of that school year.
- If a school's initial identification for Corrective Actions Level III occurs with the fall final School Performance Score release, the school shall offer choice and state approved supplemental services in January of that school year.
- If a school is wrongly identified through the summer preliminary School Performance Score release, the school shall:
 - Continue in their choice obligations for the remainder of that school year, but shall be released from these obligations for the following school year.

* Continue in their state approved Supplemental Educational Services obligations for the remainder of that semester, but shall be released from these obligations for the following semester .

Corrective Actions Level III: Beginning in 2003, upon initial identification for Corrective Actions Level III, identified schools shall offer choice according to the choice provisions in section 2.006.11 of this policy and shall notify the parents of all students in the school of their right to state approved Supplemental Educational Services. The DE shall continue to serve the school in an advisory capacity. A district must develop a Reconstitution Plan for the school at the beginning of the first year in this level and submit the plan to the SBESE for approval by February.

If a Corrective Actions Level III school has not achieved at least 40% of its Growth Target at the end of the first year and SBESE has approved its Reconstitution Plan, then the school shall implement the Reconstitution Plan during the beginning of the next school year. If the SBESE does not approve the Reconstitution Plan AND a given school does not meet the required minimum growth, the school shall lose its State approval and all State funds.

Any reconstituted School's SPS and Growth Target shall be re-calculated utilizing data from the end of its previous year. The SBESE shall monitor the implementation of the Reconstitution Plan.

Movement in Corrective Actions

All schools that:

- Have a SPS \geq 100.0 are exempt from Corrective Actions I, II, and III during the first ten years
- Are not Academically Unacceptable and meet or exceed their Growth Targets shall exit Corrective Actions I.
- Have a SPS \geq the applicable State Average but $<$ 100.0 must make some growth (0.1 pts) or enter/remain in Corrective Actions I.
- Are not Academically Unacceptable but have a SPS $<$ the applicable State Average must make their Growth Targets or enter/remain in Corrective Actions I.
- Are Academically Unacceptable shall enter in Corrective Actions Level II.
- Are Academically Unacceptable and make their Growth Targets, but remain Academically Unacceptable, shall remain in Corrective Actions II.
- Are Academically Unacceptable and did not make their Growth Targets, but remain Academically Unacceptable, shall enter Corrective Actions Level III.

Determination of Academically Unacceptable schools in 2003 shall be based on the higher of two School Performance Scores: one using an average of the 2001-02 and 2002-03 accountability data, and the other using the 2002-2003 accountability data only.

Corrective Actions Summary Chart

School Level Tasks

Level I

- 1) Utilize the State's diagnostic process or another process meeting State approval to identify needs; and
- 2) Work with District Assistance Team to develop/implement a consolidated improvement plan, including an integrated budget. The process must include
 - a) opportunities for significant parent and community involvement,
 - b) public hearings, and
 - c) at least two-thirds teacher approval.

Level II

- 1) Continue to adhere to the requirements of Corrective Actions Level I schools;
- 2) Work with advisory Distinguished Educator, teachers, parents, and others to implement revised School Improvement Plan; and
- 3) Distinguished Educator works with principals to develop capacity for change

Level III

- 1) Continue to adhere to the requirements of Corrective Actions Level I schools;
- 2) Distinguished Educator continues to assist with improvement efforts and work with the advisory District Assistance Team and other district personnel to design that school's Reconstitution Plan or No State Approval/No State Funding.
- 3) If the Reconstitution Plan is approved by the SBESE: a) implement Reconstitution Plan, and b) utilize data from the end of the previous year to re-calculate the School Performance Score goals and Growth Targets.
- 4) If Reconstitution Plan is not approved, no State approval/no State funding.

District Level Tasks

Level I

- 1) Create District Assistance Teams to assist schools;
- 2) Identify existing and additional assistance being provided by districts such as funding, policy changes, and greater flexibility;
- 3) Reassign or remove school personnel as necessary and as allowed by law; and
- 4) Ensure Academically Unacceptable schools receive at least their proportional share of applicable state, local, and federal funding.

Level II

- 1) Continue to help schools through the use of District Assistance Teams;
- 2) Hold public hearing and respond to Distinguished Educator's written recommendations;
- 3) Response in writing submitted to SBESE by local boards no later than 45 days subsequent to receiving the Distinguished Educator's report:
Failure to respond to these recommendations will result in the school receiving unapproved status and being ineligible to receive federal subgrantee assistance funds until such response is received;
- 4) Reassign or remove personnel as necessary and as allowed by law; and
- 5) Beginning in 2003, notify parents of their right to send their children to another at the initial identification of the school for Corrective Actions Level II (Ref. 2.006.11); and
- 6) Offer state approved Supplemental Educational Services by the first day of the school year if the initial identification occurs with the summer preliminary School Performance Score release or in January if the initial identification occurs with the fall final School Performance Score release to students in schools that do not meet 40% of their Growth Targets.

Level III

- 1) Continue to help schools through the use of District Assistance Teams;
- 2) Continue notifying parents of students attending Academically Unacceptable Schools of their right to send their children to other public schools within the LEA;
- 3) Continue to offer state approved Supplemental Educational Services.
- 4) Design a Reconstitution Plan and submit to the SBESE by February; and
- 5) At the end of year one, one of the following must occur: a) schools must make adequate growth of at least 40% of the Growth Target b) the district implements the Reconstitution Plan approved by the SBESE; and c) the SBESE shall grant non-school approval status; and

Reconstitution or No State Approval/Funding

- 1) If Reconstitution Plan is approved by the SBESE, provide implementation support.
- 2) If the Reconstitution Plan is not approved, no State approval/no State funding.

State Level Tasks

Level I

- 1) Provide diagnostic process for schools;
- 2) Provide training for District Assistance Teams;
- 3) For some Academically Unacceptable Schools only, the SBESE shall assign advisory Distinguished Educators to schools; and
- 4) Work to secure new funding and/or redirect existing resources to help schools implement their improvement plans

Level II

- 1) Assign advisory Distinguished Educator to schools; and
- 2) Work to secure new funding and/or redirect existing resources to help schools implement their improvement plans

Level III

- 1) Assign advisory Distinguished Educator to schools for one additional year to assist in the development and design of the Reconstitution Plan;
- 2) At end of Year 1, the SBESE shall approve or disapprove Reconstitution Plans. If the SBESE approves the Reconstitution Plan, the Distinguished Educator is assigned an additional year to support and assist with monitoring the implementation of the Reconstitution Plan for schools that fail to make adequate growth;
- 3) If a school achieves the required amount of growth during its first year in Corrective Action Level III and proceeds to a second year in Level III, the Distinguished Educator will be assigned to the school for that additional year to support and assist the school in its continued improvements efforts; and
- 4) Work to secure new funding and/or redirect existing resources to help schools implement their improvement plans

Reconstitution or No State Approval/No Funding

- 1) If Reconstitution Plan is approved by the SBESE,
 - a) monitor implementation of reconstitution plan; and
 - b) provide additional state improvement funds; and
- 2) If Reconstitution Plan is not approved, no State approval/State funding

School Choice

2.006.11 Parents shall have the right to transfer their children to another public school within the LEA when the school in which their children are enrolled enters Corrective Actions II. Districts, upon initial identification of a school for Corrective Actions Level II, shall notify the parents of all students who are assigned to that school of their right to transfer their children to another public school within the LEA. Parent notification will take place prior to the first week of each school year, in time for alternative school assignments to be arranged. Once final School Performance Scores are issued, the Louisiana Department of Education will revise the list of schools identified for Corrective Actions Levels II and III to reflect any additions or deletions resulting from analysis of the final School Performance Scores. Districts, upon receipt of fall final School Performance Scores, will notify parents of the final scores in December and make mid-year choice available in January in any cases where initial identification occurred with the final fall School Performance Score release.

Transfers shall not be made to any school undergoing Corrective Actions Level II or Level III.

Upon parental request, districts shall transfer the child to the nearest acceptable school.

If no academically acceptable school in the district is available, the student may transfer to a neighboring district. Parents shall provide the transportation to the school. State dollars shall follow the child when such a transfer occurs.

Schools and districts may refuse to accept a student if there is insufficient space, if a desegregation order prevents such a transfer, or if the student has been subjected to disciplinary actions for behavioral problems.

An LEA must develop a policy for student transfers (School Choice Policy) for schools in Corrective Actions II and III. An LEA shall state its capacity for offering student transfers. The SBESE shall approve or disapprove an LEA's School Choice Policy.

An LEA shall declare Lack of Capacity when all of the attendance zones under its jurisdiction are unable to provide school choice to eligible students (i.e., desegregation order).

An LEA shall declare Limited Capacity when some students in some or all of the attendance zones under its jurisdiction may be provided school choice in an attendance zone (i.e., limited seating capacity in receiving schools).

An LEA declaring *Lack or Limited Capacity* shall request a waiver from the SBESE and shall submit the following with its waiver request:

- a description of the general transfer policy or desegregation order (See State's *Guidance on LEAs' Development of School Choice Policies for Public Schools in Louisiana*. Transfer policies must include:
 - 1) a method for determining transfer capacity or evidence of Lack of Capacity to transfer;
 - 2) transfer options for as many eligible students as possible in the Academically Unacceptable schools in Corrective Actions II or III to other Academically Acceptable schools;
 - 3) equal educational opportunities for all students eligible to transfer, including students with disabilities and Limited English Proficiency (LEP) and in compliance with all civil rights laws pertaining to eligible students;
 - 4) a method for selecting transfer students from the entire eligible student population in cases of *Limited Capacity* (i.e., lottery);
 - 5) a method for communicating to parents the option and wherewithal of School Choice;
 - 6) a method for maintaining a file for all communication involving all interested parties in School Choice;
 - 7) A method for providing transportation for transfer students; and
 - 8) A method for transferring student records, including assessment results and their interpretations.

If the SBESE determines that an LEA has demonstrated sufficient evidence of lack of or limited capacity to transfer, then the requesting LEA must submit the following information for the SBESE's approval:

- a description of the School/District Plan for those schools having to offer School Choice that addresses the following:
 - 1) Educator Quality
 - Principal Certification/Qualifications
 - Principal Leadership and Effectiveness
 - Teacher Qualifications/Certification
 - 2) Professional Development
 - To address teacher professional learning based on student data
 - To address uncertified/inexperienced teacher professional learning if certified/experienced teachers are unavailable for placement in the school
 - 3) Alignment of Curriculum, Instruction and Assessment with State Content Standards;
 - 4) Teacher/Pupil Ratio;
 - 5) Early Intervention/Remediation Programs;
 - 6) Time on Task/Extended Learning Opportunities;
 - 7) Parental Involvement; and
 - 8) Discipline/Safety/Health Issues;
 - 9) Renovation/Capital Improvement.

If the SBESE approves an LEA's School Choice Policy, the LEA must comply with the following conditions:

- 1) The LEA must submit a quarterly status report to the SBESE regarding the implementation and progress of the District's School Choice policy.
- 2) The LEA's School Choice Policy will be reviewed, re-evaluated, and subject to amendment or revision annually, all at the discretion of the SBESE.
- 3) The LEA must formally approve (and provide to the SBESE written proof thereof) the following:
 - a. the implementation of the School Choice Policy submitted to the SBESE; and
 - b. the assurance that as a part of its approval of the School Choice Policy the Superintendent (or interim Superintendent), or his/her designee, shall be the sole decision maker with regard to the assignment, removal, or replacement of all personnel involved, directly or indirectly, in the administration and implementation of the School Choice policy including personnel in the central office and relevant schools covered by the plan.
- 4) In the event that the LEA uses preliminary data supplied by the LDE or testing contractor and determines in good faith that a school is not required by state or federal law to provide choice to students, but final School Performance Scores (as determined by the LDE) would require the school provide choice, the LEA shall provide choice (in accordance with the provisions of the approved School Choice Plan) at the end of the school year in which the final SPS are determined by the LDE.

If the SBESE fails to approve an LEA's School Choice Plan, the implicated schools will lose their School Approval status.

* * *

Family Impact Statement

In accordance with Section 953 and 974 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the State Board Office which has adopted, amended, or repealed a rule in accordance with the applicable provisions of the law relating to public records.

1. Will the proposed rule affect the stability of the family? No.

2. Will the proposed rule affect the authority and rights of parents regarding the education and supervision of their children? No.

3. Will the proposed rule affect the functioning of the family? No.

4. Will the proposed rule affect family earnings and family budget? No.

5. Will the proposed rule affect the behavior and personal responsibility of children? No.

6. Is the family or a local government able to perform the function as contained in the proposed rule? No.

Interested persons may submit written comments until 4:30 p.m., July 9, 2003, to Nina A. Ford, Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Weegie Peabody
Executive Director

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

**RULE TITLE: Policy for Louisiana's Public
Education Accountability System**

**I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO
STATE OR LOCAL GOVERNMENTAL UNITS (Summary)**

There are no estimated implementation costs to state governmental units. The proposed changes establish a timeline for the release of School Performance Scores and the decisions and actions based on those scores to more closely align with the "No Child Left Behind Act of 2001." The changes also clarify the methods used to calculate School Performance Scores.

**II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE
OR LOCAL GOVERNMENTAL UNITS (Summary)**

There will be no effect on revenue collections by state or local governmental units.

**III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO
DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL
GROUPS (Summary)**

There will be no estimated costs and/or economic benefits to directly affected persons or non-governmental groups.

**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)**

There will be no effect on competition and employment.

Marlyn Langely
Deputy Superintendent
0305#039

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Board of Elementary and Secondary Education

Bulletin 741C Louisiana Handbook for School
Administrators C Unsafe School Choice Option Policy
(LAC 28:I.901)

In accordance with R.S. 49:950 et seq., the Administrative Procedure Act, notice is hereby given that the Board of Elementary and Secondary Education approved for advertisement an amendment to Bulletin 741, Louisiana Handbook for School Administrators, referenced in LAC 28:I.901.A, promulgated by the Board of Elementary and Secondary Education in LR 1:483 (November 1975). The Unsafe School Choice Option (USCO) [Section 9532 of the Elementary and Secondary Education Act (ESEA) of 1965, as amended by the No Child Left Behind Act of 2001], requires that each state receiving funds under the ESEA establish and implement a statewide policy requiring students attending a persistently dangerous public school, or students who become victims of a violent criminal offense while in or on the grounds of a public school that they attend, be allowed to attend a safe public school.

Title 28

EDUCATION

Part I. Board of Elementary and Secondary Education

Chapter 9. Bulletins, Regulations, and State Plans

Subchapter A. Bulletins and Regulations

§901. School Approval Standards and Regulations

A. Bulletin 741

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AUTHORITY NOTE: Promulgated in accordance with R.S. 17:6(A) (10), (11), (15); R.S. 17:7 (5), (7), (11); R.S. 17:10, 11; R.S. 17:22 (2), (6).

HISTORICAL NOTE: Promulgated by the Board of Elementary and Secondary Education LR 1:483 (November 1975), amended LR 28:269 (February 2002), LR 28:272 (February 2002), LR 28:991 (May 2002), LR 28:1187 (June 2002), LR 29:

**Louisiana's Unsafe School Choice Option Policy
Students Who Are Victims of Crimes of Violence**

A student at a public elementary school, middle school or high school who becomes a victim of a crime of violence, as defined by Louisiana Revised Statute 14:2, while on school property, on a school bus or at a school-sponsored event must be given the option to transfer to a public school within the school district in which the student's current school is located, which offers instruction at the student's grade level and which is not persistently dangerous, if there is such a school within that school district.

A student who is enrolled in an alternative school or a special school and who becomes a victim of a crime of violence, as defined by Louisiana Revised Statute 14:2, while on school property, on a school bus or at a school-sponsored event must be given the option to transfer to another such public school within the school district in which the student's current school is located, which offers instruction at the student's grade-level, for which the student meets the admission requirements and which is not persistently dangerous, if there is such a school within that school district.

However, a student who has been assigned to a particular school, such as an alternative school or a special school, by court order shall not have the option to transfer.

A student who has been the victim of a crime of violence and who must be given the option to transfer should generally be given the option to transfer within ten calendar days from the date on which the crime of violence occurred.

Persistently Dangerous Schools

Students attending a persistently dangerous public elementary school, middle school or high school shall be given the option to transfer to a public school within the school district in which the student's current school is located, which offers instruction at the students' grade level and which is not persistently dangerous, if there is such a school within that school district.

A student who is enrolled in an alternative school or a special school which is persistently dangerous must be given the option to transfer to another such public school within the school district in which the student's school is located, which offers instruction at the student's grade-level, for which the student meets the admission requirements and which is not persistently dangerous, if there is such a school within that school district.

However, a student who has been assigned to a particular school, such as an alternative school or a special school, by court order shall not have the option to transfer.

The school district in which the persistently dangerous school is located must, in a timely manner, notify parents of each student attending the school that the school has been identified as persistently dangerous, offer the students the opportunity to transfer and complete the transfer. Although timely implementation of these steps depends on the specific circumstances within the school district, students should generally be offered the option to transfer within twenty school days from the time the school district is notified that the school has been identified as persistently dangerous.

Although the transfer may be temporary or permanent, the transfer must remain in effect for at least as long as the school is identified as persistently dangerous.

Schools must meet two of the following criteria for two consecutive school years to be identified as persistently dangerous. For purposes of these criteria, "enrolled student body" means the number of students enrolled in a school as of the October 1 student enrollment count, and "firearm" means a firearm as defined by the federal Gun-Free Schools Act.

1. 1 percent or more of the enrolled student body is expelled for possession of a firearm on school property, on a school bus, or for actual possession of a firearm at a school-sponsored event;

2. 4 percent or more of the enrolled student body has been expelled for a crime of violence as defined by Louisiana Revised Statute 14:2 occurring on school property, on a school bus or at a school-sponsored event;

3. 6 percent or more of the enrolled student body has been expelled pursuant to Louisiana Revised Statute 17:416 for the following types of misconduct in the aggregate occurring on school property, on a school bus or at a school-sponsored event:

- a. immoral or vicious practices;
- b. conduct or habits injurious to associates;
- c. possession of or use of any controlled dangerous substance, in any form, governed by the Uniform Controlled Dangerous Substances Law;
- d. possession of or use of any alcoholic beverage;
- e. cutting, defacing or injuring any part of a school building, any property belonging to the buildings or any school buses owned by, contracted to or jointly owned by any city or parish school board;
- f. possession of knives or other implements which can be used as weapons, the careless use of which might inflict harm or injury;
- g. throws missiles liable to injure others;
- h. instigating or participating in fights.

School districts with one or more schools meeting two of these three criteria during one school year must identify the problem, submit a corrective action plan to the Department of Education for approval and implement the corrective action. A school district should generally develop a corrective action plan within twenty school days from the time it is notified of the need for the corrective action plan.

School districts with one or more schools identified as persistently dangerous schools, must submit a new corrective action plan to the Department of Education for approval and must implement the new corrective action. A school district should generally develop a corrective action plan within twenty calendar days from the date the school district is notified of the need for the corrective action plan.

The Department of Education shall annually reassess persistently dangerous schools. If a school no longer meets the criteria for a persistently dangerous school, taking into account the most recent completed school year and the school year immediately preceding the most recent completed school year, the school will not be deemed persistently dangerous.

Interdistrict Agreements

Nothing herein shall prohibit school districts from entering into agreements with one another allowing students

who become the victims of crimes of violence while on school property, on a school bus, or at a school-sponsored event or who are attending persistently dangerous schools in one school district the option to transfer to a school, which is not persistently dangerous, in another school district.

However, a student who has been assigned to a particular school, such as an alternative school or a special school, by court order shall not have the option to transfer.

* * *

Family Impact Statement

In accordance with Section 953 and 974 of Title 49 of the Louisiana Revised Statutes, there is hereby submitted a Family Impact Statement on the Rule proposed for adoption, repeal or amendment. All Family Impact Statements shall be kept on file in the State Board Office which has adopted, amended, or repealed a Rule in accordance with the applicable provisions of the law relating to public records.

- 1. Will the proposed Rule effect the stability of the family? No.
- 2. Will the proposed Rule effect the authority and rights of parents regarding the education and supervision of their children? Yes.
- 3. Will the proposed Rule effect the functioning of the family? No.
- 4. Will the proposed Rule effect family earnings and family budget? No.
- 5. Will the proposed Rule effect the behavior and personal responsibility of children? Yes.
- 6. Is the family or a local government able to perform the function as contained in the proposed Rule? Yes.

Interested persons may submit comments until 4:30 p.m., July 9, 2003, to Nina A. Ford, Board of Elementary and Secondary Education, Box 94064, Capitol Station, Baton Rouge, LA 70804-9064.

Weegie Peabody
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Bulletin 741C Louisiana Handbook for School Administrators C Unsafe School Choice Option Policy

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The policy may lead to an increase or decrease in costs depending upon the situation. The effect to the local education agencies (LEAs) may lead to an increase in funding for schools if victims of a violent crime or students attending a persistently dangerous public school transfer to a new school and a decrease in funding for schools where victims/students transfer from the school. In addition, it is anticipated that the LEAs will have to report additional information for students who have been expelled for a crime of violence as defined by Louisiana Revised Statute 14:2 occurring on school property, on a school bus or at a school-sponsored event; however, there is no anticipated costs for the additional reporting. School districts with one or more schools meeting two of three criteria in the policy during one school year must identify the problem, submit a corrective action plan to DOE for approval and implement the corrective action. At this time it is not known how many students will be victims of violent crimes or how many schools will be defined as persistently dangerous. The

long-term effect of this policy could lead to a reduction in the number of expulsions of students for violent crimes. It is anticipated that this policy will bring attention to schools the importance of programs that are geared toward eliminating violent behavior and reducing the number of violent incidences occurring on school grounds. At this time it is not known how much of the total costs will be borne by the state or by local education agencies. The cost to print and mail the policy is approximately \$1,000.00.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There is no anticipated impact on revenue collections as a result of this Rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There is no anticipated cost to persons or non-governmental groups; however, it is anticipated that the policy will benefit students that are victims of violent crimes or students attending a persistently dangerous public school by allowing them to transfer to safer schools.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no anticipated effect on competition and employment.

Marlyn J. Langley
Deputy Superintendent
0305#037

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Student Financial Assistance Commission
Office of Student Financial Assistance**

Scholarship/Grant Programs
(LAC 28:IV.2103)

The Louisiana Student Financial Assistance Commission (LASFAC) announces its intention to amend its Scholarship/Grant Rules (R.S. 17:3021-3026, R.S. 3041.10-3041.15, and R.S. 17:3042.1, R.S. 17:3048.1). The proposed Rule has no known impact on family formation, stability, or autonomy, as described in R.S. 49:972.

**Title 28
EDUCATION**

**Part IV. Student Financial Assistance—Higher
Education Scholarship and Grant Programs
Chapter 21. Miscellaneous Provisions and Exceptions
§2103. Circumstances Warranting Exception to the
Initial and Continuous Enrollment
Requirements**

A. - E.8. ...

9. Military Service

a. Definition. The student/recipient is in the United States Armed Forces Reserves or National Guard and is called on active duty status or is performing emergency state service with the National Guard or voluntarily enlists and enters on active duty as a member of the regular United States Armed Forces during a National Emergency declared by the President of the United States or when the United States is engaged in armed conflict.

b. Certification Requirements. The student/recipient must submit:

i. a completed exception request form including official college transcripts, the dates of the required leave of absence, necessity of withdrawing, dropping hours, etc., the semester(s) or number of days involved, and the length of duty (beginning and ending dates); and

ii. a written certification from the commanding officer or regional supervisor including the dates and location of active duty; or

iii. a certified copy of the military orders.

c. Maximum Length of Exception. Up to the length of the required active duty service period, not to exceed four years.

E.10. - 11.C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 17:3021-3036, R.S. 17:3042.1 and R.S. 17:3048.1.

HISTORICAL NOTE: Promulgated by the Louisiana Student Financial Assistance Commission, Office of Student Financial Assistance, LR 24:647 (April 1998), amended LR 24:1916 (October 1998), LR 26:1015 (May 2000), LR 26:2002 (September 2000), LR 27:36 (January 2001), LR 27:1866 and 1875 (November 2001), LR 28:46 (January 2002), LR 28:449 (March 2002), LR 28:775 (April 2002), LR 28:2330 and 2333 (November 2002), LR 29:126 (February 2003), LR 29:

Interested persons may submit written comments on the proposed changes until 4:30 p.m., June 20, 2003, to Jack L. Guinn, Executive Director, Office of Student Financial Assistance, Box 91202, Baton Rouge, LA 70821-9202.

George Badge Eldredge
General Counsel

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Scholarship/Grant Programs**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

State expenditures for TOPS awards would be deferred for certain TOPS recipients who voluntarily enlist or enter active duty in the military service.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No impact on revenue collections is anticipated to result from these Rule changes.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

These changes would permit students who voluntarily enlist and enter on active duty after enrolling for the first time as a full-time student when the United States is engaged in armed conflict on the President has declared a national emergency to maintain their TOPS eligibility.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No impact on competition and employment is anticipated to result from this Rule.

George Badge Eldredge
General Counsel
0305#008

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Office of the Governor Board of Certified Public Accountants of Louisiana

Computer-Based Uniform CPA Exam (LAC 46:XIX.505, 701, and 703)

In accordance with the applicable provisions of the Administrative Procedure Act, R.S. 49:950 et seq. and of the Louisiana Accountancy Act, R.S. 37:74, the Board of Certified Public Accountants of Louisiana hereby gives notice of intent to amend LAC 46:XIX.505, 701 and 703 in order to provide for the application, grading, and transition requirements of the computer-based Uniform CPA Examination that is anticipated to become available in 2004. The action is necessary because the authorized licensing examination in use by all states is prepared and graded by the American Institute of Certified Public Accountants, and the AICPA in cooperation with all 50 state boards of accountancy is converting the examination from a paper and pencil examination to a computerized version. No preamble has been prepared with respect to the revised Rules, which appear below.

Implementation of the proposed Rules will have no known effect upon family stability, functioning, earnings, budgeting; the responsibility and behavior of children; or, upon parental rights and authority, as set forth in R.S. 49:972.

Title 46

PROFESSIONAL AND OCCUPATIONAL STANDARDS

Part XIX. Certified Public Accountants

Chapter 5. Qualifications; Education and Examination

§505. Examination

A. - A.2. ...

B. General Procedures and Qualifications

1. Application. Candidates shall file complete application forms. A complete application is one that is properly filled out, accompanied by payment of the required fees and, if an initial application, accompanied by all required official transcripts. First time or transfer of grades candidates who have not taken their accounting courses in Louisiana must include a copy of the course description(s) of all accounting courses not clearly identified by titles listed in §503.A.

a. Prior to implementation of a computer-based examination, paper and pencil examinations are ordinarily held in May and November of each year. Applications for the May examination are due in the office of the board's agent no later than 5 p.m., March 1. Applications for the November examination are due in the office of the board's agent no later than 5 p.m., September 1. If the last day for filing falls on a Saturday, Sunday or state of Louisiana holiday, the due date will be extended to include the next state of Louisiana working day.

b. Effective with the implementation of a computer-based examination, applications shall be due as specified by the board in the application form or instructions. The board or its designee will forward notification of eligibility for the computer-based examination to the National Association of State Boards of Accountancy (NASBA) National Candidate

Database. Eligible candidates shall be notified of the time and place of the examination or shall be sent a notice to independently contact a test center provider identified by the board to schedule examination at a board approved test site. Scheduling reexaminations must be made in accordance with Paragraph F.2 below. The board may set authorization periods in which eligible candidates may schedule examination or reexaminations. A candidate's failure to schedule in an authorization period shall result in forfeiture of examination fees.

2. - 2.a.ii. ...

3. Fee Refund. A candidate who fails to appear for the examination, or fails to schedule or reschedule an examination in the period required, shall forfeit examination fees subject to board policy. For the paper and pencil examination, if after filing his application, a candidate is unable to sit for the CPA examination, he must so notify the agent of the board not later than seven working days prior to the first day of the examination in order to receive a refund; otherwise, the fee shall be forfeited. For the computer-based examination, rescheduling of appointments may be available depending on the amount of notice that is provided. A service charge will be assessed on all refunds of examination fees.

C. ...

D. Board Responsibilities

1. Grade Decision. Each candidate shall be notified in the manner and on the date determined by the board, of the grades earned in each section of the examination. No information concerning grades will be released until such date. The board shall not be required to furnish the reason for any grades which it shall grant or for any decision which it may reach with respect to the examination process.

2. ...

E. Determining and Reporting Examination Grades

1. Applicants shall each be given identifying ID numbers which shall be used on examinations for identification purposes.

2. A candidate shall be required to pass all test sections of the examination in order to be eligible to apply for certification. Upon receipt of advisory grades from the examination provider, the board will review and may adopt the examination grades and will report the official results to the candidate. Prior to the implementation of a computer-based examination, a passing grade for each test section shall be 75. Effective with the implementation of a computer-based examination, the candidate must attain the uniform passing grade established through a psychometrically acceptable standard-setting procedure and approved by the board.

F. Retake and Granting of Credit Requirements

1. Prior to implementation of a computer-based examination, on the paper and pencil examination a candidate must sit for all the test sections on which no conditional credit exists in order to receive grades and to be able to sit for the next examination. In order to pass the examination a candidate must receive a grade of at least 75 in each section. The following Rule shall apply for conditional credit:

a. if a grade of 50 or more is made in each section, a candidate who passes at least two sections at a single examination shall receive credit for the sections passed,

conditioned upon his passing the remaining section or sections as set forth in §505.F.1.b;

b. a candidate who has received credit for passing at least two sections of the examination, as set forth in §505.F.1.a, shall be required to remove the condition in any of the next six consecutive examinations but shall receive no credit for passing a section or sections at any examination in which he makes a grade of less than 50 in any other section.

2. Effective with the implementation of a computer-based examination, a candidate may take the required test sections individually and in any order. Credit for any test section(s) passed shall be valid for a rolling qualifying period as measured from the actual date the candidate took that test section, without having to attain a minimum score on any failed test section(s) and without regard to whether the candidate has taken other test sections. The qualifying period shall be determined by the board and shall be comprised of no less than eighteen months.

a. Candidates must pass all four test sections of the examination within a single rolling qualifying period, which begins on the date that a given test section(s) passed is taken.

b. Candidates shall not retake a failed test section(s) in the same examination "window". An examination window refers to a three-month period comprised initially of two months in which the examination is available to be taken and one month in which the examination will not be offered while routine maintenance is performed and the test item bank is refreshed. Thus, candidates will be able to test two out of the three months within an examination window.

c. In the event all four test sections of the examination are not passed within a given rolling qualifying period, credit for any test section(s) passed outside that qualifying period will expire and that test section(s) must be retaken.

3. Effective with the implementation of the computer-based examination, candidates having earned conditional credits on sections of the paper-and-pencil examination shall retain conditional credits for corresponding test sections during a transition period, as follows.

Paper and Pencil Exam	Computer-Based Exam
Auditing	Auditing and Attestation
Financial Accounting and Reporting	Financial Accounting and Reporting
Accounting and Reporting	Regulation
Business Law and Professional Responsibilities	Business Environment and Concepts

a. Such candidates with conditional credits will be allowed a transition period to complete any remaining test sections. The transition shall not exceed a candidate's completion of the same number of test opportunities under the computer-based exam that the candidate had remaining to take under the paper and pencil exam, or the number of the remaining opportunities under the paper and pencil examination, multiplied by six months, whichever is first exhausted.

b. If such candidate does not pass all remaining test sections during the transition period, conditional credits earned under the paper-and-pencil examination will expire and the candidate will lose credit for the test sections earned under the paper and pencil examination. However, any test section(s) passed during the transition period is subject to the

conditioning provisions of the computer-based examination, except that a previously conditioned candidate will not lose conditional credit for a test section of the computer-based examination that is passed during the transition period, even though more than eighteen months may have elapsed from the date the test section is passed, until the end of the transition period.

4. The board may in particular cases extend the term of conditional credit validity notwithstanding the requirements of Paragraphs 1, 2, and 3, upon a showing that the credit was lost by reason of circumstances beyond the candidate's control.

5. A candidate shall be deemed to have passed the examination once the candidate holds at the same time valid credit for passing each of the four test sections of the examination. For purposes of this section, credit for passing a test section of the computer-based examination is valid from the actual date of the testing event for that test section, regardless of the date the candidate actually receives notice of the passing grade.

6. Transfer of Grades. Grades shall be accepted from other states when a candidate for transfer of grades has met all the requirements of Louisiana candidates except that he sat for the examination as a candidate for another state.

a. Applicant must have completed the education requirements of §503 prior to sitting for the examination. An exception to this Rule will be allowed for a bona fide resident of another state who took the exam in his state of residency which did not have the 150 hour requirement. Such applicants may complete their education requirements after sitting for the exam.

b. Applicant shall submit a completed initial application with an official transcript from an accredited college or university and a statement from an officer of the state board from which he is transferring as to dates of passing the examination and grades made.

c. An applicant for transfer of grades who has conditioned in another state must meet this board's conditional credit Rules to retain conditional credit and to remove the condition.

d. In addition to meeting the requirements for a transfer of grades, the applicant shall be required to pay a transfer fee at the time he request the transfer.

G Cheating

1. Cheating or other misconduct by an applicant, or by others on an applicant's behalf, before, during, after or in applying for the examination, will invalidate any grade otherwise earned by a candidate on any part of the examination and any certificate that may have been issued based in part upon such grade, and may warrant summary expulsion from the test site and disqualification from taking the examination for a time period as prescribed by the board.

2. For purposes of this Rule, the following actions or attempted activities, among others, may be considered cheating or misconduct:

a. falsifying, misrepresenting, or omitting examination grades, educational credentials or other information, including but not limited to identification, required for admission to the examination;

b. communication between candidates inside or outside the test site or copying another candidate's answers while the examination is in progress;

c. communication with others inside or outside the test site while the examination is in progress;

d. substitution of another person to sit in the test site in the place of a candidate; or

e. reference to or possession of crib sheets, textbooks or other material, or electronic media (other than that provided to the candidate as part of the examination) inside or outside the test site while the examination is in progress;

f. violation of the security measures or candidate conduct standards at test sites, or the nondisclosure prohibitions of the examination, or aiding or abetting another in doing so;

g. retaking or attempting to retake a test section by an individual holding valid passing grades or a certificate, or by a candidate who has unexpired conditional credit for having already passed the same test section, unless the individual has been directed to retake a test section pursuant to board order or unless the individual has been expressly authorized by the board to participate in a "secret shopper" program.

3. In any case where it appears to the board, its representatives or its designee, while the examination is in progress, that cheating or misconduct has occurred or is occurring, the board, its representatives or its designee may either summarily expel the candidate involved from the examination, move the candidate to a position in the test site away from other examinees where the candidates can be watched more closely, or take other appropriate actions.

4. Any person who receives from or discloses to another person any of the contents of a CPA examination which is classified as a nondisclosed examination shall be subject to disciplinary action by the board.

5. In any case where probable cause has been determined that a candidate has cheated or engaged in misconduct on an examination, or where a candidate has been expelled from an examination, the board shall comply with the provisions of R.S. 37:81 to determine the facts, and penalty, if any. The penalty shall be in the sole discretion of the board.

6. Effective with the implementation of a computer-based examination, the board or its designee shall notify the NASBA National Candidate Database, the AICPA, and/or the test site provider of the circumstances, so that the candidate may be more closely monitored in future examinations, if applicable.

7. In any case in which a candidate is refused credit for any test section of an examination taken, disqualified from taking any test section, or barred from taking the examination in the future, the board will provide to the NASBA National Candidate Database and the board of accountancy of any other state to which the candidate may apply for the examination information as to the board's findings and actions taken.

H. Security and Irregularities. Notwithstanding any other provisions under these Rules, the board may postpone scheduled examinations, the release of grades, or the issuance of certificates due to a breach of examination security; unauthorized acquisition or disclosure of the contents of an examination; suspected or actual negligence, errors, omissions, or irregularities in conducting an

examination; or for any other reasonable cause or unforeseen circumstance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:71, et seq.

HISTORICAL NOTE: Adopted by the Department of Commerce, Board of Certified Public Accountants, January 1974, promulgated LR 6:6 (January 1980), amended LR 9:208 (April 1983), LR 12:88 (February 1986), amended by the Department of Economic Development, Board of Certified Public Accountants, LR 17:1068 (November 1991), LR 23:1119 (September 1997), LR 26:1970 (September 2000), amended by the Office of the Governor, Board of Certified Public Accountants, LR 29:

Chapter 7. Qualifications; Application for CPA Examination

§701. Application Forms

A. Application for examination and/or certification as a certified public accountant shall be made on the appropriate forms provided or approved by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:71, et seq.

HISTORICAL NOTE: Adopted by the Department of Commerce, Board of Certified Public Accountants, January 1974, promulgated and amended LR 6:8 (January 1980), LR 26:1971 (September 2000), amended by the Office of the Governor, Board of Certified Public Accountants, LR 29:

§703. Examination Application

A. - C. ...

D. An application will not be considered filed until all required fees and all required supporting documents have been received by the board or its designee, including proof of identity as determined by the board and specified on the application form, official transcripts and proof that the candidate has satisfied the education and other requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:71, et seq.

HISTORICAL NOTE: Adopted by the Department of Commerce, Board of Certified Public Accountants, January 1974, Promulgated and amended LR 6:8 (January 1980), amended by the Department of Economic Development, Board of Certified Public Accountants, LR 23:1122 (September 1997), LR 26:1971 (September 2000), amended by the Office of the Governor, Board of Certified Public Accountants, LR 29:

Interested persons may submit written comments regarding the contents of the proposed Rule by mail or in person to State Board of Certified Public Accountants of Louisiana, Attn: Executive Director, 601 Poydras Street, Suite 1770, New Orleans, LA 70130. The period for request of hearing is through June 10, 2003 and/or written comments on the proposed Rules must be received by June 19, 2003 at 4:30 p.m.

Michael A. Henderson
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Computer-Based Uniform CPA Exam

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

No costs or savings to state or local governmental units are anticipated as a result of implementation of the proposed Rule changes other than one-time costs for printing, publication, and dissemination. The revised Rules will not cause a change in

Board staffing requirements. There are no other expected significant expenditures for fees, materials, equipment, or other charges.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No effect on revenue to state or local governmental units is anticipated as a result of implementation of the revised Rules.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

When the CPA examination becomes computer-based in 2004 additional costs and compensating economic benefits will accrue to CPA examination candidates. The cost to candidates involves paying a higher examination fee when the CPA examination becomes computer-based as fees are subject to increase depending on costs and volume of candidates. The fee increase was provided for in previous rulemaking. The increased costs will be offset by numerous benefits which include the ability of candidates to make exam appointments at times convenient to them, the increase in frequency of exam dates, and the reduction in the length of testing and grading time. In addition, for the very first time candidates will be able to take the four parts of the exam on different dates and thus focus preparation on one section at a time. There are no other significant effects anticipated on workload or paperwork.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The effects to competition and employment that are expected are that the computer-based exam will better evaluate the real world skills needed for candidates to practice for the benefit of their employers and potential clients, while at the same time accelerating and perhaps increasing the pass rate for the examination.

