

# Emergency Rules

## DECLARATION OF EMERGENCY

Department of Agriculture and Forestry  
Office of Agriculture and Environmental Sciences

Fees (LAC 7:XV.143)

In accordance with the Administrative Procedure Act R.S. 49:953 and R.S. 3:1734, the Commissioner of Agriculture and Forestry, at the request of the Horticulture Commission, is exercising the emergency provisions of the Administrative Procedure Act in implementing the following Rule governing fees assessed for the sweetpotato weevil quarantine program.

For the last three years, the Sweetpotato Weevil Quarantine Program budget has ended in a deficit. The department has used other funds to make up for each years deficit. The department cannot continue to find funds from other areas to make up this continuing deficit.

Louisiana is experiencing an unprecedented shortfall in state finances. The Legislature has cut the Department's budget; therefore, using other Department funds to cover the deficit of the Sweetpotato Weevil Quarantine Program is not a continuing option. The fiscal year begins on the first of July. The department must use the emergency adoption provisions to insure that programs that begin in July will have adequate funding for the entire fiscal year and beyond. Adoption of the Rule changes will take place according to the Administrative Procedure Act. However, this process takes up to six months to complete and would cause additional deficits to continue and the possibility of work reductions that could cause an imminent peril to the health and safety of Louisiana citizens.

This Emergency Rule becomes effective on September 5, 2003, upon signature, and will remain in effect until the Rule becomes effective through the normal Administrative Procedure Act process. The Louisiana Department of Agriculture and Forestry (LDAF) will begin collecting the fees for the sweetpotato weevil quarantine program beginning September 5, 2003.

### Title 7

#### AGRICULTURE AND ANIMALS

##### Part XV. Plant Protection and Quarantine

##### Chapter 1. Crop Pests and Diseases

##### Subchapter C. Sweetpotato Weevil Quarantine

##### §143. Fees

A. A fee of six cents per bushel shall be charged for each bushel of sweet potatoes moved or shipped within or out of Louisiana.

B. ...

C. A fee of ten cents per thousand shall be charged for vines, plants, slips or cuttings moved or shipped within or out of Louisiana.

D. - D.2. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 3:1655, R.S. 3:1732 and R.S. 3:1734.

HISTORICAL NOTE: Promulgated by the Department of Agriculture, Office of Agricultural and Environmental Sciences, LR 11:321 (April 1985), amended LR 15:77 (February 1989), LR 18:705 (July 1992), LR 27:1178 (August 2001), LR 29:

Bob Odom  
Commissioner

0309#015

## DECLARATION OF EMERGENCY

Student Financial Assistance Commission  
Office of Student Financial Assistance

Scholarship/Grant Programs  
(LAC 28:IV.503, 507, and 703)

The Louisiana Student Financial Assistance Commission (LASFAC) is exercising the emergency provisions of the Administrative Procedure Act [R.S. 49:953(B)] to amend the rules of the Scholarship/Grant programs (R.S. 17:3021-3026, R.S. 3041.10-3041.15, and R.S. 17:3042.1, R.S. 17:3048.1).

This Emergency Rule is necessary to implement changes to the Scholarship/Grant programs to allow the Louisiana Office of Student Financial Assistance and state educational institutions to effectively administer these programs. A delay in promulgating rules would have an adverse impact on the financial welfare of the eligible students and the financial condition of their families. LASFAC has determined that this Emergency Rule is necessary in order to prevent imminent financial peril to the welfare of the affected students.

This declaration of emergency is effective August 14, 2003, and shall remain in effect for the maximum period allowed under the Administrative Procedure Act.

### Title 28

#### EDUCATION

##### Part IV. Student Financial AssistanceC Higher Education Scholarship and Grant Programs

##### §503. Application Deadlines

A. - B.2. ...

3. Returning Students

a. Notwithstanding the deadline established by §503.B.1 above, Returning Students, who graduated from high school during the 2001-2002 Academic Year (High School) and who enroll in an Eligible College or University in the spring semester of 2003, must submit the FAFSA to be received by the federal processor no later than July 1, 2004.

b. Notwithstanding the deadline established by §503.B.1 above, Returning Students, who enroll in an Eligible College or University in the fall semester of 2003 or later, must submit the FAFSA to be received by the federal processor no later than July 1 following the first semester of enrollment. Examples:

i. a student who seeks to enroll in an Eligible College or University for the spring semester of 2004 must submit his FAFSA to be received by the federal processor no later than July 1, 2004;

ii. a student who seeks to enroll in an Eligible College or University for the fall semester of 2004 must submit his FAFSA to be received by the federal processor no later than July 1, 2005.

C. - E. ...

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 Student Financial Assistance Commission, Office of Student Financial Assistance, LR 24:635 (April 1998), amended LR 24:1900 (October 1998), LR 25:655 (April 1999), LR 2396 (December 1999), LR 26:1996 (September 2000), repromulgated LR 27:1847 (November 2001) amended LR 28:447 (March 2002), LR 28:1760 (August 2002), LR 29:

**§507. Final Deadline for Submitting Documentation of Eligibility**

A. - B. ...

C.1. Returning Students, who graduated high school during the 2001-2002 Academic Years (High School) and who enroll in an Eligible College or University in the spring semester 2003, must submit documentation that establishes TOPS eligibility no later than May 1, 2004.

2. Returning Students, who enroll in an Eligible College or University in the fall semester of 2003 or later, must submit documentation that establishes TOPS eligibility no later than May 1 of the Academic Year (College) the student enrolls in an Eligible College or University. For example, a student who seeks to enroll in an Eligible College or University in the fall semester of 2003 must submit documentation that establishes TOPS eligibility no later than May 1, 2004.

D.1. A student who successfully completed an undergraduate degree prior to or during the 2001-2002 Academic Year (College) and wishes to receive his remaining award eligibility to attend a postgraduate school must provide the documentation and certifications required to establish student eligibility no later than May 1, 2004.

2. A student who successfully completes an undergraduate degree during the 2002-2003 Academic Year (College) or later and wishes to receive his remaining award eligibility to attend a postgraduate school must provide the documentation and certifications required to establish student eligibility no later than May 1 of the Academic Year (College) the student seeks to receive his remaining award eligibility. For example, to receive the remaining award for the 2003-2004 Academic Year (College), the student must submit the required documents no later than May 1, 2004.

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 Student Financial Assistance Commission, Office of Student Financial Assistance, LR 24:635 (April 1998), amended LR 24:1901 (October 1998), repromulgated LR 27:1847 (November 2001) amended LR 28:447 (March 2002), LR 29:

**Chapter 7. Tuition Opportunity Program for Students (TOPS) Opportunity, Performance, and Honors Awards**

**§703. Establishing Eligibility**

A. - A.4.g.ii. ...

5.a. graduate from an eligible public or nonpublic Louisiana high school or non-Louisiana high school defined in §1701.A.1, 2, or 3; and

i.(a). For students graduating in Academic Year (High School) 2006-2007 and prior, at the time of high school graduation, an applicant must have successfully completed 16.5 units of high school course work documented on the student's official transcript as approved by the Louisiana Department of Education constituting a core curriculum as follows.

Units	Course
1	English I
1	English II
1	English III
1	English IV
1	Algebra I (one unit) or Applied Algebra 1A and 1B (two units)
1	Algebra II
1	Geometry, Trigonometry, Calculus or comparable Advanced Mathematics
1	Biology
1	Chemistry
1	Earth Science, Environmental Science, Physical Science, Biology II, Chemistry II, Physics, Physics II, or Physics for Technology
1	American History
1	World History, Western Civilization or World Geography
1	Civics and Free Enterprise (one unit combined) or Civics (one unit, nonpublic)
1	Fine Arts Survey; (or substitute two units performance courses in music, dance, or theater; or two units of studio art or visual art; or one elective from among the other subjects listed in this core curriculum)
2	Foreign Language, both units in the same language
1/2	Computer Science, Computer Literacy or Business Computer Applications (or substitute at least one-half unit of an elective course related to computers that is approved by the State Board of Elementary and Secondary Education (BESE); or substitute at least one-half unit of an elective from among the other subjects listed in this core curriculum); BESE has approved the following courses as computer related for purposes of satisfying the 1/2 unit computer science requirement for all schools (courses approved by BESE for individual schools are not included): Advanced Technical Drafting (1 credit) Computer/Technology Applications (1 credit) Computer Architecture (1 credit) Computer/Technology Literacy (1/2 credit) Computer Science I (1 credit) Computer Science II (1 credit) Computer Systems and Networking I (1 credit) Computer Systems and Networking II (1 credit) Desktop Publishing (1/2 credit) Digital Graphics & Animation (1/2 credit) Introduction to Business Computer Applications (1 credit) Multimedia Productions (1 credit) Technology Education Computer Applications (1 credit) Telecommunications (1/2 credit) Web Mastering (1/2 credit) Word Processing (1 credit) Independent Study in Technology Applications (1 credit)

(b). Beginning with the graduates of Academic Year (High School) 2007-2008, at the time of high school graduation, an applicant must have successfully completed 17.5 units of high school course work that constitutes a core curriculum and is documented on the student's official transcript as approved by the Louisiana Department of Education.

Units	Course
1	English I
1	English II
1	English III
1	English IV
1	Algebra I (one unit) or Applied Algebra 1A and 1B (two units)
1	Algebra II
1	Geometry, Trigonometry, Calculus or comparable Advanced Mathematics
1	Biology
1	Chemistry
1	Earth Science, Environmental Science, Physical Science, Biology II, Chemistry II, Physics, Physics II, or Physics for Technology
1	American History
1	World History, Western Civilization or World Geography
1	Civics and Free Enterprise (one unit combined) or Civics (one unit, nonpublic)
1	Fine Arts Survey; (or substitute two units performance courses in music, dance, or theater; or two units of studio art or visual art; or one elective from among the other subjects listed in this core curriculum)
2	Foreign Language, both units in the same language
1 1/2	Computer Science, Computer Literacy or Business Computer Applications (or substitute at least one and one-half units of an elective course related to computers that is approved by the State Board of Elementary and Secondary Education (BESE). BESE has approved the following courses as computer related for purposes of satisfying the 1 1/2 unit computer science requirement for all schools (courses approved by BESE for individual schools are not included): Advanced Technical Drafting (1 credit) Computer/Technology Applications (1 credit) Computer Architecture (1 credit) Computer/Technology Literacy (1/2 credit) Computer Science I (1 credit) Computer Science II (1 credit) Computer Systems and Networking I (1 credit) Computer Systems and Networking II (1 credit) Desktop Publishing (1/2 credit) Digital Graphics & Animation (1/2 credit) Introduction to Business Computer Applications (1 credit) Multimedia Productions (1 credit) Technology Education Computer Applications (1 credit) Telecommunications (1/2 credit) Web Mastering (1/2 credit) Word Processing (1 credit) Independent Study in Technology Applications (1 credit)

A.5.a.ii. - G.2. ...

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 17:2021-3036, R.S. 17:3042.1 and R.S. 17:3048.1.

**HISTORICAL NOTE:** Promulgated by the Student Financial Assistance Commission, Office of Student Financial Assistance, LR 24:632 (April 1998), amended LR 24:1898 (October 1998), LR 25:2237 (December 1998), LR 25:257 (February 1999), LR 25:655 (April 1999), LR 25:1794 (October 1999), LR 26:64, 67 (January 2000), LR 26:689 (April 2000), LR 26:1262 (June 2000), LR 26:1602, 1998 (August 2000), LR 26:1996, 2001 (September 2000), LR 26:2268 (October 2000), LR 26:2753 (December 2000), LR 27:36 (January 2001), LR 27:702 (May 2001), LR 27:1219, 1219 (August 2001), LR 27:1850 (November 2001), LR 28:772 (April 2002), LR 28:1760 (August 2002), LR 28:2330, 2332 (November 2002), LR 29:125 (February 2003), LR 29:

George Badge Eldredge  
General Counsel

0309#004

## DECLARATION OF EMERGENCY

### Department of Environmental Quality Office of Environmental Assessment Environmental Planning Division

#### Unauthorized Emissions Reporting Procedures (LAC 33:I.3931)(OS052E)

Editor's Note: This Emergency Rule is being republished to correct a technical error in the original emergency rule published in the August 20, 2003, *Louisiana Register*. The footnote designation was left off of the amount in the Pounds column for the last pollutant in the table.

In accordance with the emergency provisions of La. R.S. 49:953(B) of the Administrative Procedure Act, which allows the Department of Environmental Quality ("Department") to use emergency procedures to establish Rules, and La. R.S. 30:2011, the secretary of the Department hereby finds that imminent peril to the public welfare exists and accordingly adopts the following Emergency Rule, which shall be effective seven days after the date of adoption for 120 days, or until promulgation of the final Rule, whichever occurs first.

In the last two years, the Baton Rouge Nonattainment Area (the parishes of Ascension, East Baton Rouge, Iberville, Livingston, and West Baton Rouge) has experienced exceedances of the one-hour National Ambient Air Quality Standard (NAAQS) promulgated by the United States Environmental Protection Agency (US EPA). These exceedances did not occur during circumstances that typically result in excessive ozone formation and led to ozone readings the Baton Rouge area has not experienced in a decade. The ozone readings for two separate episodes in September 2002 and July 2003 were 164 parts per billion (ppb) and 174 ppb respectively, over 30 percent above the standard. Monitoring results from these exceedances indicate a high rate and efficiency of ozone production, which was limited spatially to the immediate Baton Rouge area. These ozone episodes correspond very well to the kind of episodes that have occurred in the Houston/Galveston areas. The Texas Air Quality Study, conducted in the Houston/Galveston areas, concluded that the reactivity of the hydrocarbons was most often dominated by low molecular weight alkenes and aromatics resulting in explosive ozone formation. Air quality sampling in the Baton Rouge area also showed substantial quantities of the mentioned ozone precursors. The ozone formation experienced in the Baton Rouge area may similarly be the result of the emissions of "highly reactive" ozone precursors.

The Department needs additional information regarding the emissions of these highly reactive ozone precursors to understand, predict, and prevent further exceedances of the ozone standard. Results from computer simulations based on Houston's industrial regions suggest emissions of as little as 100 pounds of light alkenes and aromatics can lead to 50 ppb or greater enhancements of ozone concentrations. Baton Rouge's type of industry (petrochemical plants and refineries) and meteorological conditions are similar enough to Houston to warrant further investigation. This information is needed immediately to monitor the remainder of the 2003 ozone season in the hopes of achieving attainment of the standard. Facilities are to continue to follow the LAC

33:I.Chapter 39 reporting protocols and, whenever possible, to utilize the new notification procedures found at <http://www.deq.state.la.us/surveillance/irf/forms> and <http://www.deq.state.la.us/surveillance>.