Michael A. Henderson
Executive Director
0305#035

Robert E. Hosse
General Government Section Director
Legislative Fiscal Office

NOTICE OF INTENT

**Office of the Governor
Used Motor Vehicle and Parts Commission**

Hearings on Disputes under the Area of Responsibility
(LAC 46:V.4714)

In accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and in accordance with R.S. 32:Chapters 4A and 4B, the Office of the Governor, Used Motor Vehicle and Parts Commission, notice is hereby given that the Used Motor Vehicle and Parts Commission, proposes to adopt Rules and regulations governing hearings on disputes under the Area of Responsibility Law, in accordance with R.S. 32:776.

Title 46

**PROFESSIONAL AND OCCUPATIONAL
STANDARDS**

Part V. Automotive Industry

Subpart 2. Used Motor Vehicle and Parts Commission

Chapter 47. Hearing Procedures

**§4714. Hearings on Disputes under the Area of
Responsibility**

A. When disputes arise under the Area of Responsibility Law by the filing of an objection by an affected dealer pursuant to R.S. 32:773.2(D) and (F), and when no party has

been cited for a violation, the commission shall not be responsible for the presentation of any evidence of the factors set forth in R.S. 32:773(4)(a) and R.S.32:773.2F(5). Each party is required to set forth evidence in support of its contentions.

B. Each party shall be responsible for its own respective costs; however, the losing party or parties shall pay the costs of the commission, including the court reporter's fees, any per diem rate, and mileage for any commissioner attending a hearing as a special fixing.

AUTHORITY NOTE: Promulgated in accordance with R.S.32:776.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Used Motor Vehicle and Parts Commission, LR 29:

Family Impact Statement

The proposed Rules of the Louisiana Used Motor Vehicle and Parts Commission should not have any known or foreseeable impact on any family as defined by R.S. 49:972.D or on family formation, stability and autonomy. Specifically, there should be no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. a family's earnings and budget;
5. the behavior and personal responsibility of children; or
6. the family's ability or that of the local government to perform the function as contained in the proposed Rules.

Interested persons may submit written comments no later than 4:30 p.m. on June 9, 2003 to John M. Torrance, Executive Director, 3132 Valley Creek Drive, Baton Rouge, LA 70808, (225) 925-3870.

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

**RULE TITLE: Hearings on Disputes under
the Area of Responsibility**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The Louisiana Used Motor Vehicle and Parts Commission will no longer be responsible for costs related to a Hearing on Disputes related to the Area of Responsibility; therefore, the commission will see a decrease in expenditures as those costs are absorbed by the affected party or parties.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The proposed Rule will not affect revenue collections of the state or local governmental units.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The affected party or parties or governmental groups shall be responsible for their own respective costs. the losing party or parties shall pay costs of the commission, including court reporter's fees, per diem rate and mileage rate for any commissioner attending a hearing as a special fixing. If the hearing is conducted on a regularly scheduled commission meeting date, no costs for the commissioner's per diem or mileage would be assessed; however, the court reporter's fees and commission's legal counsel would be assessed to the losing party or parties.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)

The proposed Rule on Disputes under Area of Responsibility Law will not impact competition and employment in the public or private sector.

John M. Torrance
Executive Director
0305#022

Robert E. Hosse
General Government Section Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
Board of Veterinary Medicine**

Continuing Veterinary Education
(LAC 46:LXXXV.405, 503, 714, and 1201)

The Louisiana Board of Veterinary Medicine proposes to amend and adopt LAC 46:LXXXV.405, 503, 714 and 1201 in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and the Louisiana Veterinary Practice Act, R.S. 37:1511 et seq. This text is being amended and adopted to clarify retirement and related provisions, the veterinary student extern, and the minimum age requirements for application for Certified Animal Euthanasia Technicians. The proposed Rule amendments have no known impact on family formation, stability, and autonomy as described in R.S. 49:972. The proposed amendments to the Rules are set forth below.

Title 46

**PROFESSIONAL AND OCCUPATIONAL
STANDARDS**

Part LXXXV. Veterinarians

Chapter 4. Continuing Veterinary Education

§405. Exceptions and Exemptions

A. - B. ...

C. Exemptions from these requirements may be made for persons in the following categories:

1. ...

2. A licensee who submits a notarized affidavit of retirement as provided by the board for this purpose is entitled to a waiver of continuing education if he has reached the age of 65 years, or submits an affidavit of incapacity and physician's statement of permanent and total disability without probability of return to practice.

a. Once an affidavit of retirement is received by the board, a written request for reinstatement of a license may thereafter be submitted to the board within five years of such date of receipt, provided the applicant demonstrates that he has successfully obtained all continuing education hours for the past years at issue, as well as the current year.

b. A request for reinstatement within five years of the date an affidavit is received by the board may be subject to certain conditions being met as set by the board prior to such reinstatement.

c. Once an affidavit of retirement is received by the board, a written request for reinstatement of a license may be submitted to the board after the expiration of five years of such date of receipt, however, the applicant shall submit an application for re-licensure, pay all required fees and satisfactorily pass all licensure examinations.

d. A request for reinstatement shall be made in writing for review and consideration by the board.

3. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1518.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 16:224 (March 1990), amended LR 19:1428 (November 1993), LR 23:1147 (September 1997), LR 29:

Chapter 5. Fees

§503. Exemption of Fee

A. - A.2 ...

B. In each of the above cases, the veterinarian who qualified for fee exemption must register with the board annually and provide proof of his eligibility for fee exemption in affidavit form approved by the board.

C. A licensee who submits a notarized affidavit of retirement as provided by the board for this purpose is entitled to a waiver of fee if he has reached the age of 65 years, or submits an affidavit of incapacity and physician's statement of permanent and total disability without probability of return to practice.

1. Once an affidavit of retirement is received by the board, a written request for reinstatement of a license may thereafter be submitted to the board within five years of such date of receipt, provided the applicant submits with his request the payment of all back fees, as well as current fees for application.

2. A request for reinstatement within five years of the date an affidavit of retirement is received by the board may be subject to certain conditions being met as set by the board prior to such reinstatement.

3. Once an affidavit of retirement is received by the board, a written request for reinstatement of a license may be submitted to the board after the expiration of five years of such date of receipt, however, the applicant shall submit an application for re-licensure, pay all required fees and satisfactorily pass all licensure examinations.

4. A request for reinstatement shall be made in writing for review and consideration by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1518 and 1520.A.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Veterinary Medicine, LR 10:208 (March 1984), amended by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 23:963 (August 1997), LR 29:

Chapter 7. Veterinary Practice

§714. Student Extern

A. A student extern is a person who is a regular student in an accredited veterinary school who is performing duties or actions assigned by his instructors or as part of his curriculum, or who is working during a regular school vacation, either of which must be under the direct supervision of a veterinarian licensed by the board as defined in this Rule.

B. Direct supervision as applied to a student extern shall mean continuous, visual supervision by a veterinarian licensed by the board of the duties, actions or work performed by the student extern.

C. The level of responsibility assigned to a student extern is at the discretion of the supervising veterinarian who shall be ultimately responsible for the duties, actions or work performed by such person.

D. Prior to commencement of a student externship, the supervising veterinarian must first notify the board of such on board-approved forms.

E. A student extern shall not be permitted to perform direct supervision, as defined in Rules 700 and 702, of the tasks or procedures performed by other personnel of the veterinary practice at issue.

F. The duties, actions or work performed by a student extern shall not be considered a component of, nor applied to, the requirements regarding the preceptorship program established by the board. The period of time necessary to satisfactorily complete a preceptorship program shall not run concurrently with the period of time a student extern performs or works as such.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1518.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 29:

**Chapter 12. Certified Animal Euthanasia Technicians
§1201. Applications for Certificate of Approval**

A. Pursuant to R.S. 37:1553, applicants shall submit the following items to the board:

1. - 2. ...

3. An official copy of a birth certificate or a notarized copy of a current driver's license as proof of attaining the age of 18 years in order to commence the application process, attend the required training course, sit for the certification examination and receive certification as a CAET or Lead CAET;

A.4. - C. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1558

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Veterinary Medicine, LR 19:1424 (November 1993), amended LR 23:963 (August 1997), LR 26:317 (February 2000), LR 29:

Interested parties may submit written comments to Wendy D. Parrish, Administrative Director, Louisiana Board of Veterinary Medicine, 263 Third Street, Suite 104, Baton Rouge, LA 70801, or by facsimile to (225) 342-2142. Comments will be accepted through the close of business on June 10, 2003. If it becomes necessary to convene a public hearing to receive comments in accordance with the Administrative Procedure Act, the hearing will be held on June 26, 2003, at 10 a.m. at the office of the Louisiana board of Veterinary Medicine, 263 Third Street, Suite 104, Baton Rouge, Louisiana.

Wendy D. Parrish
Administrative Director

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Continuing Veterinary Education**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no costs or savings to state or local governmental units, except for those associated with publishing the amendments (estimated at \$150 in FY 2003). Licensees will be informed of this Rule change via the board's regular newsletter or other direct mailings, which result in minimal costs to the board.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be no effect on revenue collections of state or local governmental units as no increase in fees will result from the amendments.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

There are no anticipated costs and/or economic benefits to directly affected persons or non-governmental groups.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No impact on competition and employment is anticipated as a result of the proposed Rule changes.

Wendy D. Parrish
Administrative Director
0305#001

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
Office of the Secretary
Bureau of Community Supports and Services**

**Home and Community Based Services Waiver Program
Standards of Participation (LAC 50:XXI.Chapter 1)**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services promulgates the following rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

Under the provisions of Section 1915(c) of the Social Security Act, states may provide services not generally reimbursable by Medicaid to groups of individuals in the community who meet the qualifications for institutional care. Such programs are known as Home and Community Based Services Waiver Programs. The Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services currently administers five Home and Community Based Services Waiver Programs: the Elderly and Disabled Adult Waiver, the Mentally Retarded/Developmental Disabilities (MD/DD) Waiver, the Children's Choice Waiver, the Personal Care Attendant Waiver, and the Adult Day Health Care Waiver. The bureau now proposes to adopt minimum standards for participation for enrolled Home and Community-based Waiver Service Providers.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S. 49:972.

Title 50

PUBLIC HEALTHC MEDICAL ASSISTANCE

Part XXI. Home and Community Services Waivers

Subpart 1. General Provisions

Chapter 1. Standards for Participation

§101. Provider Requirements

A. In order to be reimbursed by the Louisiana Medicaid Program, a service provider agency must comply with all of the requirements of this Part XXI.

B. General Provisions

1. For the purposes of this Part XXI, providers enrolled with the Department of Health and Hospitals (DHH) as a Home and Community-Based Waiver (HCBW) service provider on the effective date of this rule shall have two years to comply with these standards, including attending the Bureau of Community Supports and Services (BCSS) provider orientation for HCBW prior to requesting a provider enrollment visit by the Bureau of Community Supports and Services (BCSS).

2. If a provider is not accessible in their general geographical regions, individuals and/or families may seek a provider outside of the region with prior approval of BCSS. This approval must be documented in the individual's approved comprehensive plan of care (CPOC) and Freedom of Choice Form (FOC).

3. Providers are responsible for submitting written notification by certified mail to BCSS and Medicaid of any changes in address and/or telephone numbers within 10 days of the change.

4. Any employee or consultant/contractor of the enrolled provider who witnesses, learns of, is informed of, or otherwise has reason to suspect that an incident of abuse, neglect, or exploitation has occurred must report such incident in accordance with BCSS critical incident reporting, child and/or adult protection laws, and fully cooperate with the investigation of the incident.

C. Physical Facilities and Equipment

1. The provider shall maintain an office site in each region of operation.

a. Each site must house the case records and billing information for all individuals served by that office.

b. Each regional site must maintain a toll-free telephone line with 24-hour accessibility and manned by an answering service. The toll-free number must be given to individuals at intake or at the first meeting.

c. The provider must at the least operate during normal business hours between the hours of 8 a.m. and 4:30 p.m.

d. The provider must maintain a current brochure that outlines provider services, address and telephone numbers for distribution to the public.

2. The provider must obtain and maintain computer equipment, internet accessibility, and software as specified below:

a. IBM-compatible PC with a Pentium Processor 4 or later version;

b. 1.44 MB 3.5 inch disk drive;

c. 32 MB of Ram or more;

d. 25 MB free hard drive space or more;

e. color monitor;

f. printer;

g. modem (28.2k or faster);

h. CD ROM;

i. Windows 95 operating system or later version;

j. internet account with e-mail and web-browser software.

D. Provider Training

1. New providers shall attend the BCSS provider orientation for HCBW providers and meet all required standards prior to being enrolled as a waiver service

provider. BCSS provider orientation will be held in January and June.

2. All enrolled providers will be required to attend an annual BCSS training conducted to continue enrollment. Additional training may be required by BCSS if deemed necessary.

3. Those employees having direct contact with recipients must obtain no less than 16 hours of basic orientation in addition to any specific, specialized training needed to work with a recipient on a daily basis prior to becoming solely responsible for implementing that recipient's support plan.

4. All provider training shall be competency-based (results driven).

5. Training shall include, but is not limited to, the following:

a. abuse/neglect/incident reporting;

b. staff ethic, including the strict prohibition against soliciting consumers from other provider agencies, respectful interactions with people being supported, and the use of People First Language;

c. confidentiality and privacy rights;

d. human and civil rights;

e. person centered planning;

f. personal outcomes;

g. consumer direction/self determination philosophy;

h. infection control/universal precautions, first aid and emergency procedures;

i. environmental emergency procedures;

j. provider policies and procedures;

k. documentation of services, progress notes, service logs, etc;

6. The provider shall have an employee designated as a training coordinator whose responsibilities include, but are not limited to, the following duties:

a. staff training;

b. staff development; and

c. maintenance of training records;

E. Personnel and Human Resources

1. Program or Executive Director. The program director or executive director shall meet the following requirements:

a. be a registered nurse (RN); or

b. have a bachelor's degree in a human services field, or is currently enrolled in an accredited college and pursuing a bachelor's degree in a human services field. The individual will have a period of three years to complete the course of study; and

c. have a minimum of one year verifiable work experience, post degree or have one year of experience while working on the degree, in planning and providing direct support to:

i. persons with mental retardation or other developmental disabilities; or

ii. disabled adults; or

iii. elderly persons with chronic disabling illness;

or

2. In the absence of having an employee that meets the qualifications in §101.E.1, the provider must have a contract with a person so qualified to serve as program

director, to assure that services are delivered as described in the approved CPOC.

3. Direct Support Staff. Direct support personnel/staff shall possess validated direct care abilities, skills and knowledge to adequately provide the care and support required by a recipient receiving waiver support services.

a. Direct support staff shall be at least 18 years old and possess a high school diploma, GED, a trade school diploma in the area of human services, or competency demonstrated through competency-based testing or through verifiable work experience.

4. The provider shall develop and implement policies and procedures for the recruitment, hiring, and retaining of qualified, competent personnel including:

a. obtaining at least three references from previous employers and/or work supervisors;

b. strategies to recruit and employ staff representative of the cultural and ethnic groups supported;

c. conducting criminal background checks on all employees prior to allowing the employee to work directly with individuals receiving HCBW services;

d. strategies for retaining competent staff and staff development;

e. compliance with Fair Labor and Child Labor laws;

f. agency backup plans for staff coverage when direct care staff fails to report for duty as scheduled. The plan must include strategies to assure that backup direct support staff have been trained in the specific, specialized care and support needed;

g. protocol outlining how the agency will have staff available during emergencies or unexpected changes in the recipient's schedule;

h. a staff evaluation process that addresses the quality of the staff's support to individuals served and includes input from the recipient/guardian or authorized representative;

i. policies outlining the chain of command and supervisory roles including:

i. protocol for staff supervision;

ii. protocol for investigation and resolution of complaints regarding the staff's performance.

5. The provider must have an approved Quality Assurance/Quality Improvement (QA/QI) plan. The QA/QI plan shall include the following:

a. A process for obtaining input from recipient/guardian/authorized representative and family members of those receiving waiver supports.

b. A process for identifying the risk factors that put the recipients at high risk and affect or may affect or may affect health, safety, and/or welfare of individuals being supported.

c. Accepted methods for data collection, frequency of collection, source of data, identification of thresholds, analysis of data and identification of trends and patterns in service delivery.

i. The provider shall develop strategies to benchmark service improvement over time.

ii. The QA/QI program outcomes shall be reported to the program director for action as necessary for any identified systemic problems.

6. The QA/QI plan must be submitted to BCSS in accordance with the following time schedule:

a. The QA/QI plan is due 60 days after QA/QI training by BCSS.

b. Self-evaluation of QA/QI plan is due six months after the approval by BCSS of the QA/QI plan.

c. A self evaluation of the QA/QI program is to be submitted annually thereafter to BCSS.

7. The provider shall develop and implement system accountability for billing in keeping with generally accepted accounting principles and provide cost reports as requested by BCSS for systems evaluation.

F. License Documentation

1. The provider must adhere to all licensure regulations. The provider shall maintain a current license for all applicable areas of service provision and shall provide BCSS with current documentation of licensing including all deficiencies, corrective action plans and follow-up licensing reviews.

2. Providers not adhering to licensing regulations and/or not attending scheduled re-enrollment will be denied new referrals by Freedom of Choice. If the provider does not comply with these requirements, steps will be taken to disenroll the agency as a Medicaid provider for HCBW.

3. Providers operating under a provisional license or under an extended license due to noncompliance with licensing regulations must demonstrate satisfactory progress toward correction of the deficient practices in order to maintain provider standing for continued enrollment as a waiver service provider. Providers possessing provisional licenses due to noncompliance shall be removed from the Freedom of Choice list until all deficiencies have been corrected and a full license has been obtained.

4. Staff transporting an individual receiving HCBW services shall have a valid (current) driver's license, current liability insurance, and the vehicle shall be in safe operating condition as determined by a current inspection sticker.

G. Fiscal Documentation

1. The new provider shall establish and implement a business plan which includes cash flow projections and which has been audited by a fiscal entity, who attests to the adequacy of the plan for meeting the provider's monthly overhead and payroll requirements. A notarized letter from the fiscal entity will serve as evidence and shall be available for review upon request by BCSS.

2. Existing providers shall have an established relationship with a fiscal entity (i.e., a bank) to assure fiscal stability and documentation in the form of liquid assets or the ability to secure approval for a line of credit.

3. Requirements for average rates of pay and/or benefit packages for direct support staff will be responsive to the overall funding of the services to the program by the DHH.

H. Records and Documentation

1. The provider shall comply with the Health Insurance Portability and Accountability Act of 1996, (HIPAA) as defined by the Centers for Medicare and Medicaid Services.

2. A complete and separate record for each individual served shall be maintained, including:

a. planning meeting minutes;

- b. CPOCs;
- c. service logs;
- d. billing records;
- e. progress notes;
- f. eligibility records; and
- g. all other pertinent documents.

3. The provider shall provide all case records and billing documents to BCSS as required for monitoring activities and investigations upon request on site or within two hours if records are stored off site.

4. The provider will maintain the following documents and provide them to BCSS upon request:

- a. copies of the current approved CPOC, the current service plan and all CPOC revisions in the individual's case record and in the individual's home. (Note: These documents must be current and available);

- b. payroll documentation of services provided in each recipient's home for the current pay period;

- c. updated and implemented service plan to meet the service changes warranted by CPOC revisions within five calendar days of receiving a copy of the approved CPOC revision;

- d. a copy of the behavior support plan, if one is required, in the recipient's home.

5. The provider shall maintain documentation to support that services were rendered as per the approved CPOC and service plan. The provider shall:

- a. maintain documentation of the day-to-day activities of the recipient (service logs and progress notes);

- b. maintain documentation detailing the recipient's progress towards his/her personal outcome;

- c. maintain documentation of all interventions used to ensure the recipient's health, safety and welfare. (Note: interventions may include, but are not limited to, medical consultations, environmental and adaptive interventions, etc.).

6. The provider shall develop written policies and procedures relative to the protection of recipient's rights which include, but are not limited to:

- a. human dignity/respectful communications;
- b. person-centered planning/personal outcomes;
- c. community/cultural access;
- d. right to personally manage his/her financial affairs, unless legally determined otherwise or he/she gives informed consent;
- e. right to refuse service/treatment;
- f. civil rights (such as right to vote).

I. Discharges and Transfers

1. The provider's responsibilities for voluntary planned transfers or discharges from their agency shall include:

- a. obtaining of a written request for transfer to another agency and the expected transfer date/time from the individual or his/her authorized representative;

- b. notifying the recipient's case manager within 24 hours for planning to begin;

- c. allowing the case manager no less than two weeks (14 calendar days) and up to 30 days (if needed) for planning the transfer, unless it is for an emergency placement;

- d. participating in the planning meeting facilitated by the case manager who assures the availability of appropriate services through the receiving agency; and

- e. with the written consent from the recipient, both the transferring and the receiving agencies shall share responsibilities for ensuring the exchange of medical and program information which shall include:

- i. current CPOC;

- ii. current service plan;

- iii. a summary of behavioral, social, health and nutritional status; and

- iv. any other pertinent information.

2. The provider must have written policies and procedures for the management of involuntary discharges/transfers from their agency.

- a. Involuntary transfers/discharges from their services may occur for the following reasons:

- i. medical protection of the well being of the individual or others;

- ii. emergency situations (i.e., fire or weather related damage); or

- iii. any direct threat to the recipient's health, safety and/or welfare.

- b. Involuntary transfers/discharges may occur when a provider identifies an inability to provide the services indicated in the recipient's CPOC, but only after all options have been explored and have failed.

- c. Provider responsibilities include submission of a written report to the BCSS regional office, detailing the circumstances leading up to the decision for an involuntary transfer/discharge and provision of the documentation of the provider's efforts to resolve issues encountered in the provision of services.

- d. All team conferences shall reflect a person-centered process and be conducted with the recipient, guardian or authorized representative, case manager and the appropriate provider personnel to develop or update the CPOC, which will assure that the new provider agency or setting will meet the recipient's service needs.

- e. The recipient, guardian or authorized representative will be notified in writing at least 15 calendar days prior to the transfer or discharge from the provider agency. The individual's rights shall be assured throughout the process. The written notification shall include:

- i. the proposed date of transfer/discharge;

- ii. the reason for the action; and

- iii. the names of personnel available to assist the individual throughout the process.

- f. The service provider shall provide the recipient, guardian, or authorized representative with information on how to request an appeal of the decision for involuntary discharge.

- i. The recipient may request reconsideration through the service provider's grievance policy and procedures.

- ii. The recipient may request an informal reconsideration hearing with BCSS and the discharging service provider.

- iii. If the recipient is not satisfied with the results of the informal reconsideration hearing, an appeal may be

filed with the DHH Appeals Section by notifying the regional BCSS office or the DHH Bureau of Appeal.

J. Emergency Situations

1. Immediate jeopardy situations shall be handled immediately and the recipient's guardian or authorized representative, BCSS regional office, and the case manager must be notified immediately, no later than 48 hours after the provider's direct support staff and/or the provider's administrative staff learns of the immediate jeopardy situation.

a. The notification shall include:

- i. the anticipated action;
- ii. that the action will take place within 48 hours unless an emergency situation exists; and
- iii. the names of personnel available to assist the individual and/or their family through the process.

b. A critical incident report and investigation must begin as soon as possible after the individual is safe.

2. Critical incidents shall be reported to all appropriate law enforcement agencies as directed by state law and as directed in the Bureau's critical incident policy and to BCSS within two hours of the administrator's or his/her designated representative's first knowledge of the incident. If after business hours, a message shall be left on the BCSS toll-free line voice mail and a critical incident report must be sent via FAX on the next business day.

a. Critical incident updates shall be sent to BCSS within 72 hours and a final report to BCSS up to the 30 days from the incident.

b. The waiver service provider's responsibilities for critical incident reporting are:

- i. immediately assuring the recipient's health and safety;
- ii. reporting the incident to BCSS and the case manager;
- iii. conducting an internal investigation;
- iv. cooperating with all critical incident investigations;
- v. resolution of all critical incidents and complaints against the provider; and
- vi. implementing a plan of correction for problems identified in the course of critical incident investigations.

K. Recipient Provisions and Rights

1. The center-based respite provider may serve recipients residing in other regions other than the region in which it is located. The selection should be approved by BCSS and included in the recipient's CPOC.

2. An individual is linked to a provider for a period of six months at a time.

a. The recipient may not transfer to a different provider until after the six-month period without "Good Cause."

b. The provider shall not refuse to serve any individual who chooses their agency, unless there is documentation to support an inability to meet the individual's health, safety and welfare needs, or all previous efforts to provide services and supports have failed and there is no option but to refuse services. The BCSS must be notified of the circumstances.

c. Requirements in Paragraph 2.a-b above can only be waived by BCSS.

3. The BCSS toll-free help line number must be included in the contact packets left in the recipient's home.

4. The provider shall encourage and support the recipient in the development of the CPOC and provider service plan by:

a. obtaining the recipient's personal choices, vision, and preferences and incorporating them into the individual's person-centered CPOC;

b. assessing the recipient's:

- i. skills;
- ii. needed supports; and
- iii. health, safety and welfare needs.

c. development of strategies to meet the recipient's service needs and timely development of the service plan to implement the strategies; and

d. the development of a process to monitor the ongoing implementation of the plan.

L. Case Management. The provider shall have a written agreement with the case management agency serving the recipient. The agreement shall include:

1. written notification of the time frames for CPOC planning meetings;

2. the timely notification of the meeting dates and time to allow for provider participation;

3. how agencies will exchange information, such as notification of changes in the CPOC or in service delivery; and

4. assurance that the provider sends the appropriate provider representative to the planning meetings as invited by the recipient.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 29:

§103. Agency Responsibilities

A. Both federal and state laws and regulations authorize the Department of Health and Hospitals to maintain the programmatic and fiscal integrity of the Medicaid Home and Community-Based Services Waiver Program. The Bureau of Community Supports and Services is charged with the responsibility to set the standards, monitor the outcomes and apply administrative sanctions for failures by service providers to meet the minimum standards for participation. All failures to meet minimum standards shall result in a range of required corrective actions including, but not limited to, removal from the Freedom of Choice listing, a citation of deficient practice, a request for a corrective action plan and/or administrative sanctions. Continued failure to meet minimum standards shall result in loss of referral of new HCBW recipients and/or continued enrollment as a home and community-based waiver service provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services, LR 29:

Interested persons may submit written comments to Barbara Dodge at Bureau of Community Supports and Services, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. She is responsible for responding to all inquiries regarding this proposed rule. A public hearing on

this proposed rule is scheduled for Thursday, June 26, 2003 at 9:30 a.m. in the Wade O. Martin, Jr. Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Home and Community Based Services
Waiver ProgramC Standards of Participation**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)
It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact for SFY 2003-2004, 2004-2005 and 2005-2006. It is anticipated that \$1,134 (\$567 SGF and \$567 FED) will be expended in SFY 2002-2003 for the states administrative expense for promulgation of this proposed rule and the final rule.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
It is anticipated that implementation of this proposed rule will have no effect on federal revenue collections for SFY 2003-2004, 2004-2005 and 2005-2006.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
It is anticipated that implementation of this proposed will have no costs or economic benefits to directly affected persons. The proposed rule adopts uniform minimum standards for participation for all enrolled Home and Community-based Waiver Service Providers.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
There is no known effect on competition and employment.

Ben A. Bearden Director 0305#043	H. Gordon Monk Staff Director Legislative Fiscal Office
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**NOTICE OF INTENT
Department of Health and Hospitals
Office of the Secretary
Bureau of Community Supports and Services**

Targeted Case Management Services
Nurse Family Partnership Program

The Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services promulgates the following Rule as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedures Act R.S. 49:950 et seq.

The Department of Health and Hospitals (DHH), Office of the Secretary, Bureau of Health Services Financing adopted a Rule in July 1999 restructuring Medicaid targeted case management services in order to enhance the quality of services and assure statewide access to services (*Louisiana*

Register, Volume 25, Number 7). In order to encourage early prenatal care and reduce infant mortality, the bureau amended the July 1999 Rule to extend case management services to a new targeted population group composed of first time mothers who reside in the DHH regions of Thibodaux (Region 3), Lafayette (Region 4), Lake Charles (Region 5) and Monroe (Region 8) (*Louisiana Register*, Volume 26, Number 12). In addition, the staffing qualifications contained in the July 1999 Rule were amended to include specific requirements for case management agencies serving the new targeted population. The bureau now proposes to expand this program to include three additional DHH regions. The bureau also proposes to change the name of the program from Nurse Home Visits for First Time Mothers to the Nurse-Family Partnership Program.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that implementation of this proposed Rule will have a positive impact on family functioning, stability and autonomy as described in R.S. 49:972. The proposed Rule will expand the availability of case management services for those families who meet the target population criteria.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Community Supports and Services amends the December 21, 2000 Rule governing nurse home visit services to include eligible first time mothers who reside in the Department of Health and Hospitals administrative regions of Baton Rouge (Region 2), Alexandria (Region 6), and Shreveport (Region 7).

In addition, the name of the program is being changed to the Nurse-Family Partnership Program.

Interested persons may submit written comments to Barbara Dodge at Bureau of Community Supports and Services, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. She is responsible for responding to all inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, June 26, 2003 at 9:30 am in the Wade O. Martin, Jr. Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Targeted Case Management Services
Nurse Family Partnership Program**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)
It is anticipated that the implementation of this proposed rule will increase state program costs by approximately \$368,672 for SFY 2003-2004, \$442,407 for SFY 2004-2005, and \$455,679 for FY 2005-2006. It is anticipated that \$162 (\$81 SGF and \$81 FED) will be expended in SFY 2002-2003

for the states administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will increase federal revenue collections by approximately \$926,733 for SFY 2003-2004, \$1,112,079 for SFY 2004-2005, and \$1,145,442 for SFY 2005-2006. \$81 is included in SFY 2002-2003 for the federal administrative expenses for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed rule will expand Nurse Home Visits for First Time Mothers case management services to three additional DHH regions. In addition, the name of the program will be changed to Nurse-Family Partnership Program. It is anticipated that this service will improve the health and well being of eligible pregnant women and infant children through nurse home visits. Implementation of this proposed rule will increase expenditures for case management services rendered to eligible pregnant women by approximately \$1,295,405 for SFY 2003-04, \$1,554,486 for SFY 2004-05, and \$1,601,121 for SFY 2005-06.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

It is anticipated that the implementation of this rule will not have an effect on competition, but could have a positive effect on employment for providers of home nurse visits.

Ben A. Bearden
Director
0305#056

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Hospital Licensing Standards
(LAC 48:I.Chapter 93)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to amend LAC 48:I.Chapter 93 under the Medical Assistance Program as authorized by R.S. 40:2100-2115 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing proposes to amend the following regulations that will govern the licensing of hospitals licensed on or after the adoption of this proposed Rule. This proposed Rule shall replace and supersede the Rule adopted in February 1995 (*Louisiana Register*, Volume 21, Number 2), except that the February 1995 Rule shall continue to regulate those hospitals licensed on or before adoption of this proposed Rule, and shall continue to regulate those hospitals for one full year from adoption of this proposed Rule. Effective one full year from the adoption of this proposed Rule, the provisions of this proposed Rule shall govern all hospitals, regardless of the issuance date of the license.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed

Rule on the family has been considered. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S. 49:972.

Title 48

PUBLIC HEALTH-GENERAL

Part I. General Administration

Subpart 3. Licensing

Chapter 93. Hospitals

Subchapter A. General Provisions

§9301. Purpose

A. The purpose of the hospital laws and standards is to provide for the development, establishment and enforcement of standards for the care of individuals in hospitals and for the construction, maintenance and operation of hospitals which shall promote safe and adequate treatment of individuals in hospitals.

1. Except as otherwise provided herein, hospitals shall provide directly or under arrangements the following professional departments, services, facilities and functions:

- a. organization and general services;
- b. nursing services;
- c. pharmaceutical services;
- d. radiologic services;
- e. laboratory services;
- f. food and dietetic services;
- g. medical record services;
- h. quality assessment and improvement;
- i. physical environment;
- j. infection control;
- k. emergency services;
- l. respiratory care services.

2. Except as otherwise provided herein, hospitals may provide the following optional services directly or under arrangements:

- a. surgical services;
- b. anesthesia services;
- c. nuclear medicine services;
- d. outpatient services;
- e. rehabilitation services;
- f. psychiatric services;
- g. obstetrical and newborn services;
- h. pediatric services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9302. Definitions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:

§9303. Definitions

A. The following defines selected terminology used in connection with this Chapter 93.

Accredited the approval by the Joint Commission on Accreditation of Healthcare Organizations or American Osteopathic Association.

Administrator C (see *Chief Executive Officer*).

Anesthesiologist Ca physician, dentist, or osteopath physician, who has successfully completed an approved residency program in anesthesiology, or who is a diplomat of either the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or who was made a Fellow of the American College of Anesthesiology before 1972.

Approved C acceptable to the authority having jurisdiction.

Authority Having Jurisdiction Can organization, office, or individual responsible for approving equipment, an installation, or a procedure.

Certified Nurse Midwife Ca registered nurse who by virtue of added knowledge and skill gained through an organized program of study and clinical experience recognized by the American College of Nurse-Midwives (ACNM), and subsequent certification by the ACNM, meets the requirements of the Louisiana State Board of Nursing for the advanced practice of nursing and has extended the limits of her practice into the area of management of care of mothers and babies throughout the maternity cycle so long as progress meets criteria accepted as normal.

Certified Registered Nurse Anesthetist Ca registered nurse who has successfully completed the prescribed educational program in a school of anesthesia which is accredited by a nationally recognized accrediting agency approved by the United States Department of Education and is certified/recertified by the Council on Certification/Recertification of Nurse Anesthetists, and who renders anesthesia care in accordance with R.S. 37:930.

Cessation of Business C when a hospital stops providing services to the community.

Chief Executive Officer (CEO)/Administrator C the person responsible for the operation of the hospital commensurate with the authority conferred by the governing body.

Clinical Nurse Specialist Ca registered nurse holding a master's degree in a specific area of clinical nursing and who uses advanced knowledge, skill and competence in the provision of direct and indirect nursing care.

Department C Louisiana Department of Health and Hospitals.

Governing Body C the board of trustees, owner or person(s) designated by the owner with ultimate authority and responsibility (both moral and legal) for the management, control, conduct and functioning of the hospital.

Hospital C

a. Any institution, place, building, or agency, public or private, whether for profit or not, maintaining and operating facilities, 24 hours a day, seven days a week, having 10 licensed beds or more, properly staffed and equipped for the diagnosis, treatment and care of persons admitted for overnight stay or longer who are suffering from illness, injury, infirmity or deformity or other physical or mental condition for which medical, surgical and/or obstetrical services would be available and appropriate.

b. Facilities under 10 beds shall not be licensed as a hospital and shall not care for patients overnight unless authorized to do so under another state law. This term does not include the following:

i. physicians' offices, clinics or programs where patients are not kept as bed patients for 24 hours or more;

ii. nursing homes providing intermediate and/or skilled care as defined by and regulated under the provisions of R.S. 40:2009-2009.23;

iii. persons, schools, institutions or organizations engaged in the care and treatment of the mentally retarded and which are required to be licensed by the provisions of R.S. 28:421-427;

iv. hospitalization or care facilities maintained by the state at any of its penal or correctional institutions;

v. hospitalization or care facilities maintained by the federal government or agencies thereof;

vi. infirmaries or clinics maintained solely by any college or university exclusively for treatment of faculty, students and employees.

Hospital Record Ca compilation of the reports of the various clinical departments within a hospital, as well as reports from health care providers, as are customarily catalogued and maintained by the hospital medical records department. Hospital records include reports of procedures such as Xrays and electrocardiograms, but they do not include the image or graphic matter produced by such procedures, according to state law.

Immediate and Serious Threat Ca crisis situation in which the health and safety of patients is at risk. It is a deficient practice which indicates the operator's inability to furnish safe care and services, although it may not have resulted in actual harm. The threat of probable harm is real and important and could be perceived as something which will result in potentially severe temporary or permanent injury, disability or death.

Licensed Bed Can adult and/or pediatric bed set up or capable of being set up within 24 hours in a hospital for the use of patients, based upon bedroom criteria expressed in these standards. Labor, delivery, newborn bassinets, emergency and recovery room beds are excluded.

Licensed Independent Practitioner Ca person who is approved by their board for independent practice and who is approved by the medical staff and credentialed and approved by the Governing Board.

Licensed Nuclear Medicine Technologist—any person licensed to practice nuclear medicine technology by the Louisiana State Radiologic Technology Board of Examiners.

Licensed Practical Nurse C any person licensed to practice practical nursing and who is licensed to practice by the Louisiana State Board of Practical Nurse Examiners.

Licensed Radiation Therapy Technologist C any person licensed to practice radiation therapy technology by the Louisiana State Radiologic Technology Board of Examiners.

Licensed Radiographer C any person licensed to practice general radiography by the Louisiana State Radiologic Technology Board of Examiners.

Minor Alteration C repair or replacement of building materials and equipment with materials and equipment of a similar type that does not diminish the level of construction below that which existed prior to the alteration. This does not include any alteration to the "functionality" or original design of the construction. (For example, normal maintenance, re-roofing, painting, wallpapering, asbestos removal, and changes to the electrical and mechanical systems.)

Monolithic Ceiling ConstructionCa continuous membrane ceiling of plaster or gypsum wallboard, but not moveable or "lay-in" ceiling tiles.

NeonatalCnewborn immediately succeeding birth and continuing through the first 28 days of life.

New ConstructionCan any of the following started after March 1, 1995:

- a. new buildings to be used as a hospital;
- b. additions to existing buildings to be used as a hospital;
- c. conversions of existing buildings or portions thereof for use as a hospital;
- d. alterations other than minor alterations to an existing hospital.

Nurse PractitionerCa registered nurse who successfully completes a nurse practitioner program of studies which meets the requirements set forth in the *Louisiana Administrative Code* and who provides direct nursing care to individuals, families and other groups, including primary acute or chronic care which focuses on the maintenance, achievement and restoration of optimal functions.

Nurses Call SystemCa system that audibly registers calls electronically from its place of origin (which means the patient's bed) to the place of receivership (which means the nurses' station).

Observation Bed/UnitCa outpatient service in which patients are admitted for a period of no longer than 24 hours of observation. After 24 hours, the patient must be admitted, transferred or discharged. This outpatient unit must not provide acute care nursing. A registered nurse must be on site while there are patients in this unit.

Office of the SecretaryCa office of the person serving as Secretary of the Department of Health and Hospitals.

Off-Site CampusCa premises on which hospital services (inpatient and/or outpatient) are provided and that are not adjoining to the main hospital buildings or grounds. An off-site campus must be located within 50 miles of the main hospital campus.

OrganCa human kidney, liver, heart, lung or pancreas.

RadiologistCa doctor of medicine or osteopathy who is qualified by education and experience in radiology.

Registered DietitianCa dietitian who is qualified based on registration by the Commission on Dietetic Registration of the American Dietetic Association and licensing by the Louisiana Board of Examiners in Dietetics and Nutrition.

Registered NurseCa any person licensed to practice nursing by the Louisiana State Board of Nursing.

Unit DefinitionCa licensed patient room.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9305. Licensing Process

A. Procedures for Initial Licensing. The Department of Health and Hospitals is the only authority for hospitals in the State of Louisiana.

1. Any person, organization or corporation desiring to operate a hospital shall make application to the Department of Health and Hospitals (DHH) on forms prescribed by the

department. Such forms may be obtained from: Hospital Program Manager, Department of Health and Hospitals, Health Standards Section (HSS), Post Office Box 3767, Baton Rouge, LA 70821.

2. An initial applicant shall as a condition of licensing:

a. submit a completed initial hospital packet and other required documents;

b. submit the required nonrefundable licensing fees by certified check or money order. No application will be reviewed until payment of the application fee. Except for good cause shown, the applicant must complete all requirements of the application process within 90 days of initial submission of the application material. Upon 10 days prior notice, any incomplete or inactive applications shall be closed. A new application will be accepted only when accompanied by a nonrefundable application fee.

3. When the required documentation for licensing is approved and the building is approved for occupancy, a survey of the facility by representatives of HSS shall be conducted at the department's discretion to determine if the facility meets the standards set forth in this Chapter 93.

4. Representatives of the HSS shall discuss the findings of the survey, including any deficiencies found, with representatives of the hospital facility.

5. The hospital shall notify the HSS in writing when the deficiencies, if any, have been corrected. Following review of the hospital's Plan of Correction (POC), HSS may schedule a survey of the facility prior to occupancy.

6. No new hospital facility shall accept patients until the hospital has written approval and/or a license issued by HSS.

7. No licensed bed shall be placed in a room that does not meet all patient room licensing criteria and which has not been previously approved by HSS.

B. Issuance of a License

1. The agency shall have authority to issue two licenses as described below.

a. Full LicenseCissued only to those hospitals that are in substantial compliance with the rules, the minimum standards governing hospitals and the hospital law. The license shall be issued by the department for a period of not more than 12 months for the premises named in the application, as determined by the department.

b. If a hospital is not in substantial compliance with the rules, the standards governing hospitals and the hospital law, the department may issue a provisional license up to a period of six months if there is no immediate and serious threat to the health and safety of patients.

2. The department also has discretion in denying, suspending or revoking a license where there has been substantial noncompliance with these requirements in accordance with the hospital law. If a license is denied, suspended or revoked, an appeal may be made as outlined in the hospital law.

3. The hospital license is not assignable or transferable and shall be immediately void if a hospital ceases to operate or if its ownership changes.

4. Licenses issued to hospitals with off-site locations shall be inclusive of the licensed off-site beds. In no case may the total number of inpatient beds at the off-site location exceed the number of inpatient beds at the primary campus.

C. Licensing Renewal. Licenses must be renewed at least annually. A hospital seeking renewal of its license shall:

1. complete all forms and return them to the department at least 15 days prior to the expiration date of their current license;

2. submit the annual fees or the amounts so specified by state law. All fees shall be submitted by certified check or money order and are nonrefundable. All state-owned facilities are exempt from fees;

3. the renewal packet shall be sent by the department to the hospital 45 days prior to the expiration of their license. The packet shall contain all forms required for renewal of the license;

4. the hospital shall accept only that number of inpatients for which it is licensed unless prior written approval has been secured from the department.

D. Display of License. The current license shall be displayed in a conspicuous place in the hospital at all times.

E. Bed Increases

1. The hospital will notify the department in writing 14 days prior to the bed increase.

2. The hospital will complete the required paperwork and submit the appropriate documents.

3. A fee of \$25 plus \$5 per licensed unit being added or the amounts so specified by state law in the future shall be submitted to the department. This shall be a certified check or money order.

4. At the discretion of the department, signed and dated attestations to compliance with these standards may be accepted in lieu of an on-site survey.

5. Written approval of the bed increase must be obtained before patients can be admitted to these additions.

6. No licensed bed shall be placed in a room that does not meet all patient room licensing criteria and which has not been previously approved by HSS.

F. Eliminating and/or Relocating Beds

1. The hospital will notify the department in writing 14 days prior to the bed decrease or relocation.

2. The hospital will complete the required paperwork and submit the appropriate documents.

3. A fee of \$25 or the amounts so specified by state law in the future shall be submitted to the department. This shall be a certified check or money order.

4. No licensed bed shall be placed in a room that does not meet all patient room licensing criteria and which has not been previously approved by HSS.

G. Adding or Eliminating Services

1. Prior to the addition or deletion of a service or services, the hospital shall notify the department in writing 45 days prior to implementation, if plan review is required, and 15 days prior to implementation if no plan review is necessary.

2. The department will determine the required documents, if any, to be provided for a new service.

3. No service shall be instituted that does not meet all licensing criteria and which has not been previously approved by the department.

H. Adding Off-Site Campuses (Individual licenses shall not be required for separate buildings and services located on the same or adjoining grounds or attached to the main hospital if they are operated as an integrated service of the hospital.) An applicant shall as a condition of licensing:

1. submit a completed off-site campus packet and other required documents;

2. submit the required licensing fees by certified check or money order. This fee is nonrefundable;

3. except for good cause shown, all incomplete and inactive applications shall be closed 90 days after receipt of the initial off-site campus application. A new application will be accepted only when accompanied by a nonrefundable application fee;

4. at the discretion of the department, signed and dated attestations to the compliance with these minimal standards may be accepted in lieu of an on-site survey;

5. the off-site campus will be issued a license which is a subset of the hospital's main license.

I. Closing Off-Site Campuses. The hospital is to notify the HSS in writing within 14 days of the closure of an off-site campus with the effective date of closure. The original license of the off-site campus is to be returned to HSS.

J. Duplicate and Replacement Licenses. A \$5 processing fee or the amount so specified by state law in the future, shall be submitted by the hospital for issuing a duplicate facility license with no change.

K. Changes to the License. When changes to the license, such as a name change, address change or bed reduction are requested in writing by the hospital, a fee of \$25 or the amounts so specified by state law in the future, shall be submitted.

L. Facility within a Facility

1. If more than one health care provider occupies the same building, premises or physical location:

a. all treatment facilities and administrative offices of one health care provider shall be clearly separated from any treatment facilities or administrative offices of any other health care provider located in and/or on the same building, premises or physical location by a clearly delineated and cognizable boundary;

b. treatment facilities shall include but not be limited to consumer beds, wings and operating rooms;

c. administrative offices shall include but not be limited to record rooms and personnel offices;

d. there shall be clearly identifiable and distinguishable signage;

e. if more than one health care provider occupies the same building, premises or physical location, each such health care provider shall have its own entrance. The separate entrance shall have appropriate signage and shall be clearly identifiable as belonging to one health care provider. Nothing prohibits a health care provider occupying the same building, premises or physical location as another health care provider from utilizing the entrance, hallway, stairs, elevators or escalators of another health care provider to provide access to its separate entrance;

f. staff of the hospital within a hospital shall not be co-mingled with the staff of the host hospital for the delivery of services within any given shift.

2. The provisions and requirements of this Subsection L are in addition to and not to the exclusion of any other statutes, laws and/or rules that regulate hospitals (R.S. 40:2007).

M. Change of Ownership

1. Definition. *Change of Ownership (CHOW)* the sale or transfer whether by purchase, lease, gift or otherwise

of a hospital by a person/corporation of controlling interest that results in a change of ownership or control of 30 percent or greater of either the voting rights or assets of a hospital or that results in the acquiring person/corporation holding a 50 percent or greater interest in the ownership or control of the hospital. Examples of actions which constitute a change of ownership (R.S. 40:2115.11 et seq.).

a. Unincorporated Sole Proprietorship. Transfer of title and property to another party constitutes a change of ownership.

b. Corporation. The merger of the provider corporation into another corporation, or the consolidation of two or more corporations, resulting in the creation of a new corporation constitutes a change of ownership. Transfer of corporate stock or the merger of another corporation into the provider corporation does not constitute a change of ownership.

c. Partnership. In the case of a partnership, the removal, addition or substitution of a partner, unless the partners expressly agree otherwise, as permitted by applicable state law, constitutes a change of ownership.

d. Leasing. The lease of all or part of a provider facility constitutes a change of ownership of the leased portion.

2. No later than 15 days after the effective date of the CHOW, the prospective owner(s) or provider representative shall submit to the department a completed application for hospital licensing, the bill of sale, and a licensing fee consistent with state law. Hospital licensing is not transferable from one entity or owner(s) to another.

N. Plan Review. A letter to the Department of Health and Hospitals, Division of Engineering and Architectural Services, shall accompany the floor plans with a request for a review of the hospital plans. The letter shall include the types of services offered, number of licensed beds and licensed patient rooms, geographical location, and whether it is a relocation, renovation, and/or new construction. A copy of this letter is to be sent to the Hospital Program Manager.

1. Submission of Plans

a. New Construction. All new construction shall be done in accordance with the specific requirements of the Office of State Fire Marshal and the Department of Health and Hospitals, Division of Engineering and Architectural Services. The requirements cover new construction in hospitals, including submission of preliminary plans and the final work drawings and specifications to each of these agencies. Plans and specifications for new construction shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer and shall include scaled architectural plans stamped by an architect.

b. New Hospitals. No new hospital shall hereafter be licensed without the prior written approval of, and unless in accordance with plans and specifications approved in advance by the Department of Health and Hospitals, Division of Engineering and Architectural Services and the Office of State Fire Marshal. This includes any change in hospital type (e.g., acute care hospital to psychiatric hospital) or the establishment of a hospital in any healthcare facility or former healthcare facility. The applicant must furnish one complete set of plans and specifications to the Department of Health and Hospitals, Division of Engineering and Architectural Services and one complete set

of plans and specifications to the Office of State Fire Marshal, together with fees and other information as required. Plans and specifications shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer and shall include scaled architectural plans stamped by an architect. The review and approval of plans and specifications shall be made in accordance with the publication entitled *Guidelines for Construction and Equipment of Hospital and Medical Facilities*, Current Edition, published by the American Institute of Architects Press, Box 753, Waldorf, MD 20601 and the *Standard Plumbing Code*.

c. Change(s) in Service(s)/Hospital Type. Preliminary plans, final work drawings and specifications shall be submitted prior to any change in hospital type (e.g., acute care hospital to psychiatric hospital). The review and approval of plans and specifications shall be made in accordance with the publication entitled *Guidelines for Construction and Equipment of Hospital and Medical Facilities*, Current Edition, published by the American Institute of Architects Press, Box 753, Waldorf, MD 20601 and the *Standard Plumbing Code*. The applicant must furnish one complete set of plans and specifications to the Department of Health and Hospitals, Division of Engineering and Architectural Services and one complete set of plans and specifications to the Office of State Fire Marshal, together with fees and other information as required.

d. Major Alterations. No major alterations shall be made to existing hospitals without the prior written approval of, and unless in accordance with plans and specifications approved in advance by the Department of Health and Hospitals, Division of Engineering and Architectural Services and the Office of State Fire Marshal. The applicant must furnish one complete set of plans and specifications to the Department of Health and Hospitals, Division of Engineering and Architectural Services and one complete set of plans and specifications to the Office of State Fire Marshal, together with fees and other information as required. Plans and specifications shall be prepared by or under the direction of a licensed architect and/or a qualified licensed engineer and shall include scaled architectural plans stamped by an architect. The review and approval of plans and specifications shall be made in accordance with the publication entitled *Guidelines for Construction and Equipment of Hospital and Medical Facilities*, Current Edition, published by the American Institute of Architects Press, Box 753, Waldorf, MD 20601 and the *Standard Plumbing Code*.

2. Approval of Plans

a. Notice of satisfactory review from the Department of Health and Hospitals, Division of Engineering and Architectural Services and the Office of State Fire Marshal constitutes compliance with this requirement if construction begins within 180 days of the date of such notice. This approval shall in no way permit and/or authorize any omission or deviation from the requirements of any restrictions, laws, ordinances, codes or rules of any responsible agency.

b. In the event that submitted materials do not appear to satisfactorily comply with the "*Guidelines for Construction and Equipment of Hospital and Medical*

Facilities," Current Edition, and the *Standard Plumbing Code*, the Department of Health and Hospitals, Division of Engineering and Architectural Services shall furnish a letter to the party submitting the plans which shall list the particular items in question and request further explanation and/or confirmation of necessary modifications.

3. Waivers

a. The secretary of the department may, within his sole discretion, grant waivers to building and construction guidelines. The facility must submit a waiver request in writing to the Division of Engineering and Architectural Services. The facility shall demonstrate how patient safety and the quality of care offered is not compromised by the waiver. The facility must demonstrate their ability to completely fulfill all other requirements of the service. The department will make a written determination of the request. Waivers are not transferable in an ownership change and are subject to review or revocation upon any change in circumstances related to the waiver.

b. The secretary, in exercising his discretion, must at a minimum, require the applicant to comply with the edition of the building and construction guidelines which immediately preceded the most current edition of the Guidelines for Construction and Equipment of Hospital and Medical Facilities.

O. Fire Protection. All hospitals required to be licensed by the law shall comply with the rules, established fire protection standards and enforcement policies as promulgated by the Office of State Fire Marshal. It shall be the primary responsibility of the Office of State Fire Marshal to determine if applicants are complying with those requirements. No license shall be issued or renewed without the applicant furnishing a certificate from the Office of State Fire Marshal stating that the applicant is complying with their provisions. A provisional license may be issued to the applicant if the Office of State Fire Marshal issues the applicant a conditional certificate.

P. Sanitation and Patient Safety. All hospitals required to be licensed by the law shall comply with the rules, Sanitary Code and enforcement policies as promulgated by the Office of Public Health. It shall be the primary responsibility of the Office of Public Health to determine if applicants are complying with those requirements. No initial license shall be issued without the applicant furnishing a certificate from the Office of Public Health stating that the applicant is complying with their provisions. A provisional license may be issued to the applicant if the Office of Public Health issues the applicant a conditional certificate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 16:971 (November 1990), LR 21:177 (February 1995), LR 29:

§9307. Hospital Closure

A. A cessation of business is deemed to be effective with the date on which the hospital stopped providing services to the community.

1. The hospital must notify the department in writing 30 days prior to the effective date of closure.

2. The hospital shall submit a written plan for the disposition of patient medical records for approval by the department. The plan shall include the following:

a. provisions that comply with state laws on storage, maintenance, access and confidentiality of the closed hospital's patient medical records;

b. an appointed custodian who shall provide physical and environmental security that protects the records against fire, water, intrusion, unauthorized access, loss and destruction;

c. public notice on access in the newspaper, with the largest circulation, in close proximity of the closing hospital, at least 15 days before the effective date of closure;

d. the effective date of closure.

3. The hospital must return the original license to the department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9309. Exceptions

A. Exceptions to these rules and standards governing hospitals are as follows.

1. If a hospital does not provide an optional service or department, those relating requirements shall not be applicable.

2. If a hospital is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the American Osteopathic Association, the department shall accept such accreditation in lieu of its annual on-site re-survey. This accreditation will be accepted as evidence of satisfactory compliance with all provisions except those expressed in §9305.O and P.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9311. Enforcement

A. The department shall have the authority to interpret and enforce this Chapter 93 as authorized by and in accordance with the Health Care Facilities and Services Enforcement Act, R.S. 40:2199.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9313. Staff Orientation, Training, Education and Evaluation

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals,

Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:

§9315. Emergency Services

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:

Subchapter B. Hospital Organization and Services

§9317. Governing Body

A. The hospital must have either an effective governing body or individual(s) legally responsible for the conduct of the hospital operations. No contracts/arrangements or other agreements may limit or diminish the responsibility of the governing body.

B. The governing body shall:

1. establish hospital-wide policy;
2. adopt bylaws;
3. appoint a chief executive officer or administrator;
4. maintain quality of care;
5. determine in accordance with state law which categories of practitioners are eligible candidates for appointment to the medical staff; and
6. provide an overall institutional plan and budget.

C. The governing body and/or their designee(s) shall develop and approve policies and procedures which define and describe the scope of services offered. They shall be revised as necessary and reviewed at least annually.

D. There shall be an organizational chart that delineates lines of authority and responsibility for all hospital personnel.

E. In addition to requirements stated herein, all licensed hospitals shall comply with applicable local, state, and federal laws and regulations.

F. All off-site campuses operating under the license of a single provider institution (i.e., a hospital with a main facility and off-site campuses) are subject to the control and direction of one common governing body, that is responsible for the operational decisions of the entire hospital enterprise.

1. The off-site campus is subject to the bylaws and operating decisions of the provider's governing body.
2. The provider has final responsibility for administrative decisions, final approval for personnel actions and final approval for medical staff appointments at the off-site campus.
3. The off-site campus functions as a department of the provider.
4. The off-site campus is included under the accreditation of the provider, if the provider is accredited by a national accrediting body, and the accrediting body recognizes the off-site campus as part of the provider.
5. The off-site campus director is under the day-to-day supervision of the provider, as evidenced by:
 - a. patients treated at the off-site campus are considered patients of the provider and shall have full access to all appropriate provider services;
 - b. the off-site campus is held out to the public as part of the hospital, i.e., patients know they are entering the provider and will be billed accordingly;

c. the off-site campus director or the individual responsible for the day-to-day operations at the site maintains a daily reporting relationship and is accountable to the provider's chief executive officer and reports through that individual to the provider's governing body; and

d. the administrative functions of the off-site campus, (i.e., QI, infection control, dietary, medical records, billing, laundry, housekeeping and purchasing) are integrated with those of the provider, as appropriate to that off-site campus.

6. All components of a single provider institution must comply with applicable state licensing laws.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9319. Patient Rights and Privacy

A. Every patient shall have the following rights, none of which shall be abridged by the hospital or any of its staff. The hospital administrator shall be responsible for developing and implementing policies to protect patient rights and to respond to questions and grievances pertaining to patient rights. These rights shall include at least the following:

1. every patient, or his/her designated representative, shall whenever possible, be informed of the patient's rights and responsibilities in advance of furnishing or discontinuing patient care;
2. the right to have a family member, chosen representative and/or his or her own physician notified promptly of admission to the hospital;
3. the right to receive treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay or source of payment;
4. the right to be treated with consideration, respect and recognition of their individuality, including the need for privacy in treatment;
5. the right to be informed of the names and functions of all physicians and other health care professionals who are providing direct care to the patient. These people shall identify themselves by introduction and/or by wearing a name tag;
6. the right to receive, as soon as possible, the services of a translator or interpreter to facilitate communication between the patient and the hospital's health care personnel;
7. the right to participate in the development and implementation of his or her plan of care;
8. every patient or his or her representative (as allowed by state law) has the right to make informed decisions regarding his or her care;
9. the patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate;
10. the right to be included in experimental research only when he or she gives informed, written consent to such participation, or when a guardian provides such consent for

an incompetent patient in accordance with appropriate laws and regulations. The patient may refuse to participate in experimental research, including the investigations of new drugs and medical devices;

11. the right to be informed if the hospital has authorized other health care and/or educational institutions to participate in the patient's treatment. The patient shall also have a right to know the identity and function of these institutions, and may refuse to allow their participation in the patient's treatment;

12. the right to formulate advance directives and have hospital staff and practitioners who provide care in the hospital comply with these directives;

13. the right to be informed by the attending physician and other providers of health care services about any continuing health care requirements after the patient's discharge from the hospital. The patient shall also have the right to receive assistance from the physician and appropriate hospital staff in arranging for required follow-up care after discharge;

14. the right to have the individual patient's medical records, including all computerized medical information, kept confidential;

15. the right to access information contained in his or her medical records within a reasonable time frame;

16. the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff;

17. the right to be free from all forms of abuse and harassment;

18. the right to receive care in a safe setting;

19. the right to examine and receive an explanation of the patient's hospital bill regardless of source of payment, and may receive upon request, information relating to financial assistance available through the hospital;

20. the right to be informed in writing about the hospital's policies and procedures for initiation, review and resolution of patient complaints, including the address and phone number of where complaints may be filed with the department;

21. the right to be informed of his or her responsibility to comply with hospital rules, cooperate in the patient's own treatment, provide a complete and accurate medical history, be respectful of other patients, staff and property, and provide required information regarding payment of charges;

22. except in emergencies, the patient may be transferred to another facility only with a full explanation of the reason for transfer, provisions for continuing care and acceptance by the receiving institution.

B. The policies on patient rights and responsibilities shall also provide that patients who receive treatment for mental illness or developmental disability, in addition to the rights listed herein, have the rights provided in the Louisiana Mental Health Law.

C. Hospital staff assigned to provide direct patient care shall be informed of and demonstrate their understanding of the policies on patient rights and responsibilities through orientation and appropriate in service training activities.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals,

Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9321. Medical Staff

A. The medical staff develops and adopts bylaws and rules for self-governance of professional activity and accountability to the governing body. In addition to physicians and dentists, the medical staff membership shall include licensed independent practitioners as appropriate to adequately meet the needs of the patients served by the hospital. The bylaws and rules shall contain provisions for at least the following.

1. The Medical Executive Committee. The committee shall:

a. develop the structure of the medical staff and categories of membership;

b. develop and implement a mechanism to review credentials, at least every two years, and delineate individual privileges;

c. develop and implement a mechanism for determining that all medical staff hold current Louisiana licenses;

d. make recommendations for membership to medical staff, for approval by the governing body, with initial appointments and reappointments not to exceed two years;

e. develop and implement a mechanism for suspension and/or termination of membership to the medical staff.

2. Develop and implement a mechanism for fair hearings and appellate reviews for both potential (new) applicants and current members of the medical staff.

3. Define the required functions of the medical staff to include:

a. basic medical record review, drug usage review, pharmacy and therapeutics review, infection control and utilization review;

b. if applicable, surgical and other invasive procedures and blood usage.

4. The medical staff shall provide a mechanism to monitor and evaluate the quality of patient care and the clinical performance of individuals with delineated clinical privileges.

5. Each person admitted to the hospital shall be under the care of a member of the medical staff and shall not be admitted except on the recommendation of a medical staff member.

6. There shall be a member of the medical staff on call at all times for emergency medical care of hospital patients.

7. The medical staff bylaws shall include specifications for orders for the care or treatment of patients which are given to the hospital verbally or transmitted to the hospital electronically, whether by telephone, facsimile transmission or otherwise. Such bylaws may grant the medical staff up to 10 days following the date an order is transmitted verbally or electronically to provide the signature or countersignature for such orders.

8. There shall be a single chief medical officer who reports directly to the governing body and who is responsible for all medical staff activities of all the offsite facilities operating under the license of the hospital.

9. There shall be total integration of the organized medical staff as evidenced by these factors:

- a. all medical staff members have privileges at all off-site campuses;
- b. all medical staff committees are responsible for their respective areas of responsibility at all off-site campuses of the hospital; and
- c. the medical director of the off-site campus (if the off-site campus has a medical director) maintains a day-to-day reporting relationship to the chief medical officer or other similar official of the provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9323. Administration

A. There shall be a chief executive officer or administrator who is responsible for the operation of the hospital commensurate with the authority conferred by the governing body. All administrative authority shall flow through the chief executive officer who exercises control and surveillance over the administrative activities of the hospital and of all off-site campuses. (This does not preclude the establishment of assistant executive officer positions in any off-site campus as long as the individuals are under the authority of and report to the chief executive officer.)

B. The chief executive officer or administrator of the hospital shall have at least one of the following qualifications:

- 1. a master's degree and at least three years of full-time experience in progressively responsible management positions in healthcare;
- 2. a baccalaureate degree and at least five years of full-time experience in progressively responsible management positions in healthcare; or
- 3. at least 10 years of full-time experience in hospital administration;

a. hospital chief executive officers and administrators employed in Louisiana licensed hospitals at the time the final regulations are adopted and become effective shall be deemed to meet the qualifications as long as the individual holds their current position. If the individual leaves their current position as hospital administrator/chief executive officer, they must meet one of the qualifications above to be re-employed into such a position.

C. There shall be sufficient qualified personnel to properly operate each department of the hospital and provide quality patient care and related services.

D. All new employees, including volunteer workers, prior to or at the time of employment and annually thereafter shall be verified to be free of tuberculosis in a communicable state.

E. The hospital shall have policies and procedures that define how the facility will comply with current regulations regarding healthcare screenings of hospital personnel.

F. The hospital shall have policies and procedures and require all personnel to immediately report any signs or symptoms of a communicable disease or personal illness to their supervisor or administrator as appropriate for possible reassignment or other appropriate action to prevent the

disease or illness from spreading to other patients or personnel.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9325. Staff Orientation, Training, Education and Evaluation

A. New employees, including contract employees, shall have an orientation program of sufficient scope and duration to inform the individual about his/her responsibilities and how to fulfill them.

B. The orientation program shall include, at least, a review of policies and procedures, job descriptions, competency evaluation and performance expectations prior to the employee performing his/her responsibilities.

C. A staff development program shall be conducted by educationally competent staff and/or consultants and planned based upon annual employee performance appraisals, patient population served by the hospital, information from quality assessment and improvement activities, and/or as determined by facility staff.

D. The hospital shall document appropriate training and orientation prior to reassignment of currently employed staff.

E. Records shall be maintained that indicate the training content, time, names of employees in attendance and the name of the presenter.

F. At least annually the performance of all hospital and contract employees shall be evaluated.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9327. Emergency Services

A. Except as otherwise provided herein, all hospitals shall provide emergency services on a 24-hour/7-day basis in an emergency care area. The hospital shall have at least one physician available to the emergency care area within 30 minutes through a medical call roster.

B. The exception to this requirement would be those hospitals that hold a specialty certification as a psychiatric, rehabilitation or long term acute care hospital, in which case the governing body shall assure that the hospital has written policies and procedures which address at a minimum:

- 1. needed emergency equipment;
- 2. competency of staff appropriate to the care delivered;
- 3. determining when an emergency exists;
- 4. rendering life saving first aid;
- 5. making appropriate referrals to hospitals that are capable of providing needed services.

C. Organization

- 1. Emergency services shall have written policies and procedures which:
 - a. define and describe the scope of services offered;
 - b. assures the integration of emergency services with other hospital services, delineating when the hospital

shall divert emergency patients, the criteria for the diversion, and the notification of local emergency medical services and hospitals of the diversion; and

c. governs referrals if a clinical specialty service is not provided.

2. The emergency services shall be organized under the direction of a qualified member of the medical staff and a roster of on-call medical staff with service specialties shall be maintained. The services shall be integrated with other departments of the hospital. Ancillary services routinely available at the hospital for inpatients shall be available to patients presenting with emergency medical conditions.

3. The emergency service area shall be supplied with:

- a. basic trauma equipment and drugs;
- b. suction and oxygen equipment; and
- c. cardiopulmonary resuscitation equipment.

D. All licensed hospitals shall comply with current provisions of the Emergency Medical Treatment and Active Labor Act (EMTALA).

E. In accordance with R.S. 40:2113.6, no officer or member of the medical staff of a hospital licensed by the department shall deny emergency services available at the hospital to a person diagnosed by a licensed physician as requiring emergency services because the person is unable to establish his ability to pay for the services or his race, religion or national ancestry. In addition, the person needing the services shall not be subjected to arbitrary, capricious or unreasonable discrimination based on age, sex, physical condition or economic status. Emergency services are services that are usually and customarily available at the hospital and that must be provided immediately to stabilize a medical condition which if not stabilized could reasonably be expected to result in the loss of life, serious permanent disfigurement or loss or impairment of the function of a bodily member or organ, or for the care of a woman in active labor if the hospital is so equipped. If not so equipped, the hospital must provide treatment to allow the patient to travel to a more appropriate facility without undue risk of serious harm.

F. Personnel

1. The emergency services shall make provisions for physician coverage at all hours and a qualified member of the medical staff shall be designated to supervise emergency services. There shall be a registered nurse and other nursing service personnel qualified in emergency care to meet written emergency procedures and needs anticipated by the hospital. All registered nurses working in emergency services shall be trained in advanced cardiac life support, pediatric trauma and pediatric advanced life support.

2. There are specific assigned duties for emergency care personnel with a clear chain of command.

G. The hospital shall maintain an emergency service register on every individual seeking care. At a minimum, the register shall contain the following data:

1. name, age and sex of patient;
2. date, time and means of arrival;
3. nature of complaint;
4. disposition;
5. time of departure;
6. name of the on-call or treating physician.

H. Trauma Center. In addition to the requirements above, all hospitals that request official designation by the

department as a "Trauma Center" must meet the requirements provided under state law (R.S. 40:2171).

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9329. After Life Care

A. The hospital shall establish and implement written policies and procedures that are reviewed annually and revised as needed. These policies shall delineate the responsibilities of the medical staff, nursing and morgue staff, and shall include procedures for at least the following:

1. identifying the body;
2. safe and proper handling to prevent damage to the body;
3. safeguarding personal effects of the deceased and release of personal effects to the appropriate individual;
4. handling of toxic chemicals by morgue and housekeeping staff;
5. infection control, including disinfecting of equipment;
6. identifying and handling high-risk and/or infectious bodies, in accordance with Centers for Disease Control guidelines, and in compliance with Louisiana law;
7. release of the body to the funeral director;
8. release of the body to the coroner upon his request for autopsy;
9. policy for autopsy requests by the physician or family and physician communication to family members regarding the autopsy requests/results;
10. availability of autopsy reports, including reports of microscopic autopsy findings, to physicians and in medical records, within specified time frames; and
11. completion of autopsy, including microscopic and other procedures, within specified time frames.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9331. Organ or Tissue Donation

A. The hospital shall have policies and procedures for organ and tissue donation and requests for donation, approved by the governing body.

B. Hospitals shall have an agreement with the designated organ procurement agency for the state and at least one tissue bank and one eye bank, if the organ procurement agency does not include these services.

C. When death is imminent or has occurred in a hospital, to a person determined to be a suitable candidate for organ or tissue donation, based on accepted medical standards, the hospital administrator or designated representative shall request the appropriate person described herein to consent to the gift of any part of the decedent's body as an anatomical gift.

D. No request shall be required when the requesting person has actual notice of contrary intention by the decedent or those persons described in this regulation according to the priority stated therein, or reason to believe

that an anatomical gift is contrary to the decedent's religious beliefs.

E. Upon approval of the donation, the OPO or retrieval organization shall be notified and shall cooperate in the procurement of the anatomical gift. When a request is made, the person making the request shall complete a certificate of request for an anatomical gift on a form approved by the Department of Health and Hospitals.

F. The certificate shall include the following:

1. a statement indicating that a request for an anatomical gift was made;
2. the name and affiliation of the person making the request;
3. an indication of whether consent was granted and, if so, what organs and tissues were donated;
4. the name of the person granting or refusing the request, and his relationship to the decedent.

G. A copy of the certificate of request shall be included in the decedent's medical records.

H. The following persons shall be requested to consent to a gift, in the order of priority stated:

1. the spouse if one survives; if not
 - a. an adult son or daughter;
 - b. either parent;
 - c. an adult brother or sister;
 - d. the curator or tutor of the decedent at the time of death;
 - e. any other person authorized or under obligation to dispose of the body.

I. Upon the arrival of a person who is dead or near death, a reasonable search for a document of gift or other information which may indicate that a person is a donor or has refused to make such a donation shall be made by the hospital.

J. If a person at or near death has been admitted or is in transit to a hospital and has been identified as a donor of his body, organs, tissue or any part thereof, the hospital shall immediately notify the named recipient if one is named and known, and if not, the OPO federally approved organ procurement agency.

K. The hospital shall cooperate in the implementation of the anatomical gift, including the removal and release of organs and tissue, or any parts thereof.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9333. Specialty Units

A. Specialty units are designated areas in a hospital organized and dedicated to providing a specific, concentrated service to a targeted group of patients.

B. Each unit shall be organized and function as a physically identifiable section with beds that are not commingled with other hospital beds.

C. Each unit shall be staffed with professional and support personnel, appropriate to the scope of services provided. Central support services such as dietary, housekeeping, maintenance, administration and therapeutic services may be shared with the rest of the hospital.

D. There shall be written policies and procedures that define and describe the scope of services offered, including admission criteria. The policies and procedures shall be developed and approved by the governing body. They shall be reviewed at least annually and revised as necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9335. Emergency Preparedness

A. The hospital shall have an emergency preparedness plan designed to manage the consequences of natural disasters or other emergencies that disrupt the hospital's ability to provide care and treatment or threatens the lives or safety of the hospital patients and/or the community it serves. The emergency preparedness plan shall be made available, upon request or if mandated to do so, to local, parish, regional and/or state emergency planning organizations, DHH and the Office of the State Fire Marshal.

B. As a minimum, the plan shall include the following:

1. identification of potential hazards that could necessitate an evacuation, including internal and external disasters such as a natural disaster, acts of bio-terrorism, weapons of mass destruction, labor work stoppage, or industrial or nuclear accidents;
2. emergency procedures for evacuation of the hospital;
3. comprehensive measures for receiving and managing care for a large influx of emergency patients. At a minimum, these measures shall include the following roles:
 - a. the emergency department/services;
 - b. surgical suite; and
 - c. patient care units;
4. comprehensive plans for receiving patients who are being relocated from another facility due to a disaster. This plan shall include at least an estimate of the number and type of patients the facility would accommodate;
5. procedures in the case of interruption of utility services in a way that affects the health and safety of patients;
6. identification of the facility and an alternate facility to which evacuated patients would be relocated;
7. the estimated number of patients and staff that would require relocation in the event of an evacuation;
8. the system or procedure to ensure that medical charts accompany patients in the event of a patient evacuation and that supplies, equipment, records and medications would be transported as part of an evacuation; and
9. the roles and responsibilities of staff members in implementing the disaster plan.

C. The hospital shall assure that patients receive nursing care throughout the period of evacuation and while being returned to the original hospital.

D. The hospital shall ensure that evacuated patients, who are not discharged, are returned to the hospital after the emergency is over, unless the patient prefers to remain at the receiving facility or be discharged instead of being returned to the original hospital.

E. Any staff member who is designated as the acting administrator shall be knowledgeable about, and authorized to implement the hospital's plans in the event of an emergency.

F. The hospital administrator shall appoint an individual who shall be responsible for disaster planning for the hospital.

G. While developing the hospital's plan for evacuating patients, the disaster planner shall communicate with the facility or facilities designated to receive relocated patients.

H. The hospital shall conduct at least one evacuation drill each year, either simulated or using selected patients. An actual evacuation shall be considered a drill, if it is documented.

I. The hospital shall conduct at least one drill each year, in which a large influx of emergency patients is simulated. An actual emergency of this type shall be considered a drill, if it is documented.

J. In case of an emergency, the hospital shall have a policy for supply of food and water.

K. The hospital shall have a policy for the provision of emergency sources of critical utilities such as electricity, natural gas, water and fuel during any period in which the normal supply is temporarily disrupted.

L. The hospital's plan shall be developed in coordination with the local/parish office of emergency preparedness, utilizing community wide resources.

M. A hospital may temporarily exceed its licensed capacity in emergency situations, such as natural disasters or disease related emergencies. Such hospitals shall notify DHH in writing of the situation within 24 hours or as soon as practical thereafter.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9337. Smoking Prohibition

A. Smoking shall be prohibited in all areas of the hospital that are heated and air-conditioned. At the discretion of the hospital's governing body, smoking may be permitted in patient rooms, but only:

1. upon the consent of the patient's primary treating physician;
2. with the consent of all patients in the room;
3. in accordance with all standards established by the Joint Commission on Accreditation of Health Care Organizations and all other applicable state and federal laws.

B. Notwithstanding the provisions of the above, the hospital's governing body may designate a well-ventilated area for smokers. Additionally, the governing body of a psychiatric hospital shall establish policies to reasonably accommodate inpatients that smoke.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40: 2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9339. Safety

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:

§9341. Personnel

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:

Subchapter C. Nursing Services

§9343. Organization and Staffing

A. There shall be an organized nursing service that provides 24-hour nursing services. The nursing services shall be under the direction and supervision of a registered nurse licensed to practice in Louisiana, employed full time, 40 hours per week. There shall be a similarly qualified registered nurse to act in the absence of the director of nursing services.

B. Written nursing policies and procedures shall define and describe the patient care provided. There shall be a written procedure to ensure that all licensed nurses providing care in the hospital have a valid and current Louisiana license to practice, prior to providing any care.

C. Nursing services are either furnished or supervised and evaluated by a registered nurse.

D. There shall be at least one registered nurse on duty at all times, assigned to each inpatient nurse's station.

E. A registered nurse shall assign the nursing service staff for each patient in the hospital. Staffing shall be planned in accordance with the nursing needs of the patients, as demonstrated by a specific assessment process, specialized qualifications and competence of the nursing staff available.

F. The nursing staff shall be assigned clinical and/or management responsibilities according to education, experience and assessment of current competency and applicable laws.

G. There shall be at least two health care personnel physically present at all times in the hospital, one of whom shall be a registered nurse employed by the hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9345. Delivery of Services

A. A registered nurse shall perform an initial assessment of the patient upon admission and identify problems for each patient. The registered nurse may delegate part(s) of the data collection to other nursing personnel, however the registered nurse shall by signature validate the assessment.

B. A nursing plan of care shall be developed based on identified nursing diagnoses and/or patient care needs and patient care standards, implemented in accordance with the

Louisiana Nurse Practice Act, and shall be consistent with the plan of all other health care disciplines.

C. Isolation precautions shall be instituted when appropriate to prevent the spread of communicable diseases within the hospital.

D. All drugs and biologicals shall be administered in accordance with the orders of the practitioner(s) responsible for the patient's care and accepted standards of practice.

E. Blood transfusions and intravenous medications shall be handled, labeled and administered according to state law and approved medical staff and nursing service policies and procedures.

F. Blood and blood products shall be refrigerated separately from food, beverages and laboratory specimens.

G. An appropriate patient consent form shall be signed prior to blood transfusion administration.

H. There shall be policies and procedures for reporting transfusion reactions, adverse drug reactions and errors in the administration of drugs. It shall include immediate oral reporting to the treating physician, a written report to the director of pharmacy and the appropriate hospital committee, and an appropriate entry in the patient's record.

I. Safety policies and procedures shall be established for the care of patients, who because of their condition, are not responsible for their acts.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9347. Equipment and Records

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:

Subchapter D. Pharmaceutical Services

§9349. General Provisions

A. The hospital shall provide pharmaceutical services that meet the needs of the patients. The hospital shall have a pharmacy directed by a registered pharmacist or a drug storage area supervised by a registered pharmacist. The hospital pharmacy shall have a permit, issued by the Louisiana Board of Pharmacy, allowing the ordering, storage, dispensing and delivering of legend prescription orders. The hospital shall have a current controlled dangerous substance (CDS) license to dispense controlled substances to patients in the hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9351. Organization and Staffing

A. Pharmaceutical services shall be directed by a registered pharmacist, licensed to practice in Louisiana on either a full-time, part-time or consulting basis. The director

of pharmacy shall be responsible for the procurement, storage, dispensing, supervision and management of all legend and non-legend drugs for the hospital, and shall maintain complete and accurate records of all drug transactions by the pharmacy. There shall be an adequate number of personnel to ensure quality services, including emergency services, 24 hours per day, seven days per week. A pharmacist shall be on call after hours, whenever the pharmacy does not provide 24-hour service.