This Emergency Rule is effective on August 12, 2003, and shall remain in effect for a maximum of 120 days or until a final rule is promulgated, whichever occurs first. For more information concerning OS052E, you may contact the Regulation Development Section at (225) 219-3550.

**Title 33  
ENVIRONMENTAL QUALITY**

**Part I. Office of Secretary  
Subpart 2. Notification**

**Chapter 39. Notification Regulations and Procedures for Unauthorized Discharges**

**Subchapter E. Reportable Quantities for Notification of Unauthorized Discharges**

**§3931. Reportable Quantity List for Pollutants**

A. - A.2. ...

B. Modifications or Additions. The following table contains modifications to the federal reportable quantity lists incorporated by reference in Subsection A of this Section, as well as reportable quantities for additional pollutants.

Pollutant	CAS No. <sup>1</sup>	RCRA <sup>2</sup> Waste Number	Pounds
Acetaldehyde	75070	U001	100 <sup>+</sup>
***			
2-Butanone	78933	U159	5000/1000 <sup>®</sup>
Butenes (all isomers except 1,3 butadiene)	25167673		100 <sup>+</sup>
***			
Ethylene	74851		5000/(100) <sup>+</sup>
***			
Propionaldehyde	123386		1000/100 <sup>®</sup>
Propylene	115071		100 <sup>+</sup>
***			
Thiomethanol	74931	U153	100/25 <sup>®</sup>
Toluene	108883	U220	100 <sup>+</sup>
***			
Volatile Organic Compounds not otherwise listed <sup>4</sup>			5000
Highly reactive volatile organic compounds listed below: acetaldehyde; butenes (all isomers); ethylene; propylene toluene; xylene (all isomers); and/or isoprene <sup>5</sup>			100 <sup>+</sup>

Note \* - Note<sup>+</sup> ...

<sup>5</sup> The combined emission of these highly reactive VOC shall be totaled to determine if a RQ has been exceeded.

Note<sup>®</sup> ...

<sup>+</sup> For facilities in the following parishes: Ascension, East Baton Rouge, Iberville, Livingston, West Baton Rouge, St. Charles, St. James, St. John the Baptist, Pointe Coupee, and West Feliciana.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 30:2025(J), 2060(H), 2076(D), 2183(I), 2194(C), 2204(A), and 2373(B).

**HISTORICAL NOTE:** Promulgated by the Department of Environmental Quality, Office of the Secretary, LR 11:770 (August 1985), amended LR 19:1022 (August 1993), LR 20:183 (February 1994), amended by the Office of Air Quality and Radiation Protection, Air Quality Division, LR 21:944 (September 1995), LR

22:341 (May 1996), amended by the Office of the Secretary, LR 24:1288 (July 1998), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 27:2229 (December 2001), LR 28:994 (May 2002), LR 29:698 (May 2003), LR 29:

L. Hall Bohlinger  
Secretary

0309#019

**DECLARATION OF EMERGENCY**

**Department of Environmental Quality  
Office of Environmental Assessment  
Environmental Planning Division**

Waste Tires  
(LAC 33:VII.10505, 10519, 10525,  
10527, and 10533)(SW034E2)

In accordance with the emergency provisions of the Administrative Procedure Act, R.S. 49:953.B, and under the authority of R.S. 30:2011, the secretary of the Department of Environmental Quality declares that an emergency action is necessary in order to strengthen the regulations that will ensure proper disposal of waste tires processed in Louisiana.

This is a renewal of Emergency Rule SW034E1, which was effective May 15, 2003, and published in the *Louisiana Register* on May 20, 2003. The department is drafting a Rule to promulgate these regulation changes.

Waste tires that are not processed in accordance with LAC 33:VII.Chapter 105 create environmental and health-related problems and pose a significant threat to the safety of the community. The elimination of breeding areas for mosquitoes will reduce the exposure to these insects and the serious health problems associated therewith.

This Emergency Rule is effective on September 12, 2003, and shall remain in effect for a maximum of 120 days or until a final Rule is promulgated, whichever occurs first. For more information concerning SW034E2, you may contact the Regulation Development Section at (225) 219-3550.

**Title 33  
ENVIRONMENTAL QUALITY  
Part VII. Solid Waste  
Subpart 2. Recycling**

**Chapter 105. Waste Tires**

**§10505. Definitions**

A. The following words, terms, and phrases, when used in conjunction with the Solid Waste Rules and Regulations, shall have the meanings ascribed to them in this Section, except where the context clearly indicates a different meaning.

\*\*\*

**Adjustment Tire**Ca tire that becomes unusable for any reason within the manufacturer's control and is returned to the dealer under a tire warranty by the tire manufacturer. Tire adjustments are initiated by the consumer.

\*\*\*

**Eligible Tire**Ca waste tire generated for which a fee was charged as per LAC 33:VII.10519.E.2.

\*\*\*

**Recall Tire**Ca tire that is specified as defective by the manufacturer and returned to the dealer so that the dealer

may provide a replacement or repair. Recalls are initiated by the manufacturer.

\* \* \*

*Used Tire*Ca tire that can be salvaged and sold as a good, functional vehicle tire.

*Used Tire Dealer*Any person, business, or firm that engages in the sale of used tires for use on motor vehicles.

\* \* \*

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2411-2422.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Solid Waste Division, LR 18:37 (January 1992), amended LR 20:1001 (September 1994), LR 22:1213 (December 1996), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2773 (December 2000), LR 27:829 (June 2001), LR 27:2226 (December 2001), LR 28:1953 (September 2002), LR 29:

#### **§10519. Standards and Responsibilities of Generators of Waste Tires**

A. - E.1. ...

2. "All Louisiana tire dealers are required to collect a waste tire cleanup and recycling fee of \$2 for each passenger/light truck tire, \$5 for each medium truck tire, and \$10 for each off-road tire, upon sale of each new tire. These fees shall also be collected on all recall and adjustment tires. Tire fee categories are defined in the Waste Tire Regulations. No fee shall be collected on tires weighing more than 500 pounds or solid tires. This fee must be collected whether or not the purchaser retains the waste tires. Tire dealers must accept from the purchaser, at the time of sale, one waste tire for every new tire sold, unless the purchaser elects to retain the waste tire."

F. - O. ...

P. Generators other than new tire dealers (used tire dealers, salvage yards, recappers, etc.) shall maintain a complete record of purchase invoices, inventory records, and sales invoices for a period of no less than three years. These records shall be open for inspection and/or audit by the administrative authority at all reasonable hours.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2411-2422.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Solid Waste Division, LR 18:40 (January 1992), amended LR 20:1001 (September 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2777 (December 2000), LR 27:830 (June 2001), LR 27:2227 (December 2001), LR 28:1953 (September 2002), LR 29:

#### **§10525. Standards and Responsibilities of Waste Tire Processors**

A. Upon receiving a shipment containing waste tires, the processor shall be responsible for verifying the number of waste tires in each shipment by actually counting each waste tire. The processor shall sign each waste tire manifest upon receiving waste tires. In order to be reimbursed from the Waste Tire Management Fund, processors shall only accept eligible tires from authorized Louisiana transporters or in accordance with LAC 33:VII.10519.K. Each processor shall accept no more than five unmanifested tires per day per customer. The processor shall maintain a log for all unmanifested loads. The log shall include, at the minimum, the following:

1. name and address of customer;
2. license plate number of vehicle delivering the tires;
3. phone number of customer;
4. number of tires received;
5. date;
6. time; and
7. signature of customer delivering the tires.

B. - F. ...

G Processors shall maintain a complete set of records pertaining to manifested tires or shredded waste tire material coming in or leaving their place of business. This shall include, but is not limited to, manifests, monthly reimbursement reports, records of all payments from/to end markets, inventory records, logs, any documents related to out-of-state tire activity, and financial records. These records shall be maintained for a period of no less than three years and shall be open for inspection by the administrative authority at all reasonable hours.

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2411-2422.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Solid Waste Division, LR 18:41 (January 1992), amended LR 20:1001 (September 1994), LR 22:1213 (December 1996), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2779 (December 2000), LR 27:831 (June 2001), LR 27:2228 (December 2001), LR 28:1953 (September 2002), LR 29:

#### **§10527. Standards and Responsibilities for Waste Tire Collectors and Collection Centers**

A. All collection center operators shall satisfy the manifest requirements of LAC 33:VII.10533. All collection center operators shall be responsible for counting the tires in the shipment. Each collection center shall accept no more than five unmanifested tires per day per customer. The collection center shall maintain a log for all unmanifested loads. The collection center shall report monthly to the administrative authority, due no later than the fifteenth of the following month, the total number of tires received at the facility. These records shall be maintained by the collection center for a minimum of three years and are subject to audit by the administrative authority. The log for all unmanifested loads shall include, at the minimum, the following:

1. name and address of customer;
2. license plate number of vehicle delivering the tires;
3. phone number of customer;
4. number of tires received;
5. date;
6. time; and
7. signature of customer delivering the tires.

B. - G.5. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2411 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Solid Waste Division, LR 18:41 (January 1992), amended LR 20:1001 (September 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2780 (December 2000), LR 29:

#### **§10533. Manifest System**

A. All shipments of more than 20 waste tires shall be accompanied by a waste tire manifest provided by the department and executed in accordance with this Section.

Tires transported in Louisiana that are not eligible tires, as defined in LAC 33:VII.10505, shall be clearly labeled ineligible on the manifest.

B. - D. ...

AUTHORITY NOTE: Promulgated in accordance with R.S. 30:2411 et seq.

HISTORICAL NOTE: Promulgated by the Department of Environmental Quality, Office of Solid and Hazardous Waste, Solid Waste Division, LR 20:1001 (September 1994), amended by the Office of Environmental Assessment, Environmental Planning Division, LR 26:2780 (December 2000), LR 27:831 (June 2001), LR 27:2228 (December 2001), LR 29:

L. Hall Bohlinger  
Secretary

0309#018

## DECLARATION OF EMERGENCY

### Office of the Governor Division of Administration Racing Commission

Claiming Rule (LAC 35:XI.9905 and 9913)

The Louisiana State Racing Commission is exercising the emergency provisions of the Administrative Procedures Act, R.S. 49:953(B), and pursuant to the authority granted under R.S. 4:141 et seq., adopts the following Emergency Rule effective August 18, 2003, and it shall remain in effect for 120 days or until this Rule takes effect through the normal promulgation process, whichever comes first.

The Louisiana State Racing Commission finds it necessary to (1) readopt §9905 to ensure proper timing when claiming a horse, and (2) amend §9913 to protect the successful claimant's ownership at the moment the horse becomes a starter.

### Title 35

### HORSE RACING

#### Part XI. Claiming Rules and Engagements

#### Chapter 99. Claiming Rule

#### §9905. Timing of Entering Next Claiming Race

Note: This rule is being reinstated; it was repealed in 1996.

A. Except as otherwise provided herein, a claimed horse shall not enter in starter, optional or claiming races for 30 days after being claimed in a race in which the determining eligibility price is less than 25 percent more than the price at which the horse was claimed. The day claimed shall not count, but the following calendar day shall be the first day and the horse shall be entitled to enter whenever necessary so the horse may start on the 31st day following the claim for any claiming price. This provision shall not apply to starter handicaps in which the weight to be carried is assigned by the handicapper. A similar rule in other states will be recognized and enforced.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:141, R.S. 4:142 and R.S. 4:148.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, Racing Commission, LR 29:

#### §9913. Vesting of Title; Tests

A. Title to a claimed horse shall be vested in the successful claimant at the time the horse becomes a starter. The successful claimant shall then become the owner of the horse whether alive or dead, sound or unsound, or injured at

any time after leaving the paddock, during the race or after. However, the successful claimant may request on the claim blank at the time he makes his claim that the horse be tested for the presence of equine infections anemia via a Coggins test. Should this test prove positive, it shall be cause for a horse to be returned to his previous owner and barred from racing in the state of Louisiana. The expense of the Coggins test and the maintenance of the horse during the period requested for the test shall be absorbed by the successful claimant. If such a test is requested the claimed horse will be sent to the retention barn of the Louisiana State Racing Commission where the state veterinarian will draw a blood sample, which sample shall be sent to a laboratory approved by the Louisiana Livestock Sanitary Board for the conduct of such test.

AUTHORITY NOTE: Promulgated in accordance with R.S. 4:141, R.S. 4:142 and R.S. 4:148.

HISTORICAL NOTE: Adopted by the Racing Commission in 1971, amended by the Department of Commerce, Racing Commission, LR 2:446 (December 1976), repromulgated LR 3:42 (January 1977), LR 4:285 (August 1978), amended LR 5:136 (June 1979), amended by the Office of the Governor, Division of Administration, Racing Commission LR 29:

Charles A. Gardiner III  
Executive Director

0309#006

## DECLARATION OF EMERGENCY

### Department of Health and Hospitals Board of Examiners for Licensed Professional Counselors

Licensure of Licensed Professional Counselors  
and Licensed Marriage and Family Therapists  
(LAC 46:LX.Chapters 1-47)

In accordance with the emergency provisions of the Administrative Procedures Act, R.S. 49:953(B) et seq., the Louisiana Board of Examiners is declaring an Emergency Rule relative to the licensing of marriage and family therapists, and the "grandfathering" licensure of certain marriage and family therapists who meet certain statutory requirement.

The effective date of this Emergency Rule is August 15, 2003, and it shall be in effect for 120 days or until the final Rule takes effect through the normal rulemaking process, which ever occurs first.

The Emergency Rule is necessary to allow for the licensing "grandfathering" process to be put in place within the deadlines specified by the Legislature. Earlier implementation of this process, mandated by Act 1195 of 2001, expired January 1, 2003. Act 1139 of 2003 "reopened" the grandfathering process, retroactive to January 1, 2003, and that Act becomes effective August 15, 2003.

This Emergency Rule is therefore necessary to continue the "grandfathering" licensure of marriage and family therapists, in accordance with the expressed legislative extent to regulate such practice.

This Emergency Rule is further necessary to comply with Senate Concurrent Resolution 104 of the 2003 Louisiana Legislature, which suspended portions of certain state laws

relative to licensure, continuing education, and payment of licensing fees by licensees on "active military service."