B. Hospital pharmacies that are not staffed on a 24-hour basis shall have an adequate security detection device.

C. Hospital pharmacies that are not open after regular working hours shall make drugs available for the staff by use of a night drug cabinet. The hospital pharmacy shall maintain an inventory and a list of these drugs, which are approved by the pharmacy director and the appropriate hospital committee.

D. Each off-site campus shall have a site specific controlled dangerous substance (CDS) license if they will be dispensing controlled dangerous substances.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9353. Delivery of Services

A. All compounding, packaging, and dispensing of drugs, biologicals, legend and controlled substances shall be accomplished in accordance with Louisiana law and Board of Pharmacy regulations and be performed by or under the direct supervision of a registered pharmacist currently licensed to practice in Louisiana.

B. Dispensing of prescription legend or controlled substance drugs direct to the public or patient by vending machines is prohibited.

C. Current and accurate records shall be maintained on the receipt and disposition of all scheduled drugs. An annual inventory, at the same time each year, shall be conducted for all schedule I, II, III, IV and V drugs.

D. A hospital outpatient pharmacy shall maintain all records and inventory separate and apart from that of the inpatient pharmacy, and shall require a separate pharmacy permit to operate.

E. Medications are to be dispensed only upon written orders, electromechanical facsimile, or oral orders from a physician or other legally authorized prescriber, and be taken by a qualified professional.

F. All inpatient drug containers shall be labeled to show at least the patient's full name, room number, the chemical or generic drug's name, strength, quantity and date dispensed unless a unit dose system is utilized. Appropriate accessory and cautionary statements as well as the expiration date shall be included. Floor stock containers shall contain the name and strength of the drug, lot and control number or equivalent, and the expiration date. In unit dose systems, each single unit dose package shall contain the name and strength of the drug, lot and control number or equivalent, and expiration date. Outpatient drug containers shall be labeled to show at least the patient's full name, the prescriber's name, the chemical or generic drug's name, directions, name of the pharmacy and pharmacist,

prescription number, and appropriate accessory and cautionary statements. Outdated, mislabeled or otherwise unusable drugs and biologicals shall be separated from useable stock, shall not be available for patient or other use and shall be returned to an authorized agency for credit or destroyed according to current state or federal laws as applicable.

G. Drugs and biologicals not specifically prescribed as to time or number of doses shall automatically be stopped after a reasonable time, that is predetermined by the medical staff.

H. The director of pharmacy shall develop and implement a procedure that in the event of a drug recall, all employees involved with the procurement, storage, prescribing, dispensing and administering of recalled drugs in the facility will be notified to return these drugs to the pharmacy for proper disposition.

I. Drug administration errors, adverse drug reactions, and incompatibilities shall be immediately reported to the attending physician, pharmacist and, if appropriate, to the hospital-wide quality assessment and improvement program. An entry shall be made in the patient's record.

J. Abuses and losses of controlled substances shall be reported to the individual responsible for pharmaceutical services, the chief executive officer, the Louisiana Board of Pharmacy, and to the Regional Drug Enforcement Administration (DEA) office, as appropriate.

K. Information relating to drug interactions, drug therapy, side effects, toxicology, dosage, indications for use and routes of administration shall be available to the staff.

L. A formulary system shall be established by the appropriate hospital committee to assure quality pharmaceuticals at reasonable costs, subject only to the restrictions of R.S.37:1226.1 and LAC 46:LIII.1109.B.6.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9355. Environment

A. All drugs and biologicals shall be kept in a locked, well illuminated clean medicine cupboard, closet, cabinet, or room under proper temperature controls and accessible only to individuals authorized to administer or dispense drugs. A list of authorized individuals shall be developed in cooperation with the medical, nursing, administrative and pharmaceutical staff. Compartments appropriately marked shall be provided for the storage of poisons and external use drugs and biologicals, separate from internal and injectable medications.

B. A perpetual inventory shall be maintained for all schedule I and II controlled substances. The inventory shall be reconciled weekly. These drugs shall be kept separately from other non-controlled substances in a locked cabinet or compartment. Exceptions may be made, if listed in the pharmacy policy and procedures manual and deemed necessary by the director of Pharmacy, to allow some abusable nonscheduled drugs to be maintained in the same locked compartment.

C. Drugs and biologicals that require refrigeration shall be stored separately from food, beverages, blood and laboratory specimens.

D. The area within the pharmacy used for the compounding of sterile parenteral preparations shall be separate and apart, shall meet the minimum requirements of the Board of Pharmacy regulation §2541 and be designed and equipped to facilitate controlled aseptic conditions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Office of the Secretary, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), LR 29:

§9357. Organization and Staffing

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:

§9359. Content

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:177 (February 1995), repealed LR 29:

Subchapter E. Radiologic Services

§9361. General Provisions

A. The hospital shall maintain, or have available through written contract, radiologic services according to the needs of the patients. If therapeutic services are also provided, they, as well as the diagnostic services, shall meet professionally approved standards for safety and personnel qualifications. The hospital shall comply with periodic inspections by the Department of Environmental Quality, Radiation Protection Division and shall promptly correct any identified hazards.

B. Radiologic services shall be supervised by a qualified radiologist on either a full-time, part-time or consulting basis.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9363. Safety

A. The radiologic services, particularly ionizing radiology, shall adopt written policies and procedures to provide for the safety and health of patients and hospital personnel. The policies and procedures shall be available to all staff in the radiology department. At a minimum, the policies and procedures shall cover the following:

1. shielding for patients, personnel and facilities;
2. storage, use and disposal of radioactive materials;
3. periodic inspection of equipment and handling of identified hazards;
4. periodic checks by exposure meters or test badges on radiation workers;
5. radiologic services provided on the orders of practitioners with clinical privileges or other practitioners authorized by the medical staff and the governing body to order the service; and

6. managing medical emergencies in the radiologic department.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9365. Personnel

A. A qualified full-time, part-time, or consulting radiologist must supervise the ionizing radiology services and must interpret only those radiologic tests that are determined by the medical staff to require a radiologist's specialized knowledge. The radiologist shall have clinical privileges delineated by the medical staff.

B. Only personnel who are registered and/or licensed in the appropriate radiologic technology modality or category by the Louisiana State Radiologic Technology Board of Examiners and designated as qualified by the medical staff may use the radiologic equipment and administer procedures under the direction of a physician.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9367. Records

A. Radiologic reports shall be signed by the practitioner who reads and interprets them.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, LR 13:246 (April 1987), amended LR 21:177 (February 1995), LR 29:

§9369. Clinical Plan

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter F. Laboratory Services

§9371. Organization and Staffing

A. The hospital shall provide laboratory services or make contractual arrangements with a laboratory certified in accordance with the Clinical Laboratory Improvement Amendments (CLIA) of 1988 to perform services commensurate with patient needs as determined by the medical staff on a 24-hour basis. Laboratory services shall be directed by an individual who meets appropriate qualifications of a director and is credentialed by the medical staff.

B. There shall be sufficient licensed qualified clinical laboratory scientists with documented training and experience to supervise the testing and sufficient numbers of licensed clinical laboratory scientists and supportive technical staff to perform the tests required of the clinical laboratory services.

C. The hospital shall have policies and procedures that address the administration of potentially HIV infectious blood or blood products, and the notification of patient, legal representative or relative within a specified time frame.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9373. Equipment and Records

A. There shall be sufficient supplies, equipment and space to perform the required volume of work with optimal accuracy, precision, efficiency, timeliness and safety.

B. The laboratory shall ensure that satisfactory provisions are maintained for an instrumentation preventive maintenance program, an acceptable quality control program and an approved proficiency testing program covering all types of analysis performed by the laboratory services. Records and reports shall be maintained, retrievable, and as appropriate, filed in the patient's medical record.

C. The hospital shall make adequate provisions for the immediate pathological examination of tissue specimens by a pathologist.

D. The hospital shall make provisions for the procurement, storage and transfusion of blood and blood products.

E. The administration of blood shall be monitored to detect any adverse reaction as soon as it occurs. Prompt investigation of the cause of an adverse reaction shall be instituted. The results of all tests performed in the evaluation of an actual or suspected blood transfusion reaction shall be a permanent part of the patient's medical record.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9375. General Provisions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter G. Food and Dietetic Services

§9377. General Provisions

A. There shall be an organized dietary service that provides nutritional care to patients. All hospital contracts or arrangements for off-site food preparation shall be with a provider who is licensed by the department's healthcare division or operating under the authority of the federal government.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9379. Organization and Staffing

A. Food and dietetic services shall be under the supervision of a registered dietitian, licensed to practice in Louisiana, who is employed either full time, part time or on a consulting basis. If the registered dietitian is not full time, there shall be a full time dietary manager.

B. The dietary manager shall:

1. be a qualified dietitian; or

2. be a graduate of a dietetic technician program, correspondence program or otherwise approved by the American Dietetics Association; or

3. have successfully completed a course of study, by correspondence or classroom, which meets the eligibility requirements for certification by the Dietary Manager's Association; or

4. have successfully completed a training course at a state approved school, vocational or university, which includes course work in foods and food service, supervision and diet therapy. Documentation of an eight hour course of formalized instruction in diet therapy conducted by the employing facility's qualified dietitian is permissible if the course meets only the foods, food service and supervision requirements.

a. Exception. Hospitals with 25 or less beds that do not have on site food preparation for patient meals and contract for food services, another full-time employee, i.e., RN or LPN, will be allowed to carry out the responsibilities of the dietary manager. The RN or LPN must be qualified by training and experience and employed full time. The director of nursing shall not hold this position.

C. The registered dietitian shall be responsible for assuring that quality nutritional care is provided to patients. This shall be accomplished by providing and supervising the nutritional aspects of patient care including nutritional screening, nutritional assessments of patients at nutritional risk, patient education related to nutritional intake and diet therapy, and recording information in the medical record regarding the nutritional status and care of the patient and the patient's response to the therapeutic diet.

D. The hospital shall employ sufficient support personnel, competent in their respective duties, to carry out the function of the dietary service.

E. For hospitals that provide dietary services in accordance with §9377 above, a registered dietician shall be employed or under contract to assure proper dietary services are being provided in accordance with §9379.B.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9381. Menus and Therapeutic Diets

A. Menus shall be prepared in advance, meet the nutritional needs of the patients in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences, or as modified in accordance with the orders of the practitioner(s) responsible for the care of the patient, and followed as planned.

B. Therapeutic diets shall be prescribed by the practitioner(s) responsible for the care of the patient. Each patient's diet shall be documented in the patient's medical record. There shall be a procedure for the accurate transmittal of dietary orders to the dietary service and for informing the dietary service when the patient does not receive the ordered diet or is unable to consume the diet.

C. There shall be a current therapeutic diet manual, which shall be the guide used for ordering and serving diets. The manual shall be approved by the dietitian and medical staff and be readily available to all medical, nursing and food service personnel.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9383. Sanitary Conditions

A. Food shall be in good condition, free from spoilage, filth, or other contamination and shall be safe for human consumption. All food shall be procured from sources that comply with all laws and regulations related to food and food labeling. The use of food in hermetically sealed containers that was not prepared in a food processing establishment is prohibited.

B. All food shall be stored, prepared, distributed and served under sanitary conditions to prevent food borne illness. This includes keeping all readily perishable food and drink at or below 41EF, except when being prepared and served. Refrigerator temperatures shall be maintained at 41EF or below, freezers at 0EF or below.

C. Hot foods shall leave the kitchen or steam table at or above 140EF, and cold foods at or below 41EF. In-room delivery temperatures shall be maintained at 120EF or above for hot foods and 50EF or below for cold items, except for milk which shall be stored at 41EF. Food shall be transported to the patients' rooms in a manner that protects it from contamination, while maintaining required temperatures.

D. All equipment and utensils used in the preparation and serving of food shall be properly cleansed, sanitized and stored. This includes maintaining a water temperature in dish washing machines at 140EF during the wash cycle (or according to the manufacturer's specifications or instructions) and 180EF for the final rinse. Low temperature machines shall maintain a water temperature of 120EF with 50 ppm (parts per million) of hypochlorite (household bleach) on dish surfaces. For manual washing in a 3 compartment sink, a wash water temperature of 75EF with 50 ppm of hypochlorite or equivalent, or 12.5 ppm of iodine; or a hot water immersion at 170EF for at least 30 seconds shall be maintained. An approved lavatory shall be convenient and equipped with hot and cold water tempered by means of a mixing valve or combination faucet for dietary services staff use. Any self-closing, slow-closing, or metering faucet shall be designed to provide a flow of water for at least 15 seconds without the need to reactivate the faucet. Effective with the promulgation of these requirements, an additional lavatory shall be provided in the dishwasher area in newly constructed hospitals or in existing hospitals undergoing major dietary alterations.

E. Dietary staff shall not store personal items within the food preparation and storage areas.

F. Dietary staff shall use good hygienic practices. Staff with communicable diseases or infected skin lesions shall not have contact with food, if that contact will transmit the disease.

G. Toxic items such as insecticides, detergents, polishes and the like shall be properly stored, labeled and used.

H. Garbage and refuse shall be kept in durable, easily cleanable, insect and rodent-proof containers that do not leak and do not absorb liquids. Containers used in food preparation and utensil washing areas shall be kept covered after they are filled.

I. The physical environment in which all food preparation takes place shall be kept clean and in good repair.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9385. Equipment

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter H. Medical Record Services

§9387. Organization and Staffing

A. There shall be a medical records department that has administrative responsibility for maintaining medical records for every person evaluated or treated as an inpatient, outpatient or emergency patient. Medical records for patients at off-site campuses shall be integrated into the unified records system of the provider.

B. Medical records shall be under the supervision of a medical records practitioner (i.e., registered record administrator or accredited record technician) on either a full-time, part-time or consulting basis.

C. Medical records shall be legibly and accurately written in ink, dated and signed by the recording person or, if a computerized medical records system is used, authenticated, complete, properly filed and retained, and accessible.

D. If a facsimile communications system (fax) is used, the hospital shall take precautions when thermal paper is used to ensure that a legible copy is retained as long as the medical record is retained.

E. Written orders signed by a member of the medical staff shall be required for all medications and treatments administered to patients. There shall be a reliable method for personal identification of each patient. The medical staff bylaws shall include specifications for orders for the care or treatment of patients which are given to the hospital verbally or transmitted to the hospital electronically, whether by telephone, facsimile transmission or otherwise. The bylaws may grant the medical staff up to ten days following the date an order is transmitted verbally or electronically to provide the signature or countersignature for such order.

F. If rubber stamp signatures are authorized for physician use, the administrative office shall have on file a signed statement from the medical staff member whose stamp is involved that ensures that he/she is the only one who has the stamp and uses it. The delegation of their use by others is prohibited.

G. If electronic signatures are used, the hospital shall develop a procedure to assure the confidentiality of each electronic signature and to prohibit the improper or unauthorized use of any computer generated signature.

H. There shall be adequate medical record personnel to ensure prompt completion, filing and retrieval of records.

I. The hospital shall have a system of coding and indexing medical records. The system shall allow for timely retrieval by diagnosis and procedure, in order to support quality assessment and improvement evaluations.

J. The hospital shall ensure that all medical records are completed within 30 days following discharge.

K. A patient or his/her personal representative shall be given reasonable access to the information contained in his/her hospital record. The hospital shall, upon request in writing signed and dated by either the patient or personal representative initiating the request, furnish a copy of the hospital record as soon as practicable, not to exceed 15 days following the receipt of the request and written authorization and upon payment of the reasonable cost of reproduction in accordance with Louisiana R.S. 40:1299.96. However, the hospital may deny the patient access if a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the patient or another person.

L. A hospital record may be kept in any written, photographic, microfilm, or other similar method or may be kept by any magnetic, electronic, optical or similar form of data compilation which is approved for such use by the department. No magnetic, electronic, optical or similar method shall be approved unless it provides reasonable safeguards against erasure or alteration.

M. A hospital may at its discretion, cause any hospital record or part to be microfilmed, or similarly reproduced, in order to accomplish efficient storage and preservation of hospital records.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9389. Content

A. The medical record shall contain the following minimum data:

1. unique patient identification data;
2. admission and discharge dates;
3. complete history and physical examination, in accordance with medical staff policies and procedures;
4. provisional admitting diagnosis and final diagnosis;
5. medical staff orders;
6. progress notes;
7. nursing documentation and care plans;
8. record of all medical care or treatments; and
9. discharge summary.

B. The medical record shall contain the following when applicable:

1. clinical laboratory, pathological, nuclear medicine, radiological and/or diagnostic reports;
2. consultation reports;
3. pre-anesthesia note, anesthesia record, and post-anesthesia notes;
4. operative reports;
5. obstetrical records, including:
 - a. record of mother's labor, delivery, and postpartum period;
 - b. separate infant record containing date and time of birth, condition at birth, sex, weight at birth if condition permits weighing, and condition of infant at time of discharge;
 - c. autopsy reports; and/or
 - d. any other reports pertinent to the patient's care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9391. Registers and Reports

A. The hospital shall have the following registers and reports, where applicable, which may be computer generated:

1. patients' register;
2. emergency room register;
3. birth register;
4. delivery room register;
5. operating room register;
6. death register;
7. analysis of hospital service via the quality assessment and improvement program, based on patient statistics; and
8. daily census report of admissions, births, discharges and deaths.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9393. Confidentiality

A. The hospital shall ensure the confidentiality of patient records, including information in a computerized medical record system, in accordance with the HIPAA Privacy Regulations (Title 45, Part 164, Subpart E of the Code of Federal Regulations) and any Louisiana state laws and regulations which provide a more stringent standard of confidentiality than the HIPAA Privacy Regulations. Information from or copies of records may be released only to authorized individuals, and the hospital must ensure that unauthorized individuals cannot gain access to or alter patient records. Original medical records shall not be released outside the hospital unless under court order or subpoena or in order to safeguard the record in the event of a physical plant emergency or natural disaster. Psychiatric medical records shall be segregated to ensure confidentiality.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9395. Retention

A. Hospital records shall be retained by the hospital in their original, microfilmed or similarly reproduced form for a minimum period of 10 years from the date a patient is discharged.

B. Graphic matter, images, X-ray films, nuclear medicine reports and like matter that were necessary to produce a diagnostic or therapeutic report shall be retained, preserved and properly stored by the hospital in their original, microfilmed or similarly reproduced form for a minimum period of three years from the date a patient is discharged. (Note: Medicare and/or Medicaid participating hospitals must maintain copies of reports and printouts, films, scans and other image records for at least five years). Such graphic matter, images, X-ray film and like matter shall be retained for longer periods when requested in writing by any one of the following:

1. an attending or consulting physician of the patient;

2. the patient or someone acting legally in his/her behalf;

3. legal counsel for a party having an interest affected by the patient's medical records.

C. A hospital that is closing shall notify the department in writing at least 30 days prior to cessation of operation for approval of their plan for the disposition of patients' medical records. The plan shall contain provisions that comply with state laws on the storage, maintenance, access and confidentiality of the closed hospital's patient medical records. It shall consist of an appointed custodian who shall provide physical and environmental security that protects against fire, water, intrusion, unauthorized access, loss and destruction. The plan shall also provide public notice on access in the newspaper, with the largest circulation, in close proximity of the closing hospital.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9397. Waste and Hazardous Materials Management
Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter I. Quality Assessment and Improvement
§9399. General Provisions

A. The governing body shall ensure that there is an effective, written, ongoing, hospital-wide program designed to assess and improve the quality of patient care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9401. Clinical Plan

A. There is a written plan for assessing and improving quality that describes the objectives, organization, scope and mechanisms for overseeing the effectiveness of monitoring, evaluation, and improvement activities. All organized services related to patient care, including services furnished by a contractor, shall be evaluated. Nosocomial infections and medication therapy shall be evaluated. All medical and surgical services and other invasive procedures performed in the hospital shall be evaluated as they relate to appropriateness of diagnosis and treatment. The services provided by each practitioner with hospital privileges shall be periodically evaluated to determine whether they are of an acceptable level of quality and appropriateness.

B. Each department or service of the hospital shall address:

1. patient care problems;
2. cause of problems;
3. documented corrective actions; and
4. monitoring or follow-up to determine effectiveness of corrective actions taken.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9403. Implementation

A. Each department or service of the hospital, through its governing body, shall take and document appropriate remedial action to address deficiencies found through the quality assessment and improvement program. The hospital shall document the outcome of all remedial actions.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9405. Patient Care Services

A. The hospital shall have an on-going plan, consistent with available community and hospital resources, to provide or make available social work, psychological and educational services to meet the medically related needs of its patients.

B. The hospital shall also have an effective, on-going discharge planning program that facilitates the provision of follow-up care. Each patient's record shall be annotated with a note regarding the nature of post hospital care arrangements. Discharge planning shall be initiated in a timely manner. Patients, along with necessary medical information (e.g., the patient's functional capacity, nursing and other care requirements, discharge summary, referral forms) shall be transferred or referred to appropriate facilities, agencies or outpatient services, as needed, for follow-up or ancillary care.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9407. Post-Operative Area

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter J. Physical Environment

§9409. General Provisions

A. The hospital shall be constructed, arranged and maintained to ensure the safety and well being of the patient.

B. Hospitals with specialty units such as psychiatric or rehabilitative units must also comply with the physical environment requirements as expressed within those particular chapters.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9411. Buildings

A. The buildings shall reflect good housekeeping and shall by means of an effective pest control program, be free of insects and rodents.

B. The hospital shall maintain hospital-wide ventilation, lighting and temperature controls.

C. There shall be a provision of emergency sources of critical utilities such as electricity, natural gas, water and fuel during any period in which the normal supply is temporarily disrupted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9413. Nursing Units

A. A nurses' station equipped with a telephone and a nurses call system shall be provided in a suitable location on each nursing unit.

B. An adequate and properly equipped utility space or area shall be provided on each nursing unit for the preparation, cleaning and storage of nursing supplies and equipment used on the nursing unit. This utility space shall be so arranged as to provide for separation of clean and soiled supplies and equipment.

1. Grab bars properly located and securely mounted shall be provided at patient bathing facilities and toilet bowl with accessories.

2. A lavatory basin shall be provided in or convenient to every toilet bowl with accessories.

3. Paper towels in a satisfactory dispenser or some other acceptable type of single use towel and a satisfactory receptacle for used towels shall be provided at all lavatories.

C. Areas for the isolation of patients with communicable diseases may be established on a temporary basis as the need arises. A private room or a corridor wing may be used provided appropriate isolation techniques are enforced, including identifying signs to warn and restrict the public.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9415. Patient Rooms

A. Except as provided for in intensive care units, all patient rooms shall be outside rooms with a window area of clear glass of not less than one-eighth of the floor area except in rooms below grade where the window area shall be not less than one-fifth of the floor area.

B. In hospitals constructed prior to November 20, 1990 single rooms shall contain at least 80 square feet and multi-bed rooms shall contain at least 70 square feet per bed. In hospitals constructed subsequent to November 20, 1990 single rooms must contain at least 100 square feet and multi-bed rooms shall contain at least 80 square feet per bed, exclusive of fixed cabinets, fixtures, and equipment, in accordance with *Guidelines for Construction and Equipment of Hospital and Medical Facilities*, 1987 Edition. In hospitals constructed subsequent to March 1, 1995, single rooms must contain at least 120 square feet and multi-bed rooms shall contain at least 100 square feet per bed, exclusive of fixed cabinets, fixtures, and equipment, in accordance with *Guidelines for Construction and Equipment of Hospitals and Medical Facilities, Current Edition*. Any patient room shall not contain more than four beds. Rooms shall have at least a 7 1/2 foot ceiling height over the required area.

C. There shall be at least 3 feet between beds.

D. Rooms shall be arranged so as to permit the movement of a wheeled stretcher to the side of each bed.

E. There shall be sufficient and satisfactory separate storage space for clothing, toilet articles and other personal belongings of patients.

F. Every patient room shall have a lavatory. This lavatory is not necessary in rooms with an adjoining toilet or bathroom that has a lavatory. In new construction, lavatory requirements will be directed by *Guidelines for Construction and Equipment of Hospitals and Medical Facilities Current Edition*.

G. There shall be at least one toilet bowl with accessories, lavatory basin and bathing facility reserved for patient use on each patient floor and additional toilets, lavatories, and bathing facilities to adequately meet the needs of employees, professional personnel and patients on each nursing unit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9417. Patient Room Furnishings

A. A hospital type bed with suitable mattress, pillow and necessary coverings shall be provided for each patient. There shall be a bedside stand, chair, and wardrobe, locker, or closet suitable for hanging full-length garments and storing personal effects for each patient.

B. A nurses call system, within easy reach of each bed, shall be provided. The call system shall also be provided in each patient toilet and bathing area.

C. Each bed in multi-bed rooms shall have approved ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains. A properly designed lamp or over-bed light, which can be operated by the patient, shall be provided at each bed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9419. Equipment

A. Equipment shall be clean and in good repair for the safety and well-being of the patients.

B. Therapeutic, diagnostic and other patient care equipment shall be maintained and serviced in accordance with the manufacturer's recommendations.

C. All patients, when appropriate due to diagnosis, shall be provided with patient care items such as a bedpan, washbasin, emesis basin, drinking glass and soap dish. These supplies and equipment shall be properly cleaned and in appropriate cases shall be sterilized between use for different patients if disposable items are not used.

D. Methods for cleaning, sanitizing, handling and storing of all supplies and equipment shall be such as to prevent the transmission of infection through their use.

E. After discharge of a patient, the bed, mattress, cover, bedside furniture, and equipment shall be properly cleaned. Mattresses, blankets and pillows assigned to patients shall be in a sanitary condition. The mattress, blankets and pillows used for a patient with an infection shall be sanitized in an acceptable manner before they are assigned to another patient.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9421. Facilities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter K. Infection Control

§9423. Organization and Policies

A. The hospital shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases.

B. There shall be an effective infection control program for the prevention, control, investigation and reporting of communicable disease and infections. The infection control program shall meet or exceed the latest criteria established by the following:

1. Centers for Disease Control;
2. Occupational Safety and Health Administration; and
3. *Sanitary Code* of the State of Louisiana.

C. A person or persons qualified by education and experience and competent in infection control practices shall be designated as infection control officer(s). This individual(s) shall be responsible for the development and implementation of a hospital-wide infection control program.

D. The infection control officer(s) shall develop, with approval of the medical director and governing body, policies and procedures for identifying, reporting, investigating, preventing and controlling infections and communicable diseases of patients and hospital personnel. The infection control officer(s) shall maintain a log of incidents related to infections and communicable diseases.

E. Employees with symptoms of illness that have the potential of being communicable (i.e., diarrhea, skin lesions, respiratory symptoms) shall be either evaluated by hospital staff or restricted from patient care activities during the infectious stage.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9425. Responsibilities

A. The chief executive officer or administrator, the medical staff and the director of nursing services shall ensure that the hospital-wide quality assessment and improvement program and training programs address problems identified by the infection control officer(s). They shall be responsible for the implementation of successful corrective action plans in affected problem areas. Infection control activities or programs conducted or instituted in different departments of the hospital shall have the approval of the infection control officer(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9427. Laundry Services

A. A supply of clean linen, sufficient to meet the requirements of the patients, shall be provided by a laundry service either in-house, contracted with another healthcare

facility or in accordance with an outside commercial laundry service. All linens shall be handled, cleaned, sanitized, stored and transported in such a way as to prevent infection.

B. Clean linen shall be delivered in such a way as to minimize microbial contamination from surface contact or airborne deposition. Soiled linen shall be collected in such a manner as to minimize microbial dissemination into the environment. All linen shall be laundered between patient use.

C. Contaminated laundry shall be specially handled according to the hospital's written protocol, which is approved by the infection control officer(s). If laundry chutes exist, linen shall be bagged and the chutes shall empty into an enclosed collection room.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9429. Central Supply

A. Space shall be provided for the preparation, storage, handling and distribution of sterile supplies and other patient care items. Functional design shall provide for the separation of soiled and contaminated supplies from those that are clean and sterile. All central supply departments shall adhere to strict traffic control in their departments. Air circulation systems in central supply shall be negative pressure in decontamination and ethylene oxide areas and positive pressure in all clean areas.

B. Hand washing facilities shall be provided in all work areas. There shall be written policies and procedures for the decontamination and sterilization of supplies and equipment, shelf life of all stored sterile items and reuse of disposable items in accordance with the latest criteria established by the Centers for Disease Control.

C. All steam sterilizing equipment shall have live bacteriological spore monitoring performed at least weekly and with each load containing an implantable device. If tests are positive, a system shall be in place to recall supplies.

D. All ethylene oxide sterilizing equipment shall have live bacteriological spore monitoring performed with each load. There shall be ventilation of the room used for this sterilization to the outside atmosphere and there shall be a system in place to monitor trace gases of ethylene oxide at least monthly.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9431. Isolation

A. The hospital shall have appropriate facilities and procedures for infection control and the isolation of patients as necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9433. Waste and Hazardous Materials Management

A. The hospital shall have a written and implemented waste management program that identifies and controls wastes and hazardous materials. The program shall comply

with all applicable laws and regulations governing wastes and hazardous materials.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9435. Organization

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter L. Surgical Services (Optional)

§9437. General Provisions

A. Surgical services are provided. The services shall be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered, the services shall be consistent in quality with inpatient care in accordance with the complexity of services offered.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9439. Organization and Staffing

A. Surgical services shall be under the medical direction of a qualified physician who is a member of the medical staff and appointed by the governing body.

B. Surgical privileges shall be delineated for all practitioners performing surgery in accordance with the competencies of each practitioner. The surgical services shall maintain a roster of practitioners specifying the surgical privileges of each practitioner.

C. The surgical suite shall be supervised by a registered nurse experienced and competent in the management of surgical services.

D. A qualified registered nurse shall perform circulating duties for surgical procedures performed. In accordance with the needs of patients and the complexity of services performed, licensed practical nurses and operating room technicians may assist in circulatory duties under the supervision of a registered nurse who is immediately available to respond to emergencies. Licensed practical nurses and operating room technicians may perform scrub functions under the supervision of a registered nurse.

E. The operating room register shall be complete and up-to-date. It shall include at least the following:

1. patient's name;
2. patient's hospital identification number;
3. date of the operation;
4. inclusive or total time of the operation;
5. name of the surgeon and any assistant(s);
6. name of nursing personnel (scrub and circulating);
7. type of anesthesia used;
8. name of the person administering the anesthesia; and
9. operation performed.

F. An operative report describing techniques, findings, and tissue removed or altered shall be written or dictated immediately following surgery and signed by the surgeon. It shall include at least:

1. the name and hospital identification number of the patient;
2. date of surgery;
3. name of the surgeon and assistant(s);
4. pre-operative and post-operative diagnoses;
5. name of the specific surgical procedure(s) performed;
6. type of anesthesia administered;
7. complications, if any;
8. a description of techniques, findings, and the tissues removed or altered; and
9. prosthetic devices or implants used, if any.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9441. Delivery of Service

A. There shall be a complete history and physical work-up in the chart of every patient prior to surgery, except in emergency surgery. If the history and physical has been dictated, but not yet recorded in the patient's chart, there shall be a statement to that effect and an admission note in the chart by the practitioner who admitted the patient.

B. A properly executed informed consent form for the procedure must be in the patient's chart before surgery, except in emergencies. The consent form shall contain at least the following:

1. name of the patient;
2. hospital and patient identification number;
3. name of the procedure(s) or operation;
4. the reasonably foreseeable risks and benefits involved;
5. name of the practitioner(s);
6. signature of the patient or legal guardian;
7. date and time the consent is obtained; and
8. signature and professional designation of the person witnessing the consent.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9443. Surgery Suite and Equipment

A. The surgical suite shall be appropriately equipped and consist of a clear floor area to accommodate the equipment and personnel required, allowing for aseptic technique.

B. The surgical suite(s) shall be located in a segregated area out of the line of traffic of visitors and personnel from other departments and arranged so as to prevent traffic through them.

C. There shall be scrub-up facilities in the surgical suite providing hot and cold running water and equipped with knee, foot or elbow faucet controls.

D. There shall be a provision for washing instruments and equipment, which are to be cleaned within the surgical suite. If an autoclave is present, the same operating requirements referenced in Subchapter K, Infection Control shall be implemented.

E. There shall be policies and procedures, approved by the Infection Control Committee that addresses terminal cleaning of the operating room as well as cleaning of the room between surgical cases.

F. The emergency equipment in the surgical suite shall include:

1. a communication system that connects each operating room with a control center;
2. cardiac monitor;
3. resuscitator;
4. defibrillator;
5. aspirator; and
6. tracheotomy set.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9445. Post-Operative Area

A. There shall be a post-operative care area (recovery room) which is a separate area of the hospital, unless provisions are made for close observation of the patient until they have regained consciousness (e.g., direct observation by an RN in the patient's room). Access shall be limited to authorized personnel. There shall be policies and procedures which specify transfer requirements to and from the post-operative area.

B. There shall be at least two health care personnel, one of which is a registered nurse, present whenever there is a patient. There shall be emergency equipment and monitoring equipment in the immediate area of the post-operative area. The equipment shall be commensurate with the surgical procedure and the medical requirements of the patient. That equipment shall include, but not be limited to, the following:

1. EKG/ECG monitor;
2. pulse oxymeter monitor;
3. temperature monitoring equipment;
4. equipment to administer oxygen;
5. equipment necessary to monitor vital signs.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9447. Facilities

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter M. Anesthesia Services (Optional)

§9449. General Provisions

A. If anesthesia services are provided, which is mandatory when surgical or obstetric services are provided, they must be provided in a well organized manner under the direction of a qualified doctor of medicine or osteopathy.

B. The standards in this Chapter apply to services for all patients who:

1. receive general, spinal, or other major regional anesthesia; or
2. undergo surgery or other invasive procedures when receiving general, spinal, or other major regional anesthesia and/or intravenous, intramuscular, or inhalation sedation/analgesia, including conscious sedation, that, in the manner used in the hospital, may result in the loss of the patient's protective reflexes.

C. Invasive procedures include, but are not limited to, percutaneous aspirations and biopsies, cardiac and vascular catheterization, and endoscopies.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9451. Organization and Staffing

A. Anesthesia services shall be administered by practitioners with appropriate clinical privileges obtained through a mechanism that assures that each practitioner provide only those services for which they have been licensed, trained and deemed to be competent to administer anesthesia within the scope of their practice. Those practitioners include:

1. a qualified anesthesiologist;
2. a doctor of medicine or osteopathy;
3. a dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under state law;
4. a certified registered nurse anesthetist (CRNA) who meets the requirements of Section 940 of the Louisiana Nurse Practice Act (R.S. 37:911) and who is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed as defined in the Medical Staff bylaws; or
5. a bona fide student enrolled in a school of nurse anesthesia accredited by the Council on Accreditation of Nurse Anesthesia educational programs whose graduates are acceptable for certification by a nationally recognized certifying body may administer anesthesia as related to such course of study under the direct supervision of a certified registered nurse anesthetist or an anesthesiologist;
6. an RN specifically trained in conscious sedation within the scope of practice of the Louisiana State Board of Nursing.

B. The individual administering the anesthesia shall be present throughout its administration and attending the patient until the patient is under the care of post-anesthesia staff.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9453. Delivery of Service

A. Policies on anesthesia procedures must include the delineation of pre-anesthesia and post-anesthesia responsibilities. As a minimum, they shall address:

1. the qualifications, responsibilities and supervision required of all personnel who administer anesthesia;
2. patient consent for anesthesia;
3. infection control measures;
4. safety practices in all anesthetizing areas;
5. protocol for supportive life functions, e.g., cardiac and respiratory emergencies;
6. reporting requirements;
7. documentation requirements;
8. inspection and maintenance reports on all supplies and equipment used in anesthesia; and
9. trace gas reports.

B. The policies must also ensure that the following are provided for each patient:

1. a pre-anesthesia evaluation performed and recorded within 48 hours prior to surgery by an individual qualified to administer anesthesia;

2. a reevaluation of each patient immediately prior to induction of anesthesia;

3. an intra-operative anesthesia record that records monitoring of the patient during anesthesia and documentation of at least the following:

- a. prior to induction of the anesthesia, all anesthesia drugs and equipment to be used have been checked and are immediately available and are determined to be functional by the practitioner who is to administer the anesthetic;

- b. dosages and total dosages of all drugs and agents used;

- c. type and amount of all fluid administered, including blood and blood products;

- d. technique(s) used;

- e. unusual events during the anesthesia period;

- f. the status of the patient at the conclusion of anesthesia;

- g. a post-anesthesia follow-up report written within 48 hours after surgery on inpatients and prior to discharge for patients undergoing one-day/same-day surgery by the individual who administers the anesthesia or another fully qualified practitioner within the anesthesia section; and

- h. a post-anesthesia evaluation on outpatients for proper anesthesia recovery performed in accordance with policies and procedures approved by the medical staff.

C. The anesthesia policy and procedure manual shall ensure that the following are provided for each patient undergoing:

1. general anesthesia:

- a. the use of an anesthesia machine that provides the availability and use of safety devices including, but not limited to, an oxygen analyzer, pressure and disconnect alarm, pin-index safety system, gas-scavenging system, and oxygen pressure interlock system;

- b. continuous monitoring of the patient's temperature and vital signs, as well as the continuous use of an EKG/ECG, pulse oxymeter monitor, end tidal carbon dioxide volume monitor, and peripheral nerve stimulator monitor;

2. regional anesthesia (major nerve blocks):

- a. all equipment listed in the above list for general anesthesia shall be immediately available and in the operating room where the procedure is being performed; and

- b. continuous monitoring of the patient's vital signs, and temperature, as well as the continuous use of an EKG/ECG, and pulse oxymeter monitor; and

- c. monitored by the practitioner who administered the regional anesthetic or individuals identified as a practitioner listed in §9451.A;

3. local anesthesia (infiltration or topical). There shall be:

- a. continuous monitoring of the patient's vital signs and temperature as well as the continuous use of an EKG/ECG, and pulse oxymeter monitor; and

- b. monitoring by the practitioner who administered the local anesthetic or a practitioner listed within §9451.A.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9455. General Provisions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter N. Nuclear Medicine Services (Optional)

§9457. General Provisions

A. If the hospital provides nuclear medicine services or contracts for the services, those services must meet the needs of the patients in accordance with acceptable standards of practice and be provided in a safe and effective manner.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9459. Organization and Staffing

A. The organization of the nuclear medicine services shall be appropriate to the scope and complexity of the services offered. There shall be a director who is a doctor of medicine or osteopathy qualified in nuclear medicine and named in the Department of Environmental Quality, Radiation Protection Division radioactive material license as authorized to use radioactive materials in humans.

B. Nuclear medicine services shall be ordered only by a practitioner whose scope of federal or state licensing and defined staff privileges allow such referrals.

C. The performance of nuclear medicine diagnostic procedures and the administration of radioactive material to humans may be accomplished only by the licensed physician practitioner or by the licensed nuclear medicine technologist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9461. Delivery of Service

A. Radioactive materials shall be prepared, labeled, used, transported, stored and disposed of in accordance with acceptable standards of practice.

B. In-house preparation of radiopharmaceuticals shall be by, or under the supervision of an appropriately trained registered pharmacist or a doctor of medicine or osteopathy whose use of radioactive materials is authorized in the facility's Department of Environmental Quality, Radiation Protection Division radioactive material license.

C. There shall be proper storage and disposal of radioactive materials. If clinical laboratory tests are performed in the nuclear medicine service, the service shall meet the requirements for clinical laboratories with respect to management, adequacy of facilities, proficiency testing and quality control.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9463. Facilities

A. Equipment and supplies shall be appropriate for the types of nuclear medicine services offered and shall be maintained for safe and efficient performance.

B. The equipment shall be maintained in safe operating condition, and inspected, tested, and calibrated at least annually by qualified personnel. The nuclear medicine service shall have and follow a preventive maintenance schedule.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9465. Records

A. The hospital shall maintain signed and dated reports of nuclear medicine interpretations, consultations and procedures. The hospital shall maintain copies of nuclear medicine reports in accordance with the retention requirement specified in Subchapter H, Medical Record Services.

B. The practitioner approved by the medical staff and authorized by the facility's Department of Environmental Quality, Radiation Protection Division radioactive material license to interpret diagnostic procedures shall sign and date the interpretations of these tests.

C. The hospital shall maintain records of the receipt and disposition of radiopharmaceuticals.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9467. Obstetrical Unit Functions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter O. Outpatient Services (Optional)

§9469. General Provisions and Organization

A. If the hospital provides outpatient services, the services must meet the needs of the patients in accordance with acceptable standards of practice.

B. Outpatient services shall be appropriately organized, integrated with, and provided in accordance with the standards applicable to the same service provided by the hospital on an inpatient basis. There shall be established methods of communication as well as established procedures to assure integration with inpatient services that provide continuity of care. When outpatients are admitted, pertinent information from the outpatient record shall be in the inpatient record.

C. Any room designated for procedures or treatment involving conscious sedation shall have policies and procedures established by the medical staff to insure quality of care and safety of patients. Such guidelines shall include at a minimum:

1. pre-procedure preparation;
2. patient monitoring;
3. discharge criteria; and

4. staff competency requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9471. Personnel

A. The hospital shall assign an individual to be responsible for the outpatient services. There shall be appropriate professional and non-professional personnel available.

B. There must be a registered nurse on the observation unit as long as there are patients admitted to the unit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9473. Facilities

A. All outpatient facilities shall be accessible to and usable by handicapped employees, staff, visitors and patients. Where appropriate, there shall be at least:

1. a receptionist desk;
2. waiting space;
3. an examination room equipped with a lavatory and nurse call system;
4. public toilet facilities;
5. public telephone; and
6. drinking fountain.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9475. Neonatal Unit Functions

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter P. Rehabilitation Services (Optional)

§9477. General Provisions

A. If the hospital provides a range of rehabilitation services, including but not limited to physical therapy, occupational therapy, audiology or speech pathology services, the services shall be organized, operated and staffed in accordance with the provisions of this Subchapter P to ensure the health and safety of patients.

B. A rehabilitation unit or facility is defined as a designated unit or hospital that primarily provides physiological rehabilitation services to inpatients and/or outpatients.

C. For rehabilitation services that have multiple geographic locations, each geographical site shall meet the requirements in §9483.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9479. Organization and Staffing

A. The organization of services shall be appropriate to the scope of the services offered. The rehabilitation service

shall employ and define the leadership structure in accordance with the facility administration. The medical director of rehabilitation services shall:

1. be a doctor of medicine or osteopathy;
2. be licensed to practice medicine or surgery in accordance with state law;
3. have completed a one year hospital internship; and
4. have had at least two years of training or experience, within the last five years, in the medical management of patients requiring rehabilitation services.

B. Medical Director

1. It is expected that the experience and training of the medical director of rehabilitation services will be sufficient to provide the expertise to perform all of the functions within the service.

2. The medical director of rehabilitation services will be responsible to ensure that the objectives of each of the therapeutic disciplines of the rehabilitation program are efficiently conducted within the stated mission of the program and in accordance with current standards of rehabilitation medicine.

C. Physical therapy, occupational therapy, psychology/neuropsychology, speech therapy and audiology services shall be provided by staff that meet the qualifications in accordance with Louisiana law. All rehabilitation staff shall be duly licensed to practice in the areas in which they provide service.

D. A rehabilitation unit in a general hospital shall employ a full-time registered nurse as director of rehabilitation nursing services who is not shared with any other hospital department and who has three years clinical nursing experience, one of which shall be in providing rehabilitative nursing care. The unit shall provide 24-hour registered nurse coverage with an adequate number of licensed nurses and rehabilitative workers to provide the nursing care necessary under each patient's active treatment program.

E. In a rehabilitation hospital, the director of nursing services shall be a full-time registered nurse who has three years clinical nursing experience, one of which shall be in providing rehabilitative nursing care. In addition to the director of nursing services, the hospital shall provide 24-hour registered nurse coverage with an adequate number of licensed nurses and rehabilitative workers to provide the nursing care necessary under each patient's active treatment program.

F. If provided, psychological services shall be provided by or supervised by a psychologist licensed by the Louisiana State Board of Examiners of Psychologists.

G. Social services shall be provided by a licensed clinical social worker and shall meet the needs of the patients.

H. If the hospital provides a range of rehabilitation services, the services must define criteria for admission to the inpatient rehabilitation program and discharge from the inpatient program.

I. There shall be an interdisciplinary team which should include, but not be limited to:

1. a registered nurse with rehabilitation experience on each shift;
2. restorative nursing assistants and/or certified nursing aides;
3. a physical therapist;
4. an occupational therapist;

5. a psychologist/neuropsychologist;
6. a physician experienced in rehabilitation medicine;
7. a social worker;
8. a speech-language pathologist.

J. The program should provide or make arrangements for:

1. audiology services;
2. driver assessment;
3. driver education;
4. medical nutrition therapy;
5. orthotic services;
6. prosthetic services;
7. rehabilitation resources (independent centers);
8. vocational rehabilitation;
9. durable medical equipment;
10. specialty consultants;
11. other services consistent with the criteria for admission.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9481. Delivery of Services

A. Rehabilitation services shall be furnished in accordance with a written plan of treatment based upon an assessment performed by the qualified professional. The written plan of treatment shall be established prior to the beginning of treatment. The plan of treatment shall consist of at least the treatment goals, type, amount, frequency and duration of services.

B. Rehabilitation services shall be given in accordance with the orders of practitioners who are authorized by the medical staff to order the services. The orders shall be incorporated in the patient's medical record.

C. The patient's progress shall be documented on a timely and regular basis in accordance with written policies and procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9483. FacilitiesC Physical Space

A. Space and equipment shall be appropriate for the types of rehabilitation services offered and shall be maintained for safe and efficient performance and in accordance with the Rehabilitation Chapter and General Hospital Chapter of the *AIA Guidelines for Design and Construction of Hospital and Health Care Facilities*, 2001 (or most recent edition).

B. The Activities of Daily Living (ADL) room is in addition to the licensed bed capacity.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9485. Pediatric Intensive Care Units

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter Q. Respiratory Care Services (MANDATORY)

§9487. General Provisions

A. The hospital shall provide respiratory care services. The services shall meet the needs of the patients in accordance with acceptable standards of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9489. Organization and Staffing

A. The organization of the respiratory care services shall be appropriate to the scope and complexity of the services offered. There shall be a director of the service who shall have the administrative authority and responsibility for implementing the hospital's policies. The director shall be a doctor of medicine or osteopathy with the knowledge, experience and capabilities to supervise and administer the services properly. The director may serve on either a full-time or part-time basis.

B. There shall be adequate numbers of respiratory therapists, respiratory therapy technicians and other personnel who meet the qualifications specified by the medical staff and approved by the governing body, consistent with Louisiana law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9491. Delivery of Services

A. Respiratory care services shall be delivered in accordance with medical staff directives and incorporated in the patient's medical record. The order shall specify the type, frequency and duration of treatment, and as appropriate, the type and dose of medication, type of diluent, and the oxygen concentration. All respiratory care services provided shall be documented in the patient's medical record, including the type of therapy, date and time of administration, effects of therapy, and any adverse reactions.

B. Personnel qualified to perform specific procedures and the amount of supervision required for personnel to carry out specific procedures shall be designated in writing.

C. If blood gases or other clinical laboratory tests are performed in the respiratory care unit, the unit shall meet the requirement for clinical laboratories with respect to management, adequacy of facilities, proficiency testing and quality control as set forth in Subchapter F of these requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9493. Staffing

Repealed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), repealed LR 29:

Subchapter R. Psychiatric Services (Optional)

§9495. General Provisions

A. These requirements are applicable to those hospitals which are primarily engaged in providing psychiatric services for the diagnosis and treatment of mentally ill persons or have organized a physically and functionally distinct part unit within the hospital to provide these services. Pediatric and adolescent psychiatric units shall be physically separated from adult psychiatric units. Facilities without separate pediatric and adolescent units shall have policies and procedures that prevent adult patients from comingling with pediatric and/or adolescent psychiatric patients.

B. For psychiatric services/facilities that have multiple geographic locations, each geographical site shall meet the requirements in §9497, §9499 and §9501.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9497. Facilities

A. The layout, design of details, equipment and furnishings shall be such that patients shall be under close observation and shall not be afforded opportunities for hiding, escape or injury to themselves or others. The environment of the unit shall be characterized by a feeling of openness with emphasis on natural light and exterior views. Interior finishes, lighting and furnishings shall suggest a residential rather than an institutional setting while conforming with applicable fire safety codes. Security and safety devices shall not be presented in a manner to attract or challenge tampering by patients.

B. Windows or vents shall be arranged and located so that they can be opened from the inside to permit venting of combustion products and to permit occupants direct access to fresh air in emergencies. The operation of windows shall be restricted to inhibit possible escape or suicide. Where windows or vents require the use of tools or keys for operation, the tools or keys shall be either located on the same floor in a prominent location accessible to staff or carried by every staff member. With hospitals that have approved engineered smoke control systems, the windows may be fixed. Where glass fragments pose a hazard to certain patients, safety glazing and/or other appropriate security features shall be used. There shall be no curtain or venetian blind chords.

C. Where grab bars are provided, they shall be institutional type, shall not rotate within their fittings, be securely fastened with tamper-proof screw heads, and shall be free of any sharp or abrasive elements. If grab bars are mounted adjacent to a wall, the space between the wall and the grab bar shall be 1 1/2 inches.

D. Where towel racks, closet and shower curtain rods are provided, they shall be the breakaway type.

E. Plastic bags and/or trash can liners shall not be used in patient care areas.

F. Electrical receptacles shall be of the safety type or protected by 5-milliampere ground-fault-interrupters.

G. There shall be outdoor space for patient recreation.

H. Patient Rooms

1. A nurses call system is not required, but if it is included, provisions shall be made for easy removal, or for covering call button outlets. A hospital shall have written policies and procedures to address call where no electronic system is in place.

2. Bedpan-flushing devices may be omitted from patient room toilets in psychiatric nursing units.

3. Visual privacy (e.g., cubicle curtains) in multi-bed rooms is not required.

4. Free standing closets shall be secured to the wall.

5. Electric patient beds are not to be used.

I. Service Areas

1. A secured storage area controlled by staff shall be provided for patients' belongings that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters).

2. Drugs and biologicals shall be stored in locked compartments under proper temperature controls, and only authorized personnel shall have access to the keys.

3. Food service may be one or a combination of the following:

a. a nourishment station;

b. a kitchenette designed for patient use with staff control of heating and cooking devices;

c. a kitchen service including a hand washing fixture, storage space, refrigerator, and facilities for meal preparation.

4. Storage space for stretchers and wheelchairs may be outside the psychiatric unit, provided that provisions are made for convenient access as needed for handicapped patients.

5. A separate charting area shall be provided with provisions for acoustical privacy. A viewing window to permit observation of patient areas by the charting nurse or physician may be used if the arrangement is such that patient files cannot be read from outside the charting space.

6. At least two separate social spaces, one appropriate for noisy activities and one for quiet activities shall be provided. The combined area shall be at least 40 square feet per patient with at least 120 square feet for each of the two spaces. This space may be shared by dining activities.

7. Space for group therapy shall be provided. This may be combined with the quiet space noted above when the unit accommodates not more than 12 patients, and when at least 225 square feet of enclosed private space is available for group therapy activities.

8. An automatic washer and dryer shall be provided for patient laundry.

9. Room(s) for examination and treatment with a minimum area of 120 square feet shall be provided within or in close proximity to the unit.

10. Separate consultation room(s) with minimum floor space of 100 square feet each, provided at a room-to-bed ratio of one consultation room for each 12 psychiatric beds shall be provided within the unit for interviews with patients and their families. The room(s) shall be designed for acoustical and visual privacy and constructed to achieve a noise reduction of at least 45 decibels.

11. Psychiatric hospitals or units shall provide 15 square feet of separate space per patient for occupational therapy, with a minimum total area of at least 200 square feet, whichever is greater. This space shall include provision

for hand washing, work counter(s), storage and displays. Occupational therapy areas may serve more than one nursing unit. When the psychiatric nursing unit(s) contain fewer than 12 beds, the occupational therapy functions may be performed within the noisy activities area, if at least an additional 10 square feet per patient served is included.

12. A conference and treatment planning room for use by the psychiatric unit shall be provided. This room may be combined with the charting room.

J. Seclusion Treatment Room

1. There shall be at least one seclusion room for up to 24 beds or a major fraction thereof. It is intended for short-term occupancy by violent or suicidal patients and provides for patients requiring security and protection. The room(s) shall be either located for direct nursing staff supervision or observed through the use of electronic monitoring equipment.

2. If electronic monitoring equipment is used, it shall be connected to the hospital's emergency electrical source.

3. Each room shall be for single occupancy and contain at least 60 square feet. It shall be constructed to prevent patient hiding, escape, injury or suicide.

4. Where restraint beds are required by the functional program, 80 square feet shall be required.

5. If a facility has more than one psychiatric unit, located at the same geographical address, the number of seclusion rooms shall be determined by the total number of psychiatric beds at that location. However, if there are psychiatric units located at multiple and different geographical addresses, there shall be a seclusion room that meets these requirements at each off-site campus that offers inpatient psychiatric services.

6. Special fixtures and hardware for electrical circuits shall be used.

7. The minimum ceiling height shall be 9 feet.

8. Doors shall be 3 feet 8 inches wide, and shall permit staff observation of the patient while also maintaining provisions for patient privacy.

9. Seclusion rooms shall be accessed by an anteroom or vestibule which also provides direct access to a toilet room.

K. Ceiling construction in psychiatric patient rooms and seclusion room(s) shall be monolithic or tamper proof.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 21:177 (February 1995), amended LR 29:

§9499. Supplies and Equipment

A. Restraint equipment shall be immediately available and accessible to staff.

B. Recreational supplies and therapy equipment shall be available and in locked storage.

C. Locked storage areas shall be available for safekeeping of patient luggage and contraband items.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9501. Staffing

A. The hospital or unit shall provide qualified professional, technical and consultative personnel to

evaluate patients, formulate written individualized comprehensive treatment plans, provide active treatment measures and engage in discharge planning.

B. The hospital or unit shall employ a clinical director, who meets the training and experience requirements for examination by the American Board of Psychiatry and Neurology, or the American Osteopathic Board of Neurology and Psychiatry. The clinical director shall monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.

C. The hospital or unit shall employ a full-time registered nurse as director of psychiatric nursing services, who is not shared with any other hospital department and who has:

1. a master's degree in psychiatric or mental health nursing; or

2. a master's degree in a related field such as psychology or nursing education and five years nursing experience and three years providing nursing care to the mentally ill; or

3. a Bachelor's, Associate Degree or diploma in nursing with documented evidence of educational programs focused on treating psychiatric patients, which has occurred at intervals sufficient enough to keep the nurse current on psychiatric nursing techniques. In addition, the nurse shall have at least five years of nursing experience, three years of which were providing nursing care to the mentally ill, or receive regular, documented supervision/consultation from a master's prepared psychiatric nurse.

D. In addition to the director of psychiatric nursing service, the hospital or unit shall provide 24-hour registered nurse coverage with an adequate number of licensed nurses and mental health workers to provide the nursing care necessary under each patient's active treatment program.

E. Psychological services shall be provided by or supervised by a psychologist licensed by the Louisiana State Board of Examiners of Psychologists.

F. Social services shall be provided by a director who is a licensed clinical social worker and is experienced in the social service needs of the mentally ill.

G. Therapeutic activities such as art leisure counseling, recreational therapy, etc., shall be provided by licensed or certified therapists, adequate in number to respond to the therapeutic activity needs of the patient population being served. A certified therapist is a person with a college degree who has obtained a certification as an activity therapist, recreational therapist, etc.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

Subchapter S. Obstetrical and Newborn Services (Optional)

§9505. General Provisions

A. These requirements are applicable to hospitals that provide obstetrical and newborn services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9507. Obstetrical Units

A. There are four obstetrical level-of-care units established: Obstetrical Level I Unit; Obstetrical Level II Unit; Obstetrical Level III Unit; and Obstetrical Level III Regional Unit. If obstetrical services are provided, the hospital shall satisfy the basic Obstetrical Level I Unit requirements. Obstetrical services shall be provided in accordance with acceptable standards of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9509. Obstetrical Unit Functions

A. Obstetrical Level I Unit

1. Care and supervision for low risk pregnancies shall be provided.

2. A triage system shall exist for identification, stabilization and referral of high risk maternal and fetal conditions beyond the scope of care of a Level I Unit.

3. There shall be a transfer agreement with a hospital which has an Obstetrical Level III Unit and/or Obstetrical Level III Regional Unit.

4. The unit shall provide detection and care for unanticipated maternal-fetal problems encountered in labor.

5. The unit shall have the capability to perform cesarean delivery within 30 minutes of the decision to do so.

6. Blood and fresh frozen plasma for transfusion shall be immediately available.

7. Anesthesia, radiology, ultrasound, electronic fetal monitoring (along with personnel skilled in its use) and laboratory services shall be available on a 24-hour basis.

8. Postpartum care facilities shall be available.

9. There shall be resuscitation and stabilization capability of all inborn neonates.

10. A qualified physician or certified nurse midwife shall attend all deliveries.

B. Obstetrical Level II Unit

1. This unit shall meet all requirements of all Obstetrical Level I Unit services at a superior level.

2. There shall be management of high risk conditions appropriate for the level of medical, nursing support and technical expertise available.

3. The role of an Obstetrical Level II Unit is to provide excellent levels of care for most obstetric conditions in its population, but not to accept transports of obstetrical patients with a gestation age of less than 30 weeks or 1250 grams if delivery is imminent and likely to result in the delivery of such infant.

4. Conditions which would result in the delivery of an infant weighing less than 1250 grams or less than 30 weeks gestation shall be referred to a Level III or Level III Regional obstetrical unit unless the patient is too unstable to transport safely. Written cooperative agreements with Obstetrical Level III and/or Obstetrical III Regional Units for transfer of these patients shall exist for all Obstetrical Level II Units.

5. There shall be performance of all Level I unit services at a superior level.

6. The unit shall be able to manage maternal complications of a mild to moderate nature that do not surpass the capabilities of a well trained board-certified obstetrician/gynecologist.

7. The needed subspecialty expertise is predominantly neonatal although perinatal cases might be appropriate to co-manage with a perinatologist.

8. Ultrasound shall be available on labor and delivery 24 hours a day.

C. Obstetrical Level III Unit

1. The unit shall meet all Obstetrical Level I and II Unit services at a superior level.

2. There shall be provision of comprehensive perinatal care for high risk mothers both admitted and transferred. Pregnancies at highest risk shall be managed in these units. Pregnancies marked by extreme prematurity, need for fetal intervention, significant maternal illness (acute or chronic) shall be referred to an Obstetrical Level III or III Regional Unit.

3. Obstetric imaging capabilities to perform targeted ultrasound examinations in cases of known abnormalities shall be available.

4. Genetic counseling and diagnostics shall be provided as a comprehensive service.

5. Research and educational support to practitioners in the community shall be provided through organized outreach educational programs.

6. This unit shall provide for and coordinate maternal transport with Obstetrical Level I and II Units.

7. Cooperative transfer agreements with Obstetrical Level III Regional Units shall exist for the transport of mothers or fetuses requiring care unavailable in an Obstetrical Level III Unit or that are better coordinated at an Obstetrical Level III Regional Unit.

8. There shall be an initial evaluation of new high-risk technologies.

9. There shall be performance of all Level I and II Unit services at a superior level.

10. The unit shall provide care for the most premature labors.

11. The unit shall provide care for the most challenging of fetal conditions. Only those conditions requiring a medical team approach not available to the perinatologist in an Obstetrical Level III Unit shall be transported to an Obstetrical Level III Regional Unit.

12. The unit shall provide for the most challenging of maternal conditions. Only those conditions requiring an OB/ICU environment or specialty support unavailable in an Obstetrical Level III Unit shall be transported to an Obstetrical Level III Regional Unit.

13. Anesthesia services shall be in-house 24 hours per day.

D. Obstetrical Level III Regional Unit

1. The unit shall meet all requirements and performance of Level I, II and III NICU Unit services at a superior level.

2. There shall be a continuing commitment to maintain a depth and breadth of support specialties available in only the most sophisticated of medical centers.

3. These units shall provide for and coordinate maternal and neonatal transport with Level I, II and III NICU Units throughout the state.

4. Initial evaluation of new technologies shall be a goal of an Obstetrical Level III Regional Unit.

5. Hospitals with these units shall be recognized as a medical center of excellence, and a center of research,

educational and consultative support to the medical community.

6. The unit shall have the ability to care for both mother and fetus in a comprehensive manner in an area dedicated to the care of the critically ill parturient.

7. An organized team dedicated to the care of the mother and of the fetus both in utero and after delivery shall be maintained. The team shall consist of, but is not limited to, specialist in the following areas: maternal fetal medicine, cardiology, neurology, neurosurgery and hematology. Additionally, sub-specialists to provide expertise in the care of the critically ill parturient shall be on staff in the following areas: adult critical care, cardiothoracic surgery, nephrology, pulmonary medicine, cardiology, endocrinology, urology, neurosurgery, infectious disease and gastroenterology. A nutritionist shall also be available in the care of these patients.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9511. Medical Staff

A. Obstetrical Level I Unit

1. Obstetrical services shall be under the medical direction of a qualified physician who is a member of the medical staff with obstetric privileges and is appointed by the governing body. This physician has the responsibility of coordinating perinatal services with the pediatric medical director.

B. Obstetrical Level II Unit

1. The chief of obstetric services shall be a board certified/board eligible obstetrician with special interest and experience in maternal-fetal medicine. This obstetrician has the responsibility of coordinating perinatal services with the neonatologist in charge of the NICU.

2. Anesthesia personnel with credentials to administer obstetric anesthesia shall be readily available.

3. Policies regarding the availability of anesthesia for routine and emergency deliveries shall be developed. Specialized medical and surgical consultation shall be readily available by medical staff members.

4. A board certified radiologist and a board certified clinical pathologist shall be available 24 hours a day. Specialized medical and surgical consultation shall be readily available.

C. Obstetrical Level III Unit

1. The chief of the obstetrical unit providing maternal-fetal medicine services at a Level III Unit shall be a board certified or board eligible maternal-fetal medicine specialist or a board certified obstetrician with special interest and experience in maternal-fetal medicine who shall be designated as the chief to assure that appropriate care is provided by the primary attending physician for high risk maternal patients.

2. If there is no hospital based maternal-fetal medicine specialist, a strong consultative agreement shall exist through a formal transfer agreement with an Obstetrical Level III or Level III Regional Obstetrical Unit with a hospital based maternal-fetal medicine specialist. The agreement shall also provide for the review of outcomes and case management for all high risk obstetrical patients for educational purposes.

3. A board-certified anesthesiologist with special training or experience in maternal-fetal anesthesia shall be in charge of obstetric anesthesia services at a Level III Unit. Personnel with credentials to administer obstetric anesthesia, which would include CRNAs, shall be in-house 24 hours a day. Personnel with credentials to administer neonatal and pediatric anesthesia shall be available as required. Medical and surgical consultation shall be readily available and on staff.

D. Obstetrical Level III Regional Unit

1. The medical staff as outlined in the Level III Unit classification shall be available and shall coordinate care with the subspecialties as listed within an Obstetrical Level III Regional Unit function.

2. The chief of the perinatal team at the Level III Regional Unit shall be a board-certified maternal-fetal specialist.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9513. Facilities

A. Obstetrical patients shall not be placed in rooms with other types of patients.

B. At least one toilet and lavatory basin shall be provided for the use of obstetrical patients.

C. The arrangement of the rooms and areas used for obstetrical patients shall be such as to minimize traffic of patients, visitors and personnel from other departments and prevent traffic through the delivery room(s).

D. There shall be an isolation room provided with hand washing facilities for immediate segregation and isolation of a mother and/or baby with a known or suspected communicable disease.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9515. Newborn Units

A. There are four neonatal level-of-care units established: Level I Neonatal Unit; Level II NICU Unit; Level III NICU Unit; and Level III Regional NICU Unit. If neonatal services are provided, the hospital shall satisfy the basic Neonatal Level I NICU Unit requirements. Neonatal services shall be provided in accordance with acceptable standards of practice.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9517. Neonatal Unit Functions

A. Level I Neonatal Unit

1. The unit shall be able to evaluate the condition of healthy neonates and provide continuing care of these neonates until their discharge in compliance with state regulations regarding eye care, hearing screening and metabolic screening.

2. The unit shall stabilize unexpectedly small or sick neonates before transfer to a Level II, III or III Regional NICU Unit.

3. The unit shall maintain consultation and transfer agreements with a Level II, III and III Regional NICU Units, emphasizing maternal transport when possible.

4. There shall be resuscitation and stabilization of all inborn neonates.

5. There shall be a defined nursery area with limited access and security or rooming-in facilities.

6. Parent-neonate visitation/interaction shall be provided.

7. There shall be the capability of data collection and retrieval.

B. Level II NICU Unit

1. The unit shall meet all requirements and performance of all Level I Neonatal Unit services at a superior level.

2. There shall be management of small, sick neonates with a moderate degree of illness that are admitted or transferred.

3. There shall be neonatal ventilatory support, vital signs monitoring and fluid infusion in the defined area of the nursery.

4. Neonates born in a Level II NICU Unit with a birth weight of less than 1,000 grams shall be transferred to a Level III or Level III Regional NICU Unit once they have been stabilized if they require prolonged ventilatory support or have life threatening diseases or surgical complications requiring a higher level of care.

5. Neonates with a birth weight in excess of 1,000 grams who require prolonged ventilation therapy shall be cared for in a Level II NICU Unit, provided such facility performs a minimum of 72 days of ventilator care annually. A day of ventilator care is defined as any period of time during a 24-hour period.

6. If a Level II NICU Unit performs less than 72 ventilator days per year, it shall transfer any neonate requiring prolonged (greater than 24 consecutive hours) ventilator therapy to a Level III or Level III Regional NICU Unit. Neonates requiring transfer to a Level III or Level III Regional NICU Unit may be returned to a Level II NICU Unit for convalescence.

C. Level III NICU Unit

1. The unit shall meet all requirements of the Level I Neonatal Unit and Level II NICU Unit services at a superior level.

2. There shall be provision of comprehensive care of high risk neonates of all categories admitted and transferred.

3. There shall be a neonatal transport agreement with Level III Regional Units and shall be involved in organized outreach educational programs.

4. There shall be one neonatologist for every 10 patients in intensive care (Level III NICU unit) area. If the neonatologist is not in-house, there shall be one licensed physician who has successfully completed the Neonatal Resuscitation Program (NRP), or one neonatal nurse practitioner in-house for Level III NICU unit patients who require intensive care. A five-year phase-in period shall be allowed in order for the hospital to recruit adequate staff to meet these requirements.

5. Obstetrics and neonatal diagnostic imaging, provided by obstetricians or radiologists who have special interest and competence in maternal and neonatal disease shall be available 24 hours a day.

6. There shall be a neonatologist or a licensed physician who has successfully completed the Neonatal Resuscitation Program (NRP), or a neonatal nurse practitioner in-house at all times.

D. Neonatal Level III Regional NICU Unit

1. The unit shall meet all requirements of the Level I Neonatal Unit and Level II and III NICU unit services at a superior level.

2. The unit shall have a transport team and provide for and coordinate a maternal and neonatal transport with Level I, Level II and Level III NICU's throughout the state.

3. The unit shall be recognized as a medical center of excellence, and a center of research, educational and consultative support to the medical community.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9519. Medical Staff

A. Level I Neonatal Unit. The unit's medical director and/or department chief shall be a board-eligible or board-certified pediatrician; or a board-eligible or board-certified family practitioner on staff.

B. Level II NICU Unit. A board-certified pediatrician of a Level II NICU unit with subspecialty certification in neonatal medicine shall be the medical director and/or department chief. In existing units consideration shall be given to waiving this requirement for board-certified pediatricians with a minimum of five years experience in neonatal care who are currently serving as medical directors of Level II NICU units. The request for waiver shall be made in writing to the Office of the Secretary.

C. Level III NICU Unit. The medical director and/or department chief of a Level III NICU unit shall be a board-certified pediatrician with subspecialty certification in neonatal medicine. The following exceptions are recognized.

1. Board eligible neonatologists shall achieve board certification within five years of completion of fellowship training.

2. In existing units, consideration shall be given to waiving this requirement for neonatologists who are currently medical directors and/or department chiefs of Level III NICUs. The request for waiver shall be made in writing to the Office of the Secretary/Bureau of Health Services Financing. This exception applies only to the individual at the hospital where the medical director and/or department chief position is held. The physician can not relocate to another hospital nor can the hospital replace the medical director and/or department chief for whom the exception was granted and retain the exception.

3. There shall be one neonatologist for every 10 patients in the intensive care Level III NICU unit area. If the neonatologist is not in-house, there shall be one licensed physician (who has successfully completed the neonatal resuscitation program (NRP)), or one neonatal nurse practitioner in-house for Level III NICU unit patients who require intensive care. A five-year phase-in period shall be allowed in order for the hospital to recruit adequate staff to meet these requirements. A Level III NICU unit shall have a neonatologist, or a licensed physician (who has successfully completed the neonatal resuscitation program (NRP)), or a neonatal nurse practitioner in-house at all times.

4. Medical and surgical consultation shall be readily available and pediatric sub-specialists may be used in consultation with a transfer agreement with a Level III Regional NICU unit.

D. Level III Regional NICU Unit

1. The medical director and/or department chief shall be a board-certified neonatologist.

2. The unit shall have the following subspecialties on staff and clinical services available to provide consultation and care in a timely manner:

- a. pediatric surgery;
- b. pediatric cardiology;
- c. pediatric neurology;
- d. pediatric hematology;
- e. genetics;
- f. pediatric nephrology;
- g. endocrinology;
- h. pediatric gastroenterology;
- i. pediatric infectious disease;
- j. pediatric pulmonary medicine;
- k. cardiovascular surgery;
- l. neurosurgery;
- m. orthopedic surgery;
- n. pediatric urologic surgery;
- o. pediatric ophthalmology;
- p. pediatric ENT surgery;
- q. pediatric nutritionist;
- r. pediatric PT/OT;
- s. neonatal social services;
- t. bioethics committee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9521. Staffing

A. Level I Neonatal Unit. A nurse manager dedicated for the neonatal care area shall be available to all units. The nurse manager shall have specific training and experience in neonatal care. The nurse manager shall participate in the development of written policies and procedures for the neonatal care areas, coordinate staff education and budget preparation with the medical director. The nurse manager shall name qualified substitutes to fulfill his or her duties during their absences. Nurse to patient ratios will vary with patient needs; however, the range for Level I shall be 1:8.

B. Level II NICU Unit. A nurse manager dedicated for the neonatal care area shall be available to all units. The nurse manager shall have specific training and experience in the development of written policies and procedures for the neonatal care areas and shall coordinate staff education and budget preparation with the medical director. The nurse manager shall name qualified substitutes to fulfill his or her duties during their absences. Nurse to patient ratios will vary with patient needs; however, the range for Level II shall be 1:3-4.

C. Level III NICU Unit. A nurse manager dedicated for the neonatal care area shall be available to all units. The nurse manager shall have specific training and experience in the development of written policies and procedures for the neonatal care areas and shall coordinate staff education and budget preparation with the medical director. The nurse manager shall name qualified substitutes to fulfill his or her

duties during their absences. Nurse-to-patient ratios will vary with patient needs, however, the range for Level III NICU unit shall be 1:2-3.

D. Level III Regional NICU Unit. A nurse manager dedicated for the neonatal care area shall be available to all units. The nurse manager shall have specific training and experience in neonatal intensive care. The nurse manager shall participate in the development of written policies and procedures for the neonatal care areas and shall coordinate staff education and budget preparation with the medical director. The nurse manager shall name qualified substitutes to fulfill his or her duties during their absences. Nurse to patient ratios will vary with patient needs, however, the range for Level III regional unit shall be 1:1-2.

E. The following support personnel shall be available to the perinatal care service of Level II, III and III Regional NICU units:

1. at least one full-time medical social worker who has experience with the socioeconomic and psychosocial problems of high-risk mothers and fetuses, sick neonates, and their families (additional medical social workers may be required if the patient load is heavy);

2. at least one occupational or physical therapist with neonatal expertise;

3. at least one registered dietitian/nutritionist who has special training in perinatal nutrition and can plan diets that meet the special needs of high-risk mothers and neonates;

4. qualified personnel for support services such as laboratory studies, radiologic studies and ultrasound examinations (these personnel shall be readily available 24 hours a day); and

5. respiratory therapists or nurses with special training who can supervise the assisted ventilations of neonates with cardiopulmonary disease (optimally, one therapist is needed for each four neonates who are receiving assisted ventilation).

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

Subchapter T. Pediatric Services (Optional)

§9525. General Provisions

A. Pediatric services shall be under the medical direction of a qualified physician who is a member of the medical staff with pediatric privileges and appointed by the governing body. Hospitals admitting children shall have proper facilities for their care apart from adult patients and the newborn. Children under 14 years of age shall not be placed in rooms with adult patients.

B. In hospitals with a separate designated pediatric unit in existence prior to March 1, 1995, the maximum number of beds permitted in each pediatric room shall be eight and shall meet the same spatial standards as specified in Subchapter J of these requirements. In hospitals with a separate designated pediatric unit subsequent to March 1, 1995, the maximum number of beds permitted in each pediatric room shall be four and shall meet the same spatial standards as specified in Subchapter J of these requirements. Patient rooms containing cribs shall provide at least 60 square feet minimum clear floor area for each crib, with no more than six cribs in each room. Provisions for hygiene, toilets, sleeping and personal belongings shall be included

where the program indicates that parents are allowed to remain with pediatric patients. Equipment and supplies shall be readily available and appropriate for pediatric services.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9527. Personnel

A. Every registered nurse who works in the pediatric unit shall be trained in an emergency pediatric nursing course that includes training in pediatric trauma and pediatric advanced life support and that has been conducted pursuant to guidelines established by the Louisiana State Board of Nursing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9529. Pediatric Intensive Care Units

A. There are two levels of pediatric care units: Level I; and Level II. If pediatric intensive care services are provided, the hospital shall satisfy the Level II PICU requirements.

B. Levels I and II units shall have a PICU Committee established as a standing committee of the hospital. It shall be composed of at least physicians, nurses, respiratory therapists and other disciplines as appropriate to the specific hospital unit. The committee shall participate in the delineation of privileges for all personnel (both MD and non-MD) within the unit. Policies and procedures shall be established by the medical director and the nurse manager in collaboration with the committee and with approval of the medical staff and the governing body. These written policies and procedures shall include, but not be limited to, safety procedures infection control, visitation, admission and discharge criteria, patient monitoring and record keeping, equipment preventive maintenance and repair.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9531. Facilities

A. The Levels I and II shall be distinct, separate units within the hospital. There shall be clean and soiled utility rooms, isolation room capabilities, medication and a conference area available on the units.

B. Level I units shall be located in the Category I facility as defined by the American Academy of Pediatrics.

C. The Emergency Department (ED) shall have a separate covered entrance. Two or more areas within the ED shall have the capacity and equipment to resuscitate any pediatric patient with any medical, surgical or traumatic illness within facilities with Level I units. Hospitals with Level II units only need one such area. The emergency room shall be staffed 24 hours a day in facilities with either Level I of II units.

D. There shall be an operating suite with one room available within 30 minutes and a second room within 45 minutes, 24 hours a day. Hospitals with Level I units must have the capability of providing cardiopulmonary bypass, pediatric bronchoscopy and radiography.

E. Clinical Laboratories

1. Clinical laboratories shall have microspecimen capability and the capability to perform clotting studies with one-hour turn around. There must also be the capability to perform:

- a. complete blood cell count;
- b. differential count;
- c. platelet count;
- d. urinalysis;
- e. electrolytes;
- f. blood urea nitrogen;
- g. creatine;
- h. glucose calcium;
- i. prothrombin time;
- j. partial prothrombin time; and
- k. cerebrospinal fluid cell counts.

2. Preparation of gram stains and bacteriologic cultures shall be available 24 hours per day. Blood gas values must be available within 15 minutes. Results of drug screening and levels of serum ammonia, serum and urine osmolarity, phosphorus and magnesium shall be available within three hours for Level I units.

F. There must be a blood bank able to provide all blood components 24 hours a day in both Levels I and II. Cross matching shall allow for transfusions within one hour unless some unusual antibody is encountered.

G. Hospitals with Level I units must have radiology services capable of radiography, fluoroscopy, computerized tomography scanning, ultrasonography and nuclear scanning angiography.

H. Diagnostic cardiac and neurologic studies shall be available to both Levels I and II unit facilities.

I. A catheterization laboratory or angiography suite must be present in facilities with Level I units.

J. Level I units shall have the capability to provide hemodialysis 24 hours a day.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9533. Patient Rooms

A. The head of each bed and/or crib shall be rapidly accessible for emergency airway management.

B. Electrical power, oxygen, medical compressed air and vacuum outlets shall be available at each bed/crib.

C. There shall be walls or curtains available at each bedside to provide for full visual privacy.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing LR 29:

§9535. Medical Staff

A. The medical director in Level I units shall be:

1. board certified in pediatrics and board certified or in the process of board certification in pediatric critical care medicine (certification must be completed within five years);
2. board certified in anesthesiology with practice limited to infants and children with special qualifications (as defined by the American Board of Anesthesiology) in critical care medicine; or

3. board certified in pediatric care medicine (as defined by the American Board of Surgery). A Level II medical director shall meet the same criteria of Level I except the board certification in Pediatric Critical Medicine is not required. The medical director shall name a qualified alternate to serve in his or her absence.