There will be no adverse fiscal impact on the state as a result of this Rule, inasmuch as the LPC Board operates solely on self-generated funds. Individuals wishing to be licensed through the "grandfathering" process will enjoy an economic advantage by not having to comply with more stringent licensing qualifications.

Further, licensees in the active military service will have certain licensure and financial burdens deferred until they cease active duty.

**Title 46  
PROFESSIONAL AND OCCUPATIONAL  
STANDARDS**

**Part LX. Licensed Professional Counselors**

**Subpart 1. Licensed Professional Counselors**

**Chapter 1. General Provisions**

**§101. Statutory Authority**

A. The Louisiana Licensed Professional Counselors Board of Examiners was initially created and empowered by Act 892 of the 1987 Legislature to provide regulation of the practice of mental health counseling and provide for the regulation of the use of the title "Licensed Professional Counselor" (R.S. 37:1102). Subsequently Act 1195 of 2001 empowered the Board to provide regulation of marriage and family therapy and the use of the title "Licensed Marriage and Family Therapist" (R.S.37:1102(B)). Therefore, the Professional Counselors Board of Examiners establishes the rules and regulations herein pursuant to the authority granted to, and imposed upon said board under the provisions of the Louisiana Revised Statutes, Title 37, Chapter 13, R.S. 37:1101-1122.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:128 (February 2003), amended LR 29:

**§103. Description of Organization**

A. The Louisiana Licensed Professional Counselors Board of Examiners, hereafter referred to as the board, resides in the Department of Health and Hospitals, and consists of ten members, who shall be residents of the state of Louisiana. Each term shall be for four years. The governor shall make seven appointments to the board from a list of qualified candidates submitted by the executive board of the Louisiana Counseling Association. The governor shall make three appointments to the board from a list of candidates submitted by the executive board of the Louisiana Association for Marriage and Family Therapy. Each appointment by the governor shall be submitted to the senate for confirmation. Board membership shall consist of three licensed professional counselors, three educators who are licensed professional counselors and whose function is the training of mental health counselors in accredited programs, three licensed marriage and family therapists, and one individual from the public at large. No board member shall serve more than two full consecutive terms. The professional membership of the board shall be licensed under this Chapter. No board member shall be liable in any civil action for any act performed in good faith in the execution of his duties under Chapter 13 of Title 37.

1. The licensed professional counselor board shall establish a Marriage and Family Therapy Advisory

Committee, which shall consist of the three board members appointed by the governor from the list of names submitted by the executive board of the Louisiana Association for Marriage and Family Therapy.

2. The function of the advisory committee shall be established by rules and regulations developed by the advisory committee, promulgated by the board, and approved jointly by the House and Senate Health and Welfare Committee.

3. The functions and duties of the advisory board may include but are not limited to the following:

a. develop rules and regulations in accordance with the Administrative Procedure Act as it may deem necessary to implement the provisions of this Chapter for promulgation and implementation by the board;

b. examine and qualify all applicants for licensure as marriage and family therapists and recommend to the board each successful applicant for licensure, attesting to his professional qualifications to be a licensed marriage and family therapist;

c. develop for the board application forms for licensure pursuant to this Chapter; and

d. maintain complete records of all meetings, proceedings, and hearings conducted by the advisory committee.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:128 (February 2003), amended LR 29:

**§105. Vacancies**

A. The governor shall fill, within 30 days, for the remainder of the term, any vacancy occurring in board membership for an unexpired term from a list of qualified candidates as prescribed in Section 1104(C) of R.S. 37:1101- 1122.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:128 (February 2003), amended LR 29:

**§309. Quorum**

A. Six members of the board shall constitute a quorum of the board at any meeting or hearing for the transaction of business and may examine, approve, and renew the license of applicants.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:129 (February 2003), amended LR 29:

**Chapter 9. Fees**

**§901. General**

A. The board shall collect the following fees stated in R.S. 37:1106.

- |   |       |
|---|-------|
| 1. Application, license and seal                              | \$200 |
| 2. Privileging review for appraisal and other specialty areas | \$100 |
| 3. Registration of Supervision                                | \$100 |
| 4. Renewal of license   | \$150 |
| 5. Late fee for renewal                                       | \$ 50 |
| 6. Reissue of license duplicate                               | \$ 25 |
| 7. Name change on records                                     | \$ 25 |

- 8. Copy of LPC file \$ 25
- 9. Copy of any documents cost incurred

B. The late fee will be incurred the day after a licensee's designated renewal deadline (no grace period). No part of any fee shall be refundable under any conditions. All fees for licensing must be paid to the board by certified check or money order. The renewal shall be deemed timely when:

- 1. the renewal is delivered on or before the due date; or
- 2. the renewal is mailed on or before the due date. If the renewal is received by mail on the first working day following the due date, there shall be a rebuttable presumption that it was timely filed. In all cases where the presumption does not apply, the timeliness of the mailing shall be shown only by an official United States postmark or by official receipt or certificate from the United States Postal Service made at the time of mailing which indicates the date thereof. For purpose of this Section, "by mail" applies only to the United States Postal Service.

C. The board may assess and collect fines in an amount not to exceed \$500 for violations of Chapter 9 and Rules promulgated by the board.

D. Senate Concurrent Resolution 104 of the Regular Session of the Louisiana Legislature suspended certain state law provisions relative to continuing education, annual applications, and/or annual payment of licensing fees for individuals on "active military service."

E. Licensees who are placed on active duty status shall immediately notify the board of such status, and provide documentation of same, and shall likewise promptly notify the board, and provide documentation of the cessation of active duty status. Licensees with questions concerning the continued applicability of the resolution should contact the board office.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:136 (February 2003), amended LR 29:

**Subpart 2. Professional Standards for Licensed Marriage and Family Therapists**

**Chapter 27. General Provisions**

**§2705. Description of Organization**

A. The Marriage and Family Therapy Advisory Committee, hereafter referred to as the advisory committee, consists of three members, who shall be residents of the state of Louisiana. All candidates and advisory committee members shall be licensed marriage and family therapists except for the first three members who shall be members of the American Association for Marriage and Family Therapy. These first three advisory committee members shall be eligible for licensure as licensed marriage and family therapists under Title 37, Chapter 13 as soon as these Rules and regulations are approved. The three advisory committee members shall be members of the board.

B. The governor shall make appointments to the board and the advisory committee from a list of qualified candidates submitted by the executive board of the Louisiana Association for Marriage and Family Therapy,

hereinafter referred to as LAMFT. Each appointment by the governor shall be submitted to the Senate for confirmation.

C. Board member terms shall be for four years. No advisory committee member shall serve more than two full consecutive terms.

D. Any vacancy occurring in advisory committee membership, other than by expiration of term, shall be filled for the remainder of the unexpired term by the governor within 30 days from a list of qualified candidates supplied by the LAMFT board as prescribed in Section 1104 of R.S. 37:1101-1122.

E. No advisory committee member shall be liable in any civil action for any act performed in good faith in the execution of his or her duties under Chapter 13 of Title 37.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:153 (February 2003), amended LR 29:

**Chapter 29. Advisory Committee Meetings, Procedures, Records, Powers and Duties**

**§2911. Records**

A. The advisory committee shall maintain records of pertinent matters relating to application, licensure, and discipline. Registers of LMFT-approved supervisors and LMFT-registered supervisor candidates and a register of licensed marriage and family therapists shall be made available to the public.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Examiners of Professional Counselors, LR 29:154 (February 2003), amended LR 29:

**Chapter 31. License of Title for Marriage and Family Therapy**

**§3105. Definitions for Licensed Marriage and Family Therapists**

*Advisory Committee* C the Marriage and Family Therapy Advisory Committee.

*Assessment* C

- 1. the evaluation through the use of systems oriented methods and processes of:
  - a. individual;
  - b. couple;
  - c. family; and
  - d. larger systems;
- 2. for the purpose of:
  - a. developing treatment plans;
  - b. monitoring psychotherapeutic processes;
  - c. measuring psychotherapeutic progress; and
  - d. measuring psychotherapeutic outcomes;
- 3. such evaluation may include the use of:
  - a. informal; or
  - b. formal instruments;
- 4. for which the licensed marriage and family therapist has received:
  - a. appropriate training; and
  - b. supervision in:
    - i. individual settings; and
    - ii. group settings.

**Board** the Louisiana Licensed Professional Counselors Board of Examiners

**Marriage and Family Therapy** the professional application of psychotherapeutic and family systems theories and techniques in the assessment and treatment of:

1. individuals;
2. couples; and
3. families.

**Qualified Supervision** the supervision of the clinical services of an applicant working toward licensure as a licensed marriage and family therapist:

1. in accordance with standards developed by the advisory committee; and
2. by an individual who has been recognized by the advisory committee as an LMFT-approved supervisor or an LMFT-registered supervisor candidate.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1101-1122.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:154 (February 2003), amended LR 29:

### **Chapter 33. Requirements for Licensure**

#### **§3303. Definitions**

**Allied Mental Health Discipline** includes, but may not be limited to, mental health counseling, social work, psychology, psychiatric nursing, and psychiatry.

**Applicant** any individual seeking licensure who has submitted an official application and paid the application fee.

**Appropriate Graduate Degree** a master's or doctoral degree from a college or university accredited by the Southern Association of Colleges and Schools (SACS), or a comparable accrediting body. If a discipline requires a specific terminal degree, that degree will be considered the appropriate degree.

**Client Contact Hour** a 50-minute period a therapist spends working face-to-face with an individual, couple, family, or group.

**Direct Client Contact** face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments done face-to-face and more than clerical in nature and focus may be counted as direct client contact. Psychoeducation may be counted as direct client contact.

**Marriage and Family Therapist Intern or MFT Intern** a person who has earned a qualifying graduate degree and is receiving MFT approved postgraduate supervision.

**Recognized Educational Institution** a postgraduate training institute or any regionally accredited educational institution that grants a master's or doctoral degree that meets the standards established by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as determined by the advisory committee or, until June 30, 2003, the standards for marriage and family counseling or therapy established by the Council on Accreditation of Counseling and Related Educational Programs (CACREP) as determined by the ad hoc committee on licensure and supervision.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1101-1122.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:155 (February 2003), amended LR 29:

#### **§3307. Specific Licensing Requirements for**

##### **Applications Made on or before June 30, 2004**

A. On applications postmarked on or before June 30, 2004, the board upon recommendation of the advisory committee shall issue licenses to applicants who meet the requirements in this section.

1. Specific requirements for §3307 may be met in one of four ways:

a. an appropriate graduate degree and two years of supervised clinical experience:

i. the applicant must have an appropriate graduate degree in:

- (a). marriage and family therapy; or
- (b). an allied mental health discipline; and

ii. have completed, after the receipt of a qualifying degree:

(a). at least two years of supervised clinical experience; and

(b). a minimum of 1000 hours of direct client contact;

(i.) in the practice of marriage and family therapy; or

(ii.) as part of the scope of practice of an allied mental health discipline;

b. persons with appropriate graduate degrees who do not meet the two years of supervised clinical experience may apply to become MFT interns:

i. the minimum of 1000 hours of direct client contact may be met by:

(a). supervised clinical experience obtained in the degree program beyond that required for the degree; and

(b). supervision recommended for approval by the advisory committee;

ii. applicants may not become licensed without two years of post-degree clinical experience;

c. current clinical membership in the Association for Marriage and Family Therapy (AAMFT);

i. verification of such membership sent directly from AAMFT will be accepted as a presumption of having met both the educational and clinical experience required;

d. a valid license from a licensing body that requires standards substantially equivalent to the licensing requirements for licensed marriage and family therapists in Louisiana as specified in Subparagraph A.1.a.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 37:1101-1122.

**HISTORICAL NOTE:** Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:155 (February 2003), amended LR 29:

#### **§3309. Specific Licensing Requirements for**

##### **Applications Made after June 30, 2004**

A. For applications postmarked after June 30, 2004, the board upon recommendation of the advisory committee shall issue licenses to applicants who meet the requirements in this section.

1. Summary of Specific Requirements for §3309

a. Academic Requirements

i. A master's or doctoral degree from a marriage and family therapy program that meets the standards established by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as determined by the advisory committee in a regionally accredited educational institution or training from a postgraduate training institute that meets the standards established by COAMFTE as determined by the advisory committee; or

ii. until June 30, 2003, a master's or doctoral degree in mental health counseling with a specialization in marriage and family counseling that substantially meets the standards established by the Council on Accreditation of Counseling and Related Educational Programs (CACREP) as determined by the ad hoc committee on licensure and supervision from a regionally accredited educational institution or training from a postgraduate training institute that meets the standards established by CACREP as determined by the ad hoc committee on licensure and supervision; or

iii. an appropriate graduate degree in an allied mental health field from a regionally accredited educational institution with graduate level coursework equivalent to:

(a). a master's degree in marriage and family therapy that meets the standards established by COAMFTE as determined by the advisory committee and specified in §3311 Academic Requirements for Equivalency; or

(i). until June 30, 2003, the standards for marriage and family counseling or therapy established by CACREP as determined by the ad hoc committee on licensure and supervision and specified in §3311. Academic Requirements for Equivalency.

b. Supervision Requirements

i. Applicants must complete a minimum of two years of supervised work experience in marriage and family therapy as specified in §3315 Supervision Requirements after receipt of a qualifying degree.

c. Examination Requirements

i. Applicants must pass the national examination in marriage and family therapy as specified in §3313 Examination Requirements.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:156 (February 2003), amended LR 29:

**§3311. Academic Requirements for Equivalency after June 30, 2004**

A. General

1. An applicant must have completed a minimum of 48 semester hours or its equivalent of graduate coursework.

2. One course is defined as 3 semester credits, 4 quarter credits, or 45 didactic contact hours (i.e., lecture hours).

3. If titles of academic courses are not self-explanatory, their content and relevance must be substantiated by the applicant through course descriptions in official school catalogs, bulletins, syllabi, or by other means approved by the advisory committee.

4. Undergraduate level courses will not meet academic requirements unless the applicant's official transcript clearly shows that the course was given graduate credit.

5. Only coursework taken for credit and receiving a passing grade will be accepted.

6. Coursework taken outside of a program of studies for which a degree was granted must receive an "A," "B," or "pass."

7. In a postgraduate training program, a minimum of 45 contact hours will be considered equivalent to a 3-hour semester credit course.

8. An applicant who wishes to make up academic deficiencies may propose a plan of additional coursework to the advisory committee.