B. In existing units, consideration will be given to waiving this requirement for board certified pediatricians with a minimum of five years experience in pediatric care who are currently serving as medical directors of Levels I and II units. The request for waiver shall be made in writing to the Office of the Secretary.

C. Levels I and II units must have at least one physician of at least the postgraduate year two assigned to the PICU in-house 24 hours per day.

D. Other physicians including the attending physician or designee shall be available within 30 minutes.

E. Level I units shall have on staff a pediatric anesthesiologist, surgeon, cardiothoracic surgeon, neurosurgeon, intensivist, cardiologist, neurologist, pulmonologist, hematologist/oncologist, endocrinologist, gastroenterologist, allergist or immunologist, as well as a radiologist, pathologist, and psychiatrist or psychologist. Level II units shall meet the above medical staffing requirements, except the cardiothoracic surgeon and the pediatric subspecialties. There shall be a five-year phase in period with regard to staffing requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9537. Staffing

A. Levels I and II shall have a unit manager dedicated to the unit who is a registered nurse with specific training and experience in pediatric critical care. The Level I manager shall be certified in critical-care nursing. The nurse manager shall name a qualified alternate to act in his/her absence.

1. The staff to patient ratio shall vary with the acuity of the patients; however, the minimum shall be 1:3.

2. There shall be an organized written orientation program as well as an ongoing in-service/continuing education program.

B. For the Level I units the respiratory therapy staff assigned to a unit shall be in-house 24 hours per day.

1. Biomedical technicians shall be available within one hour, 24 hours a day.

2. The unit clerk shall be readily available to the unit 24 hours a day.

3. A pharmacist and licensed radiographer shall be in-house 24 hours per day.

4. Social workers, physical therapists and nutritionists shall be assigned to the unit as applicable.

C. For Level II Units the respiratory therapist shall be in-house 24 hours a day.

1. The biomedical technician shall be available within one hour, 24 hours a day.

2. The pharmacist and radiologist shall be on call 24 hours a day.

3. Unit clerks, social workers, physical therapists and nutritionists shall be available as applicable.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9539. Supplies and Equipment

A. There shall be lifesaving, therapeutic and monitoring equipment present in Level I and II units. There shall be a complete "code" or "crash" cart available on both Level I and II units. The cart contents available on Level I and II units should include, but not be limited to, approved medications, a defibrillator/cardioverter, automated blood pressure apparatus devices. All equipment shall be of proper size for infants and children. Oxygen tanks are needed for transport and backup for both Levels I and II units.

B. There shall be additional equipment available to meet the needs of the patient population.

C. Level I units shall have the capability of ventilator support.

D. There shall be bedside monitoring in Level I and II PICUs with the capability for continuously monitoring heart rate and rhythm, respiratory rate, temperature and one hemodynamic pressure. Level I units shall also have the ability to monitor systemic arterial, central venous, pulmonary arterial and intracranial pressures. The monitors must have alarms with both high and low settings and they must also have both audible and visible capability. There shall be a maintenance and calibration schedule maintained for all monitoring devices.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

§9541. Miscellaneous

A. PICUs shall be integrated with the regional EMS system as available. Rapid access to a poison control center is essential. Each PICU shall have or be affiliated with a transport system and team to assist other hospitals in arranging safe patient transport.

B. Each Level I PICU shall offer pediatric critical care education for EMS providers, emergency department and transport personnel as well as for the general public. The staff nurses and respiratory therapists must also have basic life support certification.

C. Level I PICUs offering a fellowship program in pediatric critical care will possess sufficient patient volume, teaching expertise, and research capability to support such a fellowship. Programs providing sub-specialty training in critical care must possess approval by the residency review committee of the Accreditation Council on Graduate Medical Education. Research is essential for improving our understanding of the pathophysiology affecting vital organ systems. Such knowledge is vital to improve patient care techniques and therapies and thereby decrease morbidity and mortality.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2100-2115.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:

Interested persons may submit written comments to Ben A. Bearden at Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is

scheduled for Thursday, June 26, 2003 at 9:30 am in the Wade O. Martin, Jr. Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Hospital Licensing Standards**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed Rule will have no programmatic fiscal impact for SFY 2003-2004, 2004-2005, and 2005-2006. It is anticipated that \$7,884 (\$3,942 SGF and \$3,942 FED) will be expended in SFY 2002-2003 for the state's administrative expense for promulgation of this proposed Rule and the final Rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that implementation of this proposed Rule will not affect federal revenue collections.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Implementation of this proposed Rule will not have estimable costs and/or economic benefits for directly affected persons or nongovernmental groups. The department proposes to amend the licensing standards for hospitals. It is anticipated that this proposed Rule will bring hospital licensing standards more in line with the changes that have occurred within the hospital industry since the promulgation of the existing standards.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no known effect on competition and employment.

Ben A. Bearden
Medicaid Director
0305#054

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Laboratory and X-Ray Prenatal Lab Panels
(LAC 50:XIX.4313)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends LAC 50:XIX.4313 under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reimburses laboratory services in accordance with an established fee schedule for Physicians= Current Procedural Terminology (CPT) codes, locally assigned codes and Health Care Financing Administration Common Procedure Codes (HCPCs). Reimbursement for these services is a flat fee established by the bureau minus the amount which any third party coverage would pay.

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) requires national standards for electronic health care transactions and national identifiers for providers, health plans, and employers (*Federal Register*, Volume 65, Number 160). This includes standardized procedure codes and definitions. The department is required to implement these codes and definitions or face monetary sanctions. In compliance with HIPAA requirements, the bureau proposes to amend current rules to clarify the billing procedures for specific laboratory services in order to conform with the HIPAA compliant standardized procedure codes.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S 49:972.

Title 50

PUBLIC HEALTHC MEDICAL ASSISTANCE

Part XIX. Other Services

Subpart 3. Laboratory and X-Ray

Chapter 43. Billing and Reimbursement

Subchapter A. Billing

§4313. Prenatal Lab Panel Services

A. Prenatal lab panel services must be billed utilizing standard Physicians= Current Procedural Terminology (CPT) codes from the Organ or Disease Oriented Panels sub-heading in the Pathology and Laboratory section of the CPT.

B. Only one prenatal lab panel claim shall be billed per recipient per pregnancy (270 days) per billing provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254, R.S. 49:1008(A), and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 28:1025 (May 2002), amended LR 29:

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, June 26, 2003 at 9:30 a.m. in the Wade O. Martin Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

**RULE TITLE: Laboratory and X-Ray
Prenatal Lab Panels**

**I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO
STATE OR LOCAL GOVERNMENT UNITS (Summary)**

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact for SFY 2003-2004, 2004-2005 and 2005-2006. It is anticipated that \$162 (\$81 SGF and \$81 FED) will be expended in SFY 2002-2003 for the state's administrative expense for promulgation of this proposed rule and the final rule.

**II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE
OR LOCAL GOVERNMENTAL UNITS (Summary)**

It is anticipated that the implementation of this proposed rule will not affect federal revenue collections for SFY 2003-2004, 2004-2005 and 2005-2006. It is anticipated that \$81 will be expended in SFY 2002-2003 for the federal expense for promulgation of this proposed rule and the final rule.

**III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO
DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL
GROUPS (Summary)**

It is anticipated that implementation of this proposed rule will not have estimable costs and/or economic benefits for directly affected persons or non-governmental groups. This proposed rule would clarify the descriptions for specific laboratory services to conform with the Health Insurance Portability and Accountability Act (HIPAA) compliant descriptions.

**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)**

There is no known effect on competition and employment.

Ben A. Bearden
Director
0305#058

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

**Medicaid EligibilityC Disregard of Insurance
Cash Surrender Value**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule promulgating the Medicaid Eligibility Manual in its entirety by reference in July 1996 (*Louisiana Register*, Volume 22, Number 7). Section I of the manual addresses the eligibility factors used to determine Medicaid eligibility, including income and resources.

The bureau currently utilizes the income and resources methodologies of the Supplemental Security Income (SSI) Program to determine Medicaid eligibility for aged, blind and disabled individuals. Under general Medicaid rules, states are required to follow the same rules and processes

used by the most closely related cash assistance program to determine Medicaid eligibility. Under Section 1902(r)(2) of the Social Security Act, states are allowed to use less restrictive income and resource methodologies in determining eligibility for most Medicaid eligibility groups than are used by the cash assistance program. Under current Medicaid eligibility policy for aged, blind and disabled individuals, life and burial insurance policies with cash surrender value are considered an asset, if the combined face values of all policies exceed \$1,500.

In order to reduce the administrative burden for the Medicaid Program and to eliminate financial hardship for aged, blind and disabled individuals, the bureau proposes to disregard cash surrender value of life and burial insurance policies with a combined face value up to \$10,000 in determining eligibility for the Medically Needy Program, Qualified Medicare Beneficiaries, Specified Low Income Beneficiaries, Qualified Individuals-I, TB-infected individuals and the special income level group (individuals in a medical institution for at least 30 consecutive days and individuals receiving home and community based waiver services for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard).

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability, and autonomy as described in R.S. 49:972. The proposed Rule will disregard the cash surrender value of life and burial insurance policies and allow certain aged, blind and disabled individuals to become eligible for Medicaid benefits.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the current policy governing countable resources in the determination of Medicaid eligibility for the Medically Needy Program, Qualified Medicare Beneficiaries, Specified Low Income Beneficiaries, Qualified Individuals-I, TB-infected individuals and the special income level group (individuals in a medical institution for at least 30 consecutive days and individuals receiving home and community based waiver services for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard).

Utilizing provisions allowed under Section 1902(r)(2) of the Social Security Act, the cash surrender value of life insurance and burial policies with a combined face value up to \$10,000 will be disregarded in the determination of Medicaid eligibility for the Medically Needy Program, Qualified Medicare Beneficiaries, Specified Low Income Beneficiaries, Qualified Individuals-I, TB-infected individuals, and the special income level group (individuals in a medical institution for at least 30 consecutive days and individuals receiving home and community based waiver services for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard).

Implementation of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Ben A. Bearden at the Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, June 26, 2003 at 9:30 a.m. in the Wade O. Martin Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, LA. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Medicaid EligibilityC Disregard of
Insurance Cash Surrender Value**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)
It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact for SFY 2003-2004, 2004-2005 and 2005-2006. It is anticipated that \$216 (\$108 SGF and \$108 FED) will be expended in SFY 2002-2003 for the states administrative expense for promulgation of this proposed Rule and the final Rule.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
It is anticipated that implementation of this proposed Rule will have no effect on federal revenue collections for SFY 2003-2004, 2004-2005 and 2005-2006.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
Implementation of this proposed Rule will streamline the eligibility process and will disregard the cash surrender value of life and burial insurance policies (up to \$10,000 face value) and afford certain aged, blind and disabled individuals the opportunity to qualify for Medicaid benefits. It is anticipated that implementation of this proposed Rule will be cost neutral.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)
There is no known effect on competition and employment.

Ben A. Bearden
Medicaid Director
0305#044

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Medicaid Eligibility
Increase of Burial Fund Exclusion

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in

accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule promulgating the Medicaid Eligibility Manual in its entirety by reference in July 1996 (*Louisiana Register*, Volume 22, Number 7). Section I of the manual addresses the eligibility factors used to determine Medicaid eligibility, including income and resources.

The bureau currently utilizes the income and resources methodologies of the Supplemental Security Income (SSI) Program to determine Medicaid eligibility for aged, blind or disabled individuals. Under general Medicaid rules, states are required to follow the same rules and processes used by the most closely related cash assistance program to determine Medicaid eligibility. Under Section 1902(r)(2) of the Social Security Act, States are allowed to use less restrictive income and resource methodologies in determining eligibility for most Medicaid eligibility groups than are used by the cash assistance program. Under current Medicaid eligibility policy for aged, blind or disabled individuals, certain funds set aside for the burial expenses of the applicant/recipient and/or his/her spouse may be excluded if certain criteria regarding use and total value of the burial funds are met. A maximum exclusion of up to \$1,500 each in funds set aside for burial is allowed for the burial expenses of the individual and the burial expenses of the individual's spouse.

In order to reduce the administrative burden for the Medicaid Program and to eliminate financial hardship for aged, blind and disabled individuals, the bureau proposes to increase the maximum burial fund exclusion from \$1,500 to \$10,000 in determining eligibility for the Medically Needy Program, Qualified Medicare Beneficiaries, Specified Low Income Beneficiaries, Qualified Individuals-I, TB-infected individuals, and the special income level group (individuals in a medical institution for at least 30 consecutive days and individuals receiving home and community based waiver services for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard).

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have a positive impact on family functioning, stability, and autonomy as described in R.S. 49:972. The proposed Rule would allow certain aged, blind and disabled individuals to become eligible for Medicaid benefits.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the current policy governing countable resources in the determination of Medicaid eligibility for the Medically Needy Program, Qualified Medicare Beneficiaries, Specified Low Income Beneficiaries, Qualified Individuals-I, TB-infected individuals, and the special income level group (individuals in a medical institution for at least 30 consecutive days and individuals receiving home and community based waiver services for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard).

NOTICE OF INTENT

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

**Mental Health Rehabilitation Services
HIPAA Implementation**

Utilizing provisions allowed under Section 1902(r)(2) of the Social Security Act, the maximum burial fund exclusion will be increased from \$1,500 to \$10,000 in the determination of Medicaid eligibility for the Medically Needy Program, Qualified Medicare Beneficiaries, Specified Low Income Beneficiaries, Qualified Individuals-I, TB-infected individuals, and the special income level group (individuals in a medical institution for at least 30 consecutive days and individuals receiving home and community based waiver services for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard).

Implementation of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Ben A. Bearden at the Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, June 26, 2003 at 9:30 a.m. in the Wade O. Martin Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Medicaid Eligibility
Increase of Burial Fund Exclusion**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact for SFY 2003-2004, 2004-2005 and 2005-2006. It is anticipated that \$216 (\$108 SGF and \$108 FED) will be expended in SFY 2002-2003 for the states administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no effect on federal revenue collections for SFY 2003-2004, 2004-2005 and 2005-2006.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Implementation of this proposed rule will streamline the eligibility process and will increase the maximum burial fund exclusion from \$1,500 to \$10,000 in determining Medicaid eligibility. It is anticipated that implementation of this proposed will be cost neutral.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no known effect on competition and employment.

Ben A. Bearden
Director
0305#045

H. Gordon Monk
Staff Director
Legislative Fiscal Office

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing provides reimbursement for mental health rehabilitation services under the Medicaid Program. Reimbursement for these services is a prospective, negotiated and non-capitated rate based on the delivery of services as specified in the service agreement and the service package required for the adult and child/youth populations.

As a result of the allocation of additional funds by the Legislature during the 2001 Regular Session, the bureau increased the reimbursement rates for designated procedure codes in the Mental Health Rehabilitation Program for high need, medium need and low need services for adults and children (*Louisiana Register*, Volume 27, Number 11).

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) requires national standards for electronic health care transactions and national identifiers for providers, health plans, and employers (*Federal Register*, Volume 65, Number 160). This includes standardized procedure codes and definitions. The department is required to implement these codes and definitions or face monetary sanctions. In compliance with HIPAA requirements, the bureau proposes to amend the November 20, 2001 Rule to clarify the billing procedures for mental health rehabilitation services.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S. 49:972.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the provisions contained in the November 20, 2001 Rule governing the procedure codes for mental health rehabilitation services. Mental health rehabilitation services shall be billed utilizing appropriate Health Care Financing Administration Common Procedure Codes and modifiers.

Implementation of the provisions of this Rule shall be contingent upon the approval of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. He is responsible for responding to inquiries regarding this

proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, June 26, 2003 at 9:30 a.m. in the Wade O. Martin Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

**RULE TITLE: Mental Health Rehabilitation Services
HIPAA Implementation**

**I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO
STATE OR LOCAL GOVERNMENT UNITS (Summary)**

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact for SFY 2003-2004, 2004-2005 and 2005-2006. It is anticipated that \$162 (\$81 SGF and \$81 FED) will be expended in SFY 2002-2003 for the state's administrative expense for promulgation of this proposed rule and the final rule.

**II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE
OR LOCAL GOVERNMENTAL UNITS (Summary)**

It is anticipated that the implementation of this proposed rule will not affect federal revenue collections for SFY 2003-2004, 2004-2005 and 2005-2006. It is anticipated that \$81 will be expended in SFY 2002-2003 for the federal expense for promulgation of this proposed rule and the final rule.

**III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO
DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL
GROUPS (Summary)**

It is anticipated that implementation of this proposed rule will not have estimable costs and/or economic benefits for directly affected persons or non-governmental groups. This proposed rule would clarify the reimbursement methodology and descriptions for specific mental health rehabilitation services to conform with the Health Insurance Portability and Accountability Act (HIPAA) compliant descriptions.

**IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT
(Summary)**

There is no known effect on competition and employment.

Ben A. Bearden
Director
0305#057

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
Office of the Secretary
Bureau of Health Services Financing**

Professional Services Program
Anesthesia Services
HIPAA Implementation

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in

accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing provides coverage and reimbursement for anesthesia services under the Medicaid Program. In September 1992, the bureau adopted a Rule establishing the reimbursement methodology anesthesia services (*Louisiana Register*, Volume 18, Number 9). The September 1992 Rule was subsequently amended in April 1997 to clarify the policy governing anesthesia services and to establish policy governing surgery services and reimbursement for designated physician procedure codes. (*Louisiana Register*, Volume 23, Number 4).

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) requires national standards for electronic health care transactions and national identifiers for providers, health plans, and employers (*Federal Register*, Volume 65, Number 160). This includes standardized procedure codes and definitions. The department is required to implement these codes and definitions or face monetary sanctions. In compliance with HIPAA requirements, the bureau proposes to amend the September 1992 and April 1997 Rules to governing the billing procedures and reimbursement methodology for anesthesia services.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that this proposed Rule will have no impact on family functioning, stability, and autonomy as described in R.S. 49:972.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Care Financing amends the September 20, 1992 and April 20, 1997 Rules governing the billing and reimbursement of anesthesia services.

A. Billing. Physicians' Current Procedural Terminology (CPT) procedure codes in the Anesthesia section of the CPT and standard Health Care Financing Administration Common Procedure Codes (HCPCS) modifiers shall be used to bill for anesthesia, including maternity-related and pediatric anesthesia.

B. Reimbursement. Reimbursement for anesthesia procedures will be based on the 2003 Region 99 Medicare conversion factor and Medicare reimbursement formulas with the allowable less 10 percent, rather than the allowable less 20 percent.

1. Reimbursement for maternity-related anesthesia services shall continue to be a flat fee except for the reimbursement for general anesthesia for a vaginal delivery. This service shall continue to be reimbursed according to base units and time units.

2. Reimbursement for Conscious Sedation. The CPT conscious sedation codes will be used to bill for children up to the age of 13 years when a medically controlled state of depressed consciousness is the preferred method of sedation and the procedure can not be accomplished safely and/or effectively without it. Reimbursement for conscious sedation shall be at a flat rate.

Interested persons may submit written comments to Ben A. Bearden at the Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. He is

responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, June 26, 2003 at 9:30 am in the Wade O. Martin, Jr. Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES

RULE TITLE: Professional Services Program Anesthesia Services C HIPAA Implementation

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact for SFY 2003-2004, 2004-2005 and 2005-2006. It is anticipated that \$216 (\$108 SGF and \$108 FED) will be expended in SFY 2002-2003 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that implementation of this proposed rule will have no effect on federal revenue collections for SFY 2003-2004, 2004-2005 and 2005-2006.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

It is anticipated that implementation of this proposed will be cost neutral and have no estimable costs or economic benefits to directly affected persons. This proposed rule is being promulgated to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA).

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no known effect on competition and employment.

Ben A. Bearden
Director
0305#046

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

Professional Services Program
Physician Services
HIPAA Implementation

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This proposed Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:950 et seq.

The Department of Health and Hospitals, Bureau of Health Services Financing reimburses professional services in accordance with an established fee schedule for Physicians= Current Procedural Terminology (CPT) codes, locally assigned codes and Health Care Financing Administration Common Procedure Codes (HCPCs). Reimbursement for these services is a flat fee established by the bureau minus the amount which any third party coverage would pay.

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) requires national standards for electronic health care transactions and national identifiers for providers, health plans, and employers (*Federal Register*, Volume 65, Number 160). This includes standardized procedure codes and definitions. The Department is required to implement these codes and definitions or face monetary sanctions. In compliance with HIPAA requirements, the bureau proposes to amend current rules to clarify the billing procedures for specific physician services to conform with the HIPAA compliant descriptions.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. This proposed Rule has no known impact on family functioning, stability, or autonomy as described in R.S 49:972.

Proposed Rule

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the February 20, 1996, and May 20, 2001 and 2002 Rules governing the reimbursement methodology for physician services to clarify the billing procedures for the reimbursement of the following services.

Prenatal and Postpartum Visits

A. Prenatal visits and postpartum visits must be billed utilizing standard Physicians= Current Procedural Terminology (CPT) codes from the Maternity Care and Delivery sub-heading in the Surgery section of the CPT and Office or Other Outpatient Services subheading in the Evaluation and Management section of CPT.

Brainstem Evoked Response Screening

A. Brainstem Evoked Response screening services must be billed utilizing standard CPT codes from the Special Otorhinolaryngologic Services subheading in the Medicine section of the CPT.

Interested persons may submit written comments to Ben A. Bearden, Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, Louisiana 70821-9030. He is responsible for responding to inquiries regarding this proposed Rule. A public hearing on this proposed Rule is scheduled for Thursday, June 26, 2003 at 9:30 a.m. in the Wade O. Martin Auditorium, State Archives Building, 3851 Essen Lane, Baton Rouge, Louisiana. At that time all interested persons will be afforded an opportunity to submit data, views or arguments either orally or in writing. The deadline for the receipt of all written comments is 4:30 p.m. on the next business day following the public hearing.

David W. Hood
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

**RULE TITLE: Professional Services Program
Physician Services C HIPPA Implementation**

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

It is anticipated that the implementation of this proposed rule will have no programmatic fiscal impact for SFY 2003-2004, 2004-2005 and 2005-2006. It is anticipated that \$162 (\$81 SGF and \$81 FED) will be expended in SFY 2002-2003 for the state's administrative expense for promulgation of this proposed rule and the final rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

It is anticipated that the implementation of this proposed rule will not affect federal revenue collections for SFY 2003-2004, 2004-2005 and 2005-2006. It is anticipated that \$81 will be expended in SFY 2002-2003 for the federal expense for promulgation of this proposed rule and the final rule.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

It is anticipated that implementation of this proposed rule will not have estimable costs and/or economic benefits for directly affected persons or non-governmental groups. This proposed rule would clarify the descriptions for specific physicians services to conform with the Health Insurance Portability and Accountability Act (HIPAA) compliant descriptions.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

There is no known effect on competition and employment.

Ben A. Bearden
Director
0305#055

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Health and Hospitals
Office of Public Health**

Genetic Diseases C Neonatal Screening
(LAC 48:V.6303)

Under the authority of R.S. 40:5 and 40:1299 et seq., and in accordance with the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Health and Hospitals, Office of Public Health proposes to amend LAC 48:V.6303.A, B, C, F and G.

The proposed Rule adds screening for galactosemia and includes other requirements necessary for ensuring proper testing, follow-up and reporting.

The proposed Rule should have an overall positive impact on the stability, authority, functioning, behavior and personal responsibility of the family unit in that the Rule would ensure that all Louisiana newborns are screened for an additional life-threatening disease, galactosemia. Early detection and treatment of galactosemia can prevent mortality from the overwhelming infections as well as many of the debilitating neurological symptoms associated with this disease.

In compliance with Act 1183 of the 1999 Regular Session of the Louisiana Legislature, the impact of this proposed Rule on the family has been considered. It is anticipated that

this proposed Rule will have a positive impact on family functioning, stability, and autonomy as described in R.S. 49:972. The proposed Rule will enhance the functioning of the family for affected families as screening for galactosemia is life saving and prevents many of the debilitating symptoms associated with this disease.

Title 48

PUBLIC HEALTH C GENERAL

Part V. Public Health Services

Subpart 19. Genetic Diseases Services

Chapter 63. Neonatal Screening

§6303. Purpose, Scope, Methodology

A. Purpose and Scope. R.S. 40:1299.1, 2, and 3 require physicians to test Louisiana newborns for phenylketonuria, congenital hypothyroidism, sickle cell disease, biotinidase deficiency and galactosemia. The Office of Public Health (OPH) maintains a laboratory for performing screening tests for hyperphenylalanemia manifest in phenylketonuria (PKU), for thyroxine (T₄) and thyroid stimulating hormone (TSH) used in congenital hypothyroidism detection, hemoglobin identification for sickle cell disease and enzyme assays for detection of biotinidase deficiency and galactosemia. Definitive diagnostic tests are provided if the screening test is positive. The newborn screening battery may also be available through other approved laboratories (see Subsection G).

B. Methodology

1. - 3. ...

4. To ensure that specimens for testing are received within two to three days by the laboratory approved by OPH to perform newborn screening pursuant to the pertaining requirements of this Chapter, all such laboratories must provide mailing envelopes to submitting hospitals which guarantee a delivery time no longer than three days from mailing. An example of an acceptable minimum option would be the use of the United States Postal Service's Flat Rate Priority Mailing Envelopes. The use of all other companies and courier services providing this service are acceptable.

C. Policy for Predischarge and Repeat Screening

1. ...

2. A newborn initially screened before 48 hours of age must receive a repeat screening no later than the third week of life. Repeat screening should be arranged by the primary pediatrician; however, it may be done by any primary healthcare provider or clinical facility qualified to perform newborn screening specimen collection. The blood specimen collection should be performed at the infant's first medical visit, regardless of age if they are seen at 48 hours of age or older. To ensure that neonates who need rescreening (due to initial unsatisfactory specimen, an initial collection performed on a baby less than 48 hours old) actually receive the repeat test, hospitals with maternity units must establish a system for disseminating information to parents about the importance of rescreening.

D. Notification of Screening Results

1. Providers are notified immediately of positive screens by telephone. Otherwise, submitters should receive the result slip from the State Central Laboratory within two to three weeks. Submitters may call the Central Lab for results 10 days after submission. The telephone number for the Central Lab is 504-568-5371. Results are also available

to submitters 24 hours a day, 365 days a year through the Voice Response System with FAX (VRS) which is accessed by using a touch tone telephone. Information on using VRS can be obtained by calling the Genetic Diseases Program Office at 1-800-871-9548. To assist the pediatrician's office in the retrieval of the results on the initial specimen of the infant at the first medical visit, the phlebotomist or nurse collecting the initial specimen should tear off the blue carbon of the Lab-10 form and give this to the parent or guardian.

E. ...

F. Medical/Nutritional Management

1. - 1.a. ...

b. The patient must receive clinical and dietary management services through a metabolic center to include a medical evaluation at least once annually by a physician who is board certified in biochemical genetics or a medical geneticist physician with written documentation of a medical evaluation and continuing consultation with a physician board certified in biochemical genetics. A licensed registered dietitian must also be on staff and be readily available for both acute and chronic dietary needs of the patient. Children less than one year of age must be seen by the dietitian and medical geneticist at least twice a year. Children greater than one year of age must be seen at least once per year by the dietitian and medical geneticist.

c. The patient must provide necessary blood specimens for laboratory testing as requested by the treating physician meeting the above requirements. Laboratory test result values for phenylalanine and tyrosine must be submitted to the Genetics Program Office by the treating medical center within 15 working days after data reduction and interpretation.

d. The patient must include dietary records with the submission of each blood specimen.

e. - f. ...

g. If a patient fails to comply with these requirements, he/she will not be able to receive metabolic formula, medications and medical services through the Office of Public Health.

G Acceptable Newborn Screening Testing Methodologies and Procedures for Medical Providers not using the State Laboratory. Laboratories performing or intending to perform the state mandated newborn screening battery on specimens collected on Louisiana newborns must meet the conditions specified below pursuant to R.S. 40:1299.1.

1. The testing battery must include testing for phenylketonuria (PKU), congenital hypothyroidism, biotinidase deficiency, galactosemia and the following hemoglobinopathies: sickle cell disease, SC disease, thalassemias, E disease and C disease.

2. - 4. ...

5. Only the following testing methodologies are acceptable without prior approval.

Disease	Testing Methodology
PKU	Flourometric Tandem Mass Spectrometry Guthrie Bacterial Inhibition Assay Phenylalanine level cut-off: >3 mg/dL, call Genetics Office immediately for obtaining phenylalanine/tyrosine
Congenital Hypothyroidism	Radioimmunoassay (RIA) or Enzyme Immunoassay (EIA) Methods for T4 and/or Thyroid Stimulating Hormone (TSH) which have been calibrated for neonates
Biotinidase Deficiency	Qualitative or Quantitative Enzymatic Colorimetric or Fluorometric
Hemoglobinopathies (Sickle Cell)	Cellulose acetate/citrate agar Capillary isoelectric focusing (CIEF) Gel isoelectric focusing (IEF) High Pressure Liquid Chromotography (HPLC) DNA Analysis Sickle Dex – NOT acceptable Controls must include: F, A, S, C, E Result reporting: by phenotype Positive/negative is NOT acceptable
Galactosemia	Galt enzyme assay Total Galactose
New Food and Drug Administration approved methodologies may be used if found to be acceptable by the Genetic Diseases Program. Approval should be requested in writing 60 days before the intended date of implementation (see Genetic Diseases Program mailing address below). Requests for approval will be based on documentation of FDA approval and an in-house validation study of said methodology.	

6. - 7. ...

8. Mandatory Reporting of Positive Test Results Indicating Disease

a. ...

b. Specific time deadlines after data reduction and interpretation for reporting positive results indicating probable disease to the Genetics Office:

i. pku: report a phenylalanine level of ≥ 3 mg/dL on the initial or repeat blood specimen within 2 hours;

ii. galactosemia: report test results on the initial or repeat blood specimen within 2 hours;

iii. congenital hypothyroidism: report confirmatory test results within 24 hours;

iv. biotinidase deficiency: report results within 24 hours;

v. sickle cell disease and other hemoglobinopathies: report results of FS, FSC, FSA, FSE, FS-other, FC, FCA and FC-other from initial specimens within 24 hours.

8.c. - 9.b.ii. ...

10. Reporting requirements of private laboratories to the Genetic Diseases Program Office for public health surveillance and quality assurance purposes.

a. ...

b. Effective July 1, 2001, the laboratory must also report to the Genetic Diseases Program Office via electronic transmission newborn screening results on all Louisiana newborns screened monthly or quarterly. The method of transmitting as well as the reporting must be by diskette or

another mutually agreed upon form of electronic transmission. The file format and data layout will be determined by the Genetic Diseases Program. Essential patient data is the following:

- i. child's first name;
- ii. child's last name;
- iii. mother's first name;
- iv. mother's last name;
- v. mother's maiden name (optional);
- vi. child's street address;
- vii. child's city;
- viii. child's state;
- ix. child's zip code;
- x. child's parish (optional);
- xi. child's date of birth (format: mm/dd/yyyy);
- xii. child's sex;
- xiii. child's race (format: (W)hite, (B)lack, Native America, Asian, other, Hispanic);
- xiv. mother's social security number (format: 999-99-9999).

11. ...
a. assurance of compliance with the requirements described in Paragraphs 1-10 above.

11.a. - 12.notes ...
AUTHORITY NOTE: Promulgated in accordance with R.S. 40:1299, et seq.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of Preventive and Public Health Services, LR 13:246 (April 1987), amended by the Department of Health and Hospitals, Office of Public Health, LR 18:378 (April 1991), LR 18:1131 (October 1992), LR 20:1386 (December 1994), LR 23:301 (March 1997), LR 27:545 (April 2001), LR 29:

A public hearing will be held on June 25, 2003 at 9:00 a.m. in Room 511 of the State Office Building in New Orleans located at 325 Loyola Avenue. Interested persons may submit written comments on the proposed Rule until June 18, 2003 to Charles Myers, GSW, Administrator, Louisiana Genetic Diseases Program, Office of Public Health/DHH, Room 308, P.O. Box 60630, New Orleans, LA 70160-0630 or by FAX to 504-599-1376.

David W. Hood
Secretary

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES
RULE TITLE: Genetic DiseasesC Neonatal Screening

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The only cost to state or local unit is the cost of printing at \$216.00 (\$108.00 per page x 2 pages=\$216.00).

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The adoption of this Rule has no effect on revenue and collections of state or local governments.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Persons identified with galactosemia along with their families will benefit as early detection coupled with timely diagnosis and treatment will prevent the risk of fatal sepsis as well as many of the serious disabling symptoms associated with this disease. A hospital laboratory not currently performing the screening test for galactosemia may incur additional costs.

These costs could be passed on to patients and their parents/guardians.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed Rule change has no effect on competition and employment.

Madeline McAndrew
Assistant Secretary
0305#060

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Labor
Plumbing Board**

Definition of Plumbing
(LAC 46:LV.101)

The Louisiana State Plumbing Board, pursuant to R.S. 37:1366(A) and (D) and 1377, proposes to amend and restate Plumbing Regulation LAC 46:LV.101, in accordance with the Administrative Procedure Act. The proposed Rule change notifies the public of the board's intent to modify the definition of *plumbing* to exempt certain utility construction work performed on private property, subject to certain limitations. The proposed Rule should have no impact on family formation, stability, and autonomy as set forth in R.S. 49:972.

**Title 46
PROFESSIONAL AND OCCUPATIONAL
STANDARDS
Part LV. Plumbers**

Chapter 1. Introductory Information

§101. Definitions

PlumbingC

1 - 3. ...

4. Provided further that, anything herein to the contrary notwithstanding, any person or firm, that is properly licensed for municipal and public works utility construction according to the requirements of the State Licensing Board for Contractors, may perform utility construction on private property or undedicated right of way or servitude, limited to the following:

- a. gravity sanitary sewer collection lines six inches and larger, including manholes, wyes and tees;
- b. sewer force mains four inches or larger;
- c. water lines four inches and larger, including fire hydrants, valves, and fittings.

5. The exemptions provided by this Subsection shall not apply to work performed on gas lines or backflow assemblies subject to board regulations relating to Water Supply Protection Endorsement, which are located within the boundary lines of private property, and shall not apply to any service line within five feet of any building or structure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1366(D).

HISTORICAL NOTE: Adopted by the Department of Labor, Plumbing Board, 1968, amended and promulgated by the Department of Employment and Training, Plumbing Board LR 17:49 (January 1991), amended by the Department of Labor, Plumbing Board, LR 21:1348 (December 1995), LR 26:329 (February 2000), LR 29:

Family Impact Statement

1. Estimated Effect on the Stability of the Family. There is no estimated effect on the stability of the Family.

2. Estimated Effect on the Authority and Rights of Parents Regarding the Education and Supervision of Their Children. There is no estimated effect on the authority and rights of parents regarding the education and supervision of their children.

3. Estimated Effect on the Functioning of the Family. There is no estimated effect on the functioning of the family.

4. Estimated Effect on Family Earnings and Family Budget. There is no estimated effect on family earnings and family budget.

5. Estimated Effect on the Behavior and Personal Responsibility of Children. There is no estimated effect on the behavior and personal responsibility of children.

6. Estimated Effect on the Ability of the Family or a Local Government to Perform the Function as Contained in the Proposed Rule. There is no estimated effect on the ability of the family or a local government to perform the function as contained in the proposed Rule.

Any interested person may submit written comments regarding the content of this proposed Rule to Don Traylor, Executive Director, 2714 Canal Street, Suite 512, New Orleans, LA, no later than 5:00 p.m., June 19, 2003.

Don Traylor
Executive Director

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Definition of Plumbing

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

The Louisiana State Plumbing Board will experience a savings estimated at \$5,000 yearly attributable to portions of salaries paid to enforcement officers who previously expended compensable time enforcing board regulations related to the work now being exempted from regulatory enforcement. No local governmental agencies will be impacted.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There will be an estimated \$1,000 not collected in board licensing fees if this Rule change is implemented.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

Private contractors and other business entities will experience economic benefits estimated to be \$50,000 annually, attributable to labor cost savings.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

The proposed Rule change will enhance competition among private sector contractors engaged in underground utilities work. Employment opportunities will also be expanded since a larger class of workers will be capable of performing the work affected by deregulation.

Don Traylor
Executive Director
0305#038

Robert E. Hosse
General Government Section Director
Legislative Fiscal Office

NOTICE OF INTENT

Department of Revenue Policy Services Division

Corporation Franchise Tax-Surplus and Undivided Profits (LAC 61:I.305)

Under the authority of R.S. 47:605(C), R.S. 47:1511, and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Revenue, Policy Services Division, proposes to amend LAC 61:I.305 relative to reserves and assets.

Title 61

REVENUE AND TAXATION

Part I. Taxes Collected and Administered by the Secretary of Revenue

Chapter 3. Corporation Franchise Tax §305. Surplus and Undivided Profits

A. - C.4. ...

D. For purposes of this Chapter, reserves include all accounts appearing on the books of a corporation that represent amounts payable or potentially payable to others. However, the term reserves shall not include accounts included in capital stock as used in R.S. 47:604 and shall not include accounts that represent indebtedness, regardless of maturity date, as indebtedness is used in R.S. 47:603.

E. For purposes of this Chapter, the term assets shall mean all of a corporation's property and rights of every kind. The definition of the term assets for corporation franchise tax purposes may differ from the definition of assets for general accounting purposes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:605 and R.S. 47:1511.

HISTORICAL NOTE: Promulgated by the Department of Revenue and Taxation, Income and Corporation Franchise Taxes Section, Office of Group III, LR 6:25 (January 1980), amended LR 11:108 (February 1985), amended by the Department of Revenue, Policy Services Division LR 28:1995 (September 2002), LR 29:

Family Impact Statement

The proposed amendment of LAC 61:I.305, regarding adjustments by regulated companies for depreciation sustained but not recorded should not have any known or foreseeable impact on any family as defined by R.S. 49:972(D) or on family formation, stability and autonomy. The implementation of this proposed Rule will have no known or foreseeable effect on:

1. the stability of the family;
2. the authority and rights of parents regarding the education and supervision of their children;
3. the functioning of the family;
4. family earnings and family budgets;
5. the behavior and personal responsibility of children;
6. the ability of the family or a local government to perform this function.

Any interested person may submit written data, views, arguments or comments regarding this proposed Rule to Michael D. Pearson, Senior Policy Consultant, Policy Services Division, Office of Legal Affairs by mail to P.O. Box 44098, Baton Rouge, LA 70804-4098. All comments

must be submitted no later than 4:30 p.m., June 23, 2003. A public hearing will be held on June 24, 2003, at 2:30 p.m. in the River Room located on the seventh floor of the LaSalle Building, 617 North Third Street, Baton Rouge, Louisiana 70802.