9. An applicant who has completed a master's degree program in marriage and family therapy or counseling that was accredited by the Council on the Accreditation of Counseling and Related Educational Programs (CACREP) and has a minimum of six graduate courses in Marriage and Family Therapy, will be determined by the Advisory Committee and the Board to have met the equivalency of standards established by the Commission on Accreditation for Marriage and Family Education (COAMFTE).

B. Specific equivalency requirements that meet the standards for marriage and family therapy established by COAMFTE as determined by the advisory committee.

1. Academic Course Content. An applicant with a graduate degree in an allied mental health field must have coursework in each of the following areas (one course equals three semester hours).

a. Theoretical Knowledge of Marriage and Family TherapyCa minimum of two courses.

i. Courses in this area shall contain such content as the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of marriage and family therapy and will be related conceptually to clinical concerns. Students will be able to conceptualize and distinguish the critical epistemological issues in the profession of marriage and family therapy. Materials covered will provide a comprehensive survey and substantive understanding of the major models of marriage, couple, and family therapy.

b. Clinical Knowledge of Marriage and Family TherapyCa minimum of four courses.

i. Courses in this area shall contain such content as:

(a). couple and family therapy practice and be related conceptually to theory;

(b). contemporary issues, which include but are not limited to gender, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective;

(c). a wide variety of presenting clinical problems;

(d). issues of gender and sexual functioning, sexual orientation, and sex therapy as they relate to couple, marriage and family therapy theory and practice;

(e). diversity and discrimination as it relates to couple and family therapy theory and practice.

c. Assessment and Treatment in Marriage and Family TherapyCa minimum of two courses.

i. Courses in this area shall contain such content from a relational/systemic perspective as:

(a). psychopharmacology;

(b). physical health and illness;

(c). traditional psychodiagnostic categories; and  
(d). the assessment and treatment of major mental health issues. One course must be in psychopathology.

d. Individual, Couple, and Family DevelopmentCa minimum of one course.

i. Courses in this area shall contain such content as individual, couple, and family development across the lifespan.

e. Professional Identity and EthicsCa minimum of one course

i. Courses in this area shall contain such content as:

(a). professional identity, including professional socialization, scope of practice, professional organizations, licensure, and certification;

(b). ethical issues related to the profession of marriage and family therapy and the practice of individual, couple, and family therapy. A generic course in ethics does not meet this standard;

(c). the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice;

(d). the interface between therapist responsibility and the professional, social, and political context of treatment.

f. ResearchCa minimum of one course.

i. Courses in this area shall include significant material on research in couple and family therapy; focus on content such as research methodology, data analysis and the evaluation of research, and include quantitative and qualitative research.

g. Additional LearningCa minimum of one course.

i. Courses in this area will augment students' specialized interest and background in individual, couple, and family therapy and may be chosen from coursework offered in a variety of disciplines.

2. Supervised Clinical PracticumC500 supervised direct client contact hours with 100 hours of face-to-face supervision. At least 250 of these hours will be with couples or families present in the therapy room.

a. The training of the supervisor must be equivalent to that of an AAMFT approved supervisor or AAMFT supervisor candidate.

b. If a student is simultaneously being supervised and having direct client contact, the time may be counted as both supervision time and direct client contact time.

C. Until June 30, 2003, specific equivalency requirements that meet the standards for marriage and family counseling/therapy established by CACREP as determined by the committee on mental health counseling licensure/supervision for the advisory committee.

1. Academic Course Content. To fulfill the CACREP requirements of the academic component for eligibility, the applicant must have completed a minimum of four courses from the following areas.

a. Foundations of Marital, Couple, and Family Counseling/Therapy:

i. the history of marital, couple, and family counseling/therapy including philosophical and etiological

premises that define the practice of marital, couple, and family counseling/therapy;

ii. the structure and operations of professional organizations, preparation standards, and credentialing bodies pertaining to the practice of marital, couple, and family counseling/therapy (e.g., the International Association of Marriage and Family Counselors);

iii. the ethical and legal considerations specifically related to the practice of marital, couple, and family counseling/therapy (e.g., the *ACA* and *IAMFC Code of Ethics*);

iv. the implications of professional issues unique to marital, couple, and family counseling/therapy including recognition, reimbursement, and right to practice;

v. the role of marital, couple, and family counselors/therapists in a variety of practice settings and in relation to other helping professionals; and

vi. the role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status, and equity issues in marital, couple, and family counseling/therapy.

b. Contextual Dimensions of Marital, Couple, and Family Counseling/Therapy:

i. marital, couple, and family life cycle dynamics, healthy family structures, and development in a multicultural society, family of origin and intergenerational influences, cultural heritage, socioeconomic status, and belief systems;

ii human sexuality issues and their impact on family and couple functioning, and strategies for their resolution; and

iii. societal trends and treatment issues related to working with diverse family systems (e.g., families in transition, dual-career couples, and blended families).

c. Knowledge and skill requirements for marital, couple, and family counselor/therapists:

i. family systems theories and other relevant theories and their application in working with couples and families, and other systems (e.g., legal, legislative, school and community systems) and with individuals;

ii. interviewing, assessment, and case management skills for working with individuals, couples, families, and other systems; and implementing appropriate skill in systemic interventions;

iii. preventive approaches for working with individuals, couples, families, and other systems such as pre-marital counseling, parenting skills training, and relationship enhancement;

iv. specific problems that impede family functioning, including issues related to socioeconomic disadvantage, discrimination and bias, addictive behaviors, person abuse, and interventions for their resolution; and

v. research and technology applications in marital, couple, and family counseling/therapy.

2. The supervised CACREP clinical practice must include:

a. a 100-hour practicum, of which 40 hours must be direct client contact; and

b. a 600-hour internship, of which 240 hours must be direct hour contact. The requirements for this internship are:

- i. it must occur in a counseling setting, under the clinical supervision of a site supervisor;
- ii. direct service clock hours are defined as work with couples, families, and individuals from a systems perspective;
- iii. at least half the direct service clock hours must be with couples and family units.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:156 (February 2003), amended LR 29:

### §3315. Supervision Requirements

#### A. General Provisions

1. Applicants who apply before June 30, 2004, who meet the degree requirements but do not meet the experience requirements and applicants who apply after June 30, 2004, who meet the degree requirements must successfully complete two years of work experience in marriage and family therapy under qualified supervision in accordance with COAMFTE supervision standards as described in this section.

#### B. Definitions for Supervision

*Co-Therapy Supervision* supervision outside the session on cases in which the supervisor is a co-therapist.

*Consultation* a voluntary relationship between professionals of relative equal expertise or status wherein the person being consulted offers his/her best advice or information on an individual case or problem for use by the person asking for assistance. The consultant has no functional authority over the person asking for assistance, no legal or professional accountability for either the services performed or the welfare of the client. Consultation is not supervision. Experience under contract for consultation will not be credited toward fulfillment of supervision requirements.

*Group Supervision* face-to-face supervision of more than two MFT Interns and no more than six MFT Interns per group regardless of the number of supervisors. Group supervision provides the opportunity for the supervisees to interact with other supervisees and offers a different learning experience than that obtained from individual supervision.

*Individual Supervision* face-to-face supervision of one or two individuals by one supervisor.

*LMFT-Approved Supervisor* an individual who has met requirements and takes responsibility for the practice of the supervisee during a specific time to enable the supervisee to meet the requirements of licensing. The supervisor is responsible for the delivery of services, the representation to the public of services, and the supervisor/supervisee relationship.

*LMFT-registered Supervisor Candidate* an individual under the supervision of an LMFT-approved supervisor for the purpose of qualifying as an LMFT-approved supervisor.

*Live Supervision* supervision (individual and /or group) in which the supervisor directly observes the case while the therapy is being conducted and has the opportunity to provide supervisory input during the session. When a supervisor conducts live supervision the time is counted as

individual supervision for up to two interns providing therapy in the room with the client(s) and for up to two interns observing the therapy and interacting with the supervisor. The time is counted as group supervision when more than two MFT interns involved in direct client contact or more than two observers interacting with the supervisor are present, providing that there are no more than six interns involved.

*MFT Intern* an individual who has been recommended by the LMFT Advisory Committee and approved by the Board for supervision by an LMFT-approved supervisor.

*Qualified Supervision* supervision of the clinical services of an MFT intern by an LMFT-approved supervisor or LMFT-registered supervisor candidate recommended by the MFT Advisory Committee and approved by the Board.

*Supervision* the professional relationship between a supervisor and supervisee that promotes the development of responsibility, skill, knowledge, and ethical standards in the practice of licensed marriage and family therapy. In addition to monitoring the MFT intern's supervised interaction with clients, the supervisor provides regular, face-to-face guidance and instruction. Supervision may include, without being limited to, the review of case presentations, audiotapes, videotapes, and direct observation.

*Registered Candidate for LMFT-approved Supervisor Plan* a written agreement on a form required by the advisory committee that establishes the supervisory framework for supervision of a licensed marriage and family therapist who is training to become an LMFT approved supervisor.

*Supervised Experience Plan* a written agreement on a form required by the advisory committee that establishes the supervisory framework for postgraduate clinical experience and describes the expectations and responsibilities of the supervisor and the supervisee.

*Work Experience* includes direct client contact and activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision.

#### C. Supervision Requirements for Licensure

1. After receipt of a qualifying degree an applicant must complete a minimum of two years of work experience in marriage and family therapy that includes at least three thousand hours of clinical services to individuals, couples, or families.

a. At least 2000 hours of these hours must be direct clinical services.

b. The remaining 1000 hours may come from related experiences that may include but are not limited to workshops, public relations, writing case notes, consulting with referral sources, etc.

c. Supervisees should apply systemic theories and treatment with all clients and make every effort to work with as many couples and families as possible.

2. The required supervision must include at least 200 hours of supervision, of which at least 100 hours must be individual supervision. Up to 100 hours of supervision received during a graduate program that can be documented as systemic may be counted toward the 200 hours.

3. The work experience shall be obtained over not less than two years.

4. After the supervision plan is submitted and fees are paid, the board upon recommendation of the advisory committee will approve supervisors before supervision begins. Supervision hours may not be counted until after approval. Approval of a supervised experience plan does not mean that the supervised experience when completed will be automatically approved.

5. To meet the requirements of the supervised clinical experience, the supervisee must:

a. meet face-to-face with the supervisor for sustained and intense learning customarily for one hour per 10 hours of client contact, with once every other week, the minimum; and three times a week ordinarily the maximum;

b. file with the advisory committee a supervised experience plan as defined in §3315.B.Definitions for Supervision.

6. It is recommended that the supervisory experience include sequentially at least two supervisors with diverse family therapy orientations, such as, but not limited to, narrative, MRI, Bowenian, structural, strategic, behavioral, or solution focused.

7. The following are not acceptable as approved supervision:

a. peer supervision (supervision by a person of equivalent, rather than superior, qualifications, status and experience);

b. supervision by current or former family members (such as parents, spouse, former spouse, siblings, children, cousins, present or former in-laws, aunts, uncles, grandparents, grandchildren, step-children), anyone sharing the same household, employees, or any other person where the nature of the personal relationship prevents or makes difficult the establishment of a professional relationship. For purposes of this rule, a supervisor shall not be considered an employee of the supervisee if the only compensation received by the supervisor consists of payment for actual supervisory hours;

c. administrative supervision (administrative supervision by an institutional director or executive, for example, conducted to evaluate job performance or for case management rather than the clinical supervision of the quality of therapy given to clients);

d. a primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop, or seminar;

e. consultation, staff development, or orientation to a field program, or role-playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical situation.

D. Qualifications of an LMFT-approved Supervisor and an LMFT-registered Supervisor Candidate

1. Supervision not provided by an LMFT-approved supervisor or an LMFT-registered supervisor candidate as determined by the advisory committee will not be counted toward licensure.

2. A supervisor may not have more than a combined total of 10 supervisees, including MFT interns and interns in other disciplines and/or registered supervisor candidates at the same time.

3. A person who wishes to become an LMFT-approved supervisor must be a licensed marriage and family therapist and must submit a completed application that documents that he or she meets the requirements in one of two ways.

a. The applicant may meet the requirements by meeting the following requirements.

i. Coursework requirements:

(a). a one-semester graduate course in marriage and family therapy supervision from a regionally accredited institution; or

(b). an equivalent course of study consisting of a 15-hour didactic component and a 15-hour interactive component in the study of marriage and family therapy supervision approved by the advisory committee. The interactive component must include a minimum of four persons.

ii. Experience requirements:

(a). has at least two years experience as a licensed Marriage and Family therapist.

iii. Supervision of Supervision

(a). Before June 30, 2005, an applicant must have 36 hours of supervision of supervision for marriage and family therapy from a person considered to be a qualified supervisor by the advisory committee.

(b). Before June 30, 2005, applicants with a degree in marriage and family therapy or its equivalent as determined by the advisory committee who meet the requirements in Clauses i. and ii. in this Subparagraph will not be required to obtain the 36 hours of supervision of supervision.

(c). After June 30, 2005, supervision of supervision must be taken from an LMFT-approved supervisor.

b. Designation as an AAMFT Approved Supervisor qualifies a person to become an LMFT approved supervisor. Documentation must be submitted and recommended by the advisory committee for Board approval.

4. LMFT-Registered Supervisor Candidate

a. A person who wishes to become an LMFT-registered supervisor candidate must submit an application provided by the board upon recommendation of the advisory committee that:

i. includes documentation that he has at least two years experience as a Licensed Marriage and Family Therapist;

ii. either documents that he or she has met the coursework and interactional requirement specified in Clause D.3.a.i. or proposes how this requirement shall be met;

iii. includes the name of the LMFT-approved supervisor who will be supervising his or her supervision of MFT interns and the approximate dates such supervision will begin and end.

b. The advisory committee will review the application and inform the individual in writing that the proposed supervision of supervision arrangement either has been approved or rejected. Any rejection letter will outline the reasons for rejection.

c. An advisory committee member cannot participate in deliberations or votes on any applicant who has been supervised by that advisory committee member.

d. Upon completion of the required hours of supervision of supervision, the registered supervisor candidate must submit an application to become an LMFT approved supervisor.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:158 (February 2003), amended LR 29:

### **Chapter 35. Renewal of License**

#### **§3501. General Provisions**

A. Licenses shall be renewed every two years. The licensee shall submit an application form and payment of the renewal fee. Renewals must be postmarked no later than December 31. Upon approval by the advisory committee, the board shall issue a document renewing the license for two years.

B. A license not renewed shall lapse December 31. To renew a lapsed license, the licensee must pay all fees in arrears and provide documentation of the continuing education requirements. A lapsed license not renewed within two years will expire and the individual must re-apply under the current Rules for licensure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:160 (February 2003), amended 29:

#### **§3503. Continuing Education Requirements**

##### **A. General Guidelines**

1. A licensee must accrue 40 clock hours of continuing education by every renewal period every two years.

2. One continuing education unit (CEU) is equivalent to one clock hour.

3. Accrual of continuing education begins only after the date the license was issued.

4. Continuing education hours accrued beyond the required 40 clock hours may not be applied toward the next renewal period. Renewal periods run from January 1 to December 31

5. The licensee is responsible for keeping a personal record of his/her continuing education hours until official notification of renewal is received. Do not forward documentation of continuing education hours to the board office as they are accrued.

6. At the time of renewal 10 percent of the licensees will be audited to ensure that the continuing education requirement is being met. Licensees audited will be requested by letter to submit documentation as specified in §3503.B of their continuing education hours.

7. Licensees will be asked in the renewal application to note any changes in areas of expertise. The advisory committee, at its discretion, may require the licensee to present satisfactory documentation supporting these changes.

8. A licensee must accrue three clock hours of training in ethics that specifically addresses ethics for licensed marriage and family therapy as defined in Subparagraph C.3.e every renewal period. A generic ethics class will not be acceptable.

9. Those licensed marriage and family therapists who hold another license that requires continuing education hours may count the continuing education hours obtained for that license toward their LMFT CEU requirements. Of the 40 CEU's submitted, however, 20 hours must be in the area of marriage and family therapy with an emphasis upon systemic approaches or the theory, research, or practice of systemic psychotherapeutic work with couples or families including three hours of ethics specific to marriage and family therapy.

10. The approval of and requirements for continuing education are specified in Subsection C.

B. Types of documentation needed for continuing education audit:

1. copy of certificate of attendance for workshops, seminars, or conventions;

2. copy of transcript for coursework taken for credit/audit;

3. letter from workshop/convention coordinator verifying presentation;

4. copy of article plus the table of contents of the journal it appears in, copy of chapter plus table of contents for chapter authored for books, title page and table of contents for authoring or editing books, letter from conference coordinator or journal editor for reviewing refereed workshop presentations or journal articles.

C. Approved Continuing Education for Licensed Marriage and Family Therapists

1. Continuing education requirements are meant to ensure personal and professional development throughout an individual's career.

2. An LMFT may obtain the 40 clock hours of continuing education through the options listed. All continuing education hours may be obtained through Subparagraph a or 20 of the 40 hours may be obtained through Subparagraph b:

a. Direct participation in a structured educational format as a learner in continuing education workshops and presentations or in graduate coursework (either for credit or audit).

i. The advisory committee will accept workshops and presentations approved by the American Association for Marriage and Family Therapy (AAMFT) and its regional or state divisions including the Louisiana Association for Marriage and Family Therapy (LAMFT). Contact them directly to find out which organizations, groups, or individuals are approved providers graduate coursework either taken for credit or audit must be from a regionally accredited college or university and in the areas of marriage and family therapy described in Paragraph C.3.

ii. Licensees may receive one clock hour of continuing education for each hour of direct participation in a structured educational format as a learner. Credit cannot be given to persons who leave early from an approved session or to persons who do not successfully complete graduate coursework.

iii. Continuing education taken from organizations, groups, or individuals not holding provider status by one of the associations listed in Clause i. will be subject to approval by the advisory committee at the time of renewal.

(a). The advisory committee will not pre-approve any type of continuing education.

(b). The continuing education must be in one of the seven approved content areas listed in §3503.C and given by a qualified presenter.

(c). A qualified presenter is someone deemed by the advisory committee to be a professional in marriage and family therapy, another mental health profession, or another profession with information, knowledge, and skills relevant to the practice of marriage and family therapy.

(d). One may receive one clock hour of continuing education for each hour of direct participation in a structured educational format as a learner.

(e). Credit cannot be granted for business/governance meetings; breaks; and social activities including meal functions, except for the actual time of an educational content speaker.

(f). Credit may not be given for marketing the business aspects of one's practice, time management, supervisory sessions, staff orientation, agency activities that address procedural issues, personal therapy, or other methods not structured on sound educational principles or for content contrary to the LMFT Code of Ethics (Chapter 43).

**b. Optional Ways to Obtain Continuing Education (20 Hours Maximum)**

i. Licensees may receive one clock hour of continuing education for each hour of direct work in:

(a). teaching a marriage and family therapy course (10 hours maximum) in an area as described in Paragraph C.3 in an institution accredited by a regional accrediting association. Continuing education hours may be earned only for the first time the individual teaches the course, or

(b). authoring, editing, or reviewing professional manuscripts or presentations (10 hours maximum) in an area of marriage and family therapy as described in Paragraph C.3. Articles must be published in a professional refereed journal.

ii. Presentations at workshops, seminars, symposia, and meetings in an area of marriage and family therapy as described in Paragraph C.3 may count for up to 10 hours maximum at a rate of two clock hours per one-hour presentation. Presenters must meet the qualifications stated in Subparagraph 2.a. The presentation must be to the professional community, not to the lay public or a classroom presentation.

3. Continuing education hours must be relevant to the practice of marriage and family therapy and generally evolve from the following seven areas.

a. Theoretical Knowledge of Marriage and Family Therapy. Continuing education in this area shall contain such content as the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of marriage and family therapy and will be related conceptually to clinical concerns.

b. Clinical Knowledge of Marriage and Family Therapy: Continuing education in this area shall contain such content as:

i. couple and family therapy practice and be related conceptually to theory;

ii. contemporary issues, which include but are not limited to gender, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective;

iii. a wide variety of presenting clinical problems;

iv. issues of gender and sexual functioning, sexual orientation, and sex therapy as they relate to couple, marriage and family therapy theory and practice;

v. diversity and discrimination as it relates to couple and family therapy theory and practice.

c. Assessment and Treatment in Marriage and Family Therapy. Continuing education in this area shall contain such content from a relational/systemic perspective as psychopharmacology, physical health and illness, traditional psychodiagnostic categories, and the assessment and treatment of major mental health issues.

d. Individual, Couple, and Family Development. Continuing education in this area shall contain such content as individual, couple, and family development across the lifespan.

e. Professional Identity and Ethics in Marriage and Family Therapy. Continuing education in this area shall contain such content as:

i. professional identity, including professional socialization, scope of practice, professional organizations, licensure and certification;

ii. ethical issues related to the profession of marriage and family therapy and the practice of individual, couple and family therapy. Generic education in ethics does not meet this standard;

iii. the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice;

iv. the interface between therapist responsibility and the professional, social, and political context of treatment.

f. Research in Marriage and Family Therapy. Continuing education in this area shall include significant material on research in couple and family therapy; focus on content such as research methodology, data analysis and the evaluation of research, and include quantitative and qualitative research.

g. Supervision in Marriage and Family Therapy: Continuing education in this area include studies in theory and techniques of supervision as well as ethical and legal issues, case management, and topics relative to the specific supervised training.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:160 (February 2003), amended LR 29:

**§4720. AppendixC Statement of Practice for Licensed Marriage and Family Therapists**

A. Each licensed marriage and family therapist/MFT intern in Louisiana shall write a statement of practice incorporating the following information to provide to all clients. Licensed marriage and family therapists also licensed in other mental health professions may need to add additional information required by that licensure. This statement is subject to review and approval by the advisory

committee. Sample statements of practice are available from the board office.

1. Your name, mailing address, and telephone number.
2. Qualifications:
  - a. degrees earned and institution(s) attended;
  - b. your LMFT licensure number, noting that the Board of Examiners is the grantor of your license. Include the address and telephone number of the board;
  - c. other licensure numbers, including the name, address, and telephone number of the grantor;
  - d. an MFT intern must use this title and include the name and address of his/her approved supervisor and a brief explanation of how supervision affects the therapy provided.
3. Specify the type(s) of clients you serve.
4. Specialty Areas
  - a. List your specialty areas such as family of origin, parenting, stepfamilies, adolescents, marriage, etc.
  - b. List your national certifications.
5. What Clients Can Expect from Therapy
  - a. Briefly describe the theoretical orientation and the type of techniques and/or strategies that you use in therapy.
  - b. Briefly describe your philosophical view of therapy, including clients' input for treatment plans.
  - c. Briefly describe your general goals and objectives for clients.
6. Note Any Expectations that You Have for Clients
  - a. Clients are expected to inform you before and during the therapy about seeing another mental health professional or professional in another discipline because of the possible impact upon therapy.
  - b. Clients are expected to inform you on their intake form and during therapy of their general physical health, any medical treatments that may impact their therapy and any medications that they are taking.
  - c. You are required to include that clients must make their own decisions regarding such things as deciding to marry, divorce, separate, reconcile, and how to set up custody and visitation; that is, you may help them understand the consequences of various decisions, but your code of ethics does not allow you to advise a specific decision.
7. Code of Ethics
  - a. State that you are required by state law to adhere to The Louisiana Code of Ethics for Licensed Marriage and Family Therapists; and
  - b. that a copy is available on request;
  - c. you might want to specifically note some of the provisions in the Code of Ethics that you would like clients to be aware of;
8. Describe the Rules governing privileged communication for Licensed Marriage and Family Therapists. You may use your own language, but need to cover all the areas included in the Sample Statement and 8 (a-c).
  - a. Include instances where confidentiality may be waived. This includes, but is not limited to danger to self or others, suspected child abuse/neglect, elderly abuse/neglect, or disabled adult abuse/neglect.

b. Include the information that when providing couple, family or group treatment, a licensed marriage and family therapist cannot:

- i. disclose any information outside the treatment context without a written authorization from each individual competent to execute a waiver; and
  - ii. may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.
- c. If you audio- or video-tape sessions, include information specific to their use.
  - d. See Chapter 39 and the Code of Ethics in the Appendix for Rules on privileged communication.
9. State your policy for emergency client situations.
  10. Fees, Office Procedures, Insurance Policies
    - a. List your fees and describe your billing policies.
    - b. State your policy on insurance payments.
    - c. Describe your policy on payments, scheduling and breaking appointments, etc.
  11. Adequately inform clients of potential risks and benefits of therapy. You may use your own language and are not required to use the examples given in a-f:
    - a. clients may realize that they have additional issues that they were not aware of before the therapy as a result of the therapy;
    - b. making changes through therapy may bring about unforeseen changes in a person's life;
    - c. individual issues may surface for each spouse as clients work on a marital relationship;
    - d. making changes in communication and/or ways of interacting with others may produce adverse responses from others;
    - e. marital or family conflicts may intensify as feelings are expressed;
    - f. individuals in marital or family therapy may find that spouses or family members are not willing to change.
  12. Briefly add any additional information that you believe is important for your clients to be informed about your qualifications and the therapy that you provide.
  13. End with a general statement indicating that the client(s) have read and understand the statement of practice, providing spaces for the date, client(s)' signatures, and your signature. MFT Interns need to have a line for their LMFT-approved supervisor's signature.
    - B. Provide clients with a copy or copies of the signed statement of practice.
    - C. A Licensed Marriage and Family Therapist/MFT Intern must have a copy of his/her statement of practice on file in the board office. An MFT Intern must include a copy of his/her statement of practice with his/her Registration of Supervision. The Code of Ethics can be duplicated for clients and additional copies are available at [www.lpcboard.org](http://www.lpcboard.org) or from the board office.
- AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1101-1122.
- HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Licensed Professional Counselors Board of Examiners, LR 29:172 (February 2003), amended LR 29:

Gary S. Grand  
Board Chair

0309#022

# DECLARATION OF EMERGENCY

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

### Disproportionate Share Hospital Payment Methodologies Small Rural Hospitals (LAC 50:V.311)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated a Rule to adopt the provisions governing the disproportionate share payment methodologies for hospitals in May of 1999 (*Louisiana Register, Volume 25, Number 5*). The May 20, 1999 Rule was later amended to change the criteria used to define rural hospitals and to clarify the policy governing final payments and adjustments (*Louisiana Register, Volume 29, Number 1*).

In accordance with the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 and the findings and recommendations contained in the final reports of the study committees, the department promulgated an Emergency Rule that repealed and replaced all provisions governing disproportionate share hospital payments (*Louisiana Register, Volume 29, Number 6*). Acts 14, 526 and 1148 of the 2003 Regular Session of the Louisiana Legislature directed the department to amend the qualifying criteria and the payment methodology for disproportionate share payments to small rural hospitals. In compliance with Acts 14, 526 and 1148, the bureau proposes to amend the July 1, 2003 Emergency Rule. This action is necessary to enhance federal revenue. It is anticipated that implementation of this Emergency Rule will have no fiscal impact for state fiscal year 2003-2004.

Effective September 20, 2003 the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the July 1, 2003 Emergency Rule and revises qualifying criteria and the payment methodology for disproportionate share payments to small rural hospitals.

#### Title 50

#### PUBLIC HEALTHC MEDICAL ASSISTANCE

#### Part V. Medical Assistance Program—Hospital Services

#### Subpart 1. Inpatient Hospitals

#### Chapter 3. Disproportionate Share Hospital Payment Methodologies

#### §311. Small Rural Hospitals

##### A. Definitions

*Net Uncompensated Cost* the cost of furnishing inpatient and outpatient hospital services, net of Medicare costs, Medicaid payments (excluding disproportionate share payments), costs associated with patients who have insurance for services provided, private payer payments, and

all other inpatient and outpatient payments received from patients.