This proposed regulation should have no effect on competition or employment.

Cynthia Bridges
Secretary
0305#029

H. Gordon Monk
Staff Director
Legislative Fiscal Office

Cynthia Bridges
Secretary

NOTICE OF INTENT

**Department of Revenue
Policy Services Division**

Individual Income Tax Tables
(LAC 61:I.1310)

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES
RULE TITLE: Corporation Franchise Tax-Surplus
and Undivided Profits**

- I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)
The implementation of this proposed regulation, which amends the corporation franchise tax regulation relating to surplus and undivided profits, will have no impact on the agency's costs.
The implementation of this proposed regulation will have no impact upon any local governmental units.
- II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)
There should be no effect on revenue collections for the state as a result of this proposed regulation.
There should be no effect on revenue collections of local governmental units as a result of this proposed regulation.
- III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)
There should be no costs or economic benefits that directly affect persons or non-governmental groups as a result of this proposed regulation.
- IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

Under the authority of R.S. 47:295, and R.S. 47:1511 and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Revenue, Policy Services Division, proposes to adopt LAC 61:I.1310 to establish the individual income tax tables based on the new individual brackets provided by Act 51 of the 2002 Regular Session of the Louisiana Legislature.

Act 51 amended R.S. 47:295, and provides for the new tax brackets. This statutory amendment became effective January 1, 2003, with the passage of the constitutional amendment adopted at the statewide election held November 5, 2002.

**Title 61
REVENUE AND TAXATION
Part I. Taxes Collected and Administered by the
Secretary of Revenue
Chapter 13 Income: Individual Income Tax Tables
§1310. Income Tax Tables**

A. Residents. The tax due for resident individuals shall be determined using one of the following tables depending on your filing status.

Single or Married Filing Separately Filing Status									
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:							
At Least	Less Than	1	2	3	4	5	6	7	8
		Your Louisiana tax is:							
0	4,500	0	0	0	0	0	0	0	0
4,500	4,750	3	0	0	0	0	0	0	0
4,750	5,000	8	0	0	0	0	0	0	0
5,000	5,250	13	0	0	0	0	0	0	0
5,250	5,500	18	0	0	0	0	0	0	0
5,500	5,750	23	3	0	0	0	0	0	0
5,750	6,000	28	8	0	0	0	0	0	0
6,000	6,250	33	13	0	0	0	0	0	0
6,250	6,500	38	18	0	0	0	0	0	0
6,500	6,750	43	23	3	0	0	0	0	0
6,750	7,000	48	28	8	0	0	0	0	0
7,000	7,250	53	33	13	0	0	0	0	0
7,250	7,500	58	38	18	0	0	0	0	0
7,500	7,750	63	43	23	3	0	0	0	0
7,750	8,000	68	48	28	8	0	0	0	0

Single or Married Filing Separately Filing Status									
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:							
At Least	Less Than	1	2	3	4	5	6	7	8
		Your Louisiana tax is:							
8,000	8,250	73	53	33	13	0	0	0	0
8,250	8,500	78	58	38	18	0	0	0	0
8,500	8,750	83	63	43	23	3	0	0	0
8,750	9,000	88	68	48	28	8	0	0	0
9,000	9,250	93	73	53	33	13	0	0	0
9,250	9,500	98	78	58	38	18	0	0	0
9,500	9,750	103	83	63	43	23	3	0	0
9,750	10,000	108	88	68	48	28	8	0	0
10,000	10,250	113	93	73	53	33	13	0	0
10,250	10,500	118	98	78	58	38	18	0	0
10,500	10,750	123	103	83	63	43	23	3	0
10,750	11,000	128	108	88	68	48	28	8	0
11,000	11,250	133	113	93	73	53	33	13	0
11,250	11,500	138	118	98	78	58	38	18	0
11,500	11,750	143	123	103	83	63	43	23	3
11,750	12,000	148	128	108	88	68	48	28	8
12,000	12,250	153	133	113	93	73	53	33	13
12,250	12,500	158	138	118	98	78	58	38	18
12,500	12,750	165	145	125	105	85	65	45	25
12,750	13,000	175	155	135	115	95	75	55	35
13,000	13,250	185	165	145	125	105	85	65	45
13,250	13,500	195	175	155	135	115	95	75	55
13,500	13,750	205	185	165	145	125	105	85	65
13,750	14,000	215	195	175	155	135	115	95	75
14,000	14,250	225	205	185	165	145	125	105	85
14,250	14,500	235	215	195	175	155	135	115	95
14,500	14,750	245	225	205	185	165	145	125	105
14,750	15,000	255	235	215	195	175	155	135	115
15,000	15,250	265	245	225	205	185	165	145	125
15,250	15,500	275	255	235	215	195	175	155	135
15,500	15,750	285	265	245	225	205	185	165	145
15,750	16,000	295	275	255	235	215	195	175	155
16,000	16,250	305	285	265	245	225	205	185	165
16,250	16,500	315	295	275	255	235	215	195	175
16,500	16,750	325	305	285	265	245	225	205	185
16,750	17,000	335	315	295	275	255	235	215	195
17,000	17,250	345	325	305	285	265	245	225	205
17,250	17,500	355	335	315	295	275	255	235	215
17,500	17,750	365	345	325	305	285	265	245	225
17,750	18,000	375	355	335	315	295	275	255	235
18,000	18,250	385	365	345	325	305	285	265	245
18,250	18,500	395	375	355	335	315	295	275	255
18,500	18,750	405	385	365	345	325	305	285	265
18,750	19,000	415	395	375	355	335	315	295	275
19,000	19,250	425	405	385	365	345	325	305	285

Single or Married Filing Separately Filing Status									
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:							
At Least	Less Than	1	2	3	4	5	6	7	8
		Your Louisiana tax is:							
19,250	19,500	435	415	395	375	355	335	315	295
19,500	19,750	445	425	405	385	365	345	325	305
19,750	20,000	455	435	415	395	375	355	335	315
20,000	20,250	465	445	425	405	385	365	345	325
20,250	20,500	475	455	435	415	395	375	355	335
20,500	20,750	485	465	445	425	405	385	365	345
20,750	21,000	495	475	455	435	415	395	375	355
21,000	21,250	505	485	465	445	425	405	385	365
21,250	21,500	515	495	475	455	435	415	395	375
21,500	21,750	525	505	485	465	445	425	405	385
21,750	22,000	535	515	495	475	455	435	415	395
22,000	22,250	545	525	505	485	465	445	425	405
22,250	22,500	555	535	515	495	475	455	435	415
22,500	22,750	565	545	525	505	485	465	445	425
22,750	23,000	575	555	535	515	495	475	455	435
23,000	23,250	585	565	545	525	505	485	465	445
23,250	23,500	595	575	555	535	515	495	475	455
23,500	23,750	605	585	565	545	525	505	485	465
23,750	24,000	615	595	575	555	535	515	495	475
24,000	24,250	625	605	585	565	545	525	505	485
24,250	24,500	635	615	595	575	555	535	515	495
24,500	24,750	645	625	605	585	565	545	525	505
24,750	25,000	655	635	615	595	575	555	535	515
25,000	25,250	668	648	628	608	588	568	548	528
25,250	25,500	683	663	643	623	603	583	563	543
25,500	25,750	698	678	658	638	618	598	578	558
25,750	26,000	713	693	673	653	633	613	593	573
26,000	26,250	728	708	688	668	648	628	608	588
26,250	26,500	743	723	703	683	663	643	623	603
26,500	26,750	758	738	718	698	678	658	638	618
26,750	27,000	773	753	733	713	693	673	653	633
27,000	27,250	788	768	748	728	708	688	668	648
27,250	27,500	803	783	763	743	723	703	683	663
27,500	27,750	818	798	778	758	738	718	698	678
27,750	28,000	833	813	793	773	753	733	713	693
28,000	28,250	848	828	808	788	768	748	728	708
28,250	28,500	863	843	823	803	783	763	743	723
28,500	28,750	878	858	838	818	798	778	758	738
28,750	29,000	893	873	853	833	813	793	773	753
29,000	29,250	908	888	868	848	828	808	788	768
29,250	29,500	923	903	883	863	843	823	803	783
29,500	29,750	938	918	898	878	858	838	818	798
29,750	30,000	953	933	913	893	873	853	833	813
30,000	30,250	968	948	928	908	888	868	848	828
30,250	30,500	983	963	943	923	903	883	863	843

Single or Married Filing Separately Filing Status									
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:							
At Least	Less Than	1	2	3	4	5	6	7	8
		Your Louisiana tax is:							
30,500	30,750	998	978	958	938	918	898	878	858
30,750	31,000	1,013	993	973	953	933	913	893	873
31,000	31,250	1,028	1,008	988	968	948	928	908	888
31,250	31,500	1,043	1,023	1,003	983	963	943	923	903
31,500	31,750	1,058	1,038	1,018	998	978	958	938	918
31,750	32,000	1,073	1,053	1,033	1,013	993	973	953	933
32,000	32,250	1,088	1,068	1,048	1,028	1,008	988	968	948
32,250	32,500	1,103	1,083	1,063	1,043	1,023	1,003	983	963
32,500	32,750	1,118	1,098	1,078	1,058	1,038	1,018	998	978
32,750	33,000	1,133	1,113	1,093	1,073	1,053	1,033	1,013	993
33,000	33,250	1,148	1,128	1,108	1,088	1,068	1,048	1,028	1,008
33,250	33,500	1,163	1,143	1,123	1,103	1,083	1,063	1,043	1,023
33,500	33,750	1,178	1,158	1,138	1,118	1,098	1,078	1,058	1,038
33,750	34,000	1,193	1,173	1,153	1,133	1,113	1,093	1,073	1,053
34,000	34,250	1,208	1,188	1,168	1,148	1,128	1,108	1,088	1,068
34,250	34,500	1,223	1,203	1,183	1,163	1,143	1,123	1,103	1,083
34,500	34,750	1,238	1,218	1,198	1,178	1,158	1,138	1,118	1,098
34,750	35,000	1,253	1,233	1,213	1,193	1,173	1,153	1,133	1,113
35,000	35,250	1,268	1,248	1,228	1,208	1,188	1,168	1,148	1,128
35,250	35,500	1,283	1,263	1,243	1,223	1,203	1,183	1,163	1,143
35,500	35,750	1,298	1,278	1,258	1,238	1,218	1,198	1,178	1,158
35,750	36,000	1,313	1,293	1,273	1,253	1,233	1,213	1,193	1,173
36,000	36,250	1,328	1,308	1,288	1,268	1,248	1,228	1,208	1,188
36,250	36,500	1,343	1,323	1,303	1,283	1,263	1,243	1,223	1,203
36,500	36,750	1,358	1,338	1,318	1,298	1,278	1,258	1,238	1,218
36,750	37,000	1,373	1,353	1,333	1,313	1,293	1,273	1,253	1,233
37,000	37,250	1,388	1,368	1,348	1,328	1,308	1,288	1,268	1,248
37,250	37,500	1,403	1,383	1,363	1,343	1,323	1,303	1,283	1,263
37,500	37,750	1,418	1,398	1,378	1,358	1,338	1,318	1,298	1,278
37,750	38,000	1,433	1,413	1,393	1,373	1,353	1,333	1,313	1,293
38,000	38,250	1,448	1,428	1,408	1,388	1,368	1,348	1,328	1,308
38,250	38,500	1,463	1,443	1,423	1,403	1,383	1,363	1,343	1,323
38,500	38,750	1,478	1,458	1,438	1,418	1,398	1,378	1,358	1,338
38,750	39,000	1,493	1,473	1,453	1,433	1,413	1,393	1,373	1,353
39,000	39,250	1,508	1,488	1,468	1,448	1,428	1,408	1,388	1,368
39,250	39,500	1,523	1,503	1,483	1,463	1,443	1,423	1,403	1,383
39,500	39,750	1,538	1,518	1,498	1,478	1,458	1,438	1,418	1,398
39,750	40,000	1,553	1,533	1,513	1,493	1,473	1,453	1,433	1,413
40,000	40,250	1,568	1,548	1,528	1,508	1,488	1,468	1,448	1,428
40,250	40,500	1,583	1,563	1,543	1,523	1,503	1,483	1,463	1,443
40,500	40,750	1,598	1,578	1,558	1,538	1,518	1,498	1,478	1,458
40,750	41,000	1,613	1,593	1,573	1,553	1,533	1,513	1,493	1,473
41,000	41,250	1,628	1,608	1,588	1,568	1,548	1,528	1,508	1,488
41,250	41,500	1,643	1,623	1,603	1,583	1,563	1,543	1,523	1,503
41,500	41,750	1,658	1,638	1,618	1,598	1,578	1,558	1,538	1,518

Single or Married Filing Separately Filing Status									
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:							
At Least	Less Than	1	2	3	4	5	6	7	8
		Your Louisiana tax is:							
41,750	42,000	1,673	1,653	1,633	1,613	1,593	1,573	1,553	1,533
42,000	42,250	1,688	1,668	1,648	1,628	1,608	1,588	1,568	1,548
42,250	42,500	1,703	1,683	1,663	1,643	1,623	1,603	1,583	1,563
42,500	42,750	1,718	1,698	1,678	1,658	1,638	1,618	1,598	1,578
42,750	43,000	1,733	1,713	1,693	1,673	1,653	1,633	1,613	1,593
43,000	43,250	1,748	1,728	1,708	1,688	1,668	1,648	1,628	1,608
43,250	43,500	1,763	1,743	1,723	1,703	1,683	1,663	1,643	1,623
43,500	43,750	1,778	1,758	1,738	1,718	1,698	1,678	1,658	1,638
43,750	44,000	1,793	1,773	1,753	1,733	1,713	1,693	1,673	1,653
44,000	44,250	1,808	1,788	1,768	1,748	1,728	1,708	1,688	1,668
44,250	44,500	1,823	1,803	1,783	1,763	1,743	1,723	1,703	1,683
44,500	44,750	1,838	1,818	1,798	1,778	1,758	1,738	1,718	1,698
44,750	45,000	1,853	1,833	1,813	1,793	1,773	1,753	1,733	1,713
45,000	45,250	1,868	1,848	1,828	1,808	1,788	1,768	1,748	1,728
45,250	45,500	1,883	1,863	1,843	1,823	1,803	1,783	1,763	1,743
45,500	45,750	1,898	1,878	1,858	1,838	1,818	1,798	1,778	1,758
45,750	46,000	1,913	1,893	1,873	1,853	1,833	1,813	1,793	1,773
46,000	46,250	1,928	1,908	1,888	1,868	1,848	1,828	1,808	1,788
46,250	46,500	1,943	1,923	1,903	1,883	1,863	1,843	1,823	1,803
46,500	46,750	1,958	1,938	1,918	1,898	1,878	1,858	1,838	1,818
46,750	47,000	1,973	1,953	1,933	1,913	1,893	1,873	1,853	1,833
47,000	47,250	1,988	1,968	1,948	1,928	1,908	1,888	1,868	1,848
47,250	47,500	2,003	1,983	1,963	1,943	1,923	1,903	1,883	1,863
47,500	47,750	2,018	1,998	1,978	1,958	1,938	1,918	1,898	1,878
47,750	48,000	2,033	2,013	1,993	1,973	1,953	1,933	1,913	1,893
48,000	48,250	2,048	2,028	2,008	1,988	1,968	1,948	1,928	1,908
48,250	48,500	2,063	2,043	2,023	2,003	1,983	1,963	1,943	1,923
48,500	48,750	2,078	2,058	2,038	2,018	1,998	1,978	1,958	1,938
48,750	49,000	2,093	2,073	2,053	2,033	2,013	1,993	1,973	1,953
49,000	49,250	2,108	2,088	2,068	2,048	2,028	2,008	1,988	1,968
49,250	49,500	2,123	2,103	2,083	2,063	2,043	2,023	2,003	1,983
49,500	49,750	2,138	2,118	2,098	2,078	2,058	2,038	2,018	1,998
49,750	50,000	2,153	2,133	2,113	2,093	2,073	2,053	2,033	2,013
50,000	50,250	2,168	2,148	2,128	2,108	2,088	2,068	2,048	2,028
50,250	50,500	2,183	2,163	2,143	2,123	2,103	2,083	2,063	2,043
50,500	50,750	2,198	2,178	2,158	2,138	2,118	2,098	2,078	2,058
50,750	51,000	2,213	2,193	2,173	2,153	2,133	2,113	2,093	2,073
Plus 6% of tax table income in excess of \$51,000									

Married Filing Jointly or Qualifying Widow(er) Filing Status								
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:						
At Least	Less Than	2	3	4	5	6	7	8
Your Louisianan tax is:								
0	9,000	0	0	0	0	0	0	0
9,000	9,250	3	0	0	0	0	0	0
9,250	9,500	8	0	0	0	0	0	0
9,500	9,750	13	0	0	0	0	0	0
9,750	10,000	18	0	0	0	0	0	0
10,000	10,250	23	3	0	0	0	0	0
10,250	10,500	28	8	0	0	0	0	0
10,500	10,750	33	13	0	0	0	0	0
10,750	11,000	38	18	0	0	0	0	0
11,000	11,250	43	23	3	0	0	0	0
11,250	11,500	48	28	8	0	0	0	0
11,500	11,750	53	33	13	0	0	0	0
11,750	12,000	58	38	18	0	0	0	0
12,000	12,250	63	43	23	3	0	0	0
12,250	12,500	68	48	28	8	0	0	0
12,500	12,750	73	53	33	13	0	0	0
12,750	13,000	78	58	38	18	0	0	0
13,000	13,250	83	63	43	23	3	0	0
13,250	13,500	88	68	48	28	8	0	0
13,500	13,750	93	73	53	33	13	0	0
13,750	14,000	98	78	58	38	18	0	0
14,000	14,250	103	83	63	43	23	3	0
14,250	14,500	108	88	68	48	28	8	0
14,500	14,750	113	93	73	53	33	13	0
14,750	15,000	118	98	78	58	38	18	0
15,000	15,250	123	103	83	63	43	23	3
15,250	15,500	128	108	88	68	48	28	8
15,500	15,750	133	113	93	73	53	33	13
15,750	16,000	138	118	98	78	58	38	18
16,000	16,250	143	123	103	83	63	43	23
16,250	16,500	148	128	108	88	68	48	28
16,500	16,750	153	133	113	93	73	53	33
16,750	17,000	158	138	118	98	78	58	38
17,000	17,250	163	143	123	103	83	63	43
17,250	17,500	168	148	128	108	88	68	48
17,500	17,750	173	153	133	113	93	73	53
17,750	18,000	178	158	138	118	98	78	58
18,000	18,250	183	163	143	123	103	83	63
18,250	18,500	188	168	148	128	108	88	68
18,500	18,750	193	173	153	133	113	93	73
18,750	19,000	198	178	158	138	118	98	78
19,000	19,250	203	183	163	143	123	103	83
19,250	19,500	208	188	168	148	128	108	88
19,500	19,750	213	193	173	153	133	113	93
19,750	20,000	218	198	178	158	138	118	98

Married Filing Jointly or Qualifying Widow(er) Filing Status								
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:						
At Least	Less Than	2	3	4	5	6	7	8
		Your Louisianan tax is:						
20,000	20,250	223	203	183	163	143	123	103
20,250	20,500	228	208	188	168	148	128	108
20,500	20,750	233	213	193	173	153	133	113
20,750	21,000	238	218	198	178	158	138	118
21,000	21,250	243	223	203	183	163	143	123
21,250	21,500	248	228	208	188	168	148	128
21,500	21,750	253	233	213	193	173	153	133
21,750	22,000	258	238	218	198	178	158	138
22,000	22,250	263	243	223	203	183	163	143
22,250	22,500	268	248	228	208	188	168	148
22,500	22,750	273	253	233	213	193	173	153
22,750	23,000	278	258	238	218	198	178	158
23,000	23,250	283	263	243	223	203	183	163
23,250	23,500	288	268	248	228	208	188	168
23,500	23,750	293	273	253	233	213	193	173
23,750	24,000	298	278	258	238	218	198	178
24,000	24,250	303	283	263	243	223	203	183
24,250	24,500	308	288	268	248	228	208	188
24,500	24,750	313	293	273	253	233	213	193
24,750	25,000	318	298	278	258	238	218	198
25,000	25,250	325	305	285	265	245	225	205
25,250	25,500	335	315	295	275	255	235	215
25,500	25,750	345	325	305	285	265	245	225
25,750	26,000	355	335	315	295	275	255	235
26,000	26,250	365	345	325	305	285	265	245
26,250	26,500	375	355	335	315	295	275	255
26,500	26,750	385	365	345	325	305	285	265
26,750	27,000	395	375	355	335	315	295	275
27,000	27,250	405	385	365	345	325	305	285
27,250	27,500	415	395	375	355	335	315	295
27,500	27,750	425	405	385	365	345	325	305
27,750	28,000	435	415	395	375	355	335	315
28,000	28,250	445	425	405	385	365	345	325
28,250	28,500	455	435	415	395	375	355	335
28,500	28,750	465	445	425	405	385	365	345
28,750	29,000	475	455	435	415	395	375	355
29,000	29,250	485	465	445	425	405	385	365
29,250	29,500	495	475	455	435	415	395	375
29,500	29,750	505	485	465	445	425	405	385
29,750	30,000	515	495	475	455	435	415	395
30,000	30,250	525	505	485	465	445	425	405
30,250	30,500	535	515	495	475	455	435	415
30,500	30,750	545	525	505	485	465	445	425
30,750	31,000	555	535	515	495	475	455	435
31,000	31,250	565	545	525	505	485	465	445

Married Filing Jointly or Qualifying Widow(er) Filing Status								
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:						
At Least	Less Than	2	3	4	5	6	7	8
Your Louisianan tax is:								
31,250	31,500	575	555	535	515	495	475	455
31,500	31,750	585	565	545	525	505	485	465
31,750	32,000	595	575	555	535	515	495	475
32,000	32,250	605	585	565	545	525	505	485
32,250	32,500	615	595	575	555	535	515	495
32,500	32,750	625	605	585	565	545	525	505
32,750	33,000	635	615	595	575	555	535	515
33,000	33,250	645	625	605	585	565	545	525
33,250	33,500	655	635	615	595	575	555	535
33,500	33,750	665	645	625	605	585	565	545
33,750	34,000	675	655	635	615	595	575	555
34,000	34,250	685	665	645	625	605	585	565
34,250	34,500	695	675	655	635	615	595	575
34,500	34,750	705	685	665	645	625	605	585
34,750	35,000	715	695	675	655	635	615	595
35,000	35,250	725	705	685	665	645	625	605
35,250	35,500	735	715	695	675	655	635	615
35,500	35,750	745	725	705	685	665	645	625
35,750	36,000	755	735	715	695	675	655	635
36,000	36,250	765	745	725	705	685	665	645
36,250	36,500	775	755	735	715	695	675	655
36,500	36,750	785	765	745	725	705	685	665
36,750	37,000	795	775	755	735	715	695	675
37,000	37,250	805	785	765	745	725	705	685
37,250	37,500	815	795	775	755	735	715	695
37,500	37,750	825	805	785	765	745	725	705
37,750	38,000	835	815	795	775	755	735	715
38,000	38,250	845	825	805	785	765	745	725
38,250	38,500	855	835	815	795	775	755	735
38,500	38,750	865	845	825	805	785	765	745
38,750	39,000	875	855	835	815	795	775	755
39,000	39,250	885	865	845	825	805	785	765
39,250	39,500	895	875	855	835	815	795	775
39,500	39,750	905	885	865	845	825	805	785
39,750	40,000	915	895	875	855	835	815	795
40,000	40,250	925	905	885	865	845	825	805
40,250	40,500	935	915	895	875	855	835	815
40,500	40,750	945	925	905	885	865	845	825
40,750	41,000	955	935	915	895	875	855	835
41,000	41,250	965	945	925	905	885	865	845
41,250	41,500	975	955	935	915	895	875	855
41,500	41,750	985	965	945	925	905	885	865
41,750	42,000	995	975	955	935	915	895	875
42,000	42,250	1,005	985	965	945	925	905	885
42,250	42,500	1,015	995	975	955	935	915	895

Married Filing Jointly or Qualifying Widow(er) Filing Status								
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:						
At Least	Less Than	2	3	4	5	6	7	8
		Your Louisianan tax is:						
42,500	42,750	1,025	1,005	985	965	945	925	905
42,750	43,000	1,035	1,015	995	975	955	935	915
43,000	43,250	1,045	1,025	1,005	985	965	945	925
43,250	43,500	1,055	1,035	1,015	995	975	955	935
43,500	43,750	1,065	1,045	1,025	1,005	985	965	945
43,750	44,000	1,075	1,055	1,035	1,015	995	975	955
44,000	44,250	1,085	1,065	1,045	1,025	1,005	985	965
44,250	44,500	1,095	1,075	1,055	1,035	1,015	995	975
44,500	44,750	1,105	1,085	1,065	1,045	1,025	1,005	985
44,750	45,000	1,115	1,095	1,075	1,055	1,035	1,015	995
45,000	45,250	1,125	1,105	1,085	1,065	1,045	1,025	1,005
45,250	45,500	1,135	1,115	1,095	1,075	1,055	1,035	1,015
45,500	45,750	1,145	1,125	1,105	1,085	1,065	1,045	1,025
45,750	46,000	1,155	1,135	1,115	1,095	1,075	1,055	1,035
46,000	46,250	1,165	1,145	1,125	1,105	1,085	1,065	1,045
46,250	46,500	1,175	1,155	1,135	1,115	1,095	1,075	1,055
46,500	46,750	1,185	1,165	1,145	1,125	1,105	1,085	1,065
46,750	47,000	1,195	1,175	1,155	1,135	1,115	1,095	1,075
47,000	47,250	1,205	1,185	1,165	1,145	1,125	1,105	1,085
47,250	47,500	1,215	1,195	1,175	1,155	1,135	1,115	1,095
47,500	47,750	1,225	1,205	1,185	1,165	1,145	1,125	1,105
47,750	48,000	1,235	1,215	1,195	1,175	1,155	1,135	1,115
48,000	48,250	1,245	1,225	1,205	1,185	1,165	1,145	1,125
48,250	48,500	1,255	1,235	1,215	1,195	1,175	1,155	1,135
48,500	48,750	1,265	1,245	1,225	1,205	1,185	1,165	1,145
48,750	49,000	1,275	1,255	1,235	1,215	1,195	1,175	1,155
49,000	49,250	1,285	1,265	1,245	1,225	1,205	1,185	1,165
49,250	49,500	1,295	1,275	1,255	1,235	1,215	1,195	1,175
49,500	49,750	1,305	1,285	1,265	1,245	1,225	1,205	1,185
49,750	50,000	1,315	1,295	1,275	1,255	1,235	1,215	1,195
50,000	50,250	1,328	1,308	1,288	1,268	1,248	1,228	1,208
50,250	50,500	1,343	1,323	1,303	1,283	1,263	1,243	1,223
50,500	50,750	1,358	1,338	1,318	1,298	1,278	1,258	1,238
50,750	51,000	1,373	1,353	1,333	1,313	1,293	1,273	1,253
51,000	51,250	1,388	1,368	1,348	1,328	1,308	1,288	1,268
51,250	51,500	1,403	1,383	1,363	1,343	1,323	1,303	1,283
51,500	51,750	1,418	1,398	1,378	1,358	1,338	1,318	1,298
51,750	52,000	1,433	1,413	1,393	1,373	1,353	1,333	1,313
52,000	52,250	1,448	1,428	1,408	1,388	1,368	1,348	1,328
52,250	52,500	1,463	1,443	1,423	1,403	1,383	1,363	1,343
52,500	52,750	1,478	1,458	1,438	1,418	1,398	1,378	1,358
52,750	53,000	1,493	1,473	1,453	1,433	1,413	1,393	1,373
53,000	53,250	1,508	1,488	1,468	1,448	1,428	1,408	1,388
53,250	53,500	1,523	1,503	1,483	1,463	1,443	1,423	1,403
53,500	53,750	1,538	1,518	1,498	1,478	1,458	1,438	1,418

Married Filing Jointly or Qualifying Widow(er) Filing Status								
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:						
At Least	Less Than	2	3	4	5	6	7	8
Your Louisianan tax is:								
53,750	54,000	1,553	1,533	1,513	1,493	1,473	1,453	1,433
54,000	54,250	1,568	1,548	1,528	1,508	1,488	1,468	1,448
54,250	54,500	1,583	1,563	1,543	1,523	1,503	1,483	1,463
54,500	54,750	1,598	1,578	1,558	1,538	1,518	1,498	1,478
54,750	55,000	1,613	1,593	1,573	1,553	1,533	1,513	1,493
55,000	55,250	1,628	1,608	1,588	1,568	1,548	1,528	1,508
55,250	55,500	1,643	1,623	1,603	1,583	1,563	1,543	1,523
55,500	55,750	1,658	1,638	1,618	1,598	1,578	1,558	1,538
55,750	56,000	1,673	1,653	1,633	1,613	1,593	1,573	1,553
56,000	56,250	1,688	1,668	1,648	1,628	1,608	1,588	1,568
56,250	56,500	1,703	1,683	1,663	1,643	1,623	1,603	1,583
56,500	56,750	1,718	1,698	1,678	1,658	1,638	1,618	1,598
56,750	57,000	1,733	1,713	1,693	1,673	1,653	1,633	1,613
57,000	57,250	1,748	1,728	1,708	1,688	1,668	1,648	1,628
57,250	57,500	1,763	1,743	1,723	1,703	1,683	1,663	1,643
57,500	57,750	1,778	1,758	1,738	1,718	1,698	1,678	1,658
57,750	58,000	1,793	1,773	1,753	1,733	1,713	1,693	1,673
58,000	58,250	1,808	1,788	1,768	1,748	1,728	1,708	1,688
58,250	58,500	1,823	1,803	1,783	1,763	1,743	1,723	1,703
58,500	58,750	1,838	1,818	1,798	1,778	1,758	1,738	1,718
58,750	59,000	1,853	1,833	1,813	1,793	1,773	1,753	1,733
59,000	59,250	1,868	1,848	1,828	1,808	1,788	1,768	1,748
59,250	59,500	1,883	1,863	1,843	1,823	1,803	1,783	1,763
59,500	59,750	1,898	1,878	1,858	1,838	1,818	1,798	1,778
59,750	60,000	1,913	1,893	1,873	1,853	1,833	1,813	1,793
60,000	60,250	1,928	1,908	1,888	1,868	1,848	1,828	1,808
60,250	60,500	1,943	1,923	1,903	1,883	1,863	1,843	1,823
60,500	60,750	1,958	1,938	1,918	1,898	1,878	1,858	1,838
60,750	61,000	1,973	1,953	1,933	1,913	1,893	1,873	1,853
61,000	61,250	1,988	1,968	1,948	1,928	1,908	1,888	1,868
61,250	61,500	2,003	1,983	1,963	1,943	1,923	1,903	1,883
61,500	61,750	2,018	1,998	1,978	1,958	1,938	1,918	1,898
61,750	62,000	2,033	2,013	1,993	1,973	1,953	1,933	1,913
62,000	62,250	2,048	2,028	2,008	1,988	1,968	1,948	1,928
62,250	62,500	2,063	2,043	2,023	2,003	1,983	1,963	1,943
62,500	62,750	2,078	2,058	2,038	2,018	1,998	1,978	1,958
62,750	63,000	2,093	2,073	2,053	2,033	2,013	1,993	1,973
63,000	63,250	2,108	2,088	2,068	2,048	2,028	2,008	1,988
63,250	63,500	2,123	2,103	2,083	2,063	2,043	2,023	2,003
63,500	63,750	2,138	2,118	2,098	2,078	2,058	2,038	2,018
63,750	64,000	2,153	2,133	2,113	2,093	2,073	2,053	2,033
64,000	64,250	2,168	2,148	2,128	2,108	2,088	2,068	2,048
64,250	64,500	2,183	2,163	2,143	2,123	2,103	2,083	2,063
64,500	64,750	2,198	2,178	2,158	2,138	2,118	2,098	2,078
64,750	65,000	2,213	2,193	2,173	2,153	2,133	2,113	2,093

Married Filing Jointly or Qualifying Widow(er) Filing Status								
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:						
At Least	Less Than	2	3	4	5	6	7	8
Your Louisianan tax is:								
65,000	65,250	2,228	2,208	2,188	2,168	2,148	2,128	2,108
65,250	65,500	2,243	2,223	2,203	2,183	2,163	2,143	2,123
65,500	65,750	2,258	2,238	2,218	2,198	2,178	2,158	2,138
65,750	66,000	2,273	2,253	2,233	2,213	2,193	2,173	2,153
66,000	66,250	2,288	2,268	2,248	2,228	2,208	2,188	2,168
66,250	66,500	2,303	2,283	2,263	2,243	2,223	2,203	2,183
66,500	66,750	2,318	2,298	2,278	2,258	2,238	2,218	2,198
66,750	67,000	2,333	2,313	2,293	2,273	2,253	2,233	2,213
67,000	67,250	2,348	2,328	2,308	2,288	2,268	2,248	2,228
67,250	67,500	2,363	2,343	2,323	2,303	2,283	2,263	2,243
67,500	67,750	2,378	2,358	2,338	2,318	2,298	2,278	2,258
67,750	68,000	2,393	2,373	2,353	2,333	2,313	2,293	2,273
68,000	68,250	2,408	2,388	2,368	2,348	2,328	2,308	2,288
68,250	68,500	2,423	2,403	2,383	2,363	2,343	2,323	2,303
68,500	68,750	2,438	2,418	2,398	2,378	2,358	2,338	2,318
68,750	69,000	2,453	2,433	2,413	2,393	2,373	2,353	2,333
69,000	69,250	2,468	2,448	2,428	2,408	2,388	2,368	2,348
69,250	69,500	2,483	2,463	2,443	2,423	2,403	2,383	2,363
69,500	69,750	2,498	2,478	2,458	2,438	2,418	2,398	2,378
69,750	70,000	2,513	2,493	2,473	2,453	2,433	2,413	2,393
70,000	70,250	2,528	2,508	2,488	2,468	2,448	2,428	2,408
70,250	70,500	2,543	2,523	2,503	2,483	2,463	2,443	2,423
70,500	70,750	2,558	2,538	2,518	2,498	2,478	2,458	2,438
70,750	71,000	2,573	2,553	2,533	2,513	2,493	2,473	2,453
71,000	71,250	2,588	2,568	2,548	2,528	2,508	2,488	2,468
71,250	71,500	2,603	2,583	2,563	2,543	2,523	2,503	2,483
71,500	71,750	2,618	2,598	2,578	2,558	2,538	2,518	2,498
71,750	72,000	2,633	2,613	2,593	2,573	2,553	2,533	2,513
72,000	72,250	2,648	2,628	2,608	2,588	2,568	2,548	2,528
72,250	72,500	2,663	2,643	2,623	2,603	2,583	2,563	2,543
72,500	72,750	2,678	2,658	2,638	2,618	2,598	2,578	2,558
72,750	73,000	2,693	2,673	2,653	2,633	2,613	2,593	2,573
73,000	73,250	2,708	2,688	2,668	2,648	2,628	2,608	2,588
73,250	73,500	2,723	2,703	2,683	2,663	2,643	2,623	2,603
73,500	73,750	2,738	2,718	2,698	2,678	2,658	2,638	2,618
73,750	74,000	2,753	2,733	2,713	2,693	2,673	2,653	2,633
74,000	74,250	2,768	2,748	2,728	2,708	2,688	2,668	2,648
74,250	74,500	2,783	2,763	2,743	2,723	2,703	2,683	2,663
74,500	74,750	2,798	2,778	2,758	2,738	2,718	2,698	2,678
74,750	75,000	2,813	2,793	2,773	2,753	2,733	2,713	2,693
75,000	75,250	2,828	2,808	2,788	2,768	2,748	2,728	2,708
75,250	75,500	2,843	2,823	2,803	2,783	2,763	2,743	2,723
75,500	75,750	2,858	2,838	2,818	2,798	2,778	2,758	2,738
75,750	76,000	2,873	2,853	2,833	2,813	2,793	2,773	2,753
76,000	76,250	2,888	2,868	2,848	2,828	2,808	2,788	2,768

Married Filing Jointly or Qualifying Widow(er) Filing Status								
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:						
At Least	Less Than	2	3	4	5	6	7	8
Your Louisianan tax is:								
76,250	76,500	2,903	2,883	2,863	2,843	2,823	2,803	2,783
76,500	76,750	2,918	2,898	2,878	2,858	2,838	2,818	2,798
76,750	77,000	2,933	2,913	2,893	2,873	2,853	2,833	2,813
77,000	77,250	2,948	2,928	2,908	2,888	2,868	2,848	2,828
77,250	77,500	2,963	2,943	2,923	2,903	2,883	2,863	2,843
77,500	77,750	2,978	2,958	2,938	2,918	2,898	2,878	2,858
77,750	78,000	2,993	2,973	2,953	2,933	2,913	2,893	2,873
78,000	78,250	3,008	2,988	2,968	2,948	2,928	2,908	2,888
78,250	78,500	3,023	3,003	2,983	2,963	2,943	2,923	2,903
78,500	78,750	3,038	3,018	2,998	2,978	2,958	2,938	2,918
78,750	79,000	3,053	3,033	3,013	2,993	2,973	2,953	2,933
79,000	79,250	3,068	3,048	3,028	3,008	2,988	2,968	2,948
79,250	79,500	3,083	3,063	3,043	3,023	3,003	2,983	2,963
79,500	79,750	3,098	3,078	3,058	3,038	3,018	2,998	2,978
79,750	80,000	3,113	3,093	3,073	3,053	3,033	3,013	2,993
80,000	80,250	3,128	3,108	3,088	3,068	3,048	3,028	3,008
80,250	80,500	3,143	3,123	3,103	3,083	3,063	3,043	3,023
80,500	80,750	3,158	3,138	3,118	3,098	3,078	3,058	3,038
80,750	81,000	3,173	3,153	3,133	3,113	3,093	3,073	3,053
81,000	81,250	3,188	3,168	3,148	3,128	3,108	3,088	3,068
81,250	81,500	3,203	3,183	3,163	3,143	3,123	3,103	3,083
81,500	81,750	3,218	3,198	3,178	3,158	3,138	3,118	3,098
81,750	82,000	3,233	3,213	3,193	3,173	3,153	3,133	3,113
82,000	82,250	3,248	3,228	3,208	3,188	3,168	3,148	3,128
82,250	82,500	3,263	3,243	3,223	3,203	3,183	3,163	3,143
82,500	82,750	3,278	3,258	3,238	3,218	3,198	3,178	3,158
82,750	83,000	3,293	3,273	3,253	3,233	3,213	3,193	3,173
83,000	83,250	3,308	3,288	3,268	3,248	3,228	3,208	3,188
83,250	83,500	3,323	3,303	3,283	3,263	3,243	3,223	3,203
83,500	83,750	3,338	3,318	3,298	3,278	3,258	3,238	3,218
83,750	84,000	3,353	3,333	3,313	3,293	3,273	3,253	3,233
84,000	84,250	3,368	3,348	3,328	3,308	3,288	3,268	3,248
84,250	84,500	3,383	3,363	3,343	3,323	3,303	3,283	3,263
84,500	84,750	3,398	3,378	3,358	3,338	3,318	3,298	3,278
84,750	85,000	3,413	3,393	3,373	3,353	3,333	3,313	3,293
85,000	85,250	3,428	3,408	3,388	3,368	3,348	3,328	3,308
85,250	85,500	3,443	3,423	3,403	3,383	3,363	3,343	3,323
85,500	85,750	3,458	3,438	3,418	3,398	3,378	3,358	3,338
85,750	86,000	3,473	3,453	3,433	3,413	3,393	3,373	3,353
86,000	86,250	3,488	3,468	3,448	3,428	3,408	3,388	3,368
86,250	86,500	3,503	3,483	3,463	3,443	3,423	3,403	3,383
86,500	86,750	3,518	3,498	3,478	3,458	3,438	3,418	3,398
86,750	87,000	3,533	3,513	3,493	3,473	3,453	3,433	3,413
87,000	87,250	3,548	3,528	3,508	3,488	3,468	3,448	3,428
87,250	87,500	3,563	3,543	3,523	3,503	3,483	3,463	3,443