*Small Rural Hospital* a hospital (excluding a long-term care hospital, rehabilitation hospital, or freestanding psychiatric hospital but including distinct part psychiatric units) that meets the following criteria:

a. had no more than 60 hospital beds as of July 1, 1994, and is located in a parish with a population of less than 50,000 or in a municipality with a population of less than 20,000; or

b. meets the qualifications of a sole community hospital under 42 CFR §412.92(a); or

c. had no more than 60 hospital beds as of July 1, 1999 and is located in a parish with a population of less than 17,000 as measured by the 1990 census; or

d. had no more than 60 hospital beds as of July 1, 1997 and is a publicly-owned and operated hospital that is located in either a parish with a population of less than 50,000 or a municipality with a population of less than 20,000; or

e. had no more than 60 hospital beds as of June 30, 2000 and is located in a municipality with a population, as measured by the 1990 census, of less than 20,000; or

f. had no more than 60 beds as of July 1, 1997 and is located in a parish with a population, as measured by the 1990 and 2000 census, of less than 50,000; or

g. was a hospital facility licensed by the Department that had no more than 60 hospital beds as of July 1, 1994, which hospital facility:

i. has been in continuous operation since July 1, 1994;

ii. is currently operating under a license issued by the Department; and

iii. is located in a parish with a population, as measured by the 1990 census, of less than 50,000; or

h. has no more than 60 hospital beds or has notified the Department as of March 7, 2002 of its intent to reduce its number of hospital beds to no more than 60, and is located in a municipality with a population of less than 13,000 and in a parish with a population of less than 32,000 as measured by the 2000 census; or

i. has no more than 60 hospital beds or has notified DHH as of December 31, 2003, of its intent to reduce its number of hospital beds to no more than 60; and

i. is located, as measured by the 2000 census, in a municipality with a population of less than 7,000;

ii. is located, as measured by the 2000 census, in a parish with a population of less than 53,000; and

iii. is located within 10 miles of a United States military base; or

j. has no more than 60 hospital beds as of September 26, 2002; and

i. is located, as measured by the 2000 census, in a municipality with a population of less than 10,000; and

ii. is located, as measured by the 2000 census, in a parish with a population of less than 33,000; or

k. has no more than 60 hospital beds as of January 1, 2003; and

i. is located, as measured by the 2000 census, in a municipality with a population of less than 11,000; and

ii. is located, as measured by the 2000 census, in a parish with a population of less than 90,000.

B. Payment based on uncompensated cost for qualifying small rural hospitals shall be in accordance with the following three pools.

*Public (Nonstate) Small Rural Hospitals*—small rural hospitals as defined in §311.A.1, which are owned by a local government.

*Private Small Rural Hospitals*—small rural hospitals as defined in §311.A.1, that are privately owned.

*Small Rural Hospitals*—small rural hospitals as defined in §311.A.1.i - k.

C. Payment to hospitals included in §311.B.1 and §311.B.2 is equal to each qualifying rural hospital's pro rata share of uncompensated cost for all hospitals meeting these criteria for the latest filed cost report multiplied by the amount set for each pool. Payments to all hospitals included in §311.B.3 shall not exceed \$1,200,000 in aggregate and shall be reimbursed the lower of \$300,000 per hospital or each hospital's actual uncompensated cost per their latest filed cost report. If the cost reporting period is not a full period (12 months), actual uncompensated cost data from the previous cost reporting period may be used on a pro rata basis to equate a full year.

D. Pro Rata Decrease

1. A pro rata decrease necessitated by conditions specified in §301.B. for rural hospitals described in this §311 will be calculated using the ratio determined by:

a. dividing the qualifying rural hospital's uncompensated costs by the uncompensated costs for all rural hospitals in §311; then

b. multiplying by the amount of disproportionate share payments calculated in excess of the federal DSH allotment or the state DSH appropriated amount.

2. No additional payments shall be made after the final payment for the state fiscal year is disbursed by the department. Recoupment shall be initiated upon completion of an audit if it is determined that the actual uncompensated care costs for the state fiscal year for which the payment is applicable is less than the actual amount paid.

E. Qualifying hospitals must meet the definition for a small rural hospital contained in §311.A.1. Qualifying hospitals must maintain a log documenting the provision of uninsured care as directed by the department.

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 Health Services Financing, LR 29:

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 at the Bureau of Health Services Financing, P.O. Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#103

## DECLARATION OF EMERGENCY

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

Early and Periodic Screening, Diagnosis and Treatment Program—Early Intervention Services for Infants and Toddlers with Disabilities (LAC 50:XV.8105)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing hereby amends LAC 50:XV.Chapter 81 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

Congress enacted the Individuals with Disabilities Education Act (IDEA) Amendments of 1997 to ensure the availability of appropriate public education and related services and supports to children with disabilities and their families. Part C of IDEA addresses the special needs of young children through the provision of financial assistance to States to implement and maintain a statewide, comprehensive, coordinated, multi-disciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families [34 CFR 303.1(a)].

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgated an emergency rule establishing early intervention services for infants and toddlers with disabilities under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Medicaid covered early intervention services include physical therapy, occupational therapy, speech therapy, audiology services, psychological services and targeted case management (*Louisiana Register, Volume 29, Number 7*). These individual services are also furnished to Medicaid recipients through the outpatient hospital, home health, EPSDT health services, rehabilitation center, and targeted case management service programs. Upon further consideration, the bureau has decided to repeal targeted case management as a covered service under the EPSDT early intervention services for infants and toddlers with disabilities. This action is necessary in order to avoid federal sanctions. It is anticipated that implementation of this Emergency Rule will be revenue neutral for state fiscal year 2003-2004.

Effective September 20, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the July 7, 2003 Emergency Rule to repeal targeted case management (family service coordination) as a covered service under the Early and Periodic Screening, Diagnosis and Treatment Program early intervention services for infants and toddlers with disabilities.

**Title 50**  
**PUBLIC HEALTHC MEDICAL ASSISTANCE**  
**Part XV. Services for Special Populations**  
**Subpart 5. Early and Periodic Screening,**  
**Diagnosis, and Treatment Program**

**Chapter 81. Early Intervention Services**

**§8105. Covered Services**

A. Medicaid covered early intervention services shall be limited to the following services:

1. physical therapy;
2. occupational therapy;
3. speech therapy;
4. audiology services; and
5. psychological services.

B. Psychological services includes diagnosis and psychological counseling/therapy for the child and his/her family.

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 Health Services Financing, LR 29:

Implementation of this proposed rule is subject to approval by the United States 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 Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#110

**DECLARATION OF EMERGENCY**

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

Early Periodic Screening, Diagnosis and Treatment  
KidMed Services (LAC 50:XV.6705)

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing hereby adopts LAC 50:XV.6705 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing provides reimbursement for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) KidMed Services under the Medicaid Program. The administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 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 KidMed services in order to conform to HIPAA compliant standardized procedure codes. The bureau also proposes to amend the reimbursement rates to equalize fees for all providers of EPSDT consultation services.

This action is being taken to avoid federal sanctions by complying with the mandates of the Health Insurance Portability and Accountability Act. It is estimated that implementation of this Emergency Rule will decrease expenditures for EPSDT KidMed services by approximately \$36,000 for state fiscal year 2003-2004.

Effective October 1, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends current Rules to clarify the billing procedures for KidMed services in order to conform to HIPAA compliant standardized procedure codes and also amends the reimbursement rates to equalize fees for all providers of EPSDT consultation services.

**Title 50**  
**PUBLIC HEALTHC MEDICAL ASSISTANCE**  
**Part XV. Services for Special Populations**  
**Subpart 5. Early and Periodic Screening, Diagnosis, and Treatment**

**Chapter 67. KIDMED**

**§6705. Reimbursement**

A. ...

B. Reimbursement for follow-up medical screening services is set for the following procedures.

Description	Rate
Consult EPSDT-New Dx by Nurse	\$13.71
Consult EPSDT-New Dx by Nutrition	\$13.71
Consult EPSDT-New Dx by Social Worker	\$13.71
Consult EPSDT-Scm Dx by Nurse	\$13.71
Consult EPSDT-Scm Dx by Nutrition	\$13.71
Consult EPSDT-Scm Dx by Social Worker	\$13.71

C. Effective with Health Insurance Portability and Accountability Act of 1996 (HIPAA) implementation (October 1, 2003), EPSDT consultation claims billed by KIDMED and physician providers will be assigned to new type of service 21 and reimbursement is set at \$13.71.

D. Timely Filing. KIDMED medical screening claims for Medicaid beneficiaries between the ages of 4 months and 20 years must be received by Louisiana KIDMED within 60 calendar days of the date of service in order to be processed and the provider reimbursed by Medicaid of Louisiana. Claims not received by Louisiana KIDMED within this time limit may be denied.

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 Health Services Financing, LR 29:175 (February 2003), amended LR 29:

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 Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#111

## **DECLARATION OF EMERGENCY**

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

Mental Health Rehabilitation Services  
Reimbursement Reduction

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2003-2004 General Appropriation Act which states: "The secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the Rule, whichever occurs first.

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 a budgetary shortfall, the bureau has determined it is necessary to reduce all established reimbursement rates for mental health rehabilitation services. The reimbursement shall be 99.2 percent of the rates (a .8 percent reduction) in effect on September 30, 2003. The Commissioner of Administration approved this reduction on September 9, 2003. This action is necessary in order to avoid a budget deficit in the medical assistance programs. It is estimated that implementation of this Emergency Rule will reduce expenditures in the Mental Health Rehabilitation Program by approximately \$329,592 for state fiscal year 2003-2004.

### **Emergency Rule**

Effective October 1, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces all established reimbursement rates for mental health rehabilitation services. The reimbursement shall be 99.2 percent of the rates (.8 percent reduction) in effect on September 30, 2003.

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 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 Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#108

## **DECLARATION OF EMERGENCY**

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

Non-Emergency Medical Transportation  
Services C Reimbursement Methodology

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq. and shall be in effect for the maximum period allowed under the Act or until adoption of the Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing provides coverage and reimbursement for non-emergency medical transportation services. Reimbursement for these services is the base rate established by the bureau minus the amount which any third party coverage would pay.

As a result of the allocation of additional funds by the Legislature during the 2003 Regular Session, the bureau increased the reimbursement fees for certain designated procedures (*Louisiana Register, Volume 29, Number 7*). The bureau now proposes to promulgate an Emergency Rule to clarify provisions contained in the August 1, 2003 Emergency Rule. This action is necessary to avoid a budget deficit in the medical assistance programs that could result from the failure to clarify the intent of the reimbursement changed in the August 1, 2003 Emergency Rule. It is estimated that implementation of this Emergency Rule will have no fiscal impact on expenditures for non-emergency medical transportation for the state fiscal year 2003-2004.

### **Emergency Rule**

Effective for dates of service on or after September 12, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the August 1, 2003 Emergency Rule to clarify the intent of provisions contained in the Emergency Rule. Non-emergency medical transportation provided by friends and family is not included in the August 1, 2003 reimbursement increase. These services shall continue to be reimbursed at rates in effect on July 31, 2003.

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, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#107

## **DECLARATION OF EMERGENCY**

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

#### **Private Hospitals CInpatient Services Reimbursement Reduction**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2003-2004 General Appropriation Act, which states, "The secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953.B(1) et seq., and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule in June of 1994 which established the prospective reimbursement methodology for inpatient services provided in private (nonstate) acute care general hospitals (*Louisiana Register, Volume 20, Number 6*). The June 20, 1994 Rule was subsequently amended to establish a weighted average per diem for each hospital peer group (*Louisiana Register, Volume 22, Number 1*). This Rule was later amended to discontinue the practice of automatically applying an inflation adjustment to the reimbursement rates in those years when the rates are not rebased (*Louisiana Register, Volume 25, Number 5*).

Section 11B of Act 14 of the 2003 Regular Session of the Louisiana Legislature directed the Commissioner of Administration to reduce discretionary state general fund (direct) appropriations contained in the Act by .8 percent across-the-board, or so much thereof more or less as may be necessary, to effect savings of \$17,300,000. Subsequently, the commissioner directed the department to reduce its discretionary expenditures by .8 percent for state fiscal year 2003-2004. In response to the budgetary shortfall, the bureau has determined that it is necessary to reduce the

reimbursement paid to private (non-state) hospitals for inpatient services to 99.2 percent (a .8 percent reduction) of the per diem rates in effect on September 30, 2003. However, in order to generate the amount of savings necessary to comply with the directives of Act 14, the reimbursement paid in state fiscal year 2003-2004 to private (non-state) hospitals for inpatient services shall be 98.75 percent (a 1.25 percent reduction) of the per diem rates in effect on September 30, 2003. The Commissioner of Administration approved this reduction on September 9, 2003. Small rural hospitals as defined by the Rural Hospital Preservation Act (R.S. 40:1300.143) are excluded from this reimbursement reduction. Also, inpatient services provided to fragile newborns or critically ill children in either a Level III Regional Neonatal Intensive Care Unit or a Level I Pediatric Intensive Care Unit, which units have been recognized by the department on or before January 1, 2003, shall be excluded from this reimbursement reduction. This action is being taken in order to avoid a budget deficit in the medical assistance programs. Taking the reduction in per diem rates in state fiscal year 2003-2004 into consideration, the department has carefully reviewed the proposed rates and is satisfied that they are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that private (nonstate) inpatient hospital services under the state plan are available at least to the extent that they are available to the general population in the state. It is estimated that implementation of this emergency Rule will reduce expenditures for private hospital inpatient services by approximately \$1,972,421 for state fiscal year 2003-2004.

#### **Emergency Rule**

Effective for dates of service October 1, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement paid for inpatient services rendered in private (nonstate) acute hospitals, including long term hospitals. The reimbursement paid for inpatient services to private (non-state) hospitals with a Medicaid inpatient days utilization rate of less than 25 percent shall be as follows: in state fiscal year 2003-2004 only, 98.75 percent (a 1.25 percent reduction) of the per diem rates in effect on September 30, 2003 and for subsequent years, a 99.2 percent (a .8 percent reduction) of the per diem rates in effect on September 30, 2003 for private hospitals.

The Medicaid inpatient days utilization rate shall be calculated based on the filed cost report for the period ending in state fiscal year 2002 and received by the Department prior to April 30, 2003. Only Medicaid covered days for inpatient hospital services, which include newborn days and distinct part psychiatric units, are included in this calculation. Inpatient stays covered by Medicare Part A can not be included in the determination of the Medicaid inpatient days utilization rate. Small rural hospitals as defined by the Rural Hospital Preservation Act (R.S. 40:1300.143) shall be excluded from this reimbursement reduction. Also, inpatient services provided to fragile newborns or critically ill children in either a Level III Regional Neonatal Intensive Care Unit or a Level I Pediatric Intensive Care Unit, which units have been recognized by the department on or before January 1, 2003, shall be excluded from this reimbursement reduction.

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 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 Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#106

## **DECLARATION OF EMERGENCY**

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

#### **Private Intermediate Care Facilities for the Mentally Retarded C Reimbursement Reduction**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2003-2004 General Appropriation Act, which states, "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to, pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule on October 20, 1989 which established the reimbursement methodology for private intermediate care facilities for the mentally retarded (ICFs-MR) (*Louisiana Register, Volume 15, Number 10*). This Rule was subsequently amended to discontinue the practice of automatically applying an inflation adjustment to the reimbursement rates in those years when the rates are not rebased (*Louisiana Register, Volume 25, Number 6*).

Section 11B of Act 14 of the 2003 Regular Session of the Louisiana Legislature directed the Commissioner of Administration to reduce discretionary state general fund (direct) appropriations contained in the Act by .8 percent across-the-board, or so much thereof more or less as may be necessary, to effect savings of \$17,300,000. Subsequently, the Commissioner directed the Department to reduce its discretionary expenditures by .8 percent for state fiscal year 2003-2004. In response to this budgetary shortfall, the bureau has determined that it is necessary to reduce the reimbursement paid to private (non-state) intermediate care

facilities for the mentally retarded to 99.2 percent (a .8 percent reduction) of the per diem rates in effect on September 30, 2003. However, in order to generate the amount of savings necessary to comply with the directives of Act 14, the reimbursement paid in state fiscal year 2003-2004 to private (non-state) intermediate care facilities for the mentally retarded shall be 98.8 percent (a 1.2 percent reduction) of the per diem rates in effect on September 30, 2003. The Commissioner of Administration approved this reduction on September 9, 2003. This action is being taken in order to avoid a budget deficit in the medical assistance programs. It is estimated that implementation of this Emergency Rule will reduce expenditures for private intermediate care facility services for the mentally retarded by approximately \$1,482,068 for state fiscal year 2003-2004.

### **Emergency Rule**

Effective for dates of service on or after October 1, 2003 the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces the reimbursement paid to private intermediate care facilities for the mentally retarded. In state fiscal year 2003-2004 only, the reimbursement shall be 98.8 percent (a 1.2 percent reduction) of the per diem rates in effect on September 30, 2003 and for subsequent years, 99.2 percent (a .8 percent reduction) of the per diem rates in effect on September 30, 2003.

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 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 Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#105

## **DECLARATION OF EMERGENCY**

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

#### **Private Nursing Facilities C Reimbursement Reduction**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule under the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2003-2004 General Appropriation Act, which states: "The secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to, pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law." This

Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R. S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopted a Rule establishing a system of prospective payment for nursing facilities based on recipient care needs that incorporates acuity measurements as determined under the Resource Utilization Group III (RUG III) resident classification methodology (*Louisiana Register, Volume 28, Number 8*). This system established a facility specific price for the Medicaid nursing facility residents served. It also provided for enhanced reimbursement for Medicaid residents who require skilled nursing services for an infectious disease and technology dependent care.

Section 11B of Act 14 of the 2003 Regular Session of the Louisiana Legislature directed the Commissioner of Administration to reduce discretionary state general fund (direct) appropriations contained in the Act by .8 percent across-the-board, or so much thereof more or less as may be necessary, to effect savings of \$17,300,000. Subsequently, the commissioner directed the department to reduce its discretionary expenditures by .8 percent for state fiscal year 2003-2004. In response to this budgetary shortfall, the bureau has determined that it is necessary to reduce the reimbursement paid to each private nursing facility for services to 99.2 percent (a .8 percent reduction) of the per diem rates in effect on September 30, 2003. However, in order to generate the amount of savings necessary to comply with the directives of Act 14, the reimbursement paid in state fiscal year 2003-2004 to private nursing facilities shall be 99.175 percent (a .825 percent reduction) of the per diem rates in effect on September 30, 2003. The Commissioner of Administration approved this reduction on September 9, 2003. This action is being taken in order to avoid a budget deficit in the medical assistance program. It is estimated that implementation of this Emergency Rule will reduce expenditures to the private nursing facilities by approximately \$3,893,811 for state fiscal year 2003-2004.

#### **Emergency Rule**

Effective for dates of service on or after October 1, 2003 the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing reduces each private nursing facility's per diem case mix rate. In state fiscal year 2003-2004 the reimbursement shall be 99.175 percent of the per diem rates (a .825 percent reduction) of the per diem rates in effect on September 30, 2003 and for subsequent years, a 99.2 percent (a .8 percent reduction) of the per diem rates in effect on September 30, 2003 for each private nursing facility's per diem case mix rate

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 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 Emergency Rule. A

copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#117

## **DECLARATION OF EMERGENCY**

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

Professional Services Program  
Anesthesia Services  
HIPAA Implementation Reimbursement Reduction

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act and as directed by the 2003-2004 General Appropriation Act which states: "The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening and utilization review, and other measures as allowed by federal law." This Emergency Rule is promulgated in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq., and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever occurs first.

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 for 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.

Section 11B of Act 14 of the 2003 Regular Session of the Louisiana Legislature directed the Commissioner of Administration to reduce discretionary state general fund (direct) appropriations contained in the Act by .8 percent across-the-board, or so much thereof more or less as may be necessary, to effect savings of \$17,300,000. The Commissioner of Administration approved this reduction on September 9, 2003. Subsequently, the commissioner directed

the department to reduce its discretionary expenditures by .8 percent for state fiscal year 2003-2004.

In compliance with HIPAA requirements, the bureau proposes to amend the September 1992 and April 1997 Rules governing the billing procedures for anesthesia services. In compliance with Act 14 of the 2003 Regular Session of the Louisiana Legislature, the bureau also proposes to reduce the reimbursement rates for anesthesia services to 100 percent of the 2003 Region 99 Medicare payable.

This action is being taken to avoid federal sanctions by complying with the mandates of the Health Insurance Portability and Accountability Act and to avoid a budget deficit in the medical assistance programs. It is estimated that implementation of the following Emergency Rule will reduce expenditures by approximately \$533,334 for state fiscal year 2003-2004.

#### **Emergency Rule**

Effective October 1, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services 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. The reimbursement rates for anesthesia procedures are based on 100 percent of the 2003 Region 99 Medicare payable.

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, LA 70821-9030. He is responsible for responding to all inquiries regarding this Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#109

## **DECLARATION OF EMERGENCY**

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

State-Operated Intermediate Care Facilities for  
the Mentally Retarded/Upper Payment Limit

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing promulgates the following Emergency Rule in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Human Resources, Office of the Secretary promulgated a Rule in April 1983 establishing a uniform rate setting system for 24-hour care facilities. Under this reimbursement methodology, rates for each participating facility were established individually resulting in various rates for the same level of care (*Louisiana Register, Volume 9, Number 4*). The April 1983 rule was subsequently amended to adopt prospective rates for private mental retardation facilities licensed to provide services to Title XIX recipients (*Louisiana Register, Volume 15, Number 7*). The Department amended the reimbursement methodology for state-operated intermediate care facilities for the mentally retarded and established payments using a formula that establishes per diem rates at the Medicare Upper Payment Limit for these services (*Louisiana Register, Volume 29, Number 2*). This Emergency Rule is being promulgated to continue the provisions contained in the February 9, 2003 Rule.

This action is being taken to enhance federal revenues in the Medicaid Program.

#### **Emergency Rule**

Effective for dates of services on or after October 9, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing amends the reimbursement methodology for state operated intermediate care facilities for the mentally retarded (ICF's-MR) and establishes payments using a formula for establishing per diem rates at the Medicare Upper Payment Limit for these services.

Medicaid payments to state-owned and operated ICF's-MR shall be based on the basic Medicare formula for determining the routine service cost limits, as follows:

1. calculate each state owned and operated ICF-MR's per diem routine costs in a base year;
2. calculate 112 percent of the average per diem routine costs; and

3. inflate 112 percent of the per diem routine costs using the skilled nursing facility (SNF) market basket index of inflation. Each state-owned and operated facility's capital and ancillary costs will be paid by Medicaid on a "pass-through" basis.

The sum of the calculations for routine service costs and the capital and ancillary costs "pass-through" shall be the per diem rate for each state-owned and operated ICF-MR. The base year cost reports to be used for the initial calculations shall be the cost reports for the fiscal year ended June 30, 2002.

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 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 Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#102

**DECLARATION OF EMERGENCY**

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

**X-Ray Portage Fees (LAC 50:XIX.4335)**

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing hereby adopts LAC 50:XIX.3 in the Medical Assistance Program as authorized by R.S. 36:254 and pursuant to Title XIX of the Social Security Act. This Emergency Rule is promulgated in accordance with the Administrative Procedure Act, R.S. 49:953(B)(1) et seq., and shall be in effect for the maximum period allowed under the Act or until adoption of the final Rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing provides coverage and reimbursement for x-ray services under the Medicaid Program. Reimbursement for these services is a flat fee established by the bureau.

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 of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing is required to implement these codes and definitions or face monetary sanctions. In compliance with HIPAA requirements, the bureau proposes to clarify the billing procedures for specific x-ray services to conform with the HIPAA compliant descriptions. This action is being taken to avoid federal sanctions by complying with the mandates of the Health Insurance Portability and

Accountability Act. It is anticipated that this action will reduce the cost of portage fees to Medicaid providers by \$1,893 for state fiscal year 2003-2004.

Effective for dates of services on or after October 1, 2003, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing adopts the following code and procedure description and adjusts the reimbursement for portable X-ray portage fees.

**Title 50  
PUBLIC HEALTHC MEDICAL ASSISTANCE  
Part XIX. Other Services**

**Subpart 3. Laboratory and X-Ray  
Chapter 43. Billing and Reimbursement  
Subchapter B. Reimbursement  
§4335. X-Ray Portage**

A. Reimbursement shall be as follows for X-ray portage fees when more than one person receives services.

Procedure Code	Procedure	Rate
R0075	Transportation of portable Xray equipment and personnel to home or nursing home per trip to facility or location, more than one person seen, per patient.	\$17.50

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 Health Services Financing, LR 29:

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 Emergency Rule. A copy of this Emergency Rule is available for review by interested parties at parish Medicaid offices.

David W. Hood  
Secretary

0309#104

**DECLARATION OF EMERGENCY**

**Department of Revenue  
Office of Charitable Gaming**

**Progressive Pull-Tabs (LAC 42:I.1775)**

The Department of Revenue, Office of Charitable Gaming, is exercising the provisions of the Administrative Procedure Act, R.S. 49:953(B), to adopt this Emergency Rule to implement the provisions of R.S. 4:725.1 to provide guidance regarding progressive pull-tabs for organizations licensed to hold, operate, or conduct charitable games of chance.

Act 736 of the 2003 Regular Session of the Louisiana Legislature enacted R.S. 4:725.1 to authorize progressive pull-tabs during sessions licensed by the Office of Charitable Gaming. The Act established the jackpot limit and the contribution per deal of pull-tabs for the progressive jackpot. The office is adopting this Rule in order to establish guidelines related to progressive pull-tabs and to require that certain documentation and information be maintained and submitted to the office.

This Emergency Rule is effective August 15, 2003, and will remain in effect for the maximum period allowed under the Administrative Procedure act or until adoption of the permanent rule.

## **Title 42**

### **LOUISIANA GAMING**

#### **Part I. Charitable Bingo, Keno, Raffle**

##### **Subpart 1. Bingo**

#### **Chapter 17. Charitable Bingo, Keno and Raffle**

##### **Subchapter E. Pull Tabs**

##### **§1775. Progressive Pull-tabs**

A. Each progressive pull-tab jackpot must be established only through the play of deals bearing a licensed manufacturer's form number. Each jackpot must use the identical form number for each deal contributing to the prize jackpot. Pull-tab deals must meet all requirements as set forth in R.S. 4:725 and 725.1 and in LAC 42:I.1715, 1719, 1771, and 1773.

B. Accountability. Organizations participating in a progressive pull-tab jackpot must maintain all required forms as prescribed by the office.

1. For each progressive pull-tab jackpot, the organization must maintain, at a minimum, the following records for a period of three years from the date that the progressive game prize was awarded or the game was considered closed:

- a. date the progressive jackpot started;
- b. method or rules of determining a potential jackpot winner;
- c. method or rules of determining how a player wins the jackpot;
- d. dollar amount of contribution into the jackpot per deal;
- e. dollar amount of the jackpot cap;
- f. accumulated jackpot totals including any backup jackpots;
- g. serial number and date sold of the pull tab deals contributing to the jackpot; and
- h. name and identification of the winner with the date and amount won.

2. The organization must maintain a separate non-interest bearing charitable gaming progressive pull-tab checking account. All checks on this account must have preprinted consecutive numbers and have the words "Progressive Pull-Tab Account" and the licensee's state charitable gaming license number printed on the face of the checks. All progressive jackpot winners, regardless of the amount, must be paid by check written from this separate progressive pull-tab account. Checks made payable to cash are prohibited.

3. The amount of contribution into the jackpot per deal must be deposited into this progressive pull-tab account no later than the next banking day following the sale of a complete deal.

4. The organization must maintain a minimum balance in their progressive pull-tab account that is at least \$500 greater than the advertised accumulated jackpot total at the beginning of the session. If an organization offers more than one progressive pull-tab game, the organization must

maintain a minimum balance in their progressive pull-tab account that is at least \$500 greater than the combined jackpot totals of all progressive pull-tab games offered at the beginning of each session.

C. Multiple-locations. If an organization offers progressive pull-tabs at multiple locations, the organization must offer separate progressive pull-tabs at each location.

D. Payout Percentage. Progressive pull-tab deals must meet the payout percentage as described in LAC 42:I.1773. The percentage payout per a progressive pull-tab deal must include any contribution into the progressive jackpot from a particular deal.

E. Posting of Progressive Jackpot. Organizations must conspicuously post all progressive jackpot totals, including any backup amounts, in order for the players to determine the amount of jackpots offered at any one time. Organizations must also conspicuously post house rules in complete view of the players describing the means by which specific progressive jackpots will be awarded. Postings must be visible during the entire session offering the progressive pull-tabs.

F. Jackpot Cap Amount. Prior to a jackpot win, the organization may raise, but not lower, a pull-tab progressive jackpot cap.

G. Continuous Play. Once an organization offers a progressive pull-tab for play, the organization must continue to offer that particular progressive pull-tab at every subsequent session at that location until the jackpot and any backup jackpots are won.

H. Cease Play. If an organization ceases playing charitable gaming or wishes to stop playing a progressive jackpot pull-tab game, the organization must, with prior approval from the office, transfer the current jackpot(s) to another progressive game or determine a method to award all progressive jackpots to the players. With prior approval from the office, an organization may alter the suggested rules of the manufacturer to determine a winner.

I. Prohibitions. The following persons are strictly prohibited from playing, directly or indirectly, any progressive pull-tab games:

1. all members or volunteers holding, operating, or conducting or assisting in the holding, operating, or conducting any part of a particular charitable gaming session that offers a progressive pull-tab game;

2. licensed distributors or manufacturer owners, their shareholders, or directors at any site;

3. any employees of licensed distributors or manufacturers while on official duty during any part of a particular charitable gaming session that offers a progressive pull-tab game.