Married Filing Jointly or Qualifying Widow(er) Filing Status								
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:						
At Least	Less Than	2	3	4	5	6	7	8
Your Louisianan tax is:								
87,500	87,750	3,578	3,558	3,538	3,518	3,498	3,478	3,458
87,750	88,000	3,593	3,573	3,553	3,533	3,513	3,493	3,473
88,000	88,250	3,608	3,588	3,568	3,548	3,528	3,508	3,488
88,250	88,500	3,623	3,603	3,583	3,563	3,543	3,523	3,503
88,500	88,750	3,638	3,618	3,598	3,578	3,558	3,538	3,518
88,750	89,000	3,653	3,633	3,613	3,593	3,573	3,553	3,533
89,000	89,250	3,668	3,648	3,628	3,608	3,588	3,568	3,548
89,250	89,500	3,683	3,663	3,643	3,623	3,603	3,583	3,563
89,500	89,750	3,698	3,678	3,658	3,638	3,618	3,598	3,578
89,750	90,000	3,713	3,693	3,673	3,653	3,633	3,613	3,593
90,000	90,250	3,728	3,708	3,688	3,668	3,648	3,628	3,608
90,250	90,500	3,743	3,723	3,703	3,683	3,663	3,643	3,623
90,500	90,750	3,758	3,738	3,718	3,698	3,678	3,658	3,638
90,750	91,000	3,773	3,753	3,733	3,713	3,693	3,673	3,653
91,000	91,250	3,788	3,768	3,748	3,728	3,708	3,688	3,668
91,250	91,500	3,803	3,783	3,763	3,743	3,723	3,703	3,683
91,500	91,750	3,818	3,798	3,778	3,758	3,738	3,718	3,698
91,750	92,000	3,833	3,813	3,793	3,773	3,753	3,733	3,713
92,000	92,250	3,848	3,828	3,808	3,788	3,768	3,748	3,728
92,250	92,500	3,863	3,843	3,823	3,803	3,783	3,763	3,743
92,500	92,750	3,878	3,858	3,838	3,818	3,798	3,778	3,758
92,750	93,000	3,893	3,873	3,853	3,833	3,813	3,793	3,773
93,000	93,250	3,908	3,888	3,868	3,848	3,828	3,808	3,788
93,250	93,500	3,923	3,903	3,883	3,863	3,843	3,823	3,803
93,500	93,750	3,938	3,918	3,898	3,878	3,858	3,838	3,818
93,750	94,000	3,953	3,933	3,913	3,893	3,873	3,853	3,833
94,000	94,250	3,968	3,948	3,928	3,908	3,888	3,868	3,848
94,250	94,500	3,983	3,963	3,943	3,923	3,903	3,883	3,863
94,500	94,750	3,998	3,978	3,958	3,938	3,918	3,898	3,878
94,750	95,000	4,013	3,993	3,973	3,953	3,933	3,913	3,893
95,000	95,250	4,028	4,008	3,988	3,968	3,948	3,928	3,908
95,250	95,500	4,043	4,023	4,003	3,983	3,963	3,943	3,923
95,500	95,750	4,058	4,038	4,018	3,998	3,978	3,958	3,938
95,750	96,000	4,073	4,053	4,033	4,013	3,993	3,973	3,953
96,000	96,250	4,088	4,068	4,048	4,028	4,008	3,988	3,968
96,250	96,500	4,103	4,083	4,063	4,043	4,023	4,003	3,983
96,500	96,750	4,118	4,098	4,078	4,058	4,038	4,018	3,998
96,750	97,000	4,133	4,113	4,093	4,073	4,053	4,033	4,013
97,000	97,250	4,148	4,128	4,108	4,088	4,068	4,048	4,028
97,250	97,500	4,163	4,143	4,123	4,103	4,083	4,063	4,043
97,500	97,750	4,178	4,158	4,138	4,118	4,098	4,078	4,058
97,750	98,000	4,193	4,173	4,153	4,133	4,113	4,093	4,073
98,000	98,250	4,208	4,188	4,168	4,148	4,128	4,108	4,088
98,250	98,500	4,223	4,203	4,183	4,163	4,143	4,123	4,103
98,500	98,750	4,238	4,218	4,198	4,178	4,158	4,138	4,118

Married Filing Jointly or Qualifying Widow(er) Filing Status								
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:						
At Least	Less Than	2	3	4	5	6	7	8
Your Louisiana tax is:								
98,750	99,000	4,253	4,233	4,213	4,193	4,173	4,153	4,133
99,000	99,250	4,268	4,248	4,228	4,208	4,188	4,168	4,148
99,250	99,500	4,283	4,263	4,243	4,223	4,203	4,183	4,163
99,500	99,750	4,298	4,278	4,258	4,238	4,218	4,198	4,178
99,750	100,000	4,313	4,293	4,273	4,253	4,233	4,213	4,193
100,000	100,250	4,328	4,308	4,288	4,268	4,248	4,228	4,208
100,250	100,500	4,343	4,323	4,303	4,283	4,263	4,243	4,223
100,500	100,750	4,358	4,338	4,318	4,298	4,278	4,258	4,238
100,750	101,000	4,373	4,353	4,333	4,313	4,293	4,273	4,253
Plus 6% of tax table income in excess of \$101,000								

Head of Household Filing Status									
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:							
At Least	Less Than	1	2	3	4	5	6	7	8
Your Louisiana tax is:									
0	9,000	0	0	0	0	0	0	0	0
9,000	9,250	3	0	0	0	0	0	0	0
9,250	9,500	8	0	0	0	0	0	0	0
9,500	9,750	13	0	0	0	0	0	0	0
9,750	10,000	18	0	0	0	0	0	0	0
10,000	10,250	23	3	0	0	0	0	0	0
10,250	10,500	28	8	0	0	0	0	0	0
10,500	10,750	33	13	0	0	0	0	0	0
10,750	11,000	38	18	0	0	0	0	0	0
11,000	11,250	43	23	3	0	0	0	0	0
11,250	11,500	48	28	8	0	0	0	0	0
11,500	11,750	53	33	13	0	0	0	0	0
11,750	12,000	58	38	18	0	0	0	0	0
12,000	12,250	63	43	23	3	0	0	0	0
12,250	12,500	68	48	28	8	0	0	0	0
12,500	12,750	75	55	35	15	0	0	0	0
12,750	13,000	85	65	45	25	0	0	0	0
13,000	13,250	95	75	55	35	5	0	0	0
13,250	13,500	105	85	65	45	15	0	0	0
13,500	13,750	115	95	75	55	25	0	0	0
13,750	14,000	125	105	85	65	35	0	0	0
14,000	14,250	135	115	95	75	45	5	0	0
14,250	14,500	145	125	105	85	55	15	0	0
14,500	14,750	155	135	115	95	65	25	0	0
14,750	15,000	165	145	125	105	75	35	0	0
15,000	15,250	175	155	135	115	85	45	5	0
15,250	15,500	185	165	145	125	95	55	15	0
15,500	15,750	195	175	155	135	105	65	25	0
15,750	16,000	205	185	165	145	115	75	35	0
16,000	16,250	215	195	175	155	125	85	45	5

Head of Household Filing Status									
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:							
At Least	Less Than	1	2	3	4	5	6	7	8
		Your Louisiana tax is:							
16,250	16,500	225	205	185	165	135	95	55	15
16,500	16,750	235	215	195	175	145	105	65	25
16,750	17,000	245	225	205	185	155	115	75	35
17,000	17,250	255	235	215	195	165	125	85	45
17,250	17,500	265	245	225	205	175	135	95	55
17,500	17,750	275	255	235	215	185	145	105	65
17,750	18,000	285	265	245	225	195	155	115	75
18,000	18,250	295	275	255	235	205	165	125	85
18,250	18,500	305	285	265	245	215	175	135	95
18,500	18,750	315	295	275	255	225	185	145	105
18,750	19,000	325	305	285	265	235	195	155	115
19,000	19,250	335	315	295	275	245	205	165	125
19,250	19,500	345	325	305	285	255	215	175	135
19,500	19,750	355	335	315	295	265	225	185	145
19,750	20,000	365	345	325	305	275	235	195	155
20,000	20,250	375	355	335	315	285	245	205	165
20,250	20,500	385	365	345	325	295	255	215	175
20,500	20,750	395	375	355	335	305	265	225	185
20,750	21,000	405	385	365	345	315	275	235	195
21,000	21,250	415	395	375	355	325	285	245	205
21,250	21,500	425	405	385	365	335	295	255	215
21,500	21,750	435	415	395	375	345	305	265	225
21,750	22,000	445	425	405	385	355	315	275	235
22,000	22,250	455	435	415	395	365	325	285	245
22,250	22,500	465	445	425	405	375	335	295	255
22,500	22,750	475	455	435	415	385	345	305	265
22,750	23,000	485	465	445	425	395	355	315	275
23,000	23,250	495	475	455	435	405	365	325	285
23,250	23,500	505	485	465	445	415	375	335	295
23,500	23,750	515	495	475	455	425	385	345	305
23,750	24,000	525	505	485	465	435	395	355	315
24,000	24,250	535	515	495	475	445	405	365	325
24,250	24,500	545	525	505	485	455	415	375	335
24,500	24,750	555	535	515	495	465	425	385	345
24,750	25,000	565	545	525	505	485	435	395	355
25,000	25,250	578	558	538	518	488	448	408	368
25,250	25,500	593	573	553	533	503	463	423	383
25,500	25,750	608	588	568	548	518	478	438	398
25,750	26,000	623	603	583	563	533	493	453	413
26,000	26,250	638	618	598	578	548	508	468	428
26,250	26,500	653	633	613	593	563	523	483	443
26,500	26,750	668	648	628	608	578	538	498	458
26,750	27,000	683	663	643	623	593	553	513	473
27,000	27,250	698	678	658	638	608	568	528	488
27,250	27,500	713	693	673	653	623	583	543	503

Head of Household Filing Status									
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:							
At Least	Less Than	1	2	3	4	5	6	7	8
		Your Louisiana tax is:							
27,500	27,750	728	708	688	668	638	598	558	518
27,750	28,000	743	723	703	683	653	613	573	533
28,000	28,250	758	738	718	698	668	628	588	548
28,250	28,500	773	753	733	713	683	643	603	563
28,500	28,750	788	768	748	728	698	658	618	578
28,750	29,000	803	783	763	743	713	673	633	593
29,000	29,250	818	798	778	758	728	688	648	608
29,250	29,500	833	813	793	773	743	703	663	623
29,500	29,750	848	828	808	788	758	718	678	638
29,750	30,000	863	843	823	803	773	733	693	653
30,000	30,250	878	858	838	818	788	748	708	668
30,250	30,500	893	873	853	833	803	763	723	683
30,500	30,750	908	888	868	848	818	778	738	698
30,750	31,000	923	903	883	863	833	793	753	713
31,000	31,250	938	918	898	878	848	808	768	728
31,250	31,500	953	933	913	893	863	823	783	743
31,500	31,750	968	948	928	908	878	838	798	758
31,750	32,000	983	963	943	923	893	853	813	773
32,000	32,250	998	978	958	938	908	868	828	788
32,250	32,500	1,013	993	973	953	923	883	843	803
32,500	32,750	1,028	1,008	988	968	938	898	858	818
32,750	33,000	1,043	1,023	1,003	983	953	913	873	833
33,000	33,250	1,058	1,038	1,018	998	968	928	888	848
33,250	33,500	1,073	1,053	1,033	1,013	983	943	903	863
33,500	33,750	1,088	1,068	1,048	1,028	998	958	918	878
33,750	34,000	1,103	1,083	1,063	1,043	1,013	973	933	893
34,000	34,250	1,118	1,098	1,078	1,058	1,028	988	948	908
34,250	34,500	1,133	1,113	1,093	1,073	1,043	1,003	963	923
34,500	34,750	1,148	1,128	1,108	1,088	1,058	1,018	978	938
34,750	35,000	1,163	1,143	1,123	1,103	1,073	1,033	993	953
35,000	35,250	1,178	1,158	1,138	1,118	1,088	1,048	1,008	968
35,250	35,500	1,193	1,173	1,153	1,133	1,103	1,063	1,023	983
35,500	35,750	1,208	1,188	1,168	1,148	1,118	1,078	1,038	998
35,750	36,000	1,223	1,203	1,183	1,163	1,133	1,093	1,053	1,013
36,000	36,250	1,238	1,218	1,198	1,178	1,148	1,108	1,068	1,028
36,250	36,500	1,253	1,233	1,213	1,193	1,163	1,123	1,083	1,043
36,500	36,750	1,268	1,248	1,228	1,208	1,178	1,138	1,098	1,058
36,750	37,000	1,283	1,263	1,243	1,223	1,193	1,153	1,113	1,073
37,000	37,250	1,298	1,278	1,258	1,238	1,208	1,168	1,128	1,088
37,250	37,500	1,313	1,293	1,273	1,253	1,223	1,183	1,143	1,103
37,500	37,750	1,328	1,308	1,288	1,268	1,238	1,198	1,158	1,118
37,750	38,000	1,343	1,323	1,303	1,283	1,253	1,213	1,173	1,133
38,000	38,250	1,358	1,338	1,318	1,298	1,268	1,228	1,188	1,148
38,250	38,500	1,373	1,353	1,333	1,313	1,283	1,243	1,203	1,163
38,500	38,750	1,388	1,368	1,348	1,328	1,298	1,258	1,218	1,178

Head of Household Filing Status									
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:							
At Least	Less Than	1	2	3	4	5	6	7	8
		Your Louisiana tax is:							
38,750	39,000	1,403	1,383	1,363	1,343	1,313	1,273	1,233	1,193
39,000	39,250	1,418	1,398	1,378	1,358	1,328	1,288	1,248	1,208
39,250	39,500	1,433	1,413	1,393	1,373	1,343	1,303	1,263	1,223
39,500	39,750	1,448	1,428	1,408	1,388	1,358	1,318	1,278	1,238
39,750	40,000	1,463	1,443	1,423	1,403	1,373	1,333	1,293	1,253
40,000	40,250	1,478	1,458	1,438	1,418	1,388	1,348	1,308	1,268
40,250	40,500	1,493	1,473	1,453	1,433	1,403	1,363	1,323	1,283
40,500	40,750	1,508	1,488	1,468	1,448	1,418	1,378	1,338	1,298
40,750	41,000	1,523	1,503	1,483	1,463	1,433	1,393	1,353	1,313
41,000	41,250	1,538	1,518	1,498	1,478	1,448	1,408	1,368	1,328
41,250	41,500	1,553	1,533	1,513	1,493	1,463	1,423	1,383	1,343
41,500	41,750	1,568	1,548	1,528	1,508	1,478	1,438	1,398	1,358
41,750	42,000	1,583	1,563	1,543	1,523	1,493	1,453	1,413	1,373
42,000	42,250	1,598	1,578	1,558	1,538	1,508	1,468	1,428	1,388
42,250	42,500	1,613	1,593	1,573	1,553	1,523	1,483	1,443	1,403
42,500	42,750	1,628	1,608	1,588	1,568	1,538	1,498	1,458	1,418
42,750	43,000	1,643	1,623	1,603	1,583	1,553	1,513	1,473	1,433
43,000	43,250	1,658	1,638	1,618	1,598	1,568	1,528	1,488	1,448
43,250	43,500	1,673	1,653	1,633	1,613	1,583	1,543	1,503	1,463
43,500	43,750	1,688	1,668	1,648	1,628	1,598	1,558	1,518	1,478
43,750	44,000	1,703	1,683	1,663	1,643	1,613	1,573	1,533	1,493
44,000	44,250	1,718	1,698	1,678	1,658	1,628	1,588	1,548	1,508
44,250	44,500	1,733	1,713	1,693	1,673	1,643	1,603	1,563	1,523
44,500	44,750	1,748	1,728	1,708	1,688	1,658	1,618	1,578	1,538
44,750	45,000	1,763	1,743	1,723	1,703	1,673	1,633	1,593	1,553
45,000	45,250	1,778	1,758	1,738	1,718	1,688	1,648	1,608	1,568
45,250	45,500	1,793	1,773	1,753	1,733	1,703	1,663	1,623	1,583
45,500	45,750	1,808	1,788	1,768	1,748	1,718	1,678	1,638	1,598
45,750	46,000	1,823	1,803	1,783	1,763	1,733	1,693	1,653	1,613
46,000	46,250	1,838	1,818	1,798	1,778	1,748	1,708	1,668	1,628
46,250	46,500	1,853	1,833	1,813	1,793	1,763	1,723	1,683	1,643
46,500	46,750	1,868	1,848	1,828	1,808	1,778	1,738	1,698	1,658
46,750	47,000	1,883	1,863	1,843	1,823	1,793	1,753	1,713	1,673
47,000	47,250	1,898	1,878	1,858	1,838	1,808	1,768	1,728	1,688
47,250	47,500	1,913	1,893	1,873	1,853	1,823	1,783	1,743	1,703
47,500	47,750	1,928	1,908	1,888	1,868	1,838	1,798	1,758	1,718
47,750	48,000	1,943	1,923	1,903	1,883	1,853	1,813	1,773	1,733
48,000	48,250	1,958	1,938	1,918	1,898	1,868	1,828	1,788	1,748
48,250	48,500	1,973	1,953	1,933	1,913	1,883	1,843	1,803	1,763
48,500	48,750	1,988	1,968	1,948	1,928	1,898	1,858	1,818	1,778
48,750	49,000	2,003	1,983	1,963	1,943	1,913	1,873	1,833	1,793
49,000	49,250	2,018	1,998	1,978	1,958	1,928	1,888	1,848	1,808
49,250	49,500	2,033	2,013	1,993	1,973	1,943	1,903	1,863	1,823
49,500	49,750	2,048	2,028	2,008	1,988	1,958	1,918	1,878	1,838
49,750	50,000	2,063	2,043	2,023	2,003	1,973	1,933	1,893	1,853

Head of Household Filing Status									
If Your Louisiana Tax Table Income:		And the total exemptions claimed is:							
At Least	Less Than	1	2	3	4	5	6	7	8
Your Louisiana tax is:									
50,000	50,250	2,078	2,058	2,038	2,018	1,988	1,948	1,908	1,868
50,250	50,500	2,093	2,073	2,053	2,033	2,003	1,963	1,923	1,883
50,500	50,750	2,108	2,088	2,068	2,048	2,018	1,978	1,938	1,898
50,750	51,000	2,123	2,103	2,083	2,063	2,033	1,993	1,953	1,913

Plus 6% of tax table income in excess of \$51,000

B. Nonresidents and Part-Year Residents. Compute tax table income as defined in R.S. 47:293(7). Reduce the tax table income by the total amount of personal exemptions and deductions allowed for in R.S. 47:294, and increase the tax table income by the proportionate share of those personal exemptions and deductions as provided by R.S. 47:293(7). The resulting amount is considered taxable income. The tax due for nonresidents and part-year residents shall be determined using one of the following tables depending on your filing status:

1. Married Individuals Filing Joint Returns and Qualified Surviving Spouses

Over \$25,000	\$750 plus 6 percent of the excess over \$25,000. This amount is to be reduced by 2 percent of the first \$12,500 of the proportionate share of personal exemptions and deductions and 4 percent of the proportionate share of personal exemptions and deductions over \$12,500 but not over \$25,000 and 6 percent of the proportionate share of personal exemptions and deductions over \$25,000.
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3. Head of Households

If taxable income is	The tax is:
Not over \$25,000	2 percent of taxable income excluding the proportionate share of personal exemptions and deductions allowed for in R.S. 47:294.
Over \$25,000 but not over \$50,000	\$500 plus 4 percent of the excess over \$25,000. This amount is to be reduced by 2 percent of the first \$25,000 of the proportionate share of personal exemptions and deductions and 4% of the proportionate share of personal exemptions and deductions over \$25,000.
Over \$50,000	\$1,500 plus 6% of the excess over \$50,000. This amount is to be reduced by 2 percent of the first \$25,000 of the proportionate share of personal exemptions and deductions and 4 percent of the proportionate share of personal exemptions and deductions over \$25,000 but not over \$50,000 and 6 percent of the proportionate share of personal exemptions and deductions over \$50,000.

If taxable income is:	The tax is:
Not over \$12,500	2 percent of taxable income excluding the proportionate share of personal exemptions and deductions allowed for in R.S. 47:294.
Over \$12,500 but not over \$25,000	\$250 plus 4 percent of the excess over \$12,500. This amount is to be reduced by 2 percent of the first \$12,500 of the proportionate share of personal exemptions and deductions and 4 percent of the proportionate share of personal exemptions and deductions over \$12,500.
Over \$25,000	\$750 plus 6 percent of the excess over \$25,000. This amount is to be reduced by 2 percent of the first \$12,500 of the proportionate share of personal exemptions and deductions and 4 percent of the proportionate share of personal exemptions and deductions over \$12,500 but not over \$25,000 and 6 percent of the proportionate share of personal exemptions and deductions over \$25,000.

2. Single Individuals and Married Individuals Filing Separate Returns

If taxable income is	The tax is:
Not over \$12,500	2 percent of taxable income excluding the proportionate share of personal exemptions and deductions allowed for in R.S. 47:294.
Over \$12,500 but not over \$25,000	\$250 plus 4 percent of the excess over \$12,500. This amount is to be reduced by 2 percent of the first \$12,500 of the proportionate share of personal exemptions and deductions and 4 percent of the proportionate share of personal exemptions and deductions over \$12,500.

AUTHORITY NOTE: Promulgated in accordance with R.S. 47:295 and R.S. 47:1511.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Revenue, LR 29:

Family Impact Statement

As required by Act 1183 of the 1999 Regular Session of the Louisiana Legislature the following Family Impact Statement is submitted to be published with the Notice of Intent in the Louisiana Register. A copy of this statement will also be provided to our legislative oversight committees.

1. The Effect on the Stability of the Family. Implementation of this proposed Rule will have no effect on the stability of the family.

2. The Effect on the Authority and Rights of Parents Regarding the Education and Supervision of their Children. Implementation of this proposed Rule will have no effect on the authority and rights of parents regarding the education and supervision of their children.

3. The Effect on the Functioning of the Family. Implementation of this proposed Rule will have no effect on the functioning of the family.

4. The Effect on Family Earnings and Family Budget. Implementation of this proposed Rule will have no effect on family earnings but the adjusting of the income tax brackets and rates could adversely affect the family budget.

For lower income families the effect might not be adverse with the expansion of the 2 percent bracket. For higher income families the effect from bracket compression at the higher rates would be adverse.

5. The Effect on the Behavior and Personal Responsibility of Children. Implementation of this proposed Rule will have no effect on the behavior and personal responsibility of children.

6. The Ability of the Family or a Local Government to Perform the Function as Contained in the Proposed Rule. Implementation of this proposed Rule will have no effect on the ability of the family or a local government to perform this function.

Interested persons may submit written data, views, arguments or comments regarding this proposed Rule to Michael D. Pearson, Senior Policy Consultant, Policy Services Division, Office of Legal Affairs by mail to P.O. Box 44098, Baton Rouge, LA 70804-4098 or by fax to 225-219-2759. All comments must be received no later than 4:30 p.m., June 25, 2003. A public hearing will be held on Thursday, June 26, 2003 at 9 a.m. in the River room on the seventh floor of the LaSalle Building, 617 North Third Street, Baton Rouge, Louisiana 70802.

Cynthia Bridges
Secretary

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

RULE TITLE: Individual Income Tax Tables

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

This proposed regulation establishes the individual income tax tables based on the new income tax rates and brackets provided for in Act 51 of the 2002 Regular Session. The Act imposed the individual income tax on joint returns as follows: 2 percent of the first \$25,000, 4 percent of income from \$25,000 to \$50,000, and 6 percent of income over \$50,000. For single filer returns the bracket thresholds are one-half those of joint returns. Act 51 also repealed the use of the excess federal itemized deduction in determining tax table income.

Implementation of this proposed regulation will only result in a minimal amount of additional costs associated with system reprogramming, testing, and form adjustment to incorporate the changes.

There will be no costs or savings to local governmental units.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

The eliminating of the excess federal itemized deduction and the compressing of the brackets creates an increase in state individual income tax revenue. The revenue gains tend to increase over time because the growth rate of income taxes gained typically exceeds the growth rate of sales taxes forgone. The income tax gains over the next several years are estimated to be \$244 million for FY 2003-2004, \$263 million for FY 2004-2005 and \$282 million for FY 2005-2006 according to the Legislative Fiscal Office

The new tables are effective for taxable periods beginning January 1, 2003.

There will be no impact on local revenue collections.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed regulation establishes for resident, non-resident, and part-year resident individuals tax tables that these individuals will use to determine the tax due on their tax table income.

The effect on individuals from this proposed regulation is for a greater amount of individual income tax to be assessed than was previously.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed regulation should have no effect on competition or employment. The regulation affects the process by which an individual determines their tax liability for a given taxable year, and does not generate the additional liabilities.

Cynthia Bridges
Secretary
0305#030

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Revenue
Policy Services Division**

**Various Exemptions from the Tax
(LAC 61:I.4401)**

Under the authority of R.S. 47:1511 and in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., the Department of Revenue, Policy Services Division, proposes to amend LAC 61.I.4401 relative to the sales tax exemption set forth in Article VII, Section 2.2 of the Constitution of Louisiana and R.S. 47:305(D) regarding food for home consumption.

This proposed Rule provides guidance as to which food items are taxable and which are exempt under the Constitutional and Statutory provisions.

Title 61

REVENUE AND TAXATION

**Part I. Taxes Collected and Administered
by the Secretary of Revenue**

Chapter 44. Sales and Use Tax Exemptions

§4401. Various Exemptions from the Tax

A. - F. ...

1. R.S. 47:305(D) provides an exemption from state sales tax upon the sale at retail of food sold for preparation and consumption in the home as well as for some other expressed types of food sales. For this purpose, meat, fish, milk, butter, eggs, bread, vegetables, fruit and their juices, canned goods, oleo, coffee and its substitutes, soft drinks,

tea, cocoa and products of these items, bakery products, candy, condiments, relishes and spreads, are all considered food items. Items such as flour, sugar, salt, spices, shortening, flavoring and oil that are generally purchased for use as ingredients in other food items constitute food. Items considered to be food are not limited to the examples set forth above. The listing is not all inclusive.

2. Alcoholic beverages, malt beverages and beer; tobacco products; distilled water, water in bottles, carbonated water, ice and "dry ice" are not considered to be food. Medicines and preparations in liquid, powdered, granular, tablet, capsule, lozenge, and pill form sold as dietary supplements or adjuncts are also not considered to be food.

Dietary Supplements Any product, other than tobacco, intended to supplement the diet that:

i. contains one or more of the following dietary ingredients:

- (a). a vitamin;
- (b). a mineral;
- (c). an herb or other botanical;
- (d). an amino acid;
- (e). a dietary substance for use by humans to

supplement the diet by increasing the total dietary intake; or
(f). a concentrate, metabolite, constituent, extract, or combination of any ingredients described in i-v above; and

ii. is intended for ingestion in tablet, capsule, powder, softgel, gelcap, or liquid form, or if not intended for ingestion in such a form, is not represented as conventional food and is not represented for use as a sole item of a meal or of the diet; and

iii. is required to be labeled as a dietary supplement, which is identifiable by the fact that the product contains a "Supplemental Facts" box on the label.

3. "Food for home consumption" as used in R.S. 47:305(D)(1)(n) does not include "prepared food."

Prepared Food

i. food sold in a heated state or heated by the seller;

ii. two or more food ingredients mixed or combined by the seller for sale as a single item, which does not include food that is only cut, repackaged, or pasteurized by the seller, and eggs, fish, meat, poultry, and food containing these raw animal foods requiring cooking by the consumer in order to prevent food borne illnesses; or

iii. food sold with eating utensils provided by the seller, including plates, knives, forks, spoons, glasses, cups, napkins, or straws. A plate does not include a container or packaging used to transport the food.

4. Notwithstanding language to the contrary in Paragraph F.3, bakery products, dairy products, soft drinks, fresh fruits and vegetables, and package foods requiring further preparation by the purchaser are considered "food for home consumption" unless sold by an establishment listed in R.S. 47:305(D)(3). However, soft drinks that are sold with a cup, glass or straw are not considered "food for home consumption."

5. Sales of meals furnished to the staff and students of educational institutions including kindergartens; the staff and patients of hospitals; the staff, inmates and patients of mental institutions; boarders of rooming houses; and occasional

meals furnished in connection with or by educational, religious or medical organizations are exempt from the taxes imposed by this Chapter, provided the meals are consumed on the premises where purchased. Sales of food by any of these institutions or organizations in facilities open to outsiders or to the general public are not exempt from the taxes imposed by this Chapter, and tax should be charged on the entire gross receipts, rather than just the receipts from the outsiders or the general public.

6. Facilities for the consumption of food on the premises as discussed in R.S. 47:305(D)(3) include not only inside facilities, but also outside facilities, including parking facilities.

7. Purchases of food items by stores, institutions and organizations can be purchased without payment of the advance sales tax provided the ultimate retail sale or consumption of the food is exempt from taxes imposed by this Chapter. Regardless of the type of purchaser, if a majority of the food purchased and disposed is taxable under the established rules, advance sales tax must be paid by the purchaser.

G. - J. ...

AUTHORITY NOTE: Promulgated in Accordance with R.S. 47:301 and R.S. 47:1511.

HISTORICAL NOTE: Promulgated by the Department of Revenue and Taxation, Sales Tax Section, LR 13:107 (February 1987), amended by the Department of Revenue, Policy Services Division, LR 29:

Family Impact Statement

As required by Act 1183 of the 1999 Regular Session of the Louisiana Legislature the following Family Impact Statement is submitted to be published with the Notice of Intent in the *Louisiana Register*. A copy of this statement will also be provided to our Legislative Oversight Committees.

1. The Effect on the Stability of the Family. Implementation of this proposed Rule will have no effect on the stability of the family.

2. The Effect on the Authority and Rights of Parents Regarding the Education and Supervision of Their Children. Implementation of this proposed Rule will have no effect on the authority and rights of parents regarding the education and supervision of their children.

3. The Effect on the Functioning of the Family. Implementation of this proposed Rule will have no effect on the functioning of the family.

4. The Effect on Family Earnings and Family Budget. Implementation of this proposed Rule will have no effect on family earnings and family budget.

5. The Effect on the Behavior and Personal Responsibility of Children. Implementation of this proposed Rule will have no effect on the behavior and personal responsibility of children.

6. The Ability of the Family or a Local Government to Perform the Function as Contained in the Proposed Rule. Implementation of this proposed Rule will have no effect on the ability of the family or a local government to perform this function.

Interested persons may submit data, views, or arguments, in writing to Raymond E. Tangney, Senior Policy Consultant, Policy Services Division, Post Office Box 44098, Baton Rouge, LA 70804-4098 or by fax to (225) 219-2759. All comments must be submitted by 4:30 p.m.,

Monday, June 23, 2003. A public hearing will be held on Thursday, June 26, 2003, at 10:00 a.m. at the Department of Revenue Headquarters Building, 617 North Third Street, Baton Rouge, LA.

Raymond E. Tangney
Senior Policy Consultant

**FISCAL AND ECONOMIC IMPACT STATEMENT
FOR ADMINISTRATIVE RULES**

RULE TITLE: Various Exemptions from the Tax

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

Implementation of this proposed Rule will have no impact on state or local governmental units' cost. This proposal is being adopted to provide guidance on the exemption from state sales tax of food purchased for consumption in the home, which is provided under Article VII, Section 2.2 of the Constitution of Louisiana and R.S. 47:305(D)(1)(n-r).

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

There should be no effect on revenue collections of local governmental units as a result of this proposed regulation. The revenue impact to the state is unknown but would be minimal.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

This proposed regulation should provide an economic benefit to businesses that sell food for consumption in the home because it establishes a standard for identifying items that are exempt from sales and use tax under Article VII, Section 2.2 of the Constitution of Louisiana and R.S. 47:305(D)(1)(n-r). However, vendors may incur a one-time expense for reprogramming their systems to comply with these changes.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

This proposed regulation should increase the fairness of economic competition between vendors because it creates a standard for the exemption that is easily administered. Employment should not be affected.

Cynthia Bridges
Secretary
0305#023

H. Gordon Monk
Staff Director
Legislative Fiscal Office

NOTICE OF INTENT

**Department of Wildlife and Fisheries
Wildlife and Fisheries Commission**

Boating Safety (LAC 76:XI.301)

The Wildlife and Fisheries Commission does hereby give Notice of Intent to enact regulations governing the Rules of the Road for Boating Safety in the State of Louisiana (LAC 76:XI.301).

The Secretary of the Department of Wildlife is authorized to take any and all necessary steps on behalf of the Commission to promulgate and effectuate this Notice of Intent and the final Rule, including but not limited to, the filing of the fiscal and economic impact statements, the filing of the Notice of Intent and final Rule and the

preparation of reports and correspondence to other agencies of government.

**Title 76
WILDLIFE AND FISHERIES**

Part XI. Boating

Chapter 3. Boating Safety

§301. Rules of the Road for Vessels

A. The following regulations shall dictate the operation of vessels upon the waters of the state and shall set forth a standard of operation. In construing and complying with these Rules, due regard shall be had to all dangers of navigation and collision and to any special circumstances, including the limitations of the vessels involved, which may make a departure from the Rules necessary to avoid immediate danger.

B. Any violation of the Rules of the Road as referred to in this Section shall be prima facie evidence of careless or reckless operation.

C. Boating accidents caused by deviation from the Rules of the Road shall be documented as such in accident reports.

D. The Rules of the Road for vessels upon the waters in the state shall be as follows.

1. Vessels passing head-on shall each keep to their respective right.

2. A vessel overtaking another vessel may do so on either side, but must grant the right of way to the vessel being overtaken.

3. When vessels are passing at right angles, the vessel on the left will yield right-of-way to vessel on the right.

4. Motorboats shall yield right-of-way to non-motor powered boats except as follows:

a. when being overtaken by non-powered vessels.

b. for deep draft vessels that have to remain in narrow channels.

c. when vessel is towing another vessel.

5. Motorboats must maintain a direct course when passing sailboats.

6. A vessel approaching a landing dock or pier shall yield the right-of-way to any departing vessel.

7. A vessel departing shoreline or tributary shall yield right-of-way to through traffic and vessels approaching shoreline or tributary.

8. Vessels will not abruptly change course without first determining that it can be safely done without risk of collision with another vessel.

9. If an operator fails to fully comprehend the course of an approaching vessel he must slow down immediately to a speed barely sufficient for steerageway until the other vessel has passed.

10. Vessels yielding right-of-way shall reduce speed, stop, reverse, or alter course to avoid collision. Vessel with right-of-way shall hold course and speed. If there is danger of collision, all vessels will slow down, stop, or reverse until danger is averted.

11. Vessels will issue warning signals in fog or weather conditions that restrict visibility.

12. No mechanically propelled vessel shall be operated so as to traverse a course around any other vessel underway or any person swimming.

13. In a narrow channel, vessels will keep to the right of mid-channel.

14. Vessels approaching or passing another vessel shall be operated in such manner and at such a rate of speed as will not create a hazardous wash or wake.

15. No vessel shall obstruct or interfere with take-off, landing, or taxiing of aircraft.

16. All vessels shall be operated at reasonable speeds for given conditions and situations and must be under the complete control of the operator at all times.

17. No person shall, under any circumstances, operate a vessel in excess of an established speed or wake zone.

18. No vessel or person shall obstruct or block a navigation channel, entrance to channel, mooring slip, landing dock, launching ramp, pier or tributary.

19. Vessels shall keep at least 100 feet clearance of displayed diver's flag.

20. Operator shall maintain a proper lookout.

AUTHORITY NOTE: Promulgated in accordance with R.S. 34:851.27A

HISTORICAL NOTE: Promulgated by the Department of Wildlife and Fisheries, Wildlife and Fisheries Commission, LR 29:

Family Impact Statement

In accordance with Act #1183 of 1999, the Department of Wildlife and Fisheries/Wildlife and Fisheries Commission hereby issues its Family Impact Statement in connection with the preceding Notice of Intent: This Notice of Intent will have no impact on the six criteria set out at R.S. 49:972(B).

Interested persons may submit comments relative to the proposed Rule to Lt. Colonel Charlie Clark, Department of Wildlife and Fisheries, Law Enforcement Division, Box

98000, Baton Rouge, LA 70898-9000, prior to Thursday, July 3, 2003.

Terry D. Denmon
Chairman

FISCAL AND ECONOMIC IMPACT STATEMENT FOR ADMINISTRATIVE RULES RULE TITLE: Boating Safety

I. ESTIMATED IMPLEMENTATION COSTS (SAVINGS) TO STATE OR LOCAL GOVERNMENT UNITS (Summary)

No implementation costs or savings are anticipated as a result of this Rule. A slight increase in paperwork will result within the Enforcement Division from the additional documentation requirement; however, the existing staff and funding are sufficient to implement the proposed Rule.

II. ESTIMATED EFFECT ON REVENUE COLLECTIONS OF STATE OR LOCAL GOVERNMENTAL UNITS (Summary)

No effect on revenue collections of state or local governmental units is anticipated.

III. ESTIMATED COSTS AND/OR ECONOMIC BENEFITS TO DIRECTLY AFFECTED PERSONS OR NONGOVERNMENTAL GROUPS (Summary)

The proposed Rule establishes a vessel-operating standard that benefits all vessel operators and individuals that participated in state water activities. The establishment of a vessel-operating standard will increase boating safety and help reduce the number of boating accidents and deaths on Louisiana's waters.

IV. ESTIMATED EFFECT ON COMPETITION AND EMPLOYMENT (Summary)

No impact on competition or employment is anticipated.

James L. Patton
Undersecretary
0305#027

Robert E. Hosse
General Government Section Director
Legislative Fiscal Office