J. Submission to the Office. The manufacturer must submit, within fifteen calendar days of the progressive pull-tabs being shipped into the state, information on all progressive pull-tabs being offered. The submission of each type of progressive pull-tab must include the following:

1. form number;
2. total number of pull-tabs per deal;
3. total amount of prizes per deal including jackpot contribution; and

4. full set of rules or alternative rules for the progressive pull-tab including the method to determine winners.

AUTHORITY NOTE: Promulgated in accordance with RS. 4:725.1.

HISTORICAL NOTE: Promulgated by the Department of Revenue, Office of Charitable Gaming, LR 29:

Cynthia Bridges  
Secretary

0309#002

**DECLARATION OF EMERGENCY**

**Department of Social Services  
Office of Family Support**

**Community Supervision Program (LAC 67:III.5573)**

The Department of Social Services, Office of Family Support, has exercised the emergency provision of R.S. 49:953(B), the Administrative Procedure Act, to adopt §5573, Community Supervision Program (CSP) effective October 15, 2003. This Emergency Rule will remain in effect for a period of 120 days. This declaration is necessary to extend the original Emergency Rule of June 17, 2003, since it is effective for a maximum of 120 days and will expire before the final Rule takes effect. (The final Rule will be published in November 2003).

Under the provisions of the Temporary Assistance to Needy Families (TANF) Block Grant, a state may expend its Maintenance of Effort (MOE) funds on a variety of services, benefits and supports that help families become self-sufficient. To effectuate the use of its MOE funds in accordance with federal and state regulations, the Office of Family Support will count as MOE expenditures those funds expended by the Department of Public Safety and Corrections (DPSC), Office of Youth Development (OYD), to implement and administer the Community Supervision Program, a program intended to further goals and intentions of the federal TANF Block Grant. Emergency rulemaking is necessary as failure to meet MOE funding requirements in accordance with TANF regulations could result in the loss of these monies. This could cause severe federal penalties or sanctions to be imposed, or the loss of TANF Block Grant funds resulting in a decrease or termination of services.

**Title 67**

**SOCIAL SERVICES**

**Part III. Family Support**

**Subpart 15. Temporary Assistance to Needy Families (TANF) Initiatives**

**Chapter 55. TANF Initiatives**

**§5573. Community Supervision Program**

A. OFS shall enter into a Memorandum of Understanding (MOU) with the Department of Public Safety and Corrections (DPSC), Office of Youth Development (OYD), to provide services to youth and their families as a result of an adjudication and disposition by a court that orders DPSC/OYD to supervise youth in their communities in an effort to prevent removal from the home.

B. OYD/CSP will complete an intake/assessment and develop a case plan for addressing the needs of the youth.

The case plan will contain goals for all need areas and when indicated, include referrals to community programs for both youth and parents. These referrals may include but are not limited to:

1. case management, counseling, and in-home services;
2. parenting education and training, either in-home or out-of-home;
3. diagnostic and evaluation services provided in an attempt to make the most appropriate out-of-home placement;
4. supervision or non-residential programs for youth who remain in the home.

C. The agency will identify eligibility retroactive to October 1, 2002.

D. These services meet the TANF goal to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives by providing services to youth, who are in jeopardy of removal from their homes, and their families.

E. Financial eligibility for those services attributable to TANF/Maintenance of Effort (MOE) funds is limited to eligible families, which include a minor child living with a custodial parent, an adult caretaker relative, or a legal guardian. An eligible family is one in which any member receives a Family Independence Temporary Assistance Program (FITAP) grant, Kinship Care Subsidy Program (KCSP) grant, Food Stamp benefits, Child Care Assistance Program (CCAP) services, Title XIX (Medicaid) Medical Assistance Program benefits, Louisiana Children's Health Insurance Program (LACHIP) benefits, or Supplemental Security Income (SSI).

F. Services are considered non-assistance by the agency.

AUTHORITY NOTE: Promulgated in accordance with 42 U.S.C. 601 et seq.; R.S. 46:231 and R.S. 36:474.

HISTORICAL NOTE: Promulgated by the Department of Social Services, Office of Family Support, LR 29:

Gwendolyn Hamilton  
Secretary

0309#059

**DECLARATION OF EMERGENCY**

**Department of Wildlife and Fisheries  
Wildlife and Fisheries Commission**

**2003-2004 Hunting Season for Ducks, Coots, and Geese**

In accordance with the emergency provisions of R.S. 49:953(B) of the Administrative Procedure Act, and under the authority of R.S. 56:115, the Secretary of the Department of Wildlife and Fisheries and the Wildlife and Fisheries Commission hereby adopts the following Emergency Rule.

The hunting season for ducks, coots and geese during the 2003-2004 hunting season shall be as follows.

**Ducks and Coots: (60 days)**

- |   |  |
|---|--|
| West Zone:  | December 13 - January 18<br>November 8 - November 30 |
| East Zone: (Including November 15 - November 30 Catahoula Lake) | December 13 - January 25                             |

**Pintail Season Dates (30 days)**

West Zone: November 8 - November 30  
December 13 - December 19  
East Zone: November 15 - November 30  
December 13 - December 26

**Canvasback Season Dates (30 days)**

West Zone: December 20 - January 18  
East Zone: December 27 - January 25  
Youth Waterfowl Weekend - November 1-2 in West Zone,  
November 8-9 in East Zone

**Daily Bag Limits:** The daily bag limit on ducks is 6 and may include no more than 4 mallards (no more than 2 of which may be females), 3 mottled ducks, 1 black duck, 2 wood ducks, 3 scaup, and 2 redhead. During the specified 30 day seasons for pintails and canvasbacks and during youth hunts, the daily bag limit for pintails and canvasback is 1. Daily bag limit on coots is 15.

Mergansers the daily bag limit for mergansers is 5, only 1 of which may be a hooded merganser. Merganser limits are in addition to the daily bag limit for ducks.

Possession Limit the possession limit on ducks, coots and mergansers is twice the daily bag limit.

**Geese: Light Geese (Snow, Blue And Ross's) and White-Fronted Geese**  
Statewide: (86 days) November 1 - November 30  
December 13 - February 6

Daily bag limit on light geese (snow, blue and Ross's): 20  
Possession limit on light geese (snow, blue and Ross's): None  
Daily Limit on white-fronted geese: 2  
Possession Limit on white-fronted geese: 4

**Canada Geese: Closed in the Area Described Below**

January 17 - January 25  
Daily Limit on Canada geese: 1  
Possession limit on Canada geese: 2

The Canada Goose Season will be open statewide except for a portion of southwest Louisiana. The closed area is described as follows: Beginning at the Texas State Line, proceeding east along Hwy. 82 to the Calcasieu Ship Channel, then north along the Calcasieu Ship Channel to its junction with the Intracoastal Canal, then east along the Intracoastal Canal to its juncture with LA Hwy. 82, then south along LA Hwy. 82 to its juncture with Parish Road 3147, then south and east along Parish Road 3147 to Freshwater Bayou Canal, then south to the Gulf of Mexico, then west along the shoreline of the Gulf of Mexico to the Texas State Line, then north to the point of beginning at LA Hwy. 82.

A special permit shall be required to participate in the Canada Goose Season. A permit is required of everyone, regardless of age, and a non-refundable \$5 administrative fee will be charged. This permit may be obtained from any license vendor.

**Conservation Order for Light Geese (Snow, Blue and Ross's)**

Statewide: December 1 - December 12  
February 7 - March 7

Only snow, blue and Ross's geese may be taken under the terms of the Conservation Order, which allows the use of electronic calls and unplugged shotguns and eliminates the daily bag and possession limits. During the Conservation Order, shooting hours begin one-half hour before sunrise and extend until one-half hour after sunset.

**Rails:** November 8 - December 31  
**King And Clapper:** Daily bag limit 15 in the aggregate, Possession 30  
**Sora And Virginia:** Daily bag and possession 25 in the aggregate  
**Gallinules:** November 8 - December 31  
Daily bag limit 15, Possession limit 30

**Shooting Hours:** one-half hour before sunrise to sunset, except at the Spanish Lake Recreation Area in Iberia Parish where shooting hours, including the Conservation Order, end at 2 p.m.

A Declaration of Emergency is necessary because the U. S. Fish and Wildlife Service establishes the framework for all migratory species. In order for Louisiana to provide hunting opportunities to the 200,000 sportsmen, selection of season dates, bag limits and shooting hours must be established and presented to the U.S. Fish and Wildlife Service immediately.

The aforementioned season dates, bag limits and shooting hours will become effective November 1, 2003 and extend through one-half hour after sunset on March 7, 2004.

James H. Jenkins, Jr.  
Secretary

0309#016

**DECLARATION OF EMERGENCY**

**Department of Wildlife and Fisheries  
Wildlife and Fisheries Commission**

**2003-2004 Oyster Season**

This Emergency Rule is being repromulgated to correct typographical errors. The original Emergency Rule can be viewed on pages 1457-1458 of the August 20, 2003 edition of the Louisiana Register.

In accordance with the emergency provisions of the Administrative Procedure Act, R.S. 49:953(B) and 967(D), and under the authority of R.S. 56:433 and R.S. 56:435.1 notice is hereby given that the Secretary of the Department of Wildlife and Fisheries and the Wildlife and Fisheries Commission hereby declares:

The oyster season in the following areas will open one-half hour before sunrise on September 3, 2003 and will close one-half hour after sunset on April 1, 2004: the Louisiana Public Oyster Seed Grounds not currently under lease located in the Bay Gardene Oyster Seed Reservation and the designated temporary natural reef in Little Lake and vicinity.

The oyster season in the following areas will open one-half hour before sunrise on September 10, 2003 and close one-half hour after sunset on April 1, 2004: the primary public seed grounds east of the Mississippi River bordered

on the north by the Louisiana/Mississippi state line and on the south by the Mississippi River and North Pass including that portion of Lake Borgne as described in LAC 76:VII.513, the sacking only area of the public grounds which is generally Lake Fortuna and Lake Machias to a line from Mozambique Point to Point Gardner to Grace Point at the Mississippi River Gulf Outlet, and the Hackberry Bay Oyster Seed Reservation.

The oyster season in the Bay Junop Public Oyster Seed Reservation will open one-half hour before sunrise on September 10, 2003 and will close one-half hour after sunset on September 16, 2003 in the northern portion of the bay only as determined by the traditional November/February Department of Health and Hospital seasonal classification line which begins on the eastern shoreline of Bay Junop at latitude 29° 14' 03" N, longitude 91° 02' 37" W and follows a westerly line to the western shoreline at latitude 29° 13' 40" N, longitude 91° 03' 31" W.

The oyster season in the Sister (Caillou) Lake Public Oyster Seed Reservation will open for harvest of seed and sack oysters one-half hour before sunrise on September 10, 2003 and close one-half hour after sunset on November 18, 2003.

The season for the Calcasieu Lake public tonging area will open one-half hour before sunrise on October 15, 2003 and will remain open until one-half hour after sunset on April 30, 2004. However, these conservation actions will not supercede public health closures.

The following areas will remain closed for the 2003/2004 oyster season: the Public Oyster Seed Grounds located in portions of Lake Mechant, Lake Tambour, Lake Chien, Lake Felicity, Deep Lake, and Barataria Bay (as described in LAC 76:VII.517), the Atchafalaya-Vermilion Bay Public Oyster Seed Grounds as described in LAC 76:VII.507 and 509, and the Sabine Lake Public Tonging Area.

The Secretary of the Department of Wildlife and Fisheries is authorized to take emergency action as necessary to close areas if oyster mortalities are occurring or to delay the season or close areas where significant spat catch has occurred with good probability of survival, or where it is found that there are excessive amounts of shell in seed oyster loads, or if enforcement problems are encountered.

The Secretary is authorized to take emergency action to reopen areas previously closed if the threat to the resource has ended, or may open areas if substantial oyster resources are located.

Notice of any opening, delaying or closing of a season will be made by public notice at least 72 hours prior to such action.

Terry D. Denmon  
Chairman

0309#011

## DECLARATION OF EMERGENCY

### Department of Wildlife and Fisheries Wildlife and Fisheries Commission

#### Large Coastal Shark Fishery Closure

In accordance with the emergency provisions of R.S. 49:953(B), the Administrative Procedure Act, R.S. 49:967 which allows the Department of Wildlife and Fisheries and the Wildlife and Fisheries Commission to use emergency procedures to set finfish seasons, R.S. 56:326.3 which provides that the Wildlife and Fisheries Commission may set seasons for saltwater finfish, and the authority given to the Secretary of the Department by the Commission in its rule LAC 76:VII.357.M.2 which allows the secretary to declare a closed season when he is informed that the commercial large coastal shark seasonal quota for that species group and fishery has been met in the Gulf of Mexico, and that such closure order shall close the season until the date projected for the re-opening of that fishery in the adjacent Federal waters, the Secretary of the Department of Wildlife and Fisheries hereby declares:

Effective 11:30 p.m., September 15, 2003, the commercial fishery for large coastal sharks in Louisiana waters, as described in LAC 76:VII.357.B.2, (great hammerhead, scalloped hammerhead, smooth hammerhead, nurse shark, blacktip shark, bull shark, lemon shark, sandbar shark, silky shark, spinner shark, and tiger shark) will close through December 31, 2003. Nothing herein shall preclude the legal harvest of large coastal sharks by legally licensed recreational fishermen during the open season for recreational harvest. Effective with this closure, no person shall commercially harvest, purchase, exchange, barter, trade, sell or attempt to purchase, exchange, barter, trade or sell large coastal sharks or fins thereof whether taken from within or without Louisiana territorial waters. Also effective with the closure, no person shall possess large coastal sharks in excess of a daily bag limit, which may only be in possession during the open recreational season whether taken from within or without Louisiana territorial waters. Nothing shall prohibit the possession or sale of fish by a commercial dealer if legally taken prior to the closure providing that all commercial dealers possessing large coastal sharks taken legally prior to the closure shall maintain appropriate records in accordance with R.S. 56:306.5 and R.S. 56:306.6.

The Secretary has been notified by the National Marine Fisheries Service that the second semiannual subquota for large coastal sharks will be reached on or before 11:30 p.m., September 15, 2003 and that the Federal season closure is necessary to ensure that the semiannual quota for large coastal sharks for the period July 1 through December 31, 2003, is not exceeded.

James H. Jenkins, Jr.  
Secretary

0309#